

## **Adult outpatient gastroenterology and otolaryngology surgery precertification initiative**

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.

Highmark BCBSWNY requires outpatient gastroenterology and otolaryngology surgery procedures to be provided at an ambulatory surgery center (ASC) or provider office unless precertified at a hospital. Effective February 1, 2023, Highmark BCBSWNY will only approve services to be performed at a hospital if that service cannot be provided safely and effectively at a freestanding ASC or an office.

### **What is the impact of this change?**

Services must be performed at a freestanding ASC or in an office unless there is a medical reason for providing the outpatient surgery procedure in a hospital. Members who are under 18 years of age are excluded from this initiative. Providers should review code-specific precertification requirements at <https://providerpublic.mybcbswny.com> > **Resources** > **Precertification Lookup Tool**.

### **How do I obtain precertification?**

Submit precertification requests through Availity\* at [availity.com](https://www.availity.com) or by calling Provider Services at **844-396-2330** and providing clinical documentation showing a medical reason why the member needs to have an outpatient surgery procedure done in a hospital.

### **What if I need assistance?**

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **844-396-2330**.

### **<https://providerpublic.mybcbswny.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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**CG-SURG-52 medical necessity criteria**

An outpatient surgery in a hospital-based facility is considered medically necessary when all of the following are present:

- The procedure requires that it be performed only by, or under, the general supervision of a licensed clinician.
- The individual's medical status or the procedure requires enhanced monitoring beyond what would routinely be needed for rendering such services in a free-standing ambulatory procedural setting.
- The potential changes in the individual's medical status could require immediate access to specific services of a medical center/hospital setting, such as emergency resuscitation equipment and personnel, and inpatient admission or intensive care. For example, the individual is at significant risk of sudden life-threatening changes in medical status based on clinical conditions including but not limited to:
  - Concerns regarding fluid overload status.
  - History of significant instability during a prior procedure that is considered a risk for other future procedures.
  - At risk for excessive bleeding.
  - Acute mental status changes.
  - Under the age of 18.
  - Pregnancy.
  - Increased risk for complication due to severe comorbidity, such as that evidenced by an American society of anesthesiologist’s class iii physical status or greater.
  - Prolonged anesthesia is anticipated.
- An outpatient surgery in a hospital-based facility is considered medically necessary when there are no other geographically accessible appropriate alternative sites for the member to undergo the procedure.

**Procedure codes required for precertification in a hospital**

The following procedure codes will require precertification to be performed in a hospital for members 18 years of age and older.

Procedures performed in association with an ER visit or associated with an outpatient surgery performed at a hospital on the same day will not require precertification.

Gastroenterology procedure codes					
45385	43270	43232	45382	43220	43215
43227	43239	43234	43228	43246	43226
43255	43231	43204	44380	43245	43205
43200	43202	43250	43244	44382	43217
44385	43259	43242	45380	43238	45381
44360	43237	46221	44361	43236	43243
43235	43247	45379	43241	43219	43249
43248	43251	43216	45384	45378	45386
43257	43256	43240	43258	43201	

Otolaryngology procedure codes		
42826	69436	69610
42821	42820	42835
42831	42825	69420
42830	69421	
69433	42836	



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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)).

