

April 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



Survey for all skilled nursing facilities

To help inform referrals and placements, we are asking all skilled nursing facilities (SNFs) to complete the following survey, which will allow us to have the most up-to-date information about your facility and allow us to provide the best possible service to you and to our members — your patients.

Please visit <https://chkmkt.com/SNFCapabilitySurvey> to complete the survey. It should only take about 10 minutes of your time.

MDWP-CD-013200-22

Payment policy for outpatient laboratory services

This notice is an update to the Wellpoint policy for outpatient laboratory services. Effective April 1, 2023, all outpatient laboratory tests must be sent to a participating freestanding laboratory center with several exceptions.

[Read more online.](#)

MDWP-CD-017393-23-SRS17393





Correct coding for hospital outpatient clinic visits for Medicaid

To align with correct coding guidelines for HCPCS code G0463, Wellpoint is updating its outpatient facility editing system. For Medicaid claims processed on or after May 1, 2023, when HCPCS code G0463 is billed with an inappropriate revenue code, it will be denied. According to correct coding guidelines, HCPCS code G0463 is for hospital outpatient clinic visits or assessment and management of a patient and should only be billed with revenue codes that support the billing of clinic visits, assessments, and management services including the following:

- Clinic (0510 to 0517, 0519, 0520)
- ER urgent care (0456)
- Treatment room (0761)

For assistance with coding guidelines, please refer to the CPT® coding guidelines. If you believe you have received a denial in error, please follow the Wellpoint standard claim payment dispute process as outlined in the provider manual.

MDWP-CD-016155-22-CPN15909

Genetic testing

For professional claims submitted on a CMS-1500 form processed on or after May 1, 2023, Wellpoint will enhance our editing systems to automate edits and simplify remittance messaging. These edit enhancements are supported by correct coding guidelines, as documented in industry sources such as Correct Procedural Terminology (CPT®) guidelines and Centers for Medicare & Medicaid Services (CMS). Additionally, these edit enhancements will promote faster claim processing and reduce follow-up audits and/or record requests for claims that are not consistent with correct coding guidelines. As a result of these edit enhancements, there will be greater attention on identifying inappropriate billing of genetic testing services.

Below are examples of claim edits focused on identifying inappropriate billing of genetic testing services that will be automated:

- Multianalyte Assays with Algorithmic Analyses (MAAA) — CPT 81507: This edit will deny laboratory provider claims submitted with the proprietary laboratory analysis code for the associated proprietary Harmony prenatal test when the laboratory provider is not an affiliated proprietary laboratory.
- Panel testing: This edit will deny laboratory provider claims submitted with codes for individual components of a panel test (for example, tumors, inherited conditions, and hematologic malignancy) when a single panel code exists.

Providers who believe their medical record documentation supports services billed should follow the claims payment dispute process (including submission of all supporting documentation with the dispute) as outlined in the provider manual.

MDWP-CD-015744-22-CPN14440



COVID-19 testing in urgent care centers

Effective April 1, 2023, COVID-19 testing in an urgent care center will only be payable in addition to the contracted global rate when there is a diagnosis of COVID-19 (Diagnosis Code U071) or suspected exposure to COVID-19 (Diagnosis Code Z20822).

Testing for COVID-19 in asymptomatic patients with no indication of COVID-19 infection or exposure will be considered bundled into the urgent care center contracted global rate.

Impacted CPT®/HCPCS codes

Code	Description
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus
86413	Severe acute respiratory syndrome coronavirus 2
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
87426	Infectious agent antigen detection by immunoassay technique, (for example, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA])
87428	Infectious agent antigen detection by immunoassay technique, (for example, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (for example, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B SD: SARSCOV &
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
87636	Severe acute respiratory syndrome coronavirus 2
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)





COVID-19 testing in urgent care centers (cont.)

0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory
0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected
0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets

MDWP-CD-017561-23-SRS17393



Ready, set, renew!

It's time for some of your patients to renew their Medicaid benefits. As states begin to recommence Medicaid renewals, we want to ensure you have the information needed to help your Medicaid patients renew their healthcare coverage. Some patients have never had to renew their coverage at all, while other patients may have forgotten the process entirely.

We're here to help.



What steps do I need to take?

Find your patient's Medicaid renewal date on Availity Essentials and communicate the date to them in advance of upcoming appointments or at checkout. This will help ensure that your patients don't have a lapse in coverage.

What steps do my patients need to take?

- Ready: Patient gets their documents ready.
- Set: Patient ensures their form is all set.
- Renew: Patient sends renewal form:
 - Via web: marylandhealthconnection.gov
 - Via phone: **855-642-8572 (TTY 855-642-8573)**

Availity, LLC is an independent company providing administrative support services on behalf of the health plan.

MDWP-CD-017974-22-CPN16407





Look what's new in Provider Pathways

Wellpoint is pleased to announce two new modules that have been added to our self-paced eLearning, called Provider Pathways. Provider Pathways is a 24/7 digital resource that provides a foundation on doing business with Wellpoint. Provider Pathways not only provides what you need to know about the key tools and resources for doing business with us, but we have now also added these new modules:

- **CAHPS®:** Find out what the Consumer Assessment of Healthcare Providers and Systems survey is and how it impacts you.
- **SBIRT:** Learn more about this important screening, brief intervention, and referral to treatment method. Let us show you how a simple evidence-based process can be utilized with all types of patients in a variety of settings to identify those who may need additional substance use support.

How to find Provider Pathways

Provider Pathways Doing Business with Wellpoint eLearning gives you the flexibility for scheduling training for yourself and your staff. You can find this training on the Wellpoint website.

- Go to <https://provider.wellpoint.com/md/>.
- Select **Training Academy** under *Resources* in the top navigation.
- Once on the page, scroll down to *Provider Pathways* under *Training and Registration* and select the registration link.

You will find the new modules in the table of contents shortly after starting the training.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

MDWP-CD-012365-22-CPN9156



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.

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](#).

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 a **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](#).

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-017565-23



Policy Updates



Clinical Criteria updates

On May 20, 2022, August 19, 2022, and September 9, 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-013921-22



Policy Updates — Prior Authorization

When requesting prior authorization, please use the following process:

- Obtain a health services review authorization.
- Access the **ProviderPortal**_{SM} 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.

Note — Fax requests are no longer accepted for this service.

- Verify that the necessary prior authorization was obtained in advance of rendering this service.

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

Genetic testing services prior authorization update

Effective April 1, 2023 , Wellpoint will require prior authorization of the following genetic testing services for members in Maryland. Carelon Medical Benefits Management, Inc. will manage this process.

CPT® code	Description
81206	Bcr/Abl1 (T(9;22)) (For example, Chronic Myelogenous Leukemia) Translocation Analysis; Major Breakpoint, Qualitative Or Quantitative
81207	Bcr/Abl1 (T(9;22)) (For example, Chronic Myelogenous Leukemia) Translocation Analysis; Minor Breakpoint, Qualitative Or Quantitative
81220	Cftr (Cystic Fibrosis Transmembrane Conductance Rfor exampleulator) (For example, Cystic Fibrosis) Gene Analysis; Common Variants (For example, Acmg/Acog Guidelines)
81329	SMN1 (survival of motor neuron 1, telomeric) (for example, spinal muscular atrophy) gene analysis; dosage/deletion analysis (for example, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed

To find additional information, order-entry checklists, a step-by-step tutorial, clinical guidelines, and FAQ go to Genetic Testing Guidelines or call **800-252-2021**.

Reference: *Carelon Clinical Appropriateness Guidelines for Genetic Testing 2022*

MDWP-CD-017560-23-SRS17393



Radiology services prior authorization update

Effective April 1, 2023, Wellpoint will require prior authorization of the following radiology services for members in Maryland. Carelon Medical Benefits Management, Inc. will manage this process.

CPT® code	Description
76391	Magnetic resonance (for example, vibration) elastography
93320*	Doppler Echocardiography; Complete
93321*	Doppler Echocardiography; Follow-Up/Limited
93325*	Doppler Color Flow Mapping

* These radiology services should be conducted in a participating freestanding radiology center or a physicians office.

In Maryland, where the availability and accessibility of radiology services in unregulated space supports the access needs of our members, radiology services, for members age eight and over, will need to be performed in a freestanding, unregulated, facility. This requirement does not apply to members 7 years old and under.

When medical necessity of the service is met, and the place of service is outpatient hospital, the requesting provider must supply a medical rationale for the requested place of service. Failure to provide a medical rationale for the outpatient hospital place of service will result in an administrative denial for place of service.

To find additional information, order-entry checklists, a step-by-step tutorial, clinical guidelines and FAQ, review the [Radiology Guidelines](#) or call **800-252-2021**.

References:

Carelon Radiology: *Advanced Imaging: Imaging of the Abdomen and Pelvis*,
Advanced Imaging: Imaging of the Heart

MDWP-CD-017558-23-SRS17939

Radiology services redirection update

Effective April 1, 2023, Wellpoint will require several services be performed in a participating freestanding radiology center for members in Maryland. Carelon Medical Benefits Management, Inc. will manage this process..

[Read more online.](#)

MDWP-CD-017555-23



Attention physicians and lab providers: COVID-19 update regarding reimbursement

Notification regarding reimbursement changes to COVID-19 laboratory services codes

Beginning with dates of service on or after April 2023 or the end of the public health emergency (PHE), whichever is the latter, reimbursement for COVID-19 laboratory service codes may be reduced for independent laboratories participating in the Wellpoint network.

New COVID-19 laboratory service codes were implemented and reimbursed at rates to meet the needs of providers during the PHE. Reimbursement will be revised to the Wellpoint standard reimbursement methodology for independent laboratory providers for the following codes:

- U0001
- U0002
- U0003
- U0004
- 86328
- 86408
- 86409
- 86413
- 86769
- 87426
- 87428
- 87635
- 87636
- 87637
- 87811
- 0202U
- 0223U
- 0224U
- 0225U
- 0226U
- 0240U
- 0241U

If you have any questions regarding this notice, please contact your designated Provider Relationship Management consultant. Please incorporate this notice into your Wellpoint Provider Agreement folder.

MDWP-CD-015360-22



Products and Programs — Pharmacy



New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after April 1, 2023, 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*.

<i>Clinical Criteria</i>	Status	Drug	HCPCS code(s)
ING-CC-0010	Preferred	Repatha	C9399, J3490, J3590
ING-CC-0209	Non-preferred	Leqvio	J1306
ING-CC-0010	Non-preferred	Praluent	C9399, J3490, J3590

MDWP-CD-011547-22-CPN10137/MDWP-CD-019951-23-CPN19795



Quality Management

Statin Therapy Exclusions for Patients With Cardiovascular Disease/Diabetes HEDIS measures

The Statin Therapy Exclusions for Patients With Cardiovascular Disease (SPC) HEDIS® measures examines the percentage of patients with atherosclerotic cardiovascular disease (SPC) who received and adhered to statin therapy throughout the measurement year. However, statin therapy does not work for everyone, and alternative therapies are necessary to minimize their risk for future complications. If you have patients who cannot tolerate statin therapy, it is important that you document and notify us annually so we can exclude the patients from your list of open care gaps. Refer to NCQA guidelines for a complete listing of exclusion criteria.

How to submit exclusion data:

- Indicate the appropriate ICD-10 code for encounters.
- Use standard data file submission or EMR/EHR access for supplemental data collection.

Exclusions are applied based on diagnosis codes on the date of service provided on the claim or through supplemental data collection. Based on the timing of your data submission and when reports are generated, it may take several weeks for exclusions to be reflected on your reports.

Please note, if exclusions are not coded properly or given to Wellpoint in the proper format, the care gap will remain open until the failure reason is corrected. Patients listed on the open care gap report are assumed to tolerate statin therapy and will have their care gaps closed after claims for moderate to high intensity statins are adjudicated by Wellpoint.

Tips for implementing best practices and improving your quality scores:

- Educate your patients on the importance of adhering to their statin therapy regime and on potential side effects. If they start to experience muscle pain or weakness, have them contact you to discuss their options.
- Statin therapy should also be accompanied by lifestyle modifications, such as a healthy diet and exercise. Work with your patients to proactively identify and overcome any barriers that may prevent lifestyle modifications. Discuss creating a realistic, individualized exercise routine based on the patient's ability and interests. Encourage a healthy diet based on the patient's culture and locally available produce, stores, and resources.

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

MDWP-CD-015200-22-CPN14452

