

Drug and biologic

This communication applies to Medicaid and Dual Advantage plans from Healthy Blue.

Effective [May 1, 2025], Healthy Blue is enhancing its claim edits system to ensure claims billed with pharmaceutical drug procedure codes are reported with the appropriate FDA-approved indications.

These enhanced claim edits provide an opportunity for Healthy Blue to evaluate submitted claims for drug quality, safety, and effectiveness. The enhancement is to have the claims deny if not billed with FDA approved indications.

If you believe a claim reimbursement decision should be reviewed, please follow the normal claims dispute process and include medical records that clarify whether the indication was approved through the governing agencies. Online reconsiderations and claim payment appeals can be submitted via the Availity Essentials Appeals Tool at <https://Availity.com> with supporting documentation. Written reconsideration and claim payment appeals should be mailed to: Provider Payment Disputes PO Box 61599 Virginia Beach, VA 23466-1599. You will need to submit only the portion(s) of the medical record that is relevant to the drug provided.

If you have questions about this notification, contact your contract manager or provider relationship management account representative.



Email is the quickest and most direct way to receive important information from us.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form: <https://bit.ly/signup-hlb-la>.