Provider News

February 2023

Administrative | 3

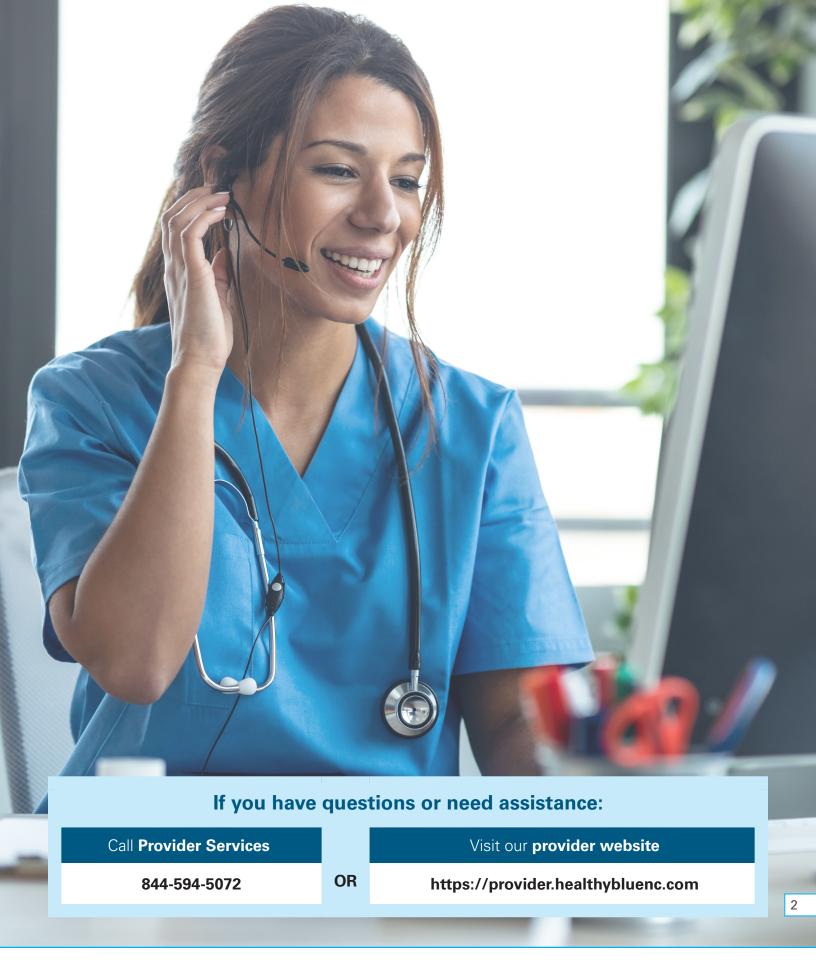### Policy Updates | 5

Quality Management | 8

Want to receive our *Provider News* and other communications via email? Submit your information to us using the QR code to the right or click **here**.

BlueCross BlueShield of North Carolina | **Healthy Blue**

If you have questions or need assistance:

Call **Provider Services**		Visit our **provider website**
844-594-5072	OR	https://provider.healthybluenc.com

BlueCross BlueShield of North Carolina | Healthy **Blue**®

A New Look Is Coming to Our *Provider News*

We are committed to improving the way we do business with our provider community. Listening to your feedback, we are pleased to announce that a new look and feel is coming to our *Provider News*, including our monthly newsletter, in the first half of 2023, with additional improvements planned throughout the rest of the year.

This new design features an enhanced search capability for individual articles and publications housed in a fully digital library. We're updating the format of articles to improve readability and allow for printing on an individual basis.

Stay tuned as we share more details on the new *Provider News* and these improvements in 2023.
NCHB-CD-016197-22-CPN15789

Submitting Prior Authorizations Digitally Through ICR Webcast

Tuesday, January 17, 2023 | Noon Eastern time

Prior authorizations submitted digitally can reduce denials associated with manual submission errors. The Interactive Care Reviewer (ICR) prior authorization application makes it easy to submit, review, and check authorization status – all in one place.

Learn how by attending our January 2023 ICR webcast. **Register online**.

Learn how to use ICR to:
- Create an authorization request.
- Inquire on a previously submitted authorization.
- Update a case.
- Copy a case.
- View letters associated with a case.
- Request and check the status of an authorization appeal.

Register online
Visit the **ICR target page** to register and to access self-service learning and to view recorded learning sessions. Download ICR user guides and other job aides from the ICR target page too. You can also register from the **Provider Learning Hub** by selecting the ICR live webinar learning icon.
NCHB-CD-014696-22-CPN14594

Remittance Advice Message Enhancements: Providing Clear Descriptions and Actionable Next Steps

It can be difficult to understand why a claim has denied, particularly when the descriptions aren't as understandable as they can be. We want to make it easier to understand why your claim denied and how to update your claim with the information needed for processing.

We're phasing in clear, concise, and simplified denial descriptions that explain in greater detail why the claim or claim line has denied and what to do next. We've even included details about how to provide us with information digitally, to move the claim further along faster in the claims process.

Continuing to improve

The new denial descriptions will be phased in over the next few months. We're starting with those claim descriptions that have caused the most confusion based on your feedback. If new denial reasons are added, those descriptions will be expanded as well.

Save time. Increase efficiency. Go digital. If you're not enrolled in Availity Essentials, use this link for registration information: **https://availity.com/Essentials-Portal-Registration**. There is no cost for Healthy Blue providers to use the applications through availity.com.

Contact Us

Get answers to your questions about eligibility, benefits, authorizations, claims status, and more through Availity.com. If you still have questions, you can Chat with Payer Monday through Friday from 8 a.m. to 6 p.m. ET. Access Chat with Payer from **availity.com** using Payer Spaces to access the Chat with Payer application.

For additional support, visit our provider website at **www.provider.healthybluenc.com**, contact your dedicated representative or call the number on the back of the member's ID card.

Note: Availity, LLC is an independent company providing administrative support services for Healthy Blue providers on behalf of Blue Cross and Blue Shield of North Carolina.

NCHB-CD-014712-22-CPN14593

Medical Policies and *Clinical Utilization Management Guidelines* Update

The *Medical Policies*, *Clinical Utilization Management (UM) Guidelines*, and *Third-Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed.

Please share this notice with other Healthy Blue providers in your practice and office staff.

To view a guideline, visit **https://provider.healthybluenc.com/north-carolina-provider/medical-policies-and-clinical-guidelines**.

Notes/updates:
Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive:

- CG-LAB-22 — Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Bacterial Vaginosis:
  - Outlines the *medically necessary* and *not medically necessary* criteria for the use of nucleic acid amplification tests using algorithmic assays to detect bacterial vaginosis.
- CG-MED-91 — Remote Therapeutic and Physiologic Monitoring Services:
  - Outlines the *medically necessary* and *not medically necessary* criteria for remote therapeutic and physiologic monitoring services.
- CG-SURG-114 — Ophthalmic use of Nd: YAG Laser for Posterior Capsulotomy:
  - Outlines the *medically necessary* and *not medically necessary* criteria for ophthalmic use of Nd: YAG laser for posterior capsulotomy.
- DME.00049 — External Upper Limb Stimulation for the Treatment of Tremors:
  - Wrist-worn external upper limb tremor stimulator is considered *investigational* and *not medically necessary* for all indications, including but not limited to the treatment of essential tremor of the hands.
- DME.00050 — Remote Devices for Intermittent Monitoring of Intraocular Pressure:
  - The use of remote devices for intermittent monitoring of IOP is considered *investigational* and *not medically necessary* for all indications.
- LAB.00049 — Artificial Intelligence-Based Software for Prostate Cancer Detection:
  - Use of artificial intelligence-based software for prostate cancer detection is considered investigational and not medically necessary for all indications.
- MED.00140 — Gene Therapy for Beta Thalassemia:
  - Outlines the *medically necessary* and *investigational* and n*ot medically necessary* criteria for a one-time infusion of betibeglogene autotemcel for individuals with beta thalassemia.

- MED.00141 — High-volume Colonic Irrigation:
  - High-volume colonic irrigation is considered *investigational* and *not medically necessary* necessary for all indications.
- MED.00142 — Gene Therapy for Cerebral Adrenoleukodystrophy:
  - Outlines the *medically necessary* and *investigational* and *not medically necessary* criteria for infusion of elivaldogene autotemcel.
- TRANS.00040 — Hand Transplantation:
  - Hand transplantation is considered *investigational* and *not medically necessary*.
- CG-DME-13 — Lower Limb Prosthesis:
  - Added new *not medically necessary* statements addressing prosthetics utilized primarily for leisure or sporting activities.
- CG-GENE-11 — Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status:
  - Added thiopurine methyltransferase (TPMT) to scope of document and *Clinical Indications Medically Necessary* section.
- DME.00044 — Robotic Arm Assistive Devices; previously titled: Wheelchair Mounted Robotic Arm:
  - Revised title.
  - Rescoped the *Position Statement* to also address robotic feeding assistive device.

- SURG.00079 — Nasal Valve Repair; previously titled: Nasal Valve Suspension:
  - Revised title.
  - Revised the *Position Statement*.
  - Expanded scope of document to address an absorbable nasal implant and low-dose radiofrequency intranasal tissue remodeling for the treatment of nasal airway obstruction.
  - Content related to the absorbable nasal implant (Latera) moved from CG-SURG-87 to this document.
- CG-GENE-13 — Genetic Testing for Inherited Diseases:
  - Interim update to add genes PIK3CA and CDKL5 to the table of genes in the Discussion section; added existing CPT® code 81309 and genes to tier 2 codes 81405, 81406 (*medically necessary* criteria).

Medical Policies **and** *Clinical Utilization Management Guidelines* **Update (cont.)**

AIM Specialty Health®* (AIM) updates

Effective for dates of service on and after April 9, 2023, several updates will apply to the AIM Specialty Health *Clinical Appropriateness Guidelines* for medical necessity review for Blue Cross and Blue Shield of North Carolina (Blue Cross NC) for Healthy Blue members.

MCG Care Guidelines 26th Edition updates

Effective May 1, 2023, we will implement the *MCG Care Guidelines Content Patch 26.1* updates for several modules.

Medical Policies

On August 11, 2022, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Healthy Blue members. These guidelines take effect February 6, 2023.

Clinical UM Guidelines

On August 11, 2022, the MPTAC approved several *Clinical UM Guidelines* applicable to Healthy Blue members. These guidelines adopted by the medical operations committee for Medicaid members on September 22, 2022. These guidelines take effect February 6, 2023.

Read more online.

Note: AIM Specialty Health is an independent company providing utilization management services for Healthy Blue providers on behalf of Blue Cross and Blue Shield of North Carolina.

NCHB-CD-013843-22

Childhood Immunization Status and Lead Screening in Children for HEDIS

HEDIS® Measurement Year 2023 Documentation for Childhood Immunization Status (CIS)

Measure description: The percentage of children who turn 2 years of age in the measurement year who had the following vaccines on or before their second birthday:

- Four DTaP (diphtheria, tetanus, and acellular pertussis)
- Three IPV (polio)
- One MMR (measles, mumps, and rubella)
- Three HiB (haemophilus influenza type B)
- Three hep B (hepatitis B)
- One VZV (chicken pox)
- Four PCV (pneumococcal conjugate)
- One hep A (hepatitis A)
- Two or three RV (rotavirus)
- Two flu (influenza)

The measure calculates a rate for each vaccine and three combination rates.

HEDIS Measurement Year 2023 Documentation for Lead Screening in Children (LSC)

Measure description: The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

In provider medical records, we look for the following:

- Immunization records from birth (Department of Health immunization records are acceptable).
- If available, newborn inpatient records documenting hepatitis B.
- For immunizations not recorded on the immunization record, provide progress notes for:
  - Immunizations administered.
  - Patient's history of disease (chickenpox, hep A, hep B, measles, mumps, rubella).
- Lead testing results and date (capillary or venous) on or before the second birthday.
- Evidence of hospice services in 2023.
- Evidence patient expired in 2023.

Helpful hints:
- Childhood immunizations and lead blood tests must be completed by child's second birthday.
- Assess immunization needs at every clinical encounter and, when indicated, immunize.
- Ensure immunization records include all vaccines that were ever given including hospitals, health departments, and all former providers, including refusals and contraindications.
- FluMist (LAIV) vaccination (only approved for ages 2 to 49) may be used for the second vaccination; however, it must be given on the child's second birthday to be compliant.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

BlueCross BlueShield of North Carolina | Healthy Blue®