

# Provider News

JUNE 2022

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.

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Provider Services: **866-231-0847**  
<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.

Amerigroup Corporation, an independent company, administers utilization management services for Highmark Blue Cross Blue Shield of Western New York's managed Medicaid. Amerigroup Corporation, una compañía independiente, administra los servicios de administración de utilización para el programa administrado de Medicaid de Highmark Blue Cross Blue Shield of Western New York.

Highmark Blue Cross Blue Shield of Western New York is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association. Highmark Blue Cross Blue Shield of Western New York es un nombre comercial de Highmark Western y Northeastern New York Inc., un licenciatario independiente de Blue Cross Blue Shield Association.



## COVID-19 information from Highmark Blue Cross Blue Shield of Western New York

Highmark Blue Cross Blue Shield 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 COVID-19 section of our [provider website](#).

NYWPEC-1553-20

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# Policy Updates

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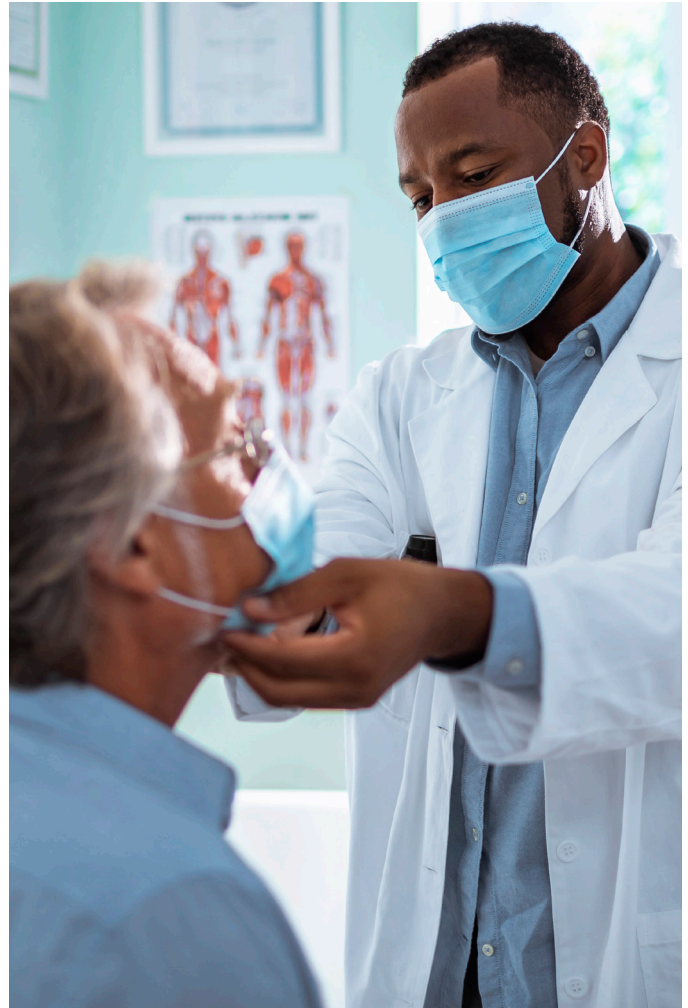
## InterQual migration

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) is migrating to InterQual medical necessity criteria for inpatient, partial, and intensive outpatient mental health authorizations, effective September 1, 2022. We are pleased to share that Highmark BCBSWNY will be using an integrated version of InterQual that functions in concert with the OMH Dimensions of Health. Highmark BCBSWNY will be outreaching in-network providers to initiate quarterly meetings to introduce and further discuss to allow for a smooth transition for our members and providers alike.

The InterQual criteria transition will allow us to initiate a targeted focus on high-risk members, integrate social drivers of health, increase provider collaboration, and most importantly improve member outcomes.

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. InterQual is an independent company providing medical necessity criteria services on behalf of Highmark Blue Cross Blue Shield of Western New York.

NYW-NL-0660-22





## Medical drug benefit Clinical Criteria updates

### February 2022 update

On November 19, 2021, January 4, 2022, and February 25, 2022, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Highmark Blue Cross Blue Shield of Western New York. These policies were developed, revised, or reviewed to support clinical coding edits.



[Read more online.](#)

Visit [Clinical Criteria website](#) to search for specific policies. If you have questions or would like additional information, reach out via [email](#).

NYW-NL-0661-22

## Updates to AIM Specialty Health *Clinical Appropriateness Guidelines*

As part of the AIM Specialty Health®\* (AIM) guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

### Musculoskeletal

Effective for dates of service on and after September 11, 2022, the following updates will apply to the AIM Musculoskeletal *Clinical Appropriateness Guidelines*.



[Read more online.](#)

NYW-NL-0654-22

### Advanced Imaging

Effective for dates of service on and after September 11, 2022, the following updates will apply to the AIM Advanced Imaging *Clinical Appropriateness Guidelines*.



[Read more online.](#)

NYW-NL-0655-22

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# Policy Updates – Prior Authorization

## Prior authorization update for select durable medical equipment items

Effective June 1, 2022, the following durable medical equipment (DME) codes will require prior authorization (PA).

- E0316
- E0986
- K0007
- K0009
- L0999
- L1499
- L2034
- L2036
- L2037
- L2628
- L3003
- L5050
- L5100
- L5200
- L5210
- L5220
- L5280
- L5301
- L5312
- L5321
- L5590
- L5613
- L5649
- L5700
- L5701
- L5702
- L5814
- L5828
- L5840
- L5845
- L5960
- L5968
- L5979
- L5980
- L5981
- L5988
- L5999
- L6100

### What is the impact of this change?

Providers should review the list of codes that will require PA. For code-specific PA requirements, visit <https://providerpublic.mybcbswny.com>.

### How do I obtain precertification?

PA requests can be submitted through the **Availity\* Portal** or by calling Provider Services at **866-231-0847**.

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NYW-NL-0646-22



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

Effective for dates of service on and after June 1, 2022, the following medication codes billed on medical claims from current or new *Clinical Criteria* documents will require prior authorization.

Please note, inclusion of a national drug code on your medical claim is necessary to expedite claim processing of drugs billed with a not otherwise classified (NOC) code.

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

Clinical Criteria	HCPCS or CPT® code(s)	Drug name
<b>ING-CC-0096</b>	J9021	Rylaze

NYWPEC-2605-22