Provider News

September 2022

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**.

NCHB-CD-004673-22

BlueCross BlueShield of North Carolina | HealthyBlue

If you have questions or need assistance:

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

Enhancing Claims Attachment Processes Through Digital Applications

Submitting attachments electronically is the most efficient way for you to receive your claim payments faster. That's why we've made submitting digital claims attachments easier, more intuitive, and streamlined. **You can now submit your claims attachments through the Claims Status Inquiry application on Availity.com.** Submitting attachments electronically is the most efficient way for you to receive your claim payments faster.

Submitting attachments electronically:

- Reduces costs associated with manual submission.
- Reduces errors associated with matching the claim when attachments are submitted manually.
- Reduces delays in payments.
- Saves time: no need to copy, fax, or mail.
- Reduces the exchange of unnecessary member information and too much personal health information sharing.

If your workflow for attachments is through electronic data interchange (EDI) submissions or directly through the Availity application, we have a solution for that.

Claims submission method	Requirements	Attachment submission method	Recommended timing	Where
EDI 837	PWK segment is populated by the provider with an Attachment Control #.	**Availity Portal** Attchments Applicaitons if claim # is available, provider populates the 275 with the claim #.	Up to 5 calendar days	**Attachments-New** to access **Attachment Dashboard Inbox** on **Availity.com**
EDI 837	PWK segment is populated by the provider with an Attachment Control #.	**275 EDI** Transaction (Medical Attachments)	Up to 5 calendar days	**EDI**
EDI 837	PWK segment is **not** populated by the provider with and Attachment Control #.	**Availity Portal** Claims Stauts Inquiry	When the claim # is available (usually within 24 hours of claim receipt)	On **Availity.com** from the **Claims & Payments** tab acccess **Claims Status Inquiry**. Locate the claim to submit attachments.
Availity Portal Claims Submission	Submitted with claim	**Availity Portal** Professional or Facility Claim		Availity Portal > Claims & Payments tab

Didn't submit your attachment with your claim? No problem!

If you submitted your claim through EDI using the 837, and the PWK segment contains the attachment control number, there are three options for submitting attachments:

- **Through the attachments dashboard inbox:** From **Availity.com**, select the **Claims & Payments** tab to access **Attachments – New** and your **Attachments Dashboard Inbox**.
- **Through the 275 attachment:** Important: You must populate the PWK segment on the 837 with your document control number to ensure the claim can match to the attachment.
- **Through the Availity.com application:** From **Availity.com**, select the **Claims & Payments** tab to run a **Claims Status Inquiry** to locate your claim. Find your claim, and use the **Send Attachments** button.

If you submit your claim through the Availity application:

- Simply submit your **attachment with your claim**.
  - If you need to add additional attachments, to add a forgotten attachment, or for claims adjustments:
  - From **Availity.com**, select the **Claims & Payments** tab and run a **Claims Status Inquiry** to locate your claim. Find your claim, and use the **Send Attachments** button.

For more information and educational webinars

In collaboration with Availity, we will hold a series of educational webinars that include a deep dive into EDI attachment submissions, as well as the new Claims Status Inquiry workflow. **Sign up today**.

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-002704-22-CPN1914

Healthy Blue providers must obtain prior authorization for all requests for these codes. The medical codes listed below will require PA by Blue Cross and Blue Shield of North Carolina (Blue Cross NC). Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services 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 PA, you may use one of the following methods:

- **Web: https://www.availity.com***
- **Fax (outpatient): 855-817-5788**
- **Phone: 844-594-5072**

Not all PA requirements are listed here. Detailed PA requirements are available to contracted and noncontracted providers on our provider website (**https://provider.healthybluenc.com** > Resources > Prior Authorization & Eligibility > Prior Authorization Look Up Tool). Providers may also call us at **844-594-5072** for 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.

Prior Authorization updates for G0481, G0482, and G0483

Effective September 1, 2022, prior authorization (PA) requirements will change for G0481, G0482, and G0483.

PA requirements will be added to the following:

- G0481 — Drug test(s), definitive, utilizing:
  - Drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers) including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem, and excluding immunoassays (for example, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (for example, alcohol dehydrogenase)
  - Stable isotope or other universally recognized internal standards in all samples (for example, to control for matrix effects, interferences, and variations in signal strength)
  - Method or drug-specific calibration and matrix-matched quality control material (for example, to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8 to 14 drug classes, including metabolite(s) if performed

Prior Authorization updates for G0481, G0482, and G0483 (cont.)

- G0482 — Drug test(s), definitive, utilizing:
  - Drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers) including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem, and excluding immunoassays (for example, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (for example, alcohol dehydrogenase)
  - Stable isotope or other universally recognized internal standards in all samples (for example, to control for matrix effects, interferences, and variations in signal strength)
  - Method or drug-specific calibration and matrix-matched quality control material (for example, to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15 to 21 drug classes, including metabolite(s) if performed
- G0483 — Drug test(s), definitive, utilizing:
  - Drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers) including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem, and excluding immunoassays (for example, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (such as alcohol dehydrogenase)
  - Stable isotope or other universally recognized internal standards in all samples (for example, to control for matrix effects, interferences, and variations in signal strength)
  - Method or drug-specific calibration and matrix-matched quality control material (for example, to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug classes, including metabolite(s) if performed

Alcohol Use Disorders Linked to Chronic Diseases

A number of chronic diseases, including heart disease, cancer, and type 2 diabetes, are linked to alcohol use disorders (AUD).

Heart Disease

Low alcohol consumption is associated with a reduced risk for cardiovascular disease (CVD), but higher amounts and binge drinking lead to a higher risk of CVD. Binge drinking and chronic heavy alcohol consumption is associated with a higher risk of hypertension. Alcohol leads to buildup of plaque in the arteries, disruptions in arterial function, oxidative stress throughout the body, and imbalances in hormones that control blood pressure regulation.

Heavy alcohol use is also associated with increased risk for coronary heart disease, stroke, peripheral arterial disease, and cardiomyopathy. It is suspected that the increase in blood pressure from heavy alcohol use plays a part in these increased risks. Alcohol also appears to contribute to arthrosclerosis and chronic inflammation, which follow the pathophysiologic process behind most CVD.

See ***Piano, 2017***[1] for a more thorough examination of the increased risk of CVD from excess alcohol use, mechanisms of action, biomarkers, and considerations of genetic, socioeconomic, and racial factors.

Cancer

An estimated 3.5% of cancer deaths in the United States are alcohol-related. Alcohol is a known human carcinogen.[2] When consumed, ethanol breaks down into acetaldehyde, which is carcinogenic.

Alcohol consumption is linked to seven types of cancers.[3] It raises the risk for cancer of the mouth, larynx, throat, and esophagus. Drinking and smoking together significantly increases this risk. Alcohol helps the harmful chemicals in tobacco to better infiltrate the cells and cause disease. Alcohol can also limit the cells' ability to repair DNA damage from the chemicals in tobacco.

Regular, heavy alcohol use damages the liver and causes inflammation and scarring. This increases the risk of liver cancer. In addition, alcohol can raise estrogen levels, which is associated with a higher risk of breast cancer. Moderate drinkers have up to a one and a half times increased risk of colorectal cancer. While the risk is increased for both men and women, the evidence of this link is stronger in men.

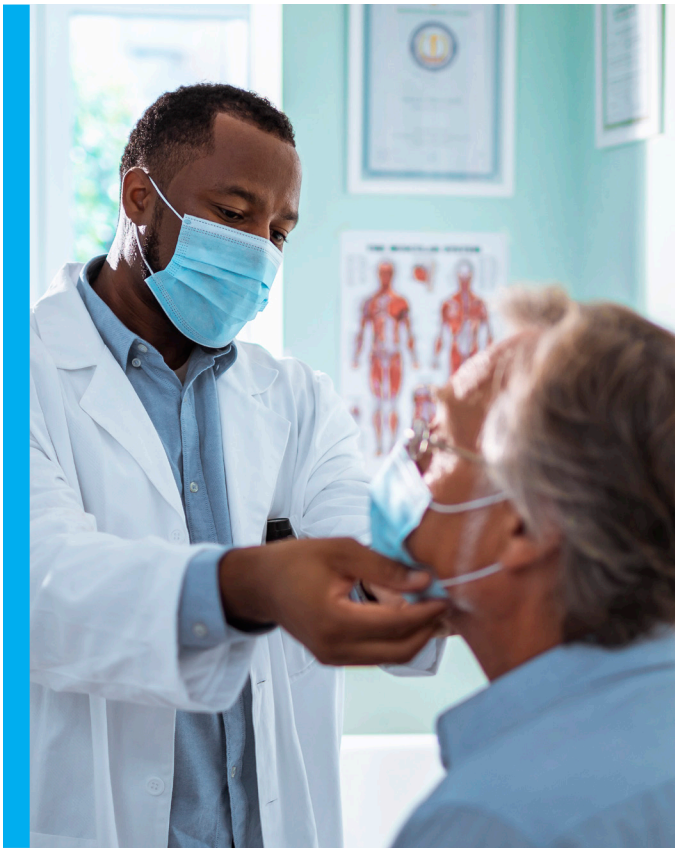
Alcohol Use Disorders Linked to Chronic Diseases (cont.)

Type 2 diabetes

Chronic use of alcohol is considered to be a potential risk factor for the development of type 2 diabetes mellitus (T2D).[4] Like heart disease, low alcohol consumption decreases the risk of T2D, but chronic heavy alcohol use increases the risk. Alcohol disrupts glucose homeostasis in the body and is associated with insulin resistance.

In addition, alcohol affects excess caloric intake, pancreatitis, and impaired liver function. This affects blood glucose levels and causes hypoglycemia. Alcohol alters the brain's ability to produce hunger hormones and increases food-seeking behaviors. Dysregulation of these hormones (specifically ghrelin and leptin) plays a part in T2D.

Heavy alcohol use can worsen symptoms in patients with T2D and cause hyper- and hypoglycemia.[5] Alcohol-induced hypoglycemia can lead to serious neurological complications in T2D patients, which may or may not be reversible. It can also cause life-threatening ketoacidosis and worsen diabetic neuropathy and retinopathy. Alcohol has serious interactions with some T2D medications including Chlorpropamide, Metformin, and Troglitazone.



If you need assistance connecting your patients to chronic disease or AUD treatment, please contact your Healthy Blue health plan at **844-594-5072**.

Footnotes:

1. Piano, 2017, **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5513687/**
2. National Cancer Institute, 2021 - **https://www.cancer.gov/about-cancer/causes-prevention/risk/alcohol/alcohol-fact-sheet**
3. **American Cancer Society, 2020, https://www.cancer.org/cancer/cancer-causes/diet-physical-activity/alcohol-use-and-cancer.html**
4. Kim & Kim, 2012, **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3335891/**
5. Emanuele et al. 1998, **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6761899/**

BNC-NL-0066-22

Chlamydia screening

Chances are, one of these teenagers has chlamydia. According to the Centers for Disease Control (CDC), one of the largest growing populations for chlamydia are teens and young adults. Chlamydia infection is often asymptomatic, and screening for asymptomatic infection is a cost-effective strategy to reduce transmission and prevent pelvic inflammatory disease among females.

Talking to a teenager about sexual health issues like chlamydia can be difficult. But, left untreated, an affected individual may develop conditions such as pelvic inflammatory disease (PID), infertility, ectopic pregnancy, and chronic pelvic pain. Provider resources can help get the conversation started. Visit the **National Chlamydia Coalition website** for a free *Chlamydia How-To Implementation Guide for Healthcare Providers*.

Facts about chlamydia:

- The United States Preventive Services Task Force (USPSTF) recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at risk for infection.[1]
- Chlamydia is the most commonly reported sexually transmitted disease (STD) with over 1.8 million cases reported in 2019.[2]
- Young women account for 43% of reported cases and face the most severe consequences of an undiagnosed infection.[2]
- It is estimated that undiagnosed STDs cause infertility in more the 20,000 women each year.[2]

Chlamydia Screening in Women (CHL) HEDIS® Measure

This HEDIS measure looks at the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year, including teens and women who:

- Made comments or talked to you about sexual relations.
- Had a pregnancy test.
- Were prescribed birth control (even if used for acne treatment).
- Received gynecological services.
- Have a history of sexually transmitted diseases.
- Have a history of sexual assault or abuse.

Use of appropriate CPT® codes assures the accuracy of quality reporting:

Description	CPT codes
Chlamydia tests	87110, 87270, 87320, 87490, 87492, 87810
Pregnancy test exclusion	81025, 84702, 84703

Resources:
1. *Chlamydia and Gonorrhea Screening*, 2021, **https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening**
2. *Reported STDs in the United States*, 2019, **https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/std-trends-508.pdf**

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

BNC-NL-0085-22