Federal Employee
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FEDERAL EMPLOYEE PROGRAM (FEP) JOINS THE CENTERINGPREGNANCY INITIATIVE

On Jan. 1, 2023, Blue Cross and Blue Shield Federal Employee Program (FEP) plans began participating in CenteringPregnancy.

It is a prenatal care program that brings women together in the comfort of a group setting instead of an exam room.

In CenteringPregnancy, a woman is placed in a group with eight to 12 other women after she has her first obstetric appointment and exam. All of the women have due dates in the same month. They have all their prenatal care visits together in 10 sessions of two hours each. Sessions are throughout their second and third trimesters.

A health care provider helps the group. He or she carries out all the medical care the women would routinely get. Care is according to prenatal care guidelines from the American College of Obstetrics and Gynecology, an independent organization that provides health information you might find helpful.

Provider specialties included for reimbursement are obstetrics and gynecology, family practice, and certified nurse midwives.

Billing and reimbursement

99078

- Include the TH modifier
- File in addition to evaluation and management (E&M) codes for the same date of service
- File with specific pregnancy-related diagnosis code
- Pays separately from global maternity
- Reimbursed at \$30 per member per session (maximum of 10)

0502F

- Retention incentive indicating continued participation
- File in addition to procedure code 99078 on the fifth visit
- File with specific pregnancy-related diagnosis code
- Payable once per benefit period
- ▶ Reimbursed at \$175 once per member

MEDICARE ADVANTAGE MOLECULAR DIAGNOSTIC TESTING

On Oct. 5, 2022, BlueCross announced its Medicare Advantage plans would soon need prior authorization for additional molecular diagnostic testing services through Avalon Healthcare Solutions. This took effect Jan. 23, 2023. Avalon is an independent company that provides laboratory management services on behalf of BlueCross.

Prior authorization requests include a review for medical necessity using these guidelines from the Centers for Medicare & Medicaid Services (CMS):

- National coverage determinations
- Local coverage determinations
- Local coverage articles
- And other nationally accepted guidelines

Medicare Advantage follows Milliman clinical guidelines where no CMS guidance applies.

View the **list of CPT® codes** that require prior authorization. This list is a general reference. It may not be all-inclusive.

You can request prior authorization in one of three ways:

- ▶ PAS Portal Avalon's prior authorization system (PAS)
 - Request an account* if you do not have one.
- Phone: 844-227-5769
- Fax: 813-751-3760
 - Submit the Preauthorization Request Form with supporting documentation.
- Other nationally accepted guidelines

*This links to a third-party website. That organization is responsible for the content and privacy policy on its site.

BLUE DISTINCTION CENTERS

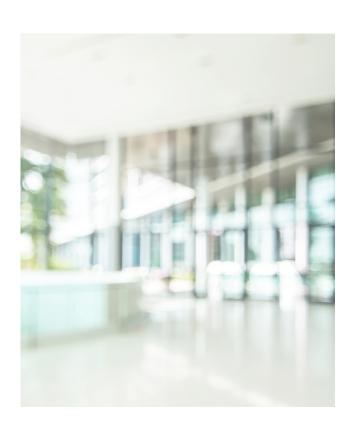
Blue Distinction Centers are health care facilities and providers recognized for their expertise in delivering specialty care.

As of Jan. 1, 2023, the Health Insurance Exchange benefit plan allows only hospitals designated as a Blue Distinction Center for Transplants (BDCT) to perform transplants.

Since this is a contract change, there will be no exceptions moving forward for new requests. However, if services were approved in 2022 for a non-BDCT facility, the approval will be upheld.

If a member is not able to get a transplant at a BDCT, the provider will need to submit a written request to the plan for review by the medical director.

If you have questions or need information on how to qualify, please contact your contracting representative.





GLUCAGON-LIKE PEPTIDE-1 AGENTS UTILIZATION MANAGEMENT UPDATE

There has been an increase in the use of certain glucagon-like peptide-1 (GLP-1) products for weight loss. The FDA has not approved this use.

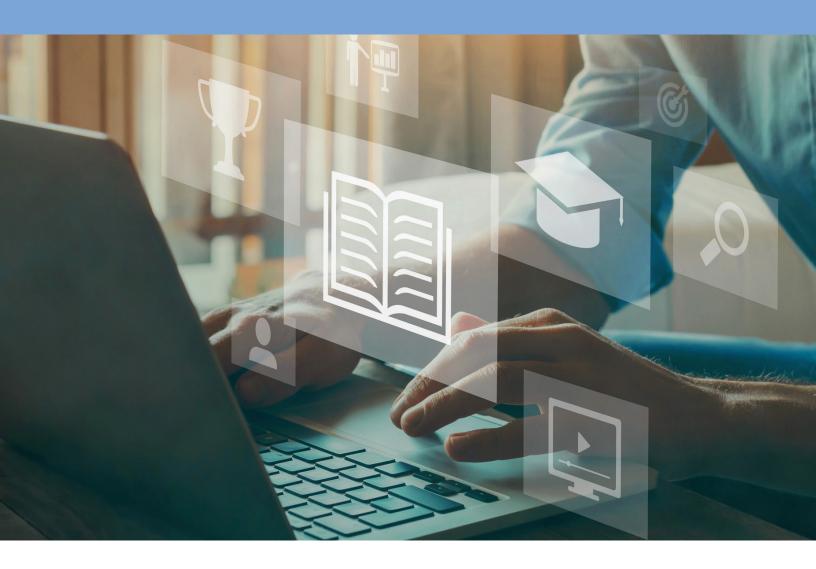
For this reason, the utilization management strategy for these drugs is changing from a step therapy to a prior authorization (PA) requirement. Off-label use of these medications has led to drug shortages. It has made it hard for some people with diabetes to get the medicine they need. This update will help ensure these GLP-1 products will be available for members who need them to control their Type 2 diabetes. The update will also help decrease improper use of these medications.

For members new to therapy, the PA requirement went into effect Feb. 13, 2023. For existing members who use these medications, the PA requirement goes into effect April 3, 2023. Members were notified of these changes in a letter mailed in February.

What this means to you:

On the previously mentioned dates, **Ozempic®**, **Rybelsus®**, **Trulicity®**, **Victoza®** and **Mounjaro®** will require PA. The requirement will verify patients are using these medications for the FDA-approved use of treating Type 2 diabetes. Providers must submit clinical documentation to verify the member's Type 2 diabetes diagnosis. Documentation should note the member will not be using the medications for the sole purpose of weight loss. PA will also require documentation of trial and failure of at least a 90-day supply of metformin or any metformin combination products.

Note: This information does not apply to Marketplace (Exchange or Affordable Care Act) plans.



ADDITIONAL UPCOMING TRAINING SESSIONS

Provider Education has webinars now open for registration:

• **Quality:** April 19, 2023

Provider 101: May 10, 2023

Provider Enrollment: May 17, 2023

All trainings are from noon until 1 p.m. You can register **here*** or in the News and Events section of **www.SouthCarolinaBlues.com**. To stay abreast of all upcoming trainings and newsletters, please subscribe **here**.

If you have any questions, please contact the provider education team at 803-264-4730, or reach out to your education representative directly.

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INTRODUCING NEW PROVIDER EDUCATION REPRESENTATIVES



Miguel McClendon

Title: Provider Relations Consultant **Hometown:** Columbia, South Carolina.

Time with BlueCross: 4 months

Miguel has 20 years of experience in health care and social services. He recently worked as a kidney health educator after moving back to South Carolina in 2020. Prior to this, Miguel worked for DaVita Dialysis as a case manager at MedStar Georgetown University Hospital and MedStar Washington Hospital Center. He also worked for the South Carolina Department of Social Service as a senior childcare case manager. Miguel loves great food. He seeks out restaurants featured on the show "Diners, Drive-Ins and Dives." As a jogger, he hopes to complete a marathon this year. Miguel is excited to be a member of the Provider Relations team and looks forward to building great relationships.



Cynthia Thompson

Title: Provider Relations Consultant **Hometown:** Orangeburg, South Carolina

Years with BlueCross: 23

During her time with the company, Cynthia has worked as a senior quality assurance analyst, dental customer service supervisor, underwriter, fraud and misrepresentation specialist, accounting clerk, and provider service representative. Cynthia was awarded SQM® World Class Certification for her work as a supervisor in Major Group. She has an undergraduate degree from Claflin University and a master's degree from Strayer University. Cynthia has been married for 32 years and enjoys spending time with her husband and family. She also enjoys gardening and cooking. Cynthia's motto is, "Always stay true to yourself and never let what someone says distract you from your goals." Cynthia looks forward to new opportunities as a member of the Provider Relations team.



NEED TO GET IN TOUCH WITH PROVIDER RELATIONS AND EDUCATION?

The provider education team is always eager to assist you. If you have a training request, use the **Provider Training Request Form**. For questions about an ongoing education initiative or recent news bulletins, submit the Provider Education Contact Form. Lastly, be sure to view the **Provider Education Territory Map** for the latest updates.

This information is located on the Provider Education page of our website.



BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of South Carolina

Independent licensees of the Blue Cross Blue Shield Association.

Benefits Disclaimer: The information listed is general information and does not guarantee payment. Benefits are always subject to the terms and limitations of specific plans. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan of South Carolina has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

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