

## **Transition to Carelon Medical Benefits Management, Inc. MRI Breast Clinical Appropriateness Guidelines**

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this information is specific to the MMC and CHPlus programs only.

Effective August 1, 2023, Highmark BCBSWNY will transition the clinical criteria for medical necessity review of MRI Breast to the following *Carelon Medical Benefits Management, Inc. Clinical Appropriateness Guidelines*:

- Oncologic imaging
- Chest imaging

As part of this transition of clinical criteria, the following procedures will be subject to prior authorization at Carelon Medical Benefits Management\*.

<b>CPT® code</b>	<b>Description</b>
77046	Magnetic resonance imaging, breast, without contrast material; unilateral
77047	Magnetic resonance imaging, breast, without contrast material; bilateral
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization, and pharmacokinetic analysis) when performed; unilateral
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization, and pharmacokinetic analysis) when performed; bilateral

<b>HCPCS</b>	<b>Description</b>
C8903	Magnetic resonance imaging with contrast, breast; unilateral
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral
C8906	Magnetic resonance imaging with contrast, breast; bilateral
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral

\* **Note:** This update does not apply to the Federal Employee Program® (FEP®)

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

<https://providerpublic.mycbswny.com>

Amerigroup Partnership Plan, LLC provides management services for Highmark Blue Cross Blue Shield of Western New York's managed Medicaid. Amerigroup Partnership Plan, LLC brinda servicios administrativos para Medicaid administrado de Highmark Blue Cross Blue Shield of Western New York.

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The Blue Cross®, Blue Shield®, Cross, and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Carelon Medical Benefits Management is an independent company providing providing utilization management services on behalf of Highmark Blue Cross Blue Shield of Western New York.

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As a reminder, ordering and servicing providers may submit prior authorization requests to Carelon Medical Benefits Management via the **ProviderPortal<sup>SM</sup>**:

- Access Carelon Medical Benefits Management's **ProviderPortal<sup>SM</sup>** directly at [providerportal.com](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.

If you have questions related to guidelines, please contact Carelon Medical Benefits Management via email at [MedicalBenefitsManagement.guidelines@Carelton.com](mailto:MedicalBenefitsManagement.guidelines@Carelton.com). Additionally, you may access and download a copy of the current and upcoming guidelines

<https://guidelines.careltonmedicalbenefitsmanagement.com>



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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 ([bit.ly/NYwesternmp](https://bit.ly/NYwesternmp)).

