

PROVIDER NEWSLETTER



**BlueCross BlueShield
of Western New York**
MEDICAID | CHILD HEALTH PLUS

<https://providerpublic.mybcbswny.com>

August 2020



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BlueCross BlueShield of Western New York

Amerigroup Partnership Plan, LLC provides management services for BlueCross BlueShield of Western New York's managed Medicaid. Amerigroup Partnership Plan, LLC brinda servicios administrativos para Medicaid administrado de BlueCross BlueShield of Western New York. BlueCross BlueShield of Western New York is a division of HealthNow New York Inc., an independent licensee of the Blue Cross and Blue Shield Association. BlueCross BlueShield of Western New York es una división de HealthNow New York Inc., licenciataria independiente de Blue Cross and Blue Shield Association. BlueCross BlueShield of Western New York partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note this newsletter is specific to the MMC and CHPlus programs only.

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August 2020



COVID-19 information from BlueCross BlueShield of Western New York

BlueCross BlueShield of Western New York is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part.

For additional information, reference the [provider website](#) > COVID-19 information.

NYWPEC-1553-20

Provider data update

BlueCross BlueShield of Western New York (BlueCross BlueShield) partners with AIM Specialty Health[®]* (AIM), a leading specialty benefits management company that provides services for radiology, cardiology, genetic testing, oncology, musculoskeletal, rehabilitation, sleep management and additional specialty areas. Partnerships like this require that BlueCross BlueShield's provider demographic information (group or practice name, additional providers added to the group/practice, location) is current and accurate to eliminate provider and member abrasion.

In the event the provider's demographic information has not been updated in BlueCross BlueShield's system, the data will also be missing from the provider data that goes to AIM. Therefore, providers may not be able to locate the requested record in AIM's system. While the provider's information can be manually entered to build a case, the record will appear to be out-of-network, and the case will adjudicate accordingly.

BlueCross BlueShield provider data updates flow to AIM via the provider data extract, but the data flow does not work in the reverse back to BlueCross BlueShield. It is important that providers make the following changes or updates with BlueCross BlueShield, not AIM:

- Group or practice name
- TIN
- NPI
- Address (add/remove location(s), corrections)
- Phone numbers
- Fax numbers
- Any additional changes



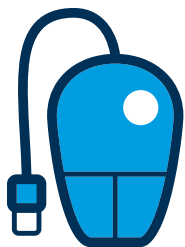
** AIM Specialty Health is an independent company providing some utilization review services on behalf of BlueCross BlueShield of Western New York.*

NYW-NL-0248-20



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Introducing Interactive Care Reviewer — an online prior authorization tool



On March 30, 2020, we introduced the Interactive Care Reviewer (ICR) — a self-service prior authorization (PA) tool that will improve the efficiency of your authorization process for BlueCross BlueShield of Western New York members. ICR offers a streamlined process to request and check the status of medical and behavioral health inpatient and outpatient procedures. You can easily access ICR through the Availity Portal.*

What benefits/efficiencies does the ICR provide?

- You can determine if PA is needed. For most requests, when you enter patient, service and provider details, you will receive a message indicating whether review is required.
- You receive a comprehensive view of all your PA requests. You have a complete view of all the utilization management requests you submitted online, including the status of your requests and specific views that provide case updates and a copy of associated letters.
- You will have inquiry capability. Ordering and servicing physicians and facilities can locate information on PA requests for those with which they are affiliated; this includes requests previously submitted via phone, fax and ICR.
- You have the ability to request and check the status of clinical appeals. You can use ICR to request a clinical appeal for denied authorizations and access letters associated with the appeal.
- ICR reduces the need to fax. ICR allows text detail as well as images to be submitted along with the request.
- There is no additional cost to you. ICR is a no-cost solution that's easy to learn and even easier to use.

Follow these instructions to access ICR through the Availity Portal

First, ask your Availity administrator to grant you the appropriate role assignment.

Do you create and submit PA requests?

Required role assignment:

Authorization and Referral Request

Do you check the status of the case or results of the authorization request?

Required role assignment:

Authorization and Referral Inquiry

Once you have the authorization role assignment, log in to Availity with your unique user ID and password and follow these steps:

1. Select **Patient Registration** from Availity's home page.
2. Select **Authorizations & Referrals**.
3. Select either **Authorizations** for requests or **Auth/Referral Inquiry** for inquiries.

Monthly ICR training

Register for one of our free webinars created to familiarize new users with ICR features and navigation. Registration [link](#).

* Availity, LLC is an independent company providing administrative support services on behalf of BlueCross BlueShield of Western New York.

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Medical drug *Clinical Criteria* updates

February 2020 update

On November 15, 2019, and February 21, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for BlueCross BlueShield of Western New York. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the [*Clinical Criteria* web posting](#).

NYW-NL-0240-20

March 2020 update

On November 15, 2019, February 21, 2020, and March 26, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for BlueCross BlueShield of Western New York. Please note, this does not affect the prescription drug benefit. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the [*Clinical Criteria* web posting](#).

NYW-NL-0252-20

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

For questions or additional information, use this [email](#).



New MCG Care Guidelines 24th edition

Effective August 1, 2020, BlueCross BlueShield of Western New York will use the new acute viral illness guidelines that have been added to the 24th edition of the MCG Care Guidelines. Based on the presenting symptoms or required interventions driving the need for treatment or hospitalization, these guidelines are not a substantive or material change to the existing MCG Care Guidelines we use now, such as systemic or infectious condition, pulmonary disease, or adult or pediatric pneumonia guidelines.

Inpatient Surgical Care (ISC):

- *Viral Illness, Acute — Inpatient Adult (M-280)*
- *Viral Illness, Acute — Inpatient Pediatric (P-280)*
- *Viral Illness, Acute — Observation Care (OC-064)*

Recovery Facility Care (RFC):

- *Viral Illness, Acute — Recovery Facility Care (M-5280)*

NYW-NL-0253-20



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Prior authorization (PA) requirements

Angiographic evaluation of stenotic or thrombosed dialysis circuits

Effective August 1, 2020, PA requirements will change for angiographic evaluation of stenotic or thrombosed dialysis circuits to be covered for BlueCross BlueShield of Western New York (BlueCross BlueShield) members.



PA requirements will be added to the following codes:

- 36901
- 36902
- 36903
- 36905
- 36906
- 36907
- 36908



Read more online.

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Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **If you do not comply with these new requirements, BlueCross BlueShield may deny your claims.**

PA requirements will be added to the following:

- **Web:** <https://www.availity.com>
- **Fax:** 1-800-964-3627
- **Phone:** 1-866-231-0847

Not all PA requirements are listed here. PA requirements are available to contracted providers at <https://providerpublic.mycbswny.com> > Precertification > Log in to Availity.* Contracted and noncontracted providers who are unable to access Availity may call Provider Services at **1-866-231-0847** for PA requirements.

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Medical Policies and Clinical Utilization Management Guidelines update



The *Medical Policies, Clinical Utilization Management (UM) Guidelines* and *Third-Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed.

To view a guideline, visit https://medicalpolicies.amerigroup.com/am_search.html.

Notes/updates:

Updates marked with an asterisk (*) denote that the criteria may be perceived as more restrictive.

- *CG-MED-88 — Preimplantation Genetic Diagnosis Testing:
 - Content moved from CG-GENE-06 — Preimplantation Genetic Diagnosis Testing
 - Added Medically Necessary and Not Medically Necessary statements addressing preimplantation embryo biopsy
- *DME.00011 — Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices:
 - Revised title (previous title: Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices)
 - Revised scope of document to include other conditions and devices
 - Added cranial electrical stimulation (CES) as Investigational and Not Medically Necessary for all indications
 - Added remote electrical neuromodulation (REN) as Investigational and Not Medically Necessary for all indications
- *LAB.00011 — Analysis of Proteomic Patterns:
 - Revised Investigational and Not Medically Necessary statement to include management of disease
- *MED.00120 — Gene Therapy for Ocular Conditions:
 - Revised title (previous title: Voretigene neparvovec-rzyl [Luxturna®])
 - Expanded scope of document to include all gene therapies for ocular conditions
 - Added the use of all other gene replacement therapies to treat any ocular condition as Investigational and Not Medically Necessary
- *SURG.00032 — Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention:
 - Revised title (previous title: Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention)
 - Added left atrial appendage closure via surgical (nonpercutaneous) implantation of a device as Investigational and Not Medically Necessary for all indications

Medical Policies

On February 20, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to BlueCross BlueShield of Western New York (BlueCross BlueShield). View the full update online for a list of the policies.

Clinical UM Guidelines

On February 20, 2020, the MPTAC approved several *Clinical UM Guidelines* applicable to BlueCross BlueShield. View the full update online for a list of the guidelines adopted by the medical operations committee for Medicaid Managed Care and Child Health Plus members on March 10, 2020.



Read more online.

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Updates to AIM Specialty Health advanced imaging *Clinical Appropriateness Guidelines*

Effective for dates of service on and after August 16, 2020, updates apply to the AIM Specialty Health[®]* advanced imaging of the chest, vascular imaging and AIM oncologic imaging *Clinical Appropriateness Guidelines*.



Read more online.

NYW-NL-0244-20

Updates to AIM musculoskeletal program *Clinical Appropriateness Guidelines*

Effective for dates of service on and after September 26, 2020, updates apply to the AIM Specialty Health[®]* musculoskeletal program joint surgery, spine surgery and interventional pain clinical appropriateness guidelines.



Read more online.

NYW-NL-0245-20

Transition to AIM Rehabilitative Services *Clinical Appropriateness Guidelines*

Effective October 1, 2020, we will transition the clinical criteria for medical necessity review of certain rehabilitative services to AIM Specialty Health[®]* Rehabilitative Service *Clinical Appropriateness Guidelines* as part of the AIM rehabilitation program. Reviewed services will include certain physical therapy, occupational therapy and speech therapy services.



Read more online.

NYW-NL-0246-20

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM's **ProviderPortal_{SM}** directly at <https://providerportal.com>. Online access is available 24/7 to process orders in real time, and is the fastest and most convenient way to request authorization
- Access AIM via the Availity Portal* at <https://www.availity.com>.
- Call the AIM Contact Center toll-free number at **1-800-714-0040** from 7 a.m. to 7 p.m.

If you have questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you can access and download a copy of the current and upcoming guidelines at <https://aimspecialtyhealth.com/resources/clinical-guidelines>.

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