

Provider News

July 2022



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If you have questions or need assistance:

Call **Provider Services**

844-594-5072

OR

Visit our **provider website**

<https://provider.healthybluenc.com>

Billing Guidelines Notice – *Clinical Laboratory Improvement Amendments Reporting*



Blue Cross and Blue Shield of North Carolina adheres to the *Clinical Laboratory Improvement Amendments (CLIA) of 1988* for Healthy Blue providers. The purpose of the *CLIA* program is to ensure laboratories testing specimens in interstate commerce adhere to accurate procedures and consistently provide services.

As a result of *CLIA*, any laboratory soliciting or accepting specimens in interstate commerce for laboratory testing is required to hold a valid license or letter of exemption from licensure issued by the Secretary of the Department of Health and Human Services. Since 1992, carriers have been instructed to deny clinical laboratory services billed by independent laboratories that do not meet the *CLIA* requirements.

Please be advised, effective August 1, 2022, the *CLIA* number, and if applicable, the appropriate modifiers must be submitted on each *CMS-1500 Claim* form for laboratory services by any laboratory performing tests covered by *CLIA*, or the claim will be rejected and/or denied. Rejections and/or denials are caused if the required information is missing: modifiers, the *CLIA* number is not effective on the date of service, and/or the *CMS CLIA* address is a mismatch.

Note: *Clinical Laboratory Improvement Amendments of 1988* is not affiliated with Blue Cross and Blue Shield of North Carolina (Blue Cross NC). Blue Cross NC provides information about this program for your convenience and is not liable in any way for the information, goods or services received. Blue Cross NC reserves the right to discontinue or change the program at any time.

BNC-NL-0089-22

Updated use of Modifier 25 for billing for visits that include preventive services and problem-oriented evaluation and management services

Effective August 1, 2022, Blue Cross and Blue Shield of North Carolina will implement additional steps to review processed claims for evaluation and management (E&M) services submitted by Healthy Blue providers when a preventive service (CPT® codes 99381 to 99397) is billed with a problem-oriented E&M service (CPT codes 99202 to 99215) and appended with Modifier 25 (for example, CPT code 99393 billed with CPT code 99213 to 99225).

According to the *American Medical Association (AMA) CPT Guidelines*, E&M services must be “significant and separately identifiable” in order to appropriately append Modifier 25. Based upon review of the submitted claim information, if the problem-oriented E&M service is determined not to be a significant, separately identifiable service from the preventive service, the problem-oriented E&M service will be bundled with the preventive service.



Providers that believe their medical record documentation supports a significant and separately identifiable E&M service should follow the Healthy Blue Claims Payment Dispute process (including submission of such with the dispute) as outlined in the provider manual.

If you have questions, please contact your Network Relations Consultant by email at NC_Provider@healthybluenc.com. Please include the provider or group name in the subject line and the provider or group NPI in body of email.

BNC-NL-0091-22

Prior Authorization Requirement Changes

Effective August 1, 2022, prior authorization (PA) requirements will change for multiple codes. The medical codes listed below will require PA by Blue Cross and Blue Shield of North Carolina for Healthy Blue members.

PA requirements will be added to the following:

- 81415: Exome (such as unexplained constitutional or heritable disorder or syndrome); sequence analysis
- 81416: Exome (such as unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (such as parents and siblings) (List separately in addition to code for primary procedure)
- 81417: Exome (such as unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (such as updated knowledge or unrelated condition/syndrome)
- 81432: Hereditary breast cancer-related disorders (such as hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, and MLH1
- 81433: Hereditary breast cancer-related disorders (such as hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11
- L6026: Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device

Federal and state law, as well as state contract language, and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

To request a PA, you may use one of the following methods:

- **Availity:*** Once logged in to **Availity**, select Patient Registration > Authorizations & Referrals, then select **Authorizations** or **Auth/Referral Inquiry**, as appropriate.
- **Fax: 855-817-5788**
- **Phone: 844-594-8072, prompt 2**

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the [provider website](#). Any provider, contracted and noncontracted, who is unable to access Availity may call our Provider Services at **844-594-5072** for assistance with PA requirements.

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-0082-22 | UM AROW 2892

February 2022 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 specific guideline, visit <https://provider.healthybluenc.com/north-carolina-provider/medical-policies-and-clinical-guidelines>.

Notes/updates

Updates marked with an asterisk (*) denote that the criteria may be perceived as more restrictive:

- *CG-LAB-20 — Thyroid Testing:
 - Outlines the Medically Necessary and Not Medically Necessary criteria for thyroid testing.
- *CG-LAB-21 — Serum Iron Testing:
 - Outlines the Medically Necessary and Not Medically Necessary criteria for serum iron testing.
- *LAB.00043 — Immune Biomarker Tests for Cancer:
 - Oncologic immune biomarker tests are considered Investigational and Not Medically Necessary for all indications.
- *LAB.00044 — Saliva-Based Testing to Determine Drug-Metabolizer Status:
 - Saliva-based testing to determine drug-metabolizer status is considered Investigational and Not Medically Necessary for all indications.
- *LAB.00045 — Selected Tests for the Evaluation and Management of Infertility:
 - The following tests or procedures are considered Investigational and Not Medically Necessary for diagnosing or managing infertility:
 - Endometrial receptivity analysis
 - Sperm-capacitation test
 - Sperm deoxyribonucleic acid (DNA) fragmentation test
 - Sperm penetration assay
 - Uterine natural killer (uNK) cells test
- *LAB.00046 — Testing for Biochemical Markers for Alzheimer’s Disease:
 - Measurements of biochemical markers (including but not limited to tau protein, AB-42, neural thread protein) is considered Investigational and Not Medically Necessary as a diagnostic technique for individuals with symptoms suggestive of Alzheimer’s disease.
 - Measurements of biochemical markers as a screening technique in asymptomatic individuals with or without a family history of Alzheimer’s disease is considered Investigational and Not Medically Necessary.
 - Moved content related to biomarker testing for Alzheimer’s disease from GENE.00003 Biochemical Markers for the Diagnosis and Screening of Alzheimer’s Disease to this document.
- *RAD.00067 — Quantitative Ultrasound for Tissue Characterization:
 - Quantitative ultrasound for tissue characterization is considered Investigational and Not Medically Necessary for all indications.
- *SURG.00154 — Microsurgical Procedures for the Prevention or Treatment of Lymphedema:
 - Revised Position Statement to include the prevention of lymphedema.

February 2022 update (cont.)

- *SURG.00160 — Implanted Port Delivery Systems to Treat Ocular Disease:
 - The use of a port delivery system to treat ocular disease is considered Investigational and Not Medically Necessary for all indications.
- *TRANS.00038 — Thymus Tissue Transplantation:
 - Outlines the Medically Necessary and Investigational and Not Medically Necessary criteria for allogeneic processed thymus tissue.

Effective June 23, 2022, Blue Cross and Blue Shield of North Carolina (Blue Cross NC) will begin using the AIM Specialty Health[®] *Clinical Appropriateness Guidelines* for medical necessity review of the Healthy Blue services listed below. Please note, the Healthy Blue Utilization Management team will complete these reviews using the AIM *Clinical Appropriateness Guidelines*:

- Musculoskeletal guidelines:
 - Spine surgery
 - Joint surgery
 - Small joint surgery
 - Sacroiliac joint fusion
- Radiology guidelines:
 - Spine imaging
 - Extremity imaging
 - Vascular imaging
- Sleep disorder management guideline
- Rehabilitative services:
 - Occupational therapy
 - Physical therapy
 - Speech therapy

Medical Policies

On February 17, 2022, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Blue Cross NC. These guidelines take effect June 23, 2022.

Clinical UM Guidelines

On February 17, 2022, the MPTAC approved several *Clinical UM Guidelines* applicable to Blue Cross NC. These guidelines were adopted by the Medical Operations Committee for Healthy Blue members on March 24, 2022. These guidelines take effect June 23, 2022.



[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.

BNC-NL-0084-22