PROVIDER NEWSLETTER

BlueCross BlueShield of Western New York
MEDICAID | CHILD HEALTH PLUS

www.bcbswny.com/stateplans

June 2020

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BlueCross BlueShield of Western New York

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NYW-NL-0249-20 June 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 secure provider website.

NYWPEC-1553-20

MCG Care Guidelines — 24th edition

Effective August 1, 2020, BlueCross BlueShield of Western New York will upgrade to the 24th edition of MCG Care Guidelines for the following modules: Inpatient Surgical Care (ISC), General Recovery Care (GRC), Chronic Care (CC) and Recovery Facility Care (RFC). The tables highlight new guidelines and changes that may be considered more restrictive.

Read more online.

NYW-NL-0231-20

2020 affirmative statement concerning utilization management decisions

All associates who make utilization management (UM) decisions are required to adhere to the following principles:

- UM decision making is based only on appropriateness of care and service and existence of coverage.
- We do not specifically reward practitioners or other individuals for issuing denials of coverage or care. Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support, or tend to support, denials of benefits.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization or create barriers to care and service.

NYW-NL-0234-20

Modifier use reminders

Billing for patient treatment can be complex, particularly when determining whether modifiers are required for proper payment. BlueCross BlueShield of Western New York (BlueCross BlueShield) reimbursement policies and correct coding guidelines explain the appropriate use of coding modifiers. We would like to highlight the appropriate use of some commonly used modifiers.

Things to remember

- Review the *CPT® Surgical Package Definition* found in the current year's *CPT Professional Edition*. Use modifiers such as 25 and 59 only when the services are not included in the surgical package.
- Review the current *CPT Professional Edition Appendix A — Modifiers* for the appropriate use of modifiers 25, 57 and 59.
- When an evaluation and management (E&M) code is reported on the same date of service as a procedure, the use of the modifier 25 should be limited to situations where the E&M service is "above and beyond" or "separate and significant" from any procedures performed the same day.
- When appropriate, assign anatomical modifiers (Level II HCPCS modifiers) to identify different areas of the body that were treated. Proper application of the anatomical modifiers helps ensure the highest level of specificity on the claim and show that different anatomic sites received treatment.
- Use modifier 59 to indicate that a procedure or service was distinct or independent of other non-E&M services performed on the same date of service. The modifier 59 represents services **not normally** performed together, but which may be reported together under the circumstances.

If you feel that you have received a denial after appropriately applying a modifier under correct coding guidelines, please follow the normal claims dispute process and include medical records that support the use of the modifier(s) when submitting claims for consideration.

BlueCross BlueShield will publish additional articles on correct coding in provider communications.

NYW-NL-0226-20

Follow-Up After Hospitalization for Mental Illness

As a provider, we understand you are committed to providing the best care for our members, including follow up appointments with members after a behavioral health (BH) inpatient stay. Since regular monitoring, follow-up appointments and making necessary treatment recommendations or changes are all part of excellent care, we would like to provide an overview of the related HEDIS®/QARR measure.

The Follow-Up After Hospitalization for Mental Illness (FUH) HEDIS/QARR measure evaluates members 6 years and older who were hospitalized for treatment of mental illness and who had a follow-up visit with a mental health practitioner.

This HEDIS/QARR measure looks at the percentage of BH inpatient discharges for which the member received follow-up within seven days days after discharge. The follow-up visit cannot occur on the day of discharge or it will not count.

On a regular basis, we continue to monitor if follow-up appointments are being recommended and scheduled during the inpatient stay as part of discharge planning by the eligible BH facilities (such as psychiatric hospitals, freestanding mental health facilities and acute care hospitals with psychiatric units), as well as by practicing BH providers.

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

** LiveHealth Online is the trade name of Health Management Corporation, an independent company, providing telehealth services on behalf of BlueCross BlueShield of Western New York.*

NYW-NL-0236-20

Consider the following for improving member outcomes for this measure:

- Earliest follow-up with a BH provider can help with continuing treatment after leaving the hospital.
- With greater emphasis on care coordination, PCPs can help facilitate the BH follow-up appointments.
- Weekend member discharges have shown to have very inconsistent follow-up appointments after discharge. Start discharge planning as soon as possible while members are inpatient so those who are discharged on weekends have scheduled follow-up appointments.
- In addition, other social determinants of health pertinent to the member (such as housing, food, living in a rural area, transportation, job schedules, family and social support, child care, etc.) can influence follow-up opportunities. Please address these needs and issues.
- Social workers at the facilities can contact Member Services for BlueCross BlueShield of Western New York (BlueCross BlueShield) to learn if any sources of assistance are available through BlueCross BlueShield such as case management and other referrals.
- Telehealth services such as Live Health Online* are available as a part of follow up for this HEDIS/QARR measure and many providers in the area offer telehealth services.
  - However, it is extremely important to note that telehealth services are subject to state and federal policies, telehealth policies, coding guidelines and other *HIPPA* requirements.
  - Telehealth follow-up may not be the best choice for everyone. However, not having a BH follow-up for several weeks can be detrimental to the member and can be a reason for relapse.

New behavioral health discharge call-in line

We value the strong and collaborative relationships we have with the providers in our network. As we continuously work to improve our process, we have a new option for providers to communicate with us. Effective April 1, 2020, behavioral health providers have a new discharge call-in line.

If a member is discharging from inpatient or residential treatment, providers may send the discharge information via the call-in line at **1-833-385-9055**. The call-in line is staffed from 8 a.m. to 8 p.m. ET, Monday through Friday. If all representatives are on calls, or if it's a weekend, the confidential voicemail will be initiated, allowing providers to leave discharge information.

Providers can also continue to submit the information via fax or the **Availity Portal**.*

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

NYW-NL-0239-20

Coding spotlight: provider guide to coding for cardiovascular conditions

In this coding spotlight, we will focus on several cardiovascular conditions; category codes from Chapter 9 of the ICD-10-CM are listed in the table below.

Diseases of the circulatory system	Category codes
Acute rheumatic fever	I00-I02
Chronic rheumatic heart diseases	I05-I09
Hypertensive diseases	I10-I16
Ischemic heart diseases	I20-I25
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28
Other forms of heart disease	I30-I52
Cerebrovascular diseases	I60-I69
Diseases of arteries, arterioles and capillaries	I70-I79
Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	I80-I89
Other and unspecified disorders of the circulatory system	I95-I99

Read more online.

NYW-NL-0243-20

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. For markets with carved-out pharmacy services, the applicable listings below are informational only.

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

Notes/updates:

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

- *SURG.00028 — Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)
  - Revised scope of document to only address benign prostatic hyperplasia (BPH)
  - Revised medically necessary criteria for transurethral incision of the prostate by adding "prostate volume less the 30 mL"
  - Added transurethral convective water vapor thermal ablation in individuals with prostate volume less than 80 mL and waterjet tissue ablation as medically necessary indication
  - Moved transurethral radiofrequency needle ablation from medically necessary to not medically necessary section
  - Moved placement of prostatic stents from standalone statement to combined not medically necessary statement
- *SURG.00037 — Treatment of Varicose Veins (Lower Extremities)
  - Added the anterior accessory great saphenous vein (AAGSV) as medically necessary for ablation techniques when criteria are met
  - Added language to the medically necessary criteria for ablation techniques addressing variant anatomy
  - Added limits to retreatment to the medically necessary criteria for all procedures
- *SURG.00047 — Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis
  - Expanded scope to include gastroparesis
  - Added gastric peroral endoscopic myotomy or peroral pyloromyotomy as investigational and not medically necessary
- *SURG.00097 — Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents
  - Expanded scope of document to include vertebral body tethering
  - Added vertebral body tethering as investigational and not medically necessary
- *CG-LAB-14 — Respiratory Viral Panel Testing in the Outpatient Setting
  - Clarified that respiratory viral panel (RVP) testing in the outpatient setting is medically necessary when using limited panels involving five targets or less when criteria are met
  - Added RVP testing in the outpatient setting using large panels involving six or more targets as not medically necessary
- *CG-MED-68 — Therapeutic Apheresis
  - Added diagnostic criteria to the condition "chronic inflammatory demyelinating polyradiculoneuropathy" (CIDP) when it is treated by plasmapheresis or immunoadsorption
- The following AIM Specialty Clinical Appropriateness Guidelines have been approved, to view an AIM guideline, visit the **AIM Specialty Health®.** page**:
  - *Joint Surgery
  - *Advanced Imaging—Vascular Imaging

Medical Policies and *Clinical UM Guidelines* update (cont.)

Medical Policies

On November 7, 2019, 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 November 7, 2019, 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 on November 25, 2019.

Read more online.

*** AIM Specialty Health is a separate company providing utilization review services on behalf of BlueCross BlueShield of Western New York.*

NYW-NL-0238-20

Pharmacy maximum copay change

Starting April 1, 2020, the maximum pharmacy copay for members will be $50 per quarter. The copay maximum resets each quarter, regardless of the amount the member paid last quarter.

The quarters are:

- **First quarter:** January 1 through March 31
- **Second quarter:** April 1 through June 30
- **Third quarter:** July 1 through September 30
- **Fourth quarter:** October 1 through December 31

If the member is unable to pay the requested copay, they should tell the provider. The provider cannot refuse to give the member services or goods because the member is unable to pay the copay; unpaid copays are a debt owed to the provider.

NYW-NL-0237-20

Quarterly pharmacy formulary change notice

The formulary changes listed below were reviewed and approved at our fourth quarter 2019, Pharmacy and Therapeutics Committee meeting.

Effective May 1, 2020, the changes outlined below apply to all BlueCross BlueShield of Western New York (BlueCross BlueShield) members enrolled in Medicaid Managed Care and Child Health Plus.

Read more online.

NYWPEC-1652-20