

PROVIDER NEWSLETTER

October 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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NYW-NL-0520-21



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



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Administration

FAQ: Update to AIM Specialty Health phone number

Q. What will be the new AIM Specialty Health® (AIM)* phone number for BlueCross BlueShield of Western New York (BlueCross BlueShield)?

- A. The new phone number will be **855-574-6483**.

Q. When is the anticipated go-live date for providers to begin using the new phone number?

- A. The anticipated effective date is September 1, 2021.

Q. What will happen to the previous AIM number?

- A. The number will remain active; however, BlueCross BlueShield providers will need to dial the new phone number for further assistance.

AIM will continue to transition other Medicaid markets to their own unique phone line. The existing number must remain active until all markets are no longer using the previous number. The target competition date for this transition will be by quarter 4 in 2022, and the previously used phone number will be discontinued by quarter 1 in 2023.

Q. Will the new number be applicable to Medicare as well?

- A. No, this new number is only for Medicaid. Medicare will have a separate phone number.

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

NYW-NL-0449-21

2021 affirmative statement concerning utilization management decisions

All associates who make utilization management (UM) decisions are required to adhere to the following principles:

- UM decision making is based only on appropriateness of care and service and existence of coverage.
- We do not reward practitioners or other individuals for issuing denials of coverage or care. Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support, or tend to support, denials of benefits.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization or create barriers to care and service.

NYW-NL-0372-21



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Get your payments faster when you sign up for electronic funds transfer

Effective November 1, 2021, EnrollSafe will replace CAQH Enrollhub® as the electronic funds transfer (EFT) enrollment website for BlueCross BlueShield of Western New York (BlueCross BlueShield) providers. As of November 1, 2021, CAQH Enrollhub will no longer offer EFT enrollment to new users.

When you sign up for EFT through <https://enrollsafe.payeehub.org>, the new enrollment website, you'll receive your payments up to seven days sooner than through the paper check method. Not only is receiving your payment more convenient, so is signing up for EFT. What's more, it's easier to reconcile your direct deposits.

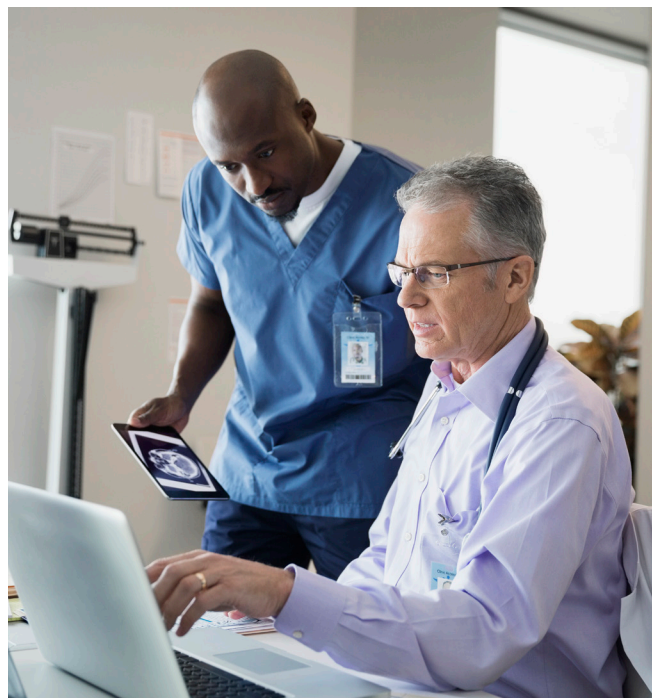
EnrollSafe is safe, secure, and available 24 hours a day

Beginning November 1, 2021, log onto the EnrollSafe enrollment hub at <https://enrollsafe.payeehub.org> to enroll in EFT. You'll be directed through the EnrollSafe secure portal to the enrollment page, where you'll provide the required information to receive direct payment deposits.

Already enrolled in EFT through CAQH Enrollhub?

If you're already enrolled in EFT through CAQH Enrollhub, no action is needed unless you are making changes. Your EFT enrollment information will not change as a result of the new enrollment hub.

If you have changes to make, after October 31, 2021, use <https://enrollsafe.payeehub.org> to update your account.



Electronic remittance advice (ERA) makes reconciling your EFT payment easy and paper-free

Now that you are enrolled in EFT, using the digital ERA is the very best way to reconcile your deposit. You'll be issued a trace number with your EFT deposit that matches up with your ERA on the Availity* Portal. To access the ERA, log onto <https://www.availity.com> and use the **Claims and Payments** tab. Select **Send and Receive EDI Files**, then select **Received Files Folder**. When using a clearinghouse or billing service, they will supply the 835 ERA for you. You also have the option to view or download a copy of the Remittance Advice through the Remittance Inquiry app.

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

NYWPEC-0419-21



Policy Updates — Prior Authorization

Please note, inclusion of a national drug code 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 the specific *Clinical Criteria* listed below.

Prior authorization updates for specialty pharmacy

Effective for dates of service on and after November 1, 2021, the following specialty drug codes from current or new *Clinical Criteria* documents will require prior authorization.

<i>Clinical Criteria</i>	HCPCS or CPT code(s)	Drug	Drug classification
ING-CC-0170	J1823	Uplizna	Immunosuppressive agents
ING-CC-0172	J3490, J3590, C9071	Viltepso	Muscular dystrophies
ING-CC-0173	J3490, J3590	Enspryng	MISC conditions
ING-CC-0174	J3490, J3590, C9399	Kesimpta	Multiple sclerosis
ING-CC-0168	J9999, C9073	Tecartus	CAR-T
ING-CC-0171	J9223	Zepzelca	Cancer
ING-CC-0169	J9316	Phesgo	Cancer
ING-CC-0175	J9015	Proleukin	Cancer
ING-CC-0176	J9032	Beleodaq	Cancer
ING-CC-0178	J9262	Synribo	Cancer
ING-CC-0177	J3304	Zilretta	Osteoarthritis
ING-CC-0002	Q5122	Nyvepria	Blood cell deficiency
ING-CC-0038	J3110	Forteo	Osteoporosis

NYWPEC-2213-21

Effective for dates of service on and after November 1, 2021, the following specialty pharmacy codes from current or new *Clinical Criteria* documents will require prior authorization.

<i>Clinical Criteria</i>	HCPCS or CPT® code(s)	Drug	Generic name	Drug class
ING-CC-0179	J9037	Blenrep	Belantamab	Oncology
ING-CC-0180	J9349	Monjuvi	Tafasitamab-cxix	Oncology
ING-CC-0181	J3490	Veklury	Remdesivir	COVID-19

NYWPEC-2301-21



Policy Updates — *Medical Policies and Clinical Guidelines*

May 2021 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://providerpublic.mycbswny.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-MED-89 — Home Parenteral Nutrition
 - Outlines the medically necessary and not medically necessary criteria for initial and continuing use of home parenteral nutrition
- *GENE.00057 — Gene Expression Profiling for Idiopathic Pulmonary Fibrosis
 - The use of gene expression profiling to assist in the diagnosis or management of idiopathic pulmonary fibrosis is considered investigational and not medically necessary in all situations
- *LAB.00041 — Machine Learning Derived Probability Score for Rapid Kidney Function Decline
 - The use of a machine learning derived probability score (e.g., KidneyIntelX) to predict rapid kidney function decline in chronic kidney disease is considered investigational and not medically necessary for all indications
- *MED.00137 — Eye Movement Analysis Using Non-spatial Calibration for the Diagnosis of Concussion
 - Eye movement analysis using non-spatial calibration is considered investigational and not medically necessary for the diagnosis of concussion
- *CG-MED-70 — Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule
 - Added the use of a magnetically controlled wireless capsule as not medically necessary
- *CG-SURG-59 — Vena Cava Filters
 - Removed major trauma indication from medically necessary statement
 - Added “severe trauma without documented venous thromboembolism” and “cancer and recurrent venous thromboembolism, despite anticoagulation treatment” to not medically necessary statement
- *MED.00004 — Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy, Ultrasonography)
 - Added electrical impedance spectroscopy for the evaluation of skin lesions as investigational and not medically necessary
- *TRANS.00025 — Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection
 - Added noninvasive tests for detection of heart transplant rejection as investigational and not medically necessary including, but not limited to, AlloSure Heart, AlloSeq cell-free DNA, MMDx Heart, and myTAIHeart





May 2021 update (cont.)

- CG-DME-49 — Standing Frames
 - A new *Clinical Guideline* was created from the content contained in DME.00034. There are no changes to the guideline content and the publish date is July 7, 2021
- CG-SURG-111 — Open Sacroiliac Joint Fusion
 - A new *Clinical Guideline* was created from the content contained in SURG.00127. There are no changes to the guideline content and the publish date is July 30, 2021

Medical Policies

On May 13, 2021, 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 October 1, 2021.

Clinical UM Guidelines

On May 13, 2021, the MPTAC approved several *Clinical UM Guidelines* applicable to BlueCross BlueShield. These guidelines were adopted by the Medical Operations Committee for MMC and CHPlus members on May 27, 2021. These guidelines take effect October 1, 2021.



Read more online.

NYW-NL-0381-21



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Policy Updates — Reimbursement Policies

New Policy

Sexually Transmitted Infections Testing — Professional

(Effective 01/01/22)

BlueCross BlueShield of Western New York (BlueCross BlueShield) allows reimbursement of sexually transmitted infection (STI) tests unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. We consider certain STI testing CPT® codes to be part of a laboratory panel grouping. When BlueCross BlueShield receives a claim with two or more single tests laboratory procedure codes reported, we will bundle those two or more single tests into the comprehensive laboratory procedure code listed below.

Applicable single STI CPT codes:

- 87491: Infectious agent detection by nucleic acid (DNA or RNA); chlamydia trachomatis, amplified probe technique
- 87591: Infectious agent detection by nucleic acid (DNA or RNA); neisseria gonorrhoeae, amplified probe technique
- 87661: Infectious agent detection by nucleic acid (DNA or RNA); trichomonas vaginalis, amplified probe technique

Applicable comprehensive code:

- 87801: Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique

BlueCross BlueShield will reimburse the more comprehensive, multiple organism code for infectious agent detection by nucleic acid, amplified probe technique (CPT code 87801), when two or more single test CPT codes are billed separately by the same provider on the same date of service. Reimbursement will be made based on a single unit of CPT code 87801 regardless of the units billed for a single code. No modifiers will override the edit.

For additional information, please review the Sexually Transmitted Infections Testing — Professional reimbursement policy at <https://providerpublic.mycbswny.com/western-new-york-provider/claims/reimbursement-policies>.

NYW-NL-0395-21



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Quality Management

Diabetes testing and screening HEDIS measures

Comprehensive Diabetes Care

The Comprehensive Diabetes Care HEDIS® measure evaluates the percent of adult members 18 to 75 years of age with diabetes (type 1 and type 2) who had each of the following during the measurement year:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (> 9.0%)
- HbA1c control (< 8.0%)
- Retinal eye exam performed
- Blood pressure control (< 140/90 mm Hg)

Kidney Health Evaluation for Patients with Diabetes

Additionally, the Kidney Health Evaluation for Patients with Diabetes measure was added as a first year HEDIS measure in 2020. This measure evaluates the percent of members 18 to 85 years of age with diabetes who received a kidney health evaluation, including an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR).

Record your efforts

Document results in the member's medical record: HbA1c tests and results, Retinal Eye Exam, Blood Pressure, Urine Creatinine test, eGFR test.

Helpful tips:

- Have reminders set in your electronic medical record (EMR) to alert staff when a patient's screenings are due.
- Provide reminders to patients for upcoming appointments and screenings.
- Draw labs in your office if available or refer patients to a local lab for screenings.
- Refer patients to participating eye professionals for annual retinal eye exams.
- Follow up on lab test, eye exams and specialist referrals and document in your chart.
- Telephone visits, e-visits and virtual check-ins are acceptable settings for blood pressure readings and should be recorded in the chart.
- Include Category II reporting codes on claims to reduce the burden of HEDIS medical record review.
- Educate patients on topics (for example, home monitoring of blood sugar and blood pressure, taking medications as prescribed, and other healthy lifestyle education like diet, exercise, and smoking cessation).

Other available resources:

- *Clinical Practice Guidelines* are available on our provider self-service website.
- Contact the Health Plan for a copy of *Quality Measures Desktop Reference for Medicaid Providers* and the *HEDIS Benchmarks and Coding Guidelines for Quality*.
- Diabetes programs may be available to our members; contact your Provider Solutions representative for more information.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

NYW-NL-0368-21



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