

PROVIDER NEWSLETTER

April 2021

BlueCross BlueShield 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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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 COVID-19 section of our [provider website](#).

NYWPEC-1553-20

There is something new happening at BlueCross BlueShield of Western New York (BlueCross BlueShield)

BlueCross BlueShield is excited to notify providers of upcoming improvements to our platform for utilization review. These changes will be transparent to members and providers, and we are optimistic they will improve our ability to serve our members better by giving our associates easier and quicker access to necessary resources. The new platform also provides improved system capabilities, which will allow associates to perform their job functions with increased efficiency. Our goal is to have BlueCross BlueShield associates begin using the new Anthem Care Management System (ACMS) beginning in the first quarter of 2021.



What does this mean for you?

As a provider and/or representative managing and requesting authorizations:

- Nothing will change as it relates to how you request services for your members.
- Nothing will change with how you submit claim requests.
- The new ACMS authorization number will have a UM prefix. Example UM1234567
- If you have an existing authorization number, it will be valid and accessible after systems change.
- If you have both an existing authorization number and an ACMS authorization number with a UM prefix, either can be used as a reference for the requested service(s).
- After the new system implementation, letter correspondences will only display the ACMS authorization number.
- Providers may continue to use either system generated authorization numbers or member demographics (for example, name, date of birth, Member/Subscriber ID, Medicaid ID) to search authorization details.
- For Electronic Visit Verification (EVV) Providers: The ACMS number may not be viewable in the EVV system. If you are searching for your authorization, please use the other search options provided by the EVV vendor to locate your authorization outside of the ACMS number.

NYW-NL-0317-20



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2020 New York State Prenatal Audit

Annually, the plan conducts an audit to review that appropriate standards of care and follow up, as well as prenatal and postpartum quality of care, are followed within the network. Results are shared with providers and the network to inform, gather feedback and initiate any additional quality improvements that are needed. Any low performing providers are contacted, and remediation action is taken as needed. Results are reported through the plan's Quality Committee.



Read more online.

NYW-NL-0325-21

Behavioral health authorization fax form reminder

Fax forms for behavioral health outpatient and inpatient authorizations, concurrent review, and neuropsychological testing are available on our [website](#).

To ensure a timely response and access to care for your patients, ensure you are using the correct form.

If you have questions related to the authorization process, contact your provider representative for assistance or call **1-866-231-0847**.

NYW-NL-0326-21



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Prior authorization updates for specialty pharmacy

Effective for dates of service on and after April 1, 2021, the following medical injectable codes from current or new *Clinical Criteria* documents will be included in our prior authorization review process.

<i>Clinical Criteria</i>	HCPCS or CPT® code	Drug
ING-CC-0164	J9281	Jelmyto (mitomycin)
ING-CC-0165	J9317	Trodelvy (sacituzumab Govitecan-hziy)
ING-CC-0061	J1950	Fensolvi (leuprolide acetate)

NYW-NL-0319-20

Medical drug benefit *Clinical Criteria* updates

November 2020 update

On June 18, 2020, August 21, 2020, and November 20, 2020, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for BlueCross BlueShield of Western New York (BlueCross BlueShield).

NYW-NL-0328-21



Read more online.

December 2020 update

On December 18, 2020, and December 22, 2020, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for BlueCross BlueShield.

NYW-NL-0331-21



Read more online.

Note: These policies were developed, revised or reviewed to support clinical coding edits.

Please note, inclusion of the National Drug Code (NDC) on your claim will help expedite claim processing of drugs billed with a Not Otherwise Classified (NOC) code.

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



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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.

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

Notes/updates:

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

- *GENE.00055 — Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity
 - Gene expression profiling for risk stratification of inflammatory bowel disease (IBD) severity, including use of PredictSURE IBD, is considered investigational and not medically necessary for all indications
- *LAB.00037 — Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)
 - Serological testing for biomarkers of irritable bowel syndrome (for example, CdtB and anti-vinculin), using tests such as, IBSdetex, ibs-smart or IBSchek, is considered investigational and not medically necessary for screening, diagnosis or management of irritable bowel syndrome, and for all other indications
- *DME.00011 — Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices
 - Revised scope to only include non-implantable devices and moved content addressing implantable devices to SURG.00158
 - Added “non-implantable” to bullet point on percutaneous neuromodulation therapy
 - Added percutaneous electrical nerve field stimulation (PENFS) as investigational and not medically necessary for all indications
- *SURG.00062 — Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele
 - Expanded scope to include percutaneous testicular vein embolization for varicocele and added embolization of the testicular (spermatic) veins as investigational and not medically necessary as a treatment of testicular varicocele
- *CG-LAB-15 — Red Blood Cell Folic Acid Testing
 - RBC folic acid testing is considered not medically necessary in all cases

- *CG-LAB-16 — Serum Amylase Testing
 - Serum amylase testing is considered not medically necessary for acute and chronic pancreatitis and all other conditions
- *CG-GENE-04 — Molecular Marker Evaluation of Thyroid Nodules
 - Added the Afirma Xpression Atlas as not medically necessary
- SURG.00158 — Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain
 - A new *Medical Policy* was created from content contained in DME.00011.
 - There are no changes to the policy content.
 - Publish date is December 16, 2020.
- CG-GENE-21 — Cell-Free Fetal DNA-Based Prenatal Testing
 - A new *Clinical Guideline* was created from content contained in GENE.00026.
 - There are no changes to the guideline content.
 - Publish date is December 16, 2020.

Medical Policies

On November 5, 2020, the medical policy and technology assessment committee (MPTAC) approved several *Medical Policies* applicable to BlueCross BlueShield of Western New York (BlueCross BlueShield). These guidelines take effect March 21, 2021

Clinical UM Guidelines

On November 5, 2020, the MPTAC approved several *Clinical UM Guidelines* applicable to BlueCross BlueShield. These guidelines were adopted by the medical operations committee for BlueCross BlueShield members on November 19, 2020. These guidelines take effect March 21, 2021.



Read more online.

NYW-NL-0324-21



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