Provider News

January 2022

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BNC-NL-0048-21

Availity Authorization App Available to Healthy Blue Providers Beginning in 2022

Submitting prior authorizations is now easier and multi-payer

We know how much easier it is when you have access to digital apps that streamline your work. Thousands of providers already use the Availity Authorization app to submit prior authorizations for other payers. Now, we want to make it easier to submit authorization requests for Blue Cross and Blue Shield of North Carolina (Blue Cross NC) by making the app available in 2022 to our Healthy Blue providers.

ICR is still available

If you need to refer to an authorization that was submitted through the Interactive Care Reviewer (ICR), you still have access to that information. We have developed a pathway for you to access your ICR dashboard — You simply follow the prompts provided through the Availity Authorization app.

Innovation in progress

While we grow the Availity Authorization app to provide even greater functionality and to expand Healthy Blue-specific authorizations, we have provided access to ICR for:
- Appeals
- Behavioral health authorizations
- Federal Employee Program authorizations
- Medical specialty prescriptions

Notices in the Availity Authorization app will guide you through the process for accessing ICR for these Alternate Authorization/Appeal functions.

Begin submitting digital prior authorizations through the Authorization app in 2022

If you aren't already familiar with the Availity Authorization app, live training and recorded webinars are available.

Date	Time (All training sessions are one hour)
Wednesday, January 5, 2022	11 a.m. ET/8 a.m. PT
Tuesday, January 11, 2022	3 p.m. ET/Noon PT
Thursday, January 20, 2022	Noon ET/9 a.m. PT
Tuesday, January 25, 2022	Noon ET/9 a.m. PT
Wednesday, January 26, 2022	3 p.m. ET/Noon PT

You can always log onto **availity.com** to view the webinars at your convenience. From **Help & Training**, select **Get Trained** to access the Availity Learning Center. Select the **Session** tab to see all upcoming live webinars.

Tip: To find the authorization training faster, use keyword **AvAuthRef** in the search field.

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Now, give it a try

Eliminate the time and costs associated with faxing prior authorizations by using the Availity Authorization app. It's easy, convenient, and available when you are, 24/7.

Get access by logging onto **availity.com**. Under the *Patient Registration* tab, select **Authorizations & Referrals**. The app is easy to navigate with intuitive functions that walk you through the submission.

Tips: You will need to have the Authorization Role assignment in order to access the app and to submit prior authorizations. Your organization's Availity administrator can assign the role to you.

If you have any questions, reach out to Availity at **800-282-4548**.

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.

BNC-NL-0028-21

August 2021 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.

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-SURG-112 — Carpal Tunnel Decompression Surgery
  - Outlines the Medically Necessary and Not Medically Necessary criteria for carpal tunnel decompression surgery
- *CG-SURG-113 — Tonsillectomy with or without Adenoidectomy for Adults
  - Outlines the Medically Necessary and Not Medically Necessary criteria
- *DME.00043 — Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring
  - The use of a neuromuscular electrical training device is considered Investigational & Not Medically Necessary for the treatment of obstructive sleep apnea or snoring
- *GENE.00058 — TruGraf Blood Gene Expression Test for Transplant Monitoring
  - TruGraf blood gene expression test is considered Investigational & Not Medically Necessary for monitoring immunosuppression in transplant recipients and for all other indications

- *LAB.00040 — Serum Biomarker Tests for Risk of Preeclampsia
  - Serum biomarker tests to diagnosis, screen for, or assess risk of preeclampsia are considered Investigational & Not Medically Necessary
- *LAB.00042 — Molecular Signature Test for Predicting Response to Tumor Necrosis Factor Inhibitor Therapy
  - Molecular signature testing to predict response to Tumor Necrosis Factor inhibitor (TNFi) therapy is considered Investigational & Not Medically Necessary for all uses, including but not limited to guiding treatment for rheumatoid arthritis
- *OR-PR.00007 — Microprocessor Controlled Knee-Ankle-Foot Orthosis
  - Outlines the Medically Necessary and Not Medically Necessary criteria for the use of a microprocessor controlled knee-ankle-foot orthosis

August 2021 Update (cont.)

- *SURG.00032 — Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention
  - Added Medically Necessary statement for transcatheter closure of left atrial appendage (LAA) for individuals with non-valvular atrial fibrillation for the prevention of stroke when criteria are met
  - Revised Investigational & Not Medically Necessary statement for transcatheter closure of left atrial appendage when the criteria are not met
- *SURG.00077 — Uterine Fibroid Ablation: Laparoscopic, Percutaneous, or Transcervical Image Guided Techniques
  - Added Medically Necessary statement on use of laparoscopic or transcervical radiofrequency ablation
  - Added Not Medically Necessary statement on use of laparoscopic or transcervical radiofrequency ablation when criteria in Medically Necessary statement are not met
  - Removed laparoscopic radiofrequency ablation from Investigational & Not Medically Necessary statement
  - Removed Investigational & Not Medically Necessary statement on radiofrequency ablation using a transcervical approach

Medical Policies

On August 12, 2021, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Healthy Blue members. These guidelines take effect December 21, 2021. If you are trying to access a guideline noted as revised prior to December 21, 2021, refer to the *Historical Medical Policies and Clinical Utilization Management Guidelines* section of the website.

Clinical UM Guidelines

On August 12, 2021, the MPTAC approved several *Clinical UM Guidelines* applicable to Blue Cross and Blue Shield of North Carolina. These guidelines were adopted by the Medical Operations Committee for Healthy Blue members on September 23, 2021. These guidelines take effect December 21, 2021. If you are trying to access a guideline noted as revised prior to December 21, 2021, refer to the *Historical Medical Policies and Clinical Utilization Management Guidelines* section of the website.

Read more online.

BNC-NL-0043-21

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Reducing the Burden of Medical Record Review and Improving Health Outcomes with HEDIS ECDS Reporting

The HEDIS® Electronic Clinical Data Systems (ECDS) reporting methodology encourages the exchange of the information needed to provide high-quality healthcare services.

The ECDS Reporting Standard provides a method to collect and report structured electronic clinical data for HEDIS quality measurement and improvement.

Benefits to providers:
- Reduced burden of medical record review for quality reporting
- Improved health outcomes and care quality due to greater insights for more specific patient-centered care

ECDS reporting is part of the National Committee for Quality Assurance's (NCQA) larger strategy to enable a Digital Quality System and is aligned with the industry's move to digital measures.

Learn more about NCQA's digital quality system and what it means to you and your practice **online**.

ECDS measures
The first publicly reported measure using the HEDIS ECDS Reporting Standard is the **Prenatal Immunization Status (PRS)** measure. In 2022, NCQA will include the PRS measure in Health Plan Ratings for Medicaid and Commercial plans for measurement year 2021.

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

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For HEDIS measurement year 2022, the following measures can be reported using ECDS:
- Childhood Immunization Status (CIS-E)*
- Immunizations for Adolescents (IMA-E)*
- Breast Cancer Screening (BCS-E)
- Colorectal Cancer Screening (COL-E)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)*
- Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)
- Depression Remission or Response for Adolescents and Adults (DRR-E)
- Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)
- Adult Immunization Status (AIS-E)
- Prenatal Immunization Status (PRS-E) (Accreditation measure for 2021)
- Prenatal Depression Screening and Follow-Up (PND-E)
- Postpartum Depression Screening and Follow-Up (PDS-E)

* Indicates that this is the first year that the measure can be reported using ECDS

Of note, NCQA added the ECDS reporting method to three existing HEDIS measures: Breast Cancer Screening, Colorectal Cancer Screening and Follow-Up Care for Children Prescribed ADHD Medication. Initially, the ECDS method will be optional, which provides health plans an opportunity to try out reporting using the ECDS method before it is required to transition to ECDS only in the future.

BNC-NL-0041-21