



February 9, 2023

The provider bulletins and/or frequently asked questions (FAQs) summarized below include hyperlinks (Learn more>>) to full versions. Should you ever experience an issue with any of the hyperlinks, you may access all provider bulletins and FAQs at floridablue.com > providers > news > bulletins-and-faqs.

For Truli for Health and Florida Blue Providers

PHARMACY

Updates to Commercially Insured Pharmacy Medical Coverage Guidelines Now Available

Each month and quarter, our Medical Coverage Guidelines (MCG) for the Commercially insured are updated and published at floridablue.com under *Medical and Pharmacy Policies and Guidelines, What's New.* This latest update, effective January 15, 2023, includes but is not limited to, the **Growth Hormone** MCG, which now has two preferred agents – Genotropin and Norditropin. This update also shows a change to the **Reblozyl** MCG to include genetic testing for beta-thalassemia. Many other MCG updates are listed. *Learn more>>*

PUBLIC HEALTH/PANDEMICS/COMMUNITY CRISES

COVID-19 Provider Billing Guidelines

In response to the coronavirus disease (COVID-19), we have established and regularly update the billing code guidelines for our Commercial, Affordable Care Act (ACA), Medicare Advantage, Federal Employee Program (FEP) and Truli for Health lines of business. All claims billed by a provider must effectively meet the accepted standard of care for the condition being treated. The guidelines were updated this week and remain in effect until further notice. *Learn more*>>

For Florida Blue Providers Only

BILLING AND CODING

Claims System Update Focuses on Medicare Advantage Liability that Is Not the Patient's

The Centers for Medicare and Medicaid Services requires Medicare Advantage plans to clearly delineate the specific services and items covered and not covered for plan enrollees. We recently updated our claims system to address patient liability issues. **Learn more>>**

HEALTH CARE PLANS (MEDICARE ADVANTAGE)

CMS to Conduct National Audit to Identify Improper Medicare Advantage Payments

The Centers for Medicare and Medicaid Services (CMS) will be performing a Part C Improper Payment Measure (Part C IPM) Audit related to our BlueMedicare HMO, PPO, and LPPO (Medicare Advantage) members information for the 2020 benefit year. The audit helps ensure risk-adjusted payments are accurate. This CMS audit applies to service dates January 1 – December 31, 2020. <u>Learn more>></u>