

PROVIDER NEWSLETTER

July 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.

Table of Contents

COVID-19 information	Page 2
Administration	
Resources to support your diverse patient panel	Page 3
Policy Updates	
Correction to a step therapy update	Page 4
Medical drug benefit <i>Clinical Criteria</i> updates	Page 4
Updates to AIM Specialty Health Musculoskeletal Program <i>Clinical Appropriateness Guidelines</i>	Page 5
Prior Authorization:	
UM AROW 1576	Page 6
UM AROW 1327	Page 7
Correction to a prior authorization update	Page 8
Some specialty pharmacy precertification requests may require additional documentation	Page 8
<i>Medical Policies and Clinical Guidelines:</i>	
<i>Medical Policies and Clinical Utilization Management Guidelines</i> updates	Page 9
February 2021 updates	Page 9
Reimbursement Policies:	
Modifier 90: Reference (Outside) Laboratory and Pass-Through Billing	Page 11

Want to receive this Newsletter via email? Click [here](#) to provide/update your email address.

Amerigroup Partnership Plan, LLC provides management services for BlueCross BlueShield of Western New York's managed Medicaid. Amerigroup Partnership Plan, LLC brinda servicios administrativos para Medicaid administrado de BlueCross BlueShield of Western New York. Amerigroup Corporation, an independent company, administers utilization management services for BlueCross BlueShield 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 BlueCross BlueShield of Western New York. Highmark Blue Cross Blue Shield of Western New York and BlueCross BlueShield of Western New York are trade names 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 y BlueCross BlueShield of Western New York son nombres comerciales de Highmark Western y Northeastern New York Inc., un licenciatario independiente de Blue Cross Blue Shield Association.



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

Resources to support your diverse patient panel

As patient panels grow more diverse and needs become more complex, providers and office staff need more support to help address patients' needs. BlueCross BlueShield of Western New York wants to help.

Cultural competency resources

Here is an overview of the cultural competency resources available on our provider website.

Cultural Competency and Patient Engagement includes:

- The impact of culture and cultural competency on healthcare.
- A cultural competency continuum, which can help providers assess their level of cultural competency.
- Disability competency and information on the *Americans with Disabilities Act (ADA)*.

Caring for Diverse Populations Toolkit includes:

- Comprehensive information, tools and resources to support enhanced care for diverse patients and mitigate barriers.
- Materials that can be printed and made available for patients in provider offices.
- Regulations and standards for cultural and linguistic services.

My Diverse Patients offers:

- A comprehensive repository of resources to providers to help support the needs of diverse patients and address disparities.
- Courses with free continuing Medicaid education credit through the American Academy of Family Physicians.
- Free accessibility from any device (for example, desktop computer, laptop, phone or tablet), no account or login required.

To access these resources, go to <https://providerpublic.mybcbswny.com> > **Training Academy** > Cultural competency resources.



Read more online.

NYW-NL-0349-21

Policy Updates



Correction to a step therapy update

In a recent notification, we shared that effective May 1, 2021, the following codes would be included in our step therapy review process. Please be advised that these codes will **not** be included in our step therapy review process at this time.

Clinical Criteria	HCPCS or CPT® code(s)	Drug
ING-CC-0182	J1756	Venofer
ING-CC-0182	J2916	Ferrlecit
ING-CC-0182	J1750	Infed
ING-CC-0182	J1439	Injectafer
ING-CC-0182	Q0138	Feraheme
ING-CC-0182	J1437	Monoferric

NYW-NL-0350-21

Medical drug benefit *Clinical Criteria* updates

March 2021 update

On March 25, 2021, and April 8, 2021, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for BlueCross BlueShield of Western New York. These policies were developed, revised, or reviewed to support clinical coding edits.



Read more online.

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

NYW-NL-0366-21



**BlueCross BlueShield
of Western New York**
MEDICAID | CHILD HEALTH PLUS

Updates to AIM Specialty Health Musculoskeletal Program *Clinical Appropriateness Guidelines*

The following updates will be effective for dates of service on and after September 12, 2021. The following updates will apply to the AIM Specialty Health® (AIM)* Musculoskeletal Program: Joint Surgery, Spine Surgery, and Interventional Pain *Clinical Appropriateness Guidelines*. These AIM guideline updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

Joint surgery updates by section

Shoulder arthroplasty:

- Added steroid injection for all joints; exclusion based on panel recommendation.
- Added exclusions for use of xenografts or biologic scaffold for augmentation or bridging reconstruction, use of platelet rich plasma or other biologics, and concomitant subacromial decompression.
- Removed indication for subacromial impingement with rotator cuff tear.

Hip arthroplasty:

- Added exclusion for steroid injection for joint being replaced within the past six weeks.
- Added labral tear indication.

Knee arthroscopy and open procedures:

- Added chondroplasty indication.
- Narrowed use of lateral release to lateral compression as a cause for anterior knee pain or chondromalacia patella.
- Added a conservative management and advanced osteoarthritis exclusion to patellar compression syndrome section.

Musculoskeletal program: Interventional pain management guideline updates by section

General requirements — conservative management:

- Addition of physical therapy or home therapy requirement and one complementary modality based on preponderance of benefit over harm to conservative care.
- Aligned with approach to conservative management defined in spine and joint surgery guidelines.

Epidural injection procedures and diagnostic selective nerve root blocks:

- Addition of statement about adherence to the emergency severity index (ESI) procedural best practices established by FDA Safe Use Initiative. Recommendations are intended for provider education and will not be used for adjudication.
- Clarification of intent around requirement for advanced imaging for repeat injections.

Paravertebral facet injection/nerve block/neurolysis:

- Removed indication for four unilateral medial branch blocks per session based on panel consensus.
- Procedural clarification restricting use of corticosteroids for diagnostic medial branch block (MBB) based on panel consensus.
- Limited use of intra-articular steroid injection to mechanical disruption of a facet synovial cyst.
- Removed indication for intra-articular steroid injections based on new evidence for lack of efficacy.
- Increased duration of initial radiofrequency neurotomy (RFN) efficacy needed to avoid a MBB to six months based on panel consensus.
- Clarification that MBB or RFN is not medically necessary after spinal fusion.
- Spinal cord and nerve root stimulators:
- Clarified inclusion of different stimulation methods for spinal cord stimulation.
- Added new indication for dorsal root ganglion stimulation.
- Clarified exclusions for spinal cord and dorsal root ganglion stimulation.



Read more online.

* AIM Specialty Health is an independent company providing some utilization review services on behalf of BlueCross BlueShield of Western New York.

NYW-NL-0365-21



**BlueCross BlueShield
of Western New York**
MEDICAID | CHILD HEALTH PLUS

Policy Updates — Prior Authorization

Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims

To request PA, you may use one of the following methods:

Web: <https://providerpublic.mybcbswny.com> | Fax: 800-964-3627 | Phone: 866-231-0847

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the provider self-service tool through the **Availity* Portal** or on the **provider website** > Login. Contracted and noncontracted providers who are unable to access Availity, may call our Provider Services at **866-231-0847** for assistance with PA requirements.

** Availity, LLC is an independent company providing administrative support services on behalf of BlueCross BlueShield of Western New York.*

UM AROW 1576

Effective September 1, 2021, prior authorization (PA) requirements will change for the following codes. The medical codes listed below will require PA by BlueCross BlueShield of Western New York for Medicaid Managed Care and Child Health Plus members.

PA requirements will be added to the following:

- 0203U— Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness
- 0208U— Oncology (medullary thyroid carcinoma), mRNA, gene expression analysis of 108 genes, utilizing fine needle aspirate, algorithm reported as positive or negative for medullary thyroid carcinoma
- 0230U— Androgen receptor (AR) (for example, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
- 0231U— Calcium voltage-gated channel subunit alpha 1A (CACNA1A) (for example, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, STR gene expansions, mobile element insertions, and variants in non-uniquely mappable regions
- 0232U— Cystatin B (CSTB) (for example, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, STR expansions, mobile element insertions, and variants in non-uniquely mappable regions
- 0233U— Frataxin (FXN) (for example, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, STR expansions, mobile element insertions, and variants in non-uniquely mappable regions

UM AROW 1576 (cont.)

- 0234U— Methyl CpG binding protein 2 (MECP2) (for example, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
- 0235U — Phosphatase and tensin homolog (PTEN) (for example, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
- 0236U— Survival of motor neuron 1, telomeric (SMN1) and survival of motor neuron 2, centromeric (SMN2) (for example, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions
- 0238U— Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
- 81191— Neurotrophic receptor tyrosine kinase 1 (NTRK1) (for example, solid tumors) translocation analysis
- 81192— Neurotrophic receptor tyrosine kinase 2 (NTRK2) (for example, solid tumors) translocation analysis
- 81193— Neurotrophic receptor tyrosine kinase 3 (NTRK3) (for example, solid tumors) translocation analysis
- 81194— Neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3 (NTRK) (for example, solid tumors) translocation analysis
- 81279— Janus kinase 2 (JAK2) (for example, myeloproliferative disorder) targeted sequence analysis (for example, exons 12 and 13)
- 81338— MPL proto-oncogene, thrombopoietin receptor (MPL) (for example, myeloproliferative disorder) gene analysis; common variants (for example, W515A, W515K, W515L, W515R)
- 81339— MPL proto-oncogene, thrombopoietin receptor (MPL) (for example, myeloproliferative disorder) gene analysis; sequence analysis, exon 10
- 81351— Tumor protein 53 (TP53) (for example, Li-Fraumeni syndrome) gene analysis; full gene sequence
- 81352— Tumor protein 53 (TP53) (for example, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (for example, 4 oncology)
- 81353— Tumor protein 53 (TP53) (for example, Li-Fraumeni syndrome) gene analysis; known familial variant
- 81546— Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (for example, benign or suspicious)

NYW-NL-0356-21

UM AROW 1327

Effective September 1, 2021, prior authorization (PA) requirements will change for 0205U, 0209U, and 0218U. The medical codes listed below will require PA from BlueCross BlueShield of Western New York for Medicaid Managed Care members.

PA requirements will be added to the following:

- 0205U — ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements
- 0209U — cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities
- 0218U — neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants

NYW-NL-0357-21



**BlueCross BlueShield
of Western New York**
MEDICAID | CHILD HEALTH PLUS



Correction to a prior authorization update

In a recent notification, we shared that effective May 1, 2021, the following codes would be included in our prior authorization review process. Please be advised that these codes will not be included in our prior authorization process at this time.

<i>Clinical Criteria</i>	HCPCS or CPT® code(s)	Drug
ING-CC-0182	J1756	Venofer
ING-CC-0182	J2916	Ferrlecit
ING-CC-0182	J1750	Infed
ING-CC-0182	J1439	Injectafer
ING-CC-0182	Q0138	Feraheme
ING-CC-0182	J1437	Monoferric

NYW-NL-0351-21

Some specialty pharmacy precertification requests may require additional documentation

As part of our ongoing quality improvement efforts, BlueCross BlueShield of Western New York is updating our processes related to precertification for certain specialty drugs. Effective August 1, 2021, we may request additional documentation for impacted medications to demonstrate clinical appropriateness.

When requested, providers should submit documentation from the medical record for each policy question that is flagged for documentation. If medical necessity is not supported, the request may be denied as not medically necessary.



Read more online.

NYW-NL-0358-21



**BlueCross BlueShield
of Western New York**
MEDICAID | CHILD HEALTH PLUS

Medical Policies and Clinical Utilization Management Guidelines updates

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



NYW-NL-0361-21, NYW-NL-0362-21, NYW-NL-0363-21, NYW-NL-0364-21

February 2021 updates

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://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-17 - Molecular Gastrointestinal Pathogen Panel (GIPP) Testing for Infectious Diarrhea in the Outpatient Setting
 - Outlines the medical necessity and not medically necessary criteria for multiplex PCR-based panel testing of gastrointestinal pathogens for infectious diarrhea in the outpatient setting
- *GENE.00056 - Gene Expression Profiling for Bladder Cancer
 - Gene expression profiling for diagnosing, managing and monitoring bladder cancer is considered investigational and not medically necessary
- *LAB.00038 - Cell-free DNA Testing to Aid in the Monitoring of Kidney Transplants for Rejection
 - Cell-free DNA testing is considered investigational and not medically necessary as a non-invasive method of determining the risk of rejection in kidney transplant recipients
- *LAB.00039 - Pooled Antibiotic Sensitivity Testing
 - Pooled antibiotic sensitivity testing is considered investigational and not medically necessary in the outpatient setting for all indications



February 2021 updates (cont.)

- *SURG.00159 - Focal Laser Ablation for the Treatment of Prostate Cancer
 - Focal laser ablation is considered investigational and not medically necessary for the treatment of prostate cancer
- *TRANS.00037 - Uterine Transplantation
 - Uterine transplantation is considered investigational and not medically necessary for all uses, including but not limited to the treatment of uterine factor infertility due to nonfunctioning or absent uterus
- *ANC.00008 - Cosmetic and Reconstructive Services of the Head and Neck
 - Added otoplasty using a custom-fabricated device, including but not limited to a custom fabricated alloplastic implant, as cosmetic and not medically necessary
- *CG-OR-PR-04 - Cranial Remodeling Bands and Helmets (Cranial Orthotics)
 - Removed condition requirement from reconstructive criteria and replaced current diagnostic reconstructive criteria with criteria based on one of the following cephalometric measurements: the cephalic index, the cephalic vault asymmetry index, the oblique diameter difference index, or the cranioproportional index of plagiocephelometry
- *CG-SURG-78 - Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies
 - Added TACE using immunoembolization (for example, using granulocyte-macrophage colony-stimulating factor GM-CSF) as not medically necessary for all liver-related indications
- *CG-SURG-82 - Bone-Anchored and Bone Conduction Hearing Aids
 - Revised audiologic pure tone average bone conduction threshold criteria for unilateral implant for bilateral hearing loss
 - Added not medically necessary statement for when medical necessity criteria have not been met and clarified not medically necessary statement regarding replacement parts or upgrades
 - Added bone conduction hearing aids using an adhesive adapter behind the ear as not medically necessary for all indications
- CG-GENE-22 - Gene Expression Profiling for Managing Breast Cancer Treatment
 - A new *Clinical Guideline* was created from the content contained in GENE.00011. There are no changes to the guideline content and the publish date is April 7, 2021.
- CG-GENE-23 - Genetic Testing for Heritable Cardiac Conditions
 - A new *Clinical Guideline* was created from the content contained in GENE.00007 and GENE.00017. There are no changes to the guideline content and the publish date is April 7, 2021
- CG-SURG-110 - Lung Volume Reduction Surgery
 - A new *Clinical Guideline* was created from the content contained in SURG.00022. There are no changes to the guideline content and the publish date is June 25, 2021

AIM Specialty Health[®] (AIM)** *Clinical Appropriateness Guideline* updates. To view AIM guidelines, visit the [AIM page](#).

- The Small Joint Surgery Guideline has been revised and will be effective on March 14, 2021.

Medical Policies

On February 11, 2021, the Medical Policy and Technology Assessment Committee (MPTAC) several following *Medical Policies* applicable to BlueCross BlueShield of Western New York (BlueCross BlueShield). These guidelines take effect June 26, 2021.

Clinical UM Guidelines

On February 11, 2021, the MPTAC approved several *Clinical UM Guidelines* applicable to BlueCross BlueShield. These guidelines adopted by the Medical Operations Committee for BlueCross BlueShield members on February 25, 2021. These guidelines take effect June 26, 2021.



Read more online.

* AIM Specialty Health is an independent company providing some utilization review services on behalf of BlueCross BlueShield of Western New York.

NYW-NL-0354-21

Policy Updates — Reimbursement Policies

New Policy

Modifier 90: Reference (Outside) Laboratory and Pass-Through Billing (Effective 10/01/21)

BlueCross BlueShield of Western New York does not allow pass-through billing for lab services. Claims appended with Modifier 90 and an office place of service will be denied unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Reimbursement will be made directly to the laboratory that performed the clinical diagnostic laboratory test based on 100% of the applicable fee schedule or contracted/negotiated rate.

Modifier 90 is defined as when laboratory procedures are performed by a party other than the treating or reporting physician or other qualified healthcare professional. The procedure may be identified by adding Modifier 90 to the usual procedure number.

For additional information, please review the Modifier 90: Reference (Outside) Laboratory and Pass-Through Billing reimbursement policy at <https://providerpublic.mybcbswny.com/western-new-york-provider/claims/reimbursement-policies>.

NYW-NL-0330-21

