

May 2023

# Provider News

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## Contact Us

If you have questions or need assistance, visit the *Contact Us* section at the bottom of our provider website for up-to-date contact information and self-service tools or call Provider Services.

**Provider website:**  
<https://provider.wellpoint.com/md/>

**Provider Services:**  
833-707-0868



# Administrative

*A message from the Maryland Department of Health Maryland Medicaid Administration*

## Do your patients currently have health insurance through Medicaid or the Maryland Children's Health Program?

### **This year, Medicaid renewals are not automatic.**

- Ask your patients to make sure their contact information is up to date with Maryland Health Connection.
- Encourage them to be on the lookout for notices, as they will be contacted by mail or through their online account when it's their turn to renew.
- Please stress the importance of completing renewals on time. Participants can log in to their account at [MarylandHealthConnection.gov/Checkin](https://MarylandHealthConnection.gov/Checkin) or call **855-642-8572** to get started.

### **Providers will be able to access patient redetermination dates via EVS and CRISP.**

Help get the word out about the Medicaid Check-In. Visit <https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Providers.aspx>.

If your patient qualifies for coverage because they are aged, blind, disabled, or enrolled in a Home and Community-Based Services program, they can contact the Department of Human Services to update their contact information.

Participants can log into their account at [Mymdthink.maryland.gov](https://Mymdthink.maryland.gov), or they can contact their local **Department of Social Services** to get started.



MDWP-CD-022716-23



## Update use of modifier 25 for billing for visits that include preventive and problem-oriented evaluation and management services

On January 1, 2023, we communicated that Wellpoint would begin to implement additional steps to review claims for evaluation and management (E/M) services submitted by professional providers when a preventive service is billed with a problem-oriented E/M service and appended with modifier 25 ([Provider News article](#)). We have since decided to limit this review for claims for members aged 22 and older. Subsequently, we have updated the impacted CPT® codes. For your convenience, we are including an updated communication below:

Wellpoint will implement additional steps to review claims for evaluation and management (E/M) services submitted by professional providers when a preventive service (CPT codes 99385-99387 or 99395-99397) is billed with a problem-oriented E/M service (CPT codes 99202-99215) and appended with modifier 25 (for example, CPT code 99395 billed with CPT® code 99213-25). This review is limited to claims for members aged 22 and older.

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 who believe their medical record documentation supports a significant and separately identifiable E/M service should follow the claims payment dispute process (including submission of such with the dispute) outlined in the provider manual.

MDWP-CD-021017-23-CPN20972



## Helping to reduce delays when submitting attachments

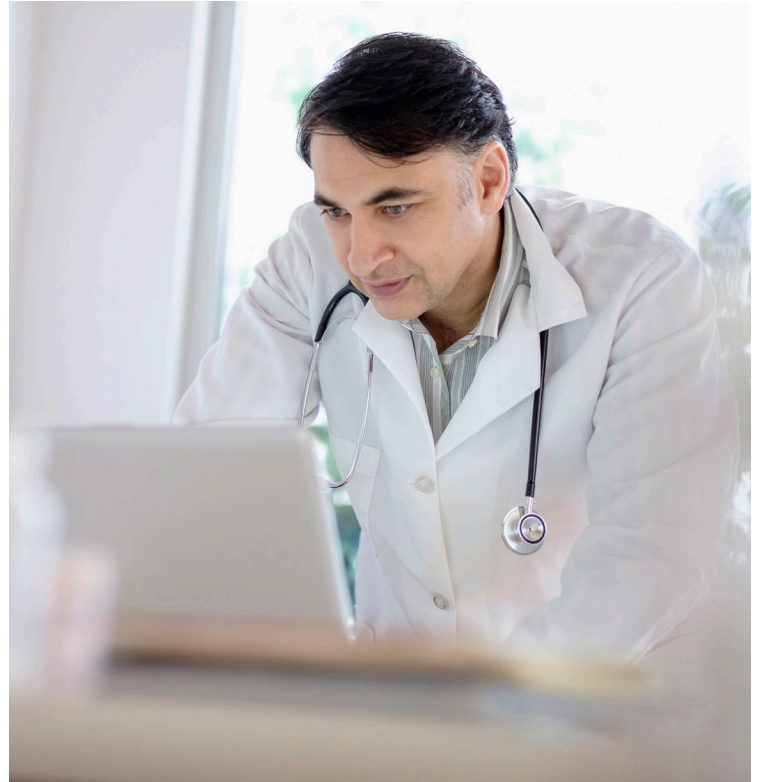
### Make sure your correspondence includes one of these elements

The best way to send supporting documents when disputing, appealing, or sending us additional information about a claim is to use the digital applications available on [Availity.com](https://www.availity.com).\* Using Availity.com to send attachments, such as medical records or an itemized bill, is:

- **Faster:** We'll receive the documents needed faster than through the mail.
- **Less expensive:** No need to pull records, copy them, and then mail them. Digital submissions can be uploaded directly to the claim.
- **Easier:** Submitting attachments digitally is the easiest way to send them and the best way for us to receive them.
- **More accurate:** The information needed to identify the claim is automated, so the risk associated with submitting incorrect information on paper is eliminated.

However, if you choose to send documentation through the mail, it is important that you include at least one of the three following elements; otherwise, we will not be able to match the document to the claim, and **the correspondence will be returned to you**, causing further delays:

1. Valid claim number and valid member ID, or
2. Valid enrollee ID with prefix and correct dates of service, or
3. Valid enrollee ID with prefix and billed charges



### For a clinical appeal, ensure these elements are included:

1. Valid claim number and valid member ID, or
2. Valid enrollee ID with prefix **and** correct dates of service, or
3. Valid enrollee ID with prefix **and** billed charges, or
4. Enrollee name, enrollee date of birth, and correct dates of service, or
5. Enrollee name, enrollee date of birth, and either an authorization, or reference number

**This is important:** We cannot match the attachment to the correct claim or enrollee if these elements are not included with your non-digital (fax or mail) submission.







### Helping to reduce delays when submitting attachments (cont.)

The preferred method for submitting supporting documentation is digitally because the documents are attached directly to the claim. This reduces the possibility that incorrect information is included on the paper submission.

To attach documents to your claim digitally, go to [Availity.com](https://www.availity.com) and use the *Claims & Payments* tab to access *Claims Status*. Enter the necessary information to find your claim and use the **Submit Attachments** button to upload your supporting documentation.

For a claim dispute or an appeal, from [Availity.com](https://www.availity.com), use the *Claims & Payments* tab to access *Claims Status*. Enter the necessary information to find your claim, use the **Dispute** button, and upload your supporting documentation. If the **Dispute** button capability is not available, refer to the provider manual for information about how to file a claim dispute/appeal.

If you do send supporting documentation through the mail or fax, you **must include the elements noted above**. It is preferable that you include this information on the first page of the correspondence you send to us. If this information is not included on your paper correspondence, **we will return the correspondence to you** because we are not able to validate the documentation.

For information about submitting attachments digitally, access the [Availity: Learn about the new claim attachments workflow](#).

MDWP-CD-017161-22-CPN16479



## Training Academy opportunities

Wellpoint offers many different opportunities for trainings for medical professional teams and support staff.

### The Training Academy on the Wellpoint provider website

The *Training Academy* is a dedicated one-stop location for all provider training documents, FAQs, and links to external training platforms. Providers can also use the search function to locate policy updates, new initiatives, and articles on a variety of topics by typing in an area of interest. To access the *Training Academy*, go to <https://provider.wellpoint.com/md> > Resources > Training Academy.

### Provider Pathways digital orientation

This self-paced, on-demand training platform includes Wellpoint trainings on most frequently used topics such as signing up for Availity, enrolling in EFT/ERA, and authorizations. These trainings are trackable to ensure credit for providers. Register online at <https://bit.ly/3ZfJSwH>.

### Elsevier, a learning management system (LMS)

In-depth training for LTSS, IDD, foster care, and BH trainings are offered through a collection of education resource colleges including College of Direct Supports, College of Employment Services, College of Recovery and Community Inclusion, and College of Personal Assistance and Caregiving. Many trainings offer CEUs. Ask your Provider Relationship Management representative about registration.

### Availity Essentials platform

Through the secure Availity Essentials platform, providers can take trainings on functions of Availity including quality member data, submitting claims, and authorizations. Log on to [Availity](#) to review training topics.

### Cultural competency resources

This resource expands the way we work with providers and members to help provide individualized care regardless of diverse backgrounds. Collaborative courses and websites help increase cultural and disability competency through the [My Diverse Patients website](#) built on known expertise.

### Expert-lead provider collaborations

Quarterly provider collaborations offer providers trainings on identified opportunities of common pain points or requested topics from provider feedback. Many trainings offer CME/CEUs. Check for upcoming training opportunities online at <https://bit.ly/3y2fnyv>.

### Provider experience/one-on-one trainings

These trainings are in-person trainings on specific requested topics to a group or provider offered by Health Care Network, Quality Management, Utilization Management, or CDT teams. Ask your Provider Relationship Management representative for more information.

MDWP-CD-017887-23



## Submit prior authorizations digitally through ICR

Each month we offer live instructor led webcasts demonstrating the navigation and features of Interactive Care Reviewer (ICR), our digital authorization application.

If your organization is using fax or phone to request and check the status of authorizations, we encourage you to make the switch to ICR and experience how using this digital application can help you manage and improve your authorization process.

The ICR prior authorization application makes it easy to submit, review, and check authorization status — all in one place.

**Learn how by attending our ICR webcast on Tuesday, May 23, 2023 at 1 p.m. ET.**

### Learn how 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.



If attending a live event is not convenient, you can visit the [ICR Learning Site](#) to view a previously recorded webcast and to view and download job aids.

MDWP-CD-023087-23-CPN22839







# Policy Updates

## **Clinical Criteria updates**

On September 12, 2022, and November 18, 2022, the Pharmacy and Therapeutic (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Wellpoint. These policies were developed, revised, or reviewed to support clinical coding edits.

Visit [Clinical Criteria website](#) to search for specific policies. If you have questions or additional information, reach out via email.

[Read more online.](#)

MDWP-CD-019012-23-CPN18398



# Policy Updates — Prior Authorization

As a reminder, ordering and servicing providers may submit prior authorization requests to Carelon Medical Benefits Management, Inc. by accessing the [ProviderPortal<sub>SM</sub>](#) directly. Online access is available 24 hours a day, 7 days a week to process orders in real time. It is the fastest and most convenient way to request authorization. You can also check the status of your request.

If you have questions related to guidelines, email Carelon Medical Benefits Management at [MedicalBenefitsManagement.Guidelines@Carelon.com](mailto:MedicalBenefitsManagement.Guidelines@Carelon.com). Additionally, you may access and download a copy of the current and upcoming guidelines [online](#).

*Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan.*

## Carelon Medical Benefits Management, Inc. genetic testing CPT code list update

Effective for dates of service on and after August 1, 2023, the following codes will require prior authorization through Carelon Medical Benefits Management, Inc.

CPT <sup>®</sup> code	Description
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (for example, colorectal and breast cancer) gene analysis, targeted sequence analysis (for example, exons 7, 9, 20)

MDWP-CD-017427-23



# Products and Programs — Pharmacy

## New specialty pharmacy medical step therapy requirements

The following specialty pharmacy codes from current or new *Clinical Criteria* documents will be included in our existing specialty pharmacy medical step therapy review process. Step therapy review will apply upon prior authorization initiation or renewal in addition to the current medical necessity review of all drugs noted below.

The list of *Clinical Criteria* is publicly available on our provider website. Visit the [Clinical Criteria website](#) to search for specific *Clinical Criteria*.

### Effective for dates of service on and after May 1, 2023:

Clinical Criteria	Status	Drug	HCPCS codes
CC-0107	Non-preferred	Alymsys <sup>1</sup>	C9399, J3490, J3590, J9999
	Non-preferred	Infed (iron dextran)	J1750
	Non-preferred	Injectafer (ferric carboxymaltose)	J1439
CC-0182	Non-preferred	Monoferric (ferric derisomaltose)	J1437
	Preferred	Feraheme (ferumoxytol) <sup>2</sup>	Q0138
	Preferred	Ferrlecit (sodium ferric gluconate/sucrose complex)	J2916

MDWP-CD-012922-22-CPN12347/MDWP-CD-021263-23-CPN20979/MDWP-CD-018631-23-CPN18331

### Effective for dates of service on and after May 8, 2023:

Clinical Criteria	Status	Drug	HCPCS/CPT® code
ING-CC-0002	Preferred	Zarxio	Q5101
	Non-preferred	Granix	J1447
	Non-preferred	Neupogen	J1442
	Non-preferred	Nivestym	Q5110
	Non-preferred	Releuko <sup>3</sup>	Q5125

1 Alymsys is being added to the existing Step Therapy for Bevacizumab for Non-ophthalmologic Indications.

2 Feraheme (ferumoxytol) will change to preferred for both brand and generic.

3 Releuko is being added to the existing Step Therapy for Short Acting Colony Stimulating Factor Agents; all other drug statuses remain the same.

MDWP-CD-022981-23-CPN22912/MDWP-CD-012859-22-CPN12278



# Quality Management

## Moving Toward Equity in Asthma Care CME Training and Asthma Medication Ratio HEDIS measure update

### Moving Toward Equity in Asthma Care

Wellpoint is committed to achieving health equity in asthma outcomes with diverse populations. As part of this commitment, we offer an online training, **Moving Toward Equity in Asthma Care**. This course is accessible from any mobile device or computer and provides one continuing medical education credit at no cost to you. Visit [www.mydiversepatients.com](http://www.mydiversepatients.com).

### Asthma Medication Ratio (AMR) HEDIS® measure

The National Committee for Quality Assurance (NCQA) is also working to identify and reduce disparities in care. As part of this effort, race and ethnicity stratifications were added to the AMR HEDIS metric this year. The AMR metric measures the percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.5 or greater during the measurement year.



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

### Did you know:

- Hispanics and African Americans with asthma are less likely to take daily controllers and are more likely to visit the ER and be hospitalized for asthma-related conditions than non-Hispanic whites?<sup>1</sup>
- Asian Americans are more likely to die from asthma than non-Hispanic whites?<sup>2</sup>
- Appropriate medication management for patients with asthma could reduce the need for rescue medication — as well as the costs associated with ER visits, inpatient admissions, and missed days of work or school?





## Moving Toward Equity in Asthma Care CME Training and Asthma Medication Ratio HEDIS measure update (cont.)

### Helpful tips:

- Ensure at least half of the medications dispensed to treat asthma are controller medications throughout the measurement period.
- Talk to the patient about the importance of controller medication compliance, and not to use rescue medications on a regular basis, unless part of asthma action plan.
- Encourage patients to fill their prescriptions on a regular schedule rather than waiting till they are symptomatic.
- Create a written asthma action plan in language the patient understands, and schedule follow-up appointments with patients. Ask patients questions to assess asthma control, adherence to the action plan, and identify triggers.
- Utilize evidence-based asthma assessment tools to assess asthma control, adherence to the action plan, and identify triggers.
- Take the **Moving Toward Equity in Asthma Care** CME course at no cost for more helpful tips.

### Additional resources:

Also available is the Asthma & Me training. Do your patients have asthma? Show them the pathophysiology of asthma in their preferred language.

### References:

- 1 Asthma and Allergy Foundation of America & National Pharmaceutical Council. (2005). Ethnic Disparities in the Burden and Treatment of Asthma. Retrieved from <https://bit.ly/2NwqavU>
- 2 U.S. Department of Health & Human Service, Office of Minority Health. (2016, May 9). Asthma and Asian Americans. Retrieved August 8, 2016, from <http://www.minorityhealth.hhs.gov>
- 3 Asthma and Allergy Foundation of America. (2020). Asthma Disparities in America: A Roadmap to Reducing Burden on Racial and Ethnic Minorities. Retrieved from: <https://bit.ly/3KYd1qd>

MDWP-CD-019276-23-CPN18979

