# Connection

News for our Participating Provider Partners

August 2024

Excellus BlueCross BlueShield

Everybody Benefits

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## Stay in the Know!

Visit the Provider News and Updates page on our website to review recent communications. Be sure to log into our provider portal with your username and password to view all news updates.

To view topic specific bulletins, select one of the available categories or enter a keyword in the Search area. While viewing an article, you can click "Email this article" to share it with a friend or co-worker! Save our Provider News and Updates page as an online "favorite" for easy access.

Thank you for your continued *Connection* readership.

We welcome your suggestions, questions and comments. Email Maria Valvo, editor, at maria.valvo@excellus.com.

2024 APEX® AWARDS FOR PUBLICATION EXCELLENCE

# News YOU CAN USE

## Medicare Annual Care Visit Outreach is Underway

It's our top priority to keep our valued members healthy, and we know that is your goal as well. One way to do that is to make sure that they schedule their annual care visit.

We have started phone and email outreach to Medicare members who have not had an annual care visit to remind them to schedule an appointment. We are also offering scheduling assistance to members who need it.

As a result of this outreach, you may receive calls to set up annual care visit appointments. Please remember that Medicare members are entitled to one annual care visit (preventive visit) and one annual physical (hands-on exam) per year. We encourage our members to complete one or both visits.

Thank you for collaborating with us to ensure the good health of our Medicare population.

## Medical Record Collection Coming in August

Starting in August, your office may receive a medical records request from Datavant formerly Ciox Health, LLC, a risk-adjustment vendor, that is prepared to work with you to obtain medical records on our behalf.

This record review is conducted annually and is required to comply with Centers for Medicare & Medicaid Services requirements to ensure that the records properly reflect the clinical conditions of our members. The request is for January 1, 2023, through December 31, 2023, dates of service only and applies to Medicare Advantage members.

If you have questions or concerns, contact Datavant directly at 1-877-445-9293, from 8:30 a.m. to 5:30 p.m. EST, Monday through Friday, or your Provider Relations representative.

We thank you in advance for your participation and partnership.

## Help for Managing Physical, Behavioral Health Conditions

We have programs to assist members in achieving optimal physical and mental health with the help of registered nurse care managers, registered dietitians, social workers and pharmacists.

Refer a patient to our integrated case management program by calling 1-877-222-1240 or via email at casemanagement@excellus.com

## Administrative Policy 49—Unlisted Procedure Code

Excellus BlueCross BlueShield implemented Administrative Policy 49—Unlisted Procedure Codes effective June 24, 2024. This policy defines billing and reimbursement guidelines for **unlisted procedure codes and applies to all lines of business.**

Details, are available at Policies and Guidelines (secure login required).

## Delivering Care to Univera Healthcare Members

We remind you that under your participating agreement with Excellus BlueCross BlueShield, you can accept patients who have insurance coverage through Univera Healthcare.

Be sure to check eligibility and benefits at HealtheNet.com or Provider.UniveraHealthcare.com prior to delivering services to Univera Healthcare members.

Please share this information with office and billing staff.

# Using Imaging Studies for Low Back Pain

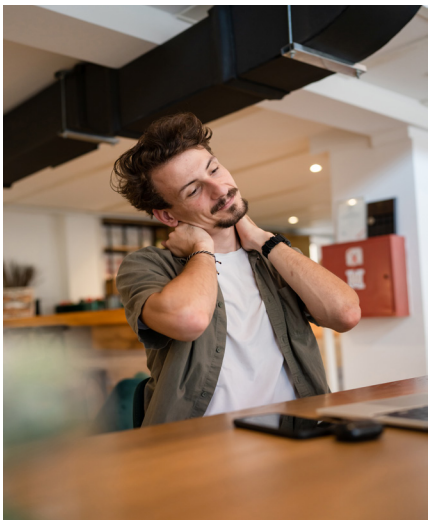
Imaging of back pain has been chosen by HEDIS® (Healthcare Effectiveness Data and Information Set) as an impactful measure of quality and care. This measure assesses members ages 18-75 who have a primary diagnosis of low back pain and did not have an imaging study (plain X-ray, MRI or CT scan) within 28 days of the diagnosis (a higher score indicates better performance).

***Evidence-Based Recommendations for Use of Imaging Tests in Patients with Low Back Pain***

- When used appropriately, imaging can be a valuable instrument for clinicians in the diagnosis and management of spine-related disorders
- Imaging should only be considered an option if it is likely to change management of the patient
- Imaging in the first four weeks of an uncomplicated low back pain episode has a higher likelihood of delaying the recovery than proving beneficial
- Normal age-related findings are often misinterpreted and can lead to inappropriate disease labeling and overly aggressive care

***When to Order Imaging***

- History of cancer
- Spinal infection
- Neurologic impairment (saddle anesthesia, urinary incontinence or retention)
- IV drug abuse
- Recent significant trauma
- Unexplained weight loss
- Prolonged corticosteroids use
- Immunosuppression
- History of osteoporosis



Excellus BlueCross BlueShield is proud of our national educational program for primary care practitioners. For a 90-minute on-demand training video, visit: Excellus PCP Registration (primaryspineprovider.com).

## Risk Adjustment Data Validation Coming Soon

The Health and Human Services Risk Adjustment Data Validation (HHS-RADV) 2023 calendar year audit will begin in the next few weeks.

If you provided services to members during the 2023 calendar year who are randomly selected for this audit, you may be asked to participate by submitting related medical records.

We remind you that under the Affordable Care Act (ACA), our Health Plan is required to participate in HHS-RADV audits. These audits apply to the ACA Commercial lines of business only and are designed to validate diagnosis data previously submitted to the Centers for Medicare & Medicaid Services (CMS).

Our Health Plan has contracted with an independent company, Health Data Vision, Inc. (D/B/A "Reveleer"), to gather medical records on our behalf. Reveleer is bound by the terms and conditions of a business associate agreement with the Health Plan. As our business associate, under the Health Insurance Portability and Accountability Act (HIPAA), Reveleer is authorized to receive these records. In accordance with HIPAA, Reveleer is required to maintain the confidentiality of any protected health information it receives from you on our behalf.

If you receive a request for medical records for another initiative, please follow the instructions in the request. It's important to note that the time frame for retrieving records is extremely short, and CMS will not grant extensions.

Your assistance with the audits our Health Plan is required to perform is appreciated.

# Medicare Health Outcome Survey Coming to Patients in August

Many of your patients will soon be mailed the 2024 Medicare Health Outcomes Survey (HOS). The interaction you have with your patients directly impacts HOS star measure ratings. The HOS is sent to a random sample of patients every August through October to evaluate physical and mental health status and other health-related topics, and then repeated in two years to assess a change in health status.

Provider interactions with their patients have a direct impact on the rating of HOS measures. Many HOS questions measure a patient's perception of their own health and recollection of conversations with their provider regarding health topics. For example, fall prevention, bladder retention, appropriate physical activity, and functional health status. The following table displays the five HOS measures included in the annual Medicare star ratings with some tips to improve performance. Increased awareness of these measures can help guide discussions of these topics with patients.

**Five Health Outcome Survey Star Measures**

| **Improving or Maintaining Physical Health** | | |
|---|---|---|
| Eligible Patients | Measure Description | Provider Impact |
| All patients completing baseline and follow-up surveys | A measure of plan members whose **physical health** was the **same or better than expected after two years** based on VR-12 | Ask if a patient has pain that is affecting their ability to complete daily activities<br><br>Practice self-management support strategies to help patients take an active role in improving their health |
| **Improving or Maintaining Mental Health** | | |
| Eligible Patients | Measure Description | Provider Impact |
| All patients completing baseline and follow-up surveys | A measure of plan members whose **mental health** was **the same or better than expected after two years**, based on VR-12 | Routinely assess whether emotional problems negatively affect your patient's daily or social activities |
| **Monitoring Physical Activity** | | |
| Eligible Patients | Measure Compliance | Provider Impact |
| Patients indicating that their **doctor discussed exercise** with them | The patient was advised to **start, increase or maintain their physical activity** during the year | **Routinely assess** a patient's level of **physical activity** and develop patient specific physical activity plans |
| **Improving Bladder Control** | | |
| Eligible Patients | Measure Compliance | Provider Impact |
| Patients identify a problem with urinary incontinence | The patient reports discussing treatment options for urinary incontinence and bladder control with their provider | **Routinely assess** for **trouble with holding urine** and provide recommendations for management |
| **Reducing Risk of Falling** | | |
| Eligible Patients | Measure Compliance | Provider Impact |
| Patients identify a problem with falling, walking, or balancing | The patient reports discussing falls with their provider and receives a recommendation for how to prevent falls during the year | The patient reports **discussing falls** with their provider and **receives a recommendation** for how to **prevent falls** during the year |


## Respiratory Syncytial Virus Prophylaxis Policy for 2024-2025 Season

The U.S. Food and Drug Administration (FDA) approved Beyfortus® (nirsevimab) on July 17, 2023, for prevention of respiratory syncytial virus (RSV) lower respiratory tract disease in newborns and infants born during or entering their first RSV season. It was also approved for children up to age 24 months who remain vulnerable to severe RSV disease through their second RSV season. Beyfortus is a long-acting monoclonal antibody administered as a single intramuscular injection prior to or during the RSV season.

Approval details are available at: FDA Approves New Drug to Prevent RSV in Babies and Toddlers | FDA.

For the 2024-2025 RSV season: Beyfortus is covered without prior authorization. Synagis® (palivizumab) will continue to require prior authorization.

All Synagis requests for RSV prophylaxis will be required to use Beyfortus unless there is a medical reason Beyfortus cannot be used. Synagis will not be approved in the same RSV season for any patients who have received Beyfortus already. Per the FDA's labeling for Beyfortus, palivizumab should not be administered to infants who have already received Beyfortus in the same season.

This policy change was reviewed and approved by our Pharmacy & Therapeutics Committee, which includes local physicians and pharmacists who are not employed by our Health Plan. Full drug policy criteria can be found in the RSV Prophylaxis (Pharmacy-51) policy.

Beyfortus supplies are expected to increase significantly and sustain through the 2024-2025 RSV season.

The Beyfortus Reservation Program is now available for the upcoming 2024-2025 RSV season for preordering and shipping/receiving scheduling to optimize access and proactive planning before the 2024-2025 RSV season starts.

## Casgevy® is Preferred Gene Therapy for Sickle Cell Disease

Excellus BlueCross BlueShield has selected Casgevy as the preferred gene therapy for sickle cell disease. All prior authorization requests for sickle cell gene therapy will require treatment with Casgevy. This requirement applies to all lines of business and has been endorsed by our Pharmacy & Therapeutics Committee, which is comprised of local physicians and pharmacists who are not employed by our Health Plan.

The list of treatment centers that are authorized to administer Casgevy can be found online at https://www.casgevy.com/sickle-cell-disease/find-an-ATC and prior authorization criteria for Casgevy can be found at Provider.ExcellusBCBS.com.

Thank you for your continued participation and for the quality of care and service you provide to your patients, our valued members.

## Help Stop Fraud, Waste and Abuse

To report potential fraud, waste or abuse, please call our **Fraud Hotline** at **1-800-378-8024** or visit our website to complete and submit our Fraud Reporting form. For federal employees, call 1-800-337-8440. All fraud, waste and abuse referrals are confidential and can be made anonymously. Those who report wrongdoing are protected from retaliation.

## Web Self-Service Tools

We know how busy your workday can be. That's why we remind you of the time-saving tools and information available on our website. They are quick, convenient and available 24/7!

We require the use of our web self-service tools to check member eligibility and benefits. Keep your web account active by logging in at least every 30 days.

# New Medicare Part D Star Measures Approved for 2025

The Centers for Medicare & Medicaid Services (CMS) has adopted two new measures for 2025 to continue focusing on patient safety. The first measure is Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (POLY-ACH). The use of multiple anticholinergic medications in older adults is associated with an increased risk of cognitive decline. This measure looks at the percentage of patients ≥65 years of age with concurrent use of ≥2 unique anticholinergic medications.[1] A lower percentage indicates better performance. Patients in hospice are not included in this measure.

A full list of POLY-ACH medications is available here.

Clinical Approaches to Reduce Use:

- Before prescribing, check if the medication is on the list of POLY-ACH drugs noted above
- Reassess and explore alternatives
  - Reassess the need and explore pharmacological and nonpharmacological alternatives (e.g., cognitive-behavioral therapy and physical therapy)
- Collaboration with a geriatric pharmacist
  - For medication management strategies tailored to older adults, including deprescribing whenever possible
- Patient education
  - Advise both patients and caregivers about the risks of cognitive decline, falls, and blurred vision while taking multiple anticholinergics

The second new measure is Concurrent Use of Opioids and Benzodiazepines. The concurrent use of opioids and benzodiazepines is associated with an increased risk of opioid overdose. This measure looks at the percentage of patients ≥18 years of age with concurrent use of both opioids and benzodiazepines for 30 or more cumulative days.[1] A lower percentage indicates better performance. Patients in hospice or diagnosed with cancer are not included in this measure.

Clinical Approaches to Reduce Concurrent Use:

- CMS provides central principles for co-prescribing benzodiazepines and opioids:
  - Avoid initial combination by offering alternative approaches
  - If new prescriptions are needed, limit the dose and duration (such as seven or fewer days' supply and no more than two weeks)
  - Taper longstanding medications gradually and, whenever possible, discontinue
  - Prescribe rescue medication (naloxone) to high-risk patients and their caregivers
- Collaboration with specialists
  - Consult pain management a specialist, psychiatrist, and other health care professionals for patients with complex needs; avoid concurrent prescriptions
- Patient education
  - Advise both patients and caregivers about the risks of respiratory depression and sedation if opioids are used with benzodiazepines, alcohol, or other central nervous system depressants
  - Screen patients for risk of substance-use disorders and warn them of the risk for overdose and death

1. Pharmacy Quality Alliance: PQA Measure Overview

# Coding Corner

## Documentation Specificity for Cerebral Infarction

A cerebrovascular accident (CVA) or stroke occurs when the blood supply to part of the brain is interrupted or severely reduced, depriving brain tissue of oxygen and nutrients. Within minutes, brain cells begin to die. A CVA is a medical emergency and prompt treatment is crucial. Early action can minimize brain damage and potential complications.

**To assign ICD-10 codes for cerebral infarctions it is important to understand the following:**

- Cerebral infarctions should be coded during the acute event and are rarely captured in the outpatient setting
- Providers should document "history of CVA" with or without residual or late effects post discharge
- Residual deficits are coded after the acute phase or if they're still present after discharge (hemiplegia, hemiparesis, aphasia, etc.)
- If the patient has no residual deficits, code as a personal history of cerebral infarctions (Z86.73)
- The fifth digit specifies the cause (e.g., thrombosis, embolism, occlusion/stenosis)
- The sixth digit further specifies the laterality

**To properly code cerebral infarctions, the documentation in the medical record should:**

- Specify the location or source of the infarction
- Document the patient's dominant side and laterality of affected side (right or left)
- Document and link any residual findings or sequela to the infarction

| ICD-10 Code | Description |
|---|---|
| I63.0-- | Cerebral infarctions due to thrombosis of precerebral artery |
| I63.1-- | Cerebral infarctions due to embolism of precerebral artery |
| I63.2-- | Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries |
| I63.3--- | Cerebral infarction due to thrombosis of cerebral arteries |
| I63.4-- | Cerebral infarction due to embolism of cerebral arteries |
| I63.5--- | Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries |
| I63.6--- | Cerebral infarction due to cerebral venous thrombosis, nonpyogenic |
| I63.8--- | Other cerebral infarction |
| I63.9- | Cerebral infarction, unspecified |
| Z86.73 | Personal history of transient ischemic attack and cerebral infarction without residual deficits |

*Please refer to the Official ICD-10-CM code book for a complete list of codes.

## Keep Your Practice Information Current

Our online Practitioner Demographic Changes submission form makes it easier and faster to update the demographic information we have for your practice.

Visit the Update Practice Information section of our website. Log in with your username and password to use the new online form. You still have the option to download a PDF version of this form if you choose.

We recommend that you verify demographic information every 90 days using our Find a Doctor/Provider tool.

Please also verify and update your demographic information on the NPI Registry. Log into your NPI record at https://nppes.cms.hhs.gov/#/.

If you need help using the online form, please contact your Provider Relations representative. Thank you for helping us ensure we have the most up-to-date information available.

# Medical Policy Updates

Excellus BlueCross BlueShield works to ensure that the development of corporate medical policies occurs through an open, collaborative process. We encourage participating providers to become actively involved in medical policy development. Each month, draft policies are available on our website for review and comment. To access the draft policies, click here. Login and password are needed.

Providers may attach supporting documentation related to their comments.

The following new and updated medical policies have been reviewed and were approved in **June 2024** by the Corporate Medical Policy Committee, including practitioner representatives from all our regions. A complete library our medical policies can be found on our website.

## Current Policies – Significant Updates

**(#7.01.10) Sacral Nerve Stimulation** involves implanting a neurostimulator, a small electrical device, under the skin of the upper buttock. The neurostimulator generates mild electrical impulses that are carried via a thin implanted lead to the sacral nerves in the lower region of the spine that control bladder and bowel function. Sacral nerve stimulation is considered medically appropriate in patients who are 16 years and older with urge incontinence unrelated to a neurological condition, urgency-frequency, and overactive bladder, who have not responded to conventional treatment such as the failure of at least two anticholinergics, or one anticholinergic and one beta-3 adrenergic agonist. Sacral nerve stimulation is also considered medically appropriate for the treatment of fecal incontinence in patients 16 years and older when specific criteria, as outlined in the policy, are met. *This year's annual update includes the relocation of trial requirements before permanent implantation from the policy guidelines to the policy statements, the addition of appropriate trial timeframes for both conventional and pharmacologic treatments and adds new criteria requiring that symptoms have persisted for more than six (6) months prior to treatment. These policy updates will require a 90-day provider notification, and therefore, will be effective October 15, 2024.*

**(#7.01.53) Abdominoplasty and Panniculectomy**
Abdominoplasty, also referred to as a "tummy tuck," is a surgical procedure, which tightens a lax anterior abdominal wall and removes excess fat and abdominal skin. A belt lipectomy combines an abdominoplasty with the circumferential excision of skin and fat for patients with circumferential trunk excess. Both procedures are considered cosmetic and, therefore, are not medically necessary for all indications.

Panniculectomy is the surgical resection of the overhanging excess skin and fat in the lower abdominal area. The redundant skin folds are predisposed to areas of intertrigo, cellulitis, and/or panniculitis. This year's update proposes that a panniculectomy be considered medically appropriate when medical records and photographs document a Grade 2 panniculus and a recurrent or persistent medical condition directly related to the excess tissue and skin folds of the panniculus (e.g., intertrigo, dermatitis, cellulitis, panniculitis, ulceration, or necrosis) that is recurrent or refractory to prescribed standard medical management. Medically necessity criteria also require the expectation that the surgery will improve or resolve this significant functional impairment and requires stabilized weight for at least six (6) months prior to the consultation for panniculectomy. *This year's annual update expands medically necessary criteria to allow three (3) months of prescribed medical management with hygiene practices and/or applicable wound care, and prescribed systemic antibiotics, antifungal agents, or corticosteroids, clarifies medically necessary criteria requiring Grade 2 panniculus, and adds more restrictive criteria requiring the following: 1) documentation that the surgery is expected to improve or resolve the functional impairment and 2) specific surgical timeframes and documentation of weight stabilization. These policy updates will require a 90-day provider notification, and therefore, will be effective October 15, 2024.*

**(#8.01.13) Speech Therapy**
Speech Pathology/Therapy are those services necessary for the diagnosis and treatment of speech and language impairments/disorders that result in communication disabilities and for the diagnosis and treatment of swallowing disorders or dysphagia. Speech evaluation



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# Medical Policy Updates

and acute, restorative or habilitative treatment are considered medically necessary for patients suffering from a medically determinable impairment (as determined by standardized assessments) resulting from trauma, congenital anomaly or previous therapeutic process.

*This year's annual update includes the addition of a clarifying statement for documentation supporting continuation of speech therapy and an update to the New York State Department of Health Early Intervention Program definition of developmental delay to include a 12-month delay in one functional area. This policy update was effective June 20, 2024.*

## Current Policies - Minor Updates

The Medical Policy Department reviews medical policies on an annual basis. During the review process the Medical Policy staff conducts a literature search and determines after review with medical directors from each region the extent of changes necessary to update the policy. The following policies only required minimal changes (e.g., updating of references, changing language to meet legal needs) to be updated. **The coverage intent of the policies was not altered.** These policies were recently approved for updating by the Health Plan medical directors.

**(#1.01.25) Orthotics**

**(#1.01.42) Home Automatic External Defibrillator and Wearable Defibrillator Vests**

**(#2.02.09) Biofeedback**

**(#2.02.54) Measurable Residual Disease Assessment Testing**

**(#7.01.16) Automated Percutaneous Discectomy and Image-Guided, Minimally Invasive Decompression**

**(#7.01.32) Radiofrequency Tumor Ablation**

**(#7.01.35) Bioengineered Tissue Products for Wound Treatment and Surgical Interventions**

**(#7.01.65) Artificial Heart**

**(#7.01.83) Minimally Invasive Techniques for Lumbar Interbody Fusion (A-LIF, X-LIF)**

**(#7.01.95) Shoulder Arthroplasty (Total, Partial & Reverse)**

**(#7.01.97) Lumbar Decompression**

## Archived Medical Policies

Policies are archived either because the technology has become standard of care or because there has been little utilization or few requests. Archived policies are available on the website.

## Previously Archived Policies

**(#1.01.19) Pelvic Floor Electrical Stimulation as a Treatment of Urinary Incontinence**

**(#1.01.21) Cryotherapy (Cold Therapy) Devices**

**(#1.01.41) Foot Orthotics**

**(#1.01.44) Prothrombin Time Monitor**

**(#3.01.11) Applied Behavior Analysis**

**(#7.01.73) Lysis of Epidural Adhesions (Epidural Adhesiolysis)**

**Note:** When policy criteria change, Excellus BCBS' requirements related to medical records may also change. Medical record requirements are available here. Failure to submit required records with the claim submission could delay claim processing and payment.

Although medical policies are effective, services may not be reviewed until our systems are updated.

Questions regarding medical policies should be directed to your Provider Relations representative.