

# Provider News

Medicaid Managed Care | Child Health Plus

FEBRUARY 2023

Highmark Blue Cross Blue Shield 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.

## Table of Contents

Contact Us .....Page 2

### Administrative

AIM Specialty Health will transition to Carelon Medical Benefits Management Inc. ....Page 3

### Policy Updates

#### *Medical Policies and Clinical Guidelines:*

Updates to AIM Specialty Health *Rehabilitative and Habilitative Services Clinical Appropriateness Guidelines* ...Page 4

Update: AIM Specialty Health *Cardiology Clinical Appropriateness Guidelines CPT Code List*..... Page 5

*Medical Policies and Clinical Utilization Management Guidelines* update ..... Page 7

Updates to AIM Specialty Health *Advanced Imaging Clinical Appropriateness Guidelines*..... Page 9

### Products and Programs

#### **Pharmacy:**

Prior authorization updates for medications billed under the medical benefit ..... Page 10

### Quality Management

Childhood Immunization Status and Lead Screening in Children for HEDIS ..... Page 11

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Provider Services: **866-231-0847**  
<https://providerpublic.mybcbswny.com>

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## Contact Us

If you have questions or need assistance, visit the *Contact Us* section at the bottom of our provider website for up-to-date contact information and self-service tools or call Provider Services.

**Provider website:**

<https://providerpublic.mybcbswny.com>

**Provider Services:**

866-231-0847



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## Featured Announcement

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### A new look is coming to our *Provider News*

We are committed to improving the way we do business with our provider community. Listening to your feedback, we are pleased to announce that a new look and feel is coming to *Provider News*, including our monthly newsletter, in the first half of 2023, with additional improvements planned throughout the rest of the year.

This new design features an enhanced search capability for individual articles and publications housed in a fully digital library. We're updating the format of articles to improve readability and allow for printing on an individual basis.

Stay tuned as we share more details on the new *Provider News* and these improvements in 2023.

NYWEST-CD-016190-22

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# Administrative

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## AIM Specialty Health will transition to Carelon Medical Benefits Management Inc.

In March 2023, AIM Specialty Health® (AIM) will transition to Carelon Medical Benefits Management Inc. This transition is a name change only, and there will be no process changes. The new name will not impact the way AIM works with health plans and providers. In March, any operational assets that mention AIM Specialty Health (such as determination letters) will adopt the new Carelon Medical Benefits Management Inc. name.

### Provider brand transition FAQ:

Provider experience focus area	
1. Will the <b>AIM ProviderPortal</b> <sup>SM</sup> URL or platform name be changed?	No, the website address will not be impacted; all providers will continue to have access to <b>www.providerportal.com</b> . The AIM logo will be replaced with a Carelon logo. No changes are being made to the case submission process.
2. Will there be any changes to the <b>AIM Clinical Guidelines</b> URL or content?	Yes, the clinical guidelines site will be automatically redirected to a new Carelon URL, and the branding will be updated to reflect Carelon.
3. Are any phone number changes planned as part of this transition?	No, inbound phone numbers are not being changed. References to AIM within recorded scripting will be replaced with Carelon Medical Benefits Management Inc.
4. Will there be any changes for providers who connect with AIM via other means such as <b>Availity Essentials</b> ?	No, access changes are not needed or planned; however, all references to the AIM company name will eventually be updated to Carelon Medical Benefits Management Inc.
5. Will AIM references on health plan websites and member materials such as ID cards be changed?	Not right away. Providers may continue to see the AIM company name on health plan websites and member ID cards for some time, but it's expected that these will be changed through scheduled content update cycles.
Corporate website	
1. Will the AIM corporate website URL be changed?	The corporate website will be moved to <b>www.carelon.com</b> . All links to the <b>ProviderPortal</b> and clinical guideline pages will remain active and will be redirected.
Provider microsites	
2. Will the AIM provider microsite URLs change?	The provider microsite URLs you use today to access information from AIM will be automatically redirected to new Carelon URLs, and the branding will be updated to reflect Carelon branding.

*AIM Specialty Health is an independent company providing some utilization review services on behalf of Highmark Blue Cross Blue Shield of Western New York. Availity, LLC is an independent company providing administrative support services on behalf of Highmark Blue Cross Blue Shield of Western New York.*

NYWEST-CD-015633-22-CPN5114

## Updates to AIM Specialty Health Rehabilitative and Habilitative Services Clinical Appropriateness Guidelines

Effective for dates of service on and after April 9, 2023, the following updates will apply to the AIM Specialty Health® (AIM) *Rehabilitative and Habilitative Services Clinical Appropriateness Guidelines*. As part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

### Rehabilitative and habilitative services – updates by section

Speech-language pathology:

- Clarified language about the background of speech-language professionals
- Clarified language about qualified speech-language pathology providers

### Speech therapy alternative treatments:

- Clarified language about qualified speech providers
- Definition of *blue dye test* clarified
- Parkinson Voice Project definition expanded

### Physical therapy and occupational therapy adjunctive treatments:

- Added definition of Lee Silverman Voice Treatment BIG — proprietary program of intensive physical and/or occupational therapy of at least one month duration involving large, full-body exercises to improve functional movement and self-care tasks of people with Parkinson’s disease and other neurological conditions. It requires company-certification of providers.
- Added exclusion for Lee Silverman Voice treatment



### As a reminder, ordering and servicing providers may submit prior authorization requests to AIM:

- Access AIM’s **ProviderPortal**<sup>SM</sup>:
  - 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, contact AIM via email at [aim.guidelines@aimspecialtyhealth.com](mailto:aim.guidelines@aimspecialtyhealth.com). Additionally, you may access and download a copy of the current and upcoming guidelines **online**.

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NYWEST-CD-012896-22-CPN11938

# Update: AIM Specialty Health Cardiology Clinical Appropriateness Guidelines CPT Code List

As previously communicated in the December 2022 edition of *Provider News*, AIM Specialty Health® (AIM) will apply additional code updates to the AIM *Diagnostic Coronary Angiography and Percutaneous Coronary Intervention Clinical Appropriateness Guidelines*. That code update expansion has been delayed. The codes listed below will go into effect April 1, 2023, not February 1, 2023, as originally communicated.

## Diagnostic coronary angiography:

CPT® code	Description
92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure.)
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure.)
92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure.)
92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report; each additional vessel (List separately in addition to code for primary procedure.)

## Percutaneous coronary intervention:

CPT code	Description
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography
C1714	Catheter, transluminal atherectomy, directional
C1724	Catheter, transluminal atherectomy, rotational
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)
C1753	Catheter, intravascular ultrasound
C1760	Closure device, vascular (implantable/insertable)
C1761	Catheter, transluminal intravascular lithotripsy, coronary
C1769	Guide wire
C1874	Stent, coated/covered, with delivery system
C1875	Stent, coated/covered, without delivery system
C1876	Stent, non-coated/non-covered, with delivery system
C1877	Stent, non-coated/non-covered, without delivery system
C1885	Catheter, transluminal angioplasty, laser
C1887	Catheter, guiding (may include infusion/perfusion capability)



Update: AIM Specialty Health Cardiology *Clinical Appropriateness Guidelines CPT Code List* (cont.)

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

- Access AIM's **ProviderPortal**<sup>SM</sup>:
  - Online access is available 24/7 to process orders in real-time and is the fastest and most convenient way to request authorization.
  - Call the AIM Contact Center toll-free number at 800-714-0040, Monday through Friday, from 7 a.m. to 7 p.m. CT.

If you have questions related to guidelines, contact AIM via email at [aim.guidelines@aimspecialtyhealth.com](mailto:aim.guidelines@aimspecialtyhealth.com). Additionally, you may access and download a copy of the current and upcoming guidelines **online**.

NYWEST-CD-015060-22-CPN14827

# 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.

Please share this notice with other providers in your practice and office staff.

To view a guideline, visit <https://providerpublic.mybcbswny.com/western-new-york-provider/medical-policies-and-clinical-guidelines>.

## Notes/updates:

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

- CG-LAB-22 — Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Bacterial Vaginosis:
  - Outlines the *medically necessary* and *not medically necessary* criteria for the use of nucleic acid amplification tests using algorithmic assays to detect bacterial vaginosis.
- CG-MED-91 — Remote Therapeutic and Physiologic Monitoring Services:
  - Outlines the *medically necessary* and *not medically necessary* criteria for remote therapeutic and physiologic monitoring services.
- CG-SURG-114 — Ophthalmic use of Nd: YAG Laser for Posterior Capsulotomy:
  - Outlines the *medically necessary* and *not medically necessary* criteria for ophthalmic use of Nd: YAG laser for posterior capsulotomy.
- DME.00049 — External Upper Limb Stimulation for the Treatment of Tremors:
  - Wrist-worn external upper limb tremor stimulator is considered *investigational* and *not medically necessary* for all indications, including but not limited to the treatment of essential tremor of the hands.
- DME.00050 — Remote Devices for Intermittent Monitoring of Intraocular Pressure:
  - The use of remote devices for intermittent monitoring of IOP is considered *investigational* and *not medically necessary* for all indications.
- LAB.00049 — Artificial Intelligence-Based Software for Prostate Cancer Detection:
  - Use of artificial intelligence-based software for prostate cancer detection is considered *investigational* and *not medically necessary* for all indications.
- MED.00140 — Gene Therapy for Beta Thalassemia:
  - Outlines the *medically necessary* and *investigational* and *not medically necessary* criteria for a one-time infusion of betibeglogene autotemcel for individuals with beta thalassemia.
- MED.00141 — High-volume Colonic Irrigation:
  - High-volume colonic irrigation is considered *investigational* and *not medically necessary* for all indications.
- MED.00142 — Gene Therapy for Cerebral Adrenoleukodystrophy:
  - Outlines the *medically necessary* and *investigational* and *not medically necessary* criteria for infusion of elivaldogene autotemcel.
- TRANS.00040 — Hand Transplantation:
  - Hand transplantation is considered *investigational* and *not medically necessary* necessary.
- CG-DME-13 — Lower Limb Prosthesis:
  - Added new *not medically necessary* statements addressing prosthetics utilized primarily for leisure or sporting activities.
- CG-GENE-11 — Genotype Testing for Individual Genetic Polymorphisms to Determine Drug- Metabolizer Status:
  - Added thiopurine methyltransferase (TPMT) to scope of document and *Clinical Indications Medically Necessary* section.

- DME.00044 — Robotic Arm Assistive Devices; previously titled: Wheelchair Mounted Robotic Arm:
  - Revised title.
  - Rescoped the *Position Statement* to also address robotic feeding assistive device.
- SURG.00079 — Nasal Valve Repair; previously titled: Nasal Valve Suspension:
  - Revised title.
  - Revised the *Position Statement*.
  - Expanded scope of document to address an absorbable nasal implant and low-dose radiofrequency intranasal tissue remodeling for the treatment of nasal airway obstruction.
  - Content related to the absorbable nasal implant (Latera) moved from CG-SURG-87 to this document.
- CG-GENE-13 — Genetic Testing for Inherited Diseases:
  - Interim update to add genes PIK3CA and CDKL5 to the table of genes in the Discussion section; added existing CPT® code 81309 and genes to tier 2 codes 81405, 81406 (*medically necessary criteria*).

### MCG Care Guidelines 26th Edition updates

Effective May 1, 2023, we will implement the MCG Care Guidelines Content Patch 26.1 updates for several modules.

### Medical Policies

On August 11, 2022, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY). These guidelines take effect February 6, 2023.

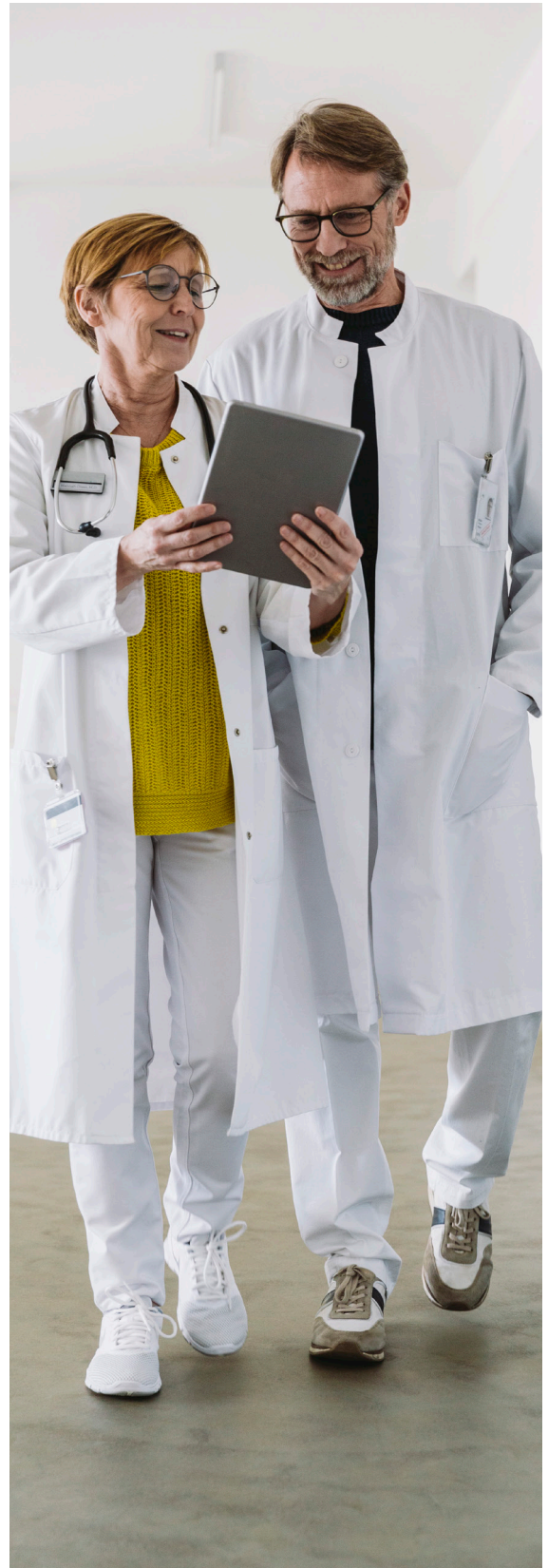
### Clinical UM Guidelines

On August 11, 2022, the MPTAC approved several *Clinical UM Guidelines* applicable to Highmark BCBSWNY. These guidelines adopted by the medical operations committee for Medicaid Managed Care members on September 22, 2022. These guidelines take effect February 6, 2023.



[Read more online.](#)

NYWEST-CD-013827-22-CPN12607





# Updates to AIM Specialty Health Advanced Imaging Clinical Appropriateness Guidelines

Effective for dates of service on and after April 9, 2023, the following updates will apply to the AIM Specialty Health® (AIM) *Advanced Imaging Clinical Appropriateness Guidelines*. As part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

## Updates by guideline:

- Imaging of the Brain:
  - Meningioma — Added more frequent surveillance for WHO grade II/III
  - Bell's palsy — Limited the use of CT to scenarios where MRI cannot be performed
  - Seizure disorder — Added indication for advanced imaging in pediatric patients with nondiagnostic electroencephalogram (EEG)
- Imaging of the Head and Neck:
  - Perioperative imaging — Added indication for imaging prior to facial feminization surgery
- Imaging of the Chest:
  - Perioperative imaging — Added indication for imaging prior to lung volume reduction procedures
  - Imaging abnormalities — Added indication for evaluation of suspected tracheal or bronchial pathology
- Imaging of the Abdomen/Pelvis:
  - Uterine leiomyomata — Added indication for advanced imaging when ultrasound suggests leiomyosarcoma
  - Pancreatic indications — Added indication for pancreatic duct dilatation
  - Pancreatic mass — Added allowance for more frequent follow up of lesions with suspicious features or in high-risk patients
  - Pancreatitis — Removed allowance for MRI following nondiagnostic CT
  - Pelvic floor disorders — Added indication for MRI pelvis in chronic constipation when preliminary testing is nondiagnostic
  - Abdominal/pelvic pain, undifferentiated — Removed indication for MRI following nondiagnostic CT

- Oncologic Imaging:
  - National Comprehensive Cancer Network annual alignments for breast cancer screening and the following: Cervical, Head and Neck, Histiocytic Neoplasms, Lymphoma (Non-Hodgkin and Leukemia), Multiple Myeloma, Thoracic, and Thyroid cancers
  - Prostate Cancer:
    - Updated respective conventional imaging prerequisites for 18F Fluciclovine/11C PET/CT and 68Ga PSMA/18F-DCFPyL PET/CT, based on utility of conventional imaging at various PSA thresholds (and removal of low-risk disease waiver from conventional imaging footnote).
    - Addition of 68Ga PSMA or 18F-DCFPyL PET/CT indication aligned with FDA-approved use of Pluvicto (radioligand) treatment for metastatic castrate-resistant disease

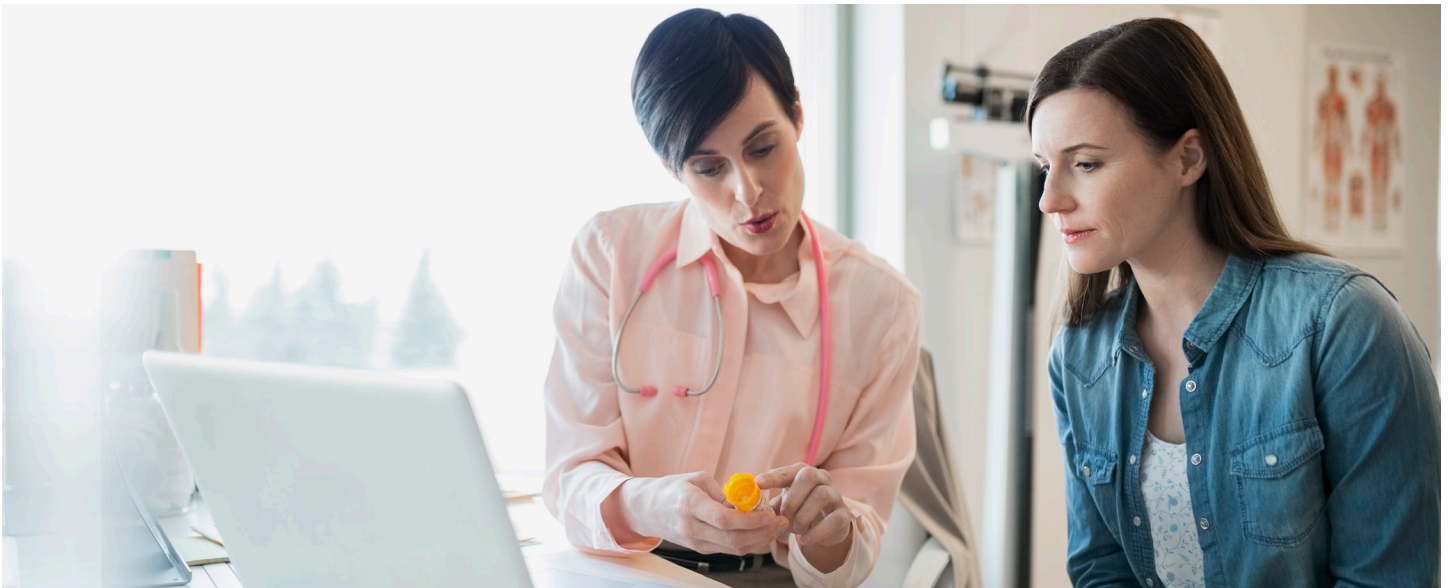
## As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM's **ProviderPortal**<sup>SM</sup>:
  - 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 **Availity**

If you have questions related to guidelines, contact AIM via email at [aim.guidelines@aimspecialtyhealth.com](mailto:aim.guidelines@aimspecialtyhealth.com). Additionally, you may access and download a copy of the current and upcoming guidelines **online**.

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# Products & Programs – Pharmacy

## Prior authorization updates for medications billed under the medical benefit

Effective for dates of service on and after February 1, 2023, the following medication codes billed on medical claims from current or new *Clinical Criteria* documents will require prior authorization.

Clinical Criteria	HCPCS or CPT® code(s)	Drug name
<b>ING-CC-0118</b>	A9699	Pluvicto (lutetium Lu 177 vipivotide tetraxetan)
<b>ING-CC-0216</b>	J9999, J3490, J3590, C9399	Opdualag (nivolumab and relatlimab-rmbw)
<b>ING-CC-0107</b> <b>ING-CC-0072</b>	J9999, J3490, J3590, C9399	Alymsys (bevacizumab-maly)
<b>ING-CC-0062</b>	J3590	Yusimry (adalimumab-aqvh)

NYWEST-CD-008209-22-CPN7505/NYWEST-CD-014627-22

**Note:** Prior authorization requests for certain medications may require additional documentation to determine medical necessity.

Please note, inclusion of a national drug code on your medical claim is required for claim processing.

Visit the [Clinical Criteria website](#) to search for the specific *Clinical Criteria* listed below.

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# Quality Management

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## Childhood Immunization Status and Lead Screening in Children for HEDIS

### HEDIS® measurement year 2023 documentation for Childhood Immunization Status (CIS)

Measure description: The percentage of children who turn 2 years of age in the measurement year who had the following vaccines on or before their second birthday:

- Four DTaP (diphtheria, tetanus, and acellular pertussis)
- Three IPV (polio)
- One MMR (measles, mumps, and rubella)
- Three HiB (haemophilus influenza type B)
- Three hep B (hepatitis B)
- One VZV (chicken pox)
- Four PCV (pneumococcal conjugate)
- One hep A (hepatitis A)
- Two or three RV (rotavirus)
- Two flu (influenza)

The measure calculates a rate for each vaccine and three combination rates.

### HEDIS measurement year 2023 documentation for Lead Screening in Children (LSC)

Measure description: The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

In provider medical records, we look for the following:

- Immunization records from birth (Department of Health immunization records are acceptable).
- If available, newborn inpatient records documenting hepatitis B.
- For immunizations not recorded on the immunization record, provide progress notes for:
  - Immunizations administered.
  - Patient’s history of disease (chickenpox, hep A, hep B, measles, mumps, rubella).
- Lead testing results and date (capillary or venous) on or before the second birthday.
- Evidence of hospice services in 2023.
- Evidence patient expired in 2023.

### Helpful hints:

- Childhood immunizations and lead blood tests must be completed by child’s second birthday.
- Assess immunization needs at every clinical encounter and, when indicated, immunize.
- Ensure immunization records include all vaccines that were ever given including hospitals, health departments, and all former providers, including refusals and contraindications.
- FluMist (LAIV) vaccination (only approved for ages 2 to 49) may be used for the second vaccination; however, it must be given on the child’s second birthday to be compliant.

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