

Connection

News for our Participating Provider Partners

February 2024



Excellus  

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.

Thank you for your continued Connection readership. We welcome your suggestions, questions and comments. Email Maria Valvo, editor, at maria.valvo@excellus.com.



Annual Certifications, Attestations Requirement

As the new year begins, we remind you of annual attestation and certification requirements of New York state and other regulatory bodies.

Please visit our [Attestations and Certifications](#) page to access the training information and submit any required documentation. (Secure login required)

Compliance with all required attestations and certifications is mandatory under the terms of your participation agreement.

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.

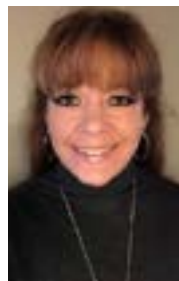
Be sure to check eligibility and benefits at [HealthNet.com](#) or [Provider.UniveraHealthcare.com](#) prior to delivering services to Univera Healthcare members.

Please share this information with office and billing staff.

Web Self-Service Tools

We know how busy your work day 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.



Ashman Named Rochester Region Provider Relations Manager

We are pleased to let you know that Dione Ashman has been named Provider Relations manager for Excellus BlueCross BlueShield's Rochester region. She replaces Karen Palermo who retired in December 2023.

Dione's 26-year career with Excellus BCBS includes a wealth of experience with positions in Customer Care, Sales, and the Special Investigations Unit. She joined the Provider Relations team in 2015, supporting Rochester community physician practices, and in 2020 became the dedicated Provider Relations representative for Rochester Regional Health and University of Rochester Medical Center.

Contact Dione at Dione.Ashman@Excellus.com or (585) 953-4162.

PrEP Prescribers – Register for Voluntary State Directory

Please help our members find a local practitioner who prescribes PrEP by registering on the New York State Department of Health AIDS Institute website if this applies to you.

Registration is voluntary and only takes a few moments to complete. Access the online registration form [here](#).

Access and Availability Standards

We follow appointment availability standards established by the New York State Department of Health. These standards, which apply to all lines of business, are used to improve patient access to routine, urgent, preventive and specialty care.

We also follow 24-hour access standards to measure after-hours access. Learn more by viewing our [access and availability tip sheet](#).



February is American Heart Month

February is American Heart Month and a good time to remind patients of the importance of cardiovascular health and steps they should take to prevent cardiovascular disease.

We encourage you to discuss proper management of health behaviors and risk factors, such as diet quality, physical activity, smoking, body mass index, blood pressure, total cholesterol, and blood glucose. The following are the American Heart Association testing guidelines:

Recommended Screenings	How Often?
Blood pressure	Each regular health care visit or at least once per year if blood pressure is less than 120/80 mm Hg
Cholesterol ("fasting lipoprotein profile" to measure total, HDL and LDL cholesterol)	Every 4-6 years for normal-risk adults; more often if any you have elevated risk for heart disease and stroke
Weight / Body Mass Index (BMI)	During your regular health care visit
Waist circumference	As needed to help evaluate cardiovascular risk if your BMI is greater than or equal to 25 kg/m2.
Diabetes Screening	Once per year
Discuss smoking, physical activity, diet	Each regular health care visit

Please be extra vigilant about monitoring patients who have experienced COVID-19. Even a mild case of COVID-19 can increase a person's risk of cardiovascular problems for at least a year after diagnosis, a study¹ conducted by *Nature* shows.

Researchers found that rates of many conditions, such as heart failure and stroke, were substantially higher in people who had recovered from COVID-19 than in similar people who hadn't had the disease. What's more, the risk was elevated even for those who were under 65 years of age and lacked risk factors, such as diabetes or obesity.

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Help for Managing Physical, Behavioral Health Conditions

We have programs to assist members achieve 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 case.management@excellus.com

MATTERS Program Expanded Across State

The New York Medication for Addiction Treatment and Electronic Referrals (MATTERS) program, a Buffalo-based electronic referral platform, has expanded across New York state.

Our Health Plan can now submit referrals on a member's behalf to support timely access to services through community-based clinics.

If you have a patient who may benefit from this program, encourage them to contact the Health Plan via the SUD Navigator line, 1-833-464-1010. The member must contact us directly to complete the MATTERS referral process.

For more information, visit [Home - MATTERS Network](#) or view this [video](#).

February is American Heart Month

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Of course, it's still winter in upstate New York and it's likely we will see additional snow in coming weeks. We urge you to caution patients about heart attack risks associated with snow shoveling.

Don't forget heart health in child and adolescent patients. According to [healthychildren.org](https://www.healthychildren.org), the American Academy of Pediatrics (AAP) recommends all children between ages 9-11 be screened for high blood cholesterol levels due to the growing epidemic of childhood obesity.

The AAP also recommends cholesterol testing for the following groups of children:

- Those whose parents or grandparents have had heart attacks or have been diagnosed with blocked arteries or disease affecting the blood vessels, such as stroke, at age 55 or earlier in men, or 65 or earlier in women

- Those whose parents or grandparents have total blood cholesterol levels of 240 mg/dL or higher
- Those whose family health background is not known (e.g., many adopted children), or those who have characteristics associated with heart disease, such as high blood pressure, diabetes, smoking, or obesity

For children in these categories, their first cholesterol test should be after 2 years but no later than 10 years of age.

For additional information about cholesterol levels in children and adolescents, click [here](#).

Additional information, toolkits and patient educational materials are available at the following websites:

[cdc.gov/heartdisease/american_heart_month.htm](https://www.cdc.gov/heartdisease/american_heart_month.htm)

[Heart-Health Screenings | American Heart Association CPR & First Aid](#)

Virtual Physical Therapy Benefit Now Available to Select Members

Our Medicare Advantage and some Commercial members now have a virtual physical therapy (PT) benefit. The Health Plan has contracted with Vori Health ("Vori") to provide members with one option for obtaining virtual PT services. This benefit will be available to additional members upon renewal.

Vori is an independent company that offers virtual musculoskeletal (back, neck and joint) health care and physical therapy services to Health Plan members through a physician-led holistic care team approach.

For additional information, refer to our [bulletin](#) issued in December.



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

NDC Billing Requirement Coming in June for All Lines of Business

We remind you of updates regarding claim submission requirements for practitioner-administered drugs when billed under the member's medical benefit that are effective June 15, 2024, and apply to all lines of business. For details, see our [bulletin](#) issued December 13.

For helpful guidance, see our [NDC tip sheet](#).

WellNow Urgent Care Ends Participation with Health Plan

You may be aware that WellNow Urgent Care decided to leave the Excellus BlueCross BlueShield provider network effective January 1, 2024.

While we're disappointed by their decision, we're prepared to help members find the care they need.

We have notified members and provided information regarding their options for seeking urgent care services. As always, we have advised members that they should make every effort to seek care from or coordinate their care through their primary care physician.

Members can visit ExcellusBCBS.com/CareOptions to learn about options for care, including information on primary care doctors, telehealth and urgent care.

Please note that it is always a member's responsibility to ask whether an urgent care center is part of Excellus BlueCross BlueShield's network prior to any services being rendered. Non-participating providers may neglect to offer this information, leaving members responsible for higher out-of-pocket costs.

If you have questions, please contact your Provider Relations representative.



Transition of Care Important to Successful Outcomes

Transition of care (TRC) is important to improve health care quality, patient experience and reduction of hospital readmissions. Inappropriate transfers from one care setting to another, such as hospital, nursing facility or long-term care often leads to:

- Confusion about treatment plans
- Missed follow-up appointments
- Patient dissatisfaction
- Medication non-adherence
- Unnecessary readmissions

The TRC quality measure assesses key factors of transition for Medicare beneficiaries aged 18 and older after discharge from an inpatient facility. For details, click [here](#).

New 2024 Medicare D GLP-1 Agonist PA

Use of glucagon-like peptide-1 (GLP-1) receptor agonists for weight loss remains a hot topic. As a reminder, the Centers for Medicare & Medicaid Services excludes drugs used for weight loss from Medicare Part D coverage.

In 2024, Medicare Part D plans have a new prior authorization (PA) requirement for the following formulary GLP-1 agonists: Ozempic[®], Rybelsus[®], Trulicity[®], and Victoza[®]. Claims for formulary GLP-1s will automatically bypass the new PA requirement for patients who have a confirmed type 2 diabetes diagnosis on file.

Select patients have been notified indicating that they do not have a confirmed type 2 diabetes diagnosis on file and that continued coverage of their GLP-1 drug will require PA. Please be prepared to provide documentation confirming a diagnosis of type 2 diabetes when submitting PA (or electronic PA) requests.

Please note: Bydureon[®], Byetta[®], and Mounjaro[™] remain non-formulary. When you submit any exception request for coverage of a non-formulary drug, be sure to document that the drug is being used for a Medicare Part D accepted use (e.g., type 2 diabetes for GLP-1 drugs).

New Gene Therapy for Duchenne Muscular Dystrophy

Elevidys (delandistrogene moxeparvovec-rokl) is an adeno-associated virus vector-based gene therapy indicated for the treatment of ambulatory pediatric patients ages 4 and 5 who have been diagnosed with Duchenne Muscular Dystrophy (DMD). It is designed to deliver the gene encoding the micro-dystrophin protein.

The micro-dystrophin expressed by Elevidys is a shortened version that contains selected domains of dystrophin expressed in normal muscle cells. The drug is approved under an accelerated process, which allows a surrogate endpoint (micro-dystrophin level) to be used for serious disease in which there is an unmet need for therapy.

Please note the following:

- We want to make sure the medications that we cover have been proven to be safe and effective for the condition or disease being treated and demonstrate positive outcomes.
- The use of Elevidys has not been medically proven to be effective and, therefore, is considered **investigational** for the treatment of DMD based upon criteria set forth in the Corporate Medical Policy #11.01.03 Experimental or Investigational Services and assessment of the peer-reviewed evidence.
- Our drug policies are based on the latest peer-reviewed medical literature, including nationally recognized treatment guidelines, and are reviewed and approved by our Pharmacy & Therapeutics Committee. The committee is comprised of local physicians and pharmacists who provide their expertise and opinion related to drug therapy and appropriate policy criteria.

Paxlovid[™] Access at \$0 Cost Share for Medicare, Medicaid Uninsured Patients

The U.S. Department of Health and Human Services and Pfizer Inc. have developed a Patient Assistance

Program called PAXCESSTM to provide the COVID-19 antiviral, Paxlovid (nirmatrelvir/ritonavir), at **NO PATIENT COST** to Medicare, Medicaid, and uninsured patients.

We hope your patients stay healthy, but should the need for Paxlovid antiviral therapy arise, we encourage, patients, health care

providers, and pharmacists to enroll eligible patients in PAXCESSTM to obtain Paxlovid[™] at no cost.

For enrollment and other details, refer to our [bulletin](#) issued January 17.

Documentation Specificity for Chronic Obstructive Lung Disease

Documentation in the medical record should specify:

- Whether the specific respiratory condition is chronic, emphysematous or asthmatic
- Any associated acute or chronic lower respiratory infection(s)
- Any acute exacerbation(s)

To assign ICD-10 codes for COPD, it is important to understand the following:

- For chronic bronchitis without obstruction, use codes from categories J41 or J42
- For asthma without obstruction, use code category J45
- For emphysema without obstruction or bronchitis, use code category J43

Important Reminders

- All diagnoses submitted on a claim should be supported by the **M**onitoring, **E**valuation, **A**ssessment and/or **T**reatment of the condition in the medical record documentation
- “Unspecified” codes should only be reported when a more specific diagnosis cannot be determined

For more information on how to receive coding and documentation tips specific to your office please contact Risk.Adjustment.Provider.Contact@excellus.com

Chronic obstructive lung disease (COPD) is defined as a progressive lung disease characterized by long-term respiratory symptoms and airway limitation. Some COPD symptoms are shortness of breath, wheezing, and a frequent cough, with or without sputum.

ICD-10 Code	Description
J41.-	Simple and mucopurulent chronic bronchitis
J42.-	Unspecified chronic bronchitis
J43.-	Emphysema
J44.-	Other chronic obstructive disease
J44.9	Chronic obstructive pulmonary disease, unspecified
J45.-	Asthma

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

Helpful HEDIS® Information

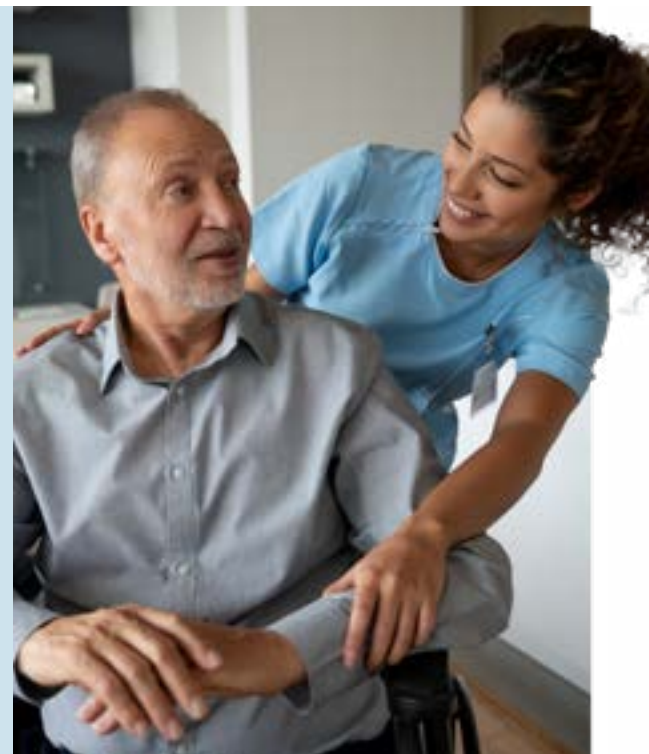
Use of Spirometry Testing in the Assessment and Diagnosis of COPD and Pharmacotherapy Management of COPD Exacerbation

- The National Heart, Lung, and Blood Institute has estimated that more than 15 million adults have been diagnosed with COPD. However, it is believed that this number is higher as many adults have not had the proper diagnosis.
- COPD mortality has been steadily increasing and it's now the 4th leading cause of death in the U.S. A spirometry test is required to confirm

COPD diagnosis. This will help to determine treatment for this patient and the risk of future events such as exacerbations, hospital admissions or death. Without treatments and interventions for these patients with COPD, there is a projected rate increase of 30% in the next 10 years.

- Source: *HEDIS 2020*, Volume 1

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■ Use of Spirometry Testing in the Assessment and Diagnosis of COPD

- **Measure Description:** Percent of members at least 40 years old who have a new diagnosis of/newly active COPD and who have received appropriate spirometry testing for diagnosis confirmation.

■ Pharmacotherapy Management of COPD Exacerbation

- **Measure Description:** Members 40 years of age and older who had an emergency department visit or acute inpatient discharge on or between January 1 through November 30 during the measurement year for COPD exacerbation and were dispensed the appropriate medications.
 - Within 14 days of the event, the member was dispensed a systemic corticosteroid.
 - Within 30 days of the event, the member was dispensed a bronchodilator.
- **Examples of Systemic Corticosteroid and Bronchodilator Medications**
 - Systemic Corticosteroid
 - ✓ Hydrocortisone
 - ✓ Methylprednisolone
 - ✓ Prednisone
 - Bronchodilator
 - ✓ Tiotropium
 - ✓ Albuterol
 - ✓ Fluticasone-salmeterol
 - ✓ Formoterol

The Healthcare Effectiveness Data and Information Set (HEDIS) is a registered trademark of NCQA.

Medical Policy

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](#). Providers may now attach supporting documentation related to their comments.

The following new and updated medical policies have been reviewed and were approved in **December 2023** by the Corporate Medical Policy Committee, including practitioner representatives from all our regions. A complete library of our medical policies can be found on our [website](#).

Current Policies – Significant Updates

#6.01.12) Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT) deliver high doses of ionizing radiation to small targets in a few sessions. These techniques differ from conventional radiotherapy, which involves exposing large areas of tissue to relatively broad fields of radiation over a number of sessions. Stereotactic positioning can be precise, so stereotactic radiotherapy commonly uses higher doses per fraction and fewer fractions. Currently, SRS and SBRT are considered medically appropriate for those indications outlined in the medical policy. *This policy update has added criteria to clarify definitions for extracranial oligometastatic disease states in alignment with professional society recommendations, including the American Society for Radiation Oncology. The policy update requires a 90-day provider notification and*

therefore, will have an anticipated effective date of April 15th, 2024.

(#2.02.60) Germline Genetic Testing for Hereditary Cancers//NEW POLICY merging content of CMP#2.02.06, #2.02.07, #2.02.11 & #2.02.44) This new medical policy was created to combine the criteria from corporate medical policies #2.02.06 Genetic Testing for Hereditary BRCA Mutations, #2.02.07 Genetic Testing for Germline Mutations of the RET Proto Oncogene in Medullary Carcinoma of the Thyroid, #2.02.11 Genetic Testing for Inherited Susceptibility to Colorectal Cancer, and #2.02.44 Genetic Testing for Susceptibility to Hereditary Cancers. This policy contains criteria for genetic testing of hereditary cancer syndromes including breast, ovarian, prostate,

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Medical Policy Updates, continued from page 9

pancreatic, colorectal cancers (Lynch syndrome (LS), MUTYH-associated polyposis (MAP), Adenomatous polyposis coli gene (APC) for familial adenomatous polyposis (FAP) or attenuated familial adenomatous polyposis (AFAP), Juvenile polyposis syndrome (JPS), Peutz-Jeghers Syndrome (PJS), including microsatellite instability (MSI) testing and immunohistochemical (IHC) analysis of tumor tissue), Cowden Syndrome, Li-Fraumeni, hereditary diffuse gastric cancer syndrome and familial medullary thyroid carcinoma. National Comprehensive Cancer Network (NCCN) supports the genetic testing of specific genes for each syndrome and in certain instances multi-gene panel testing may be appropriate. The family member affected with cancer is most appropriate to be tested first and other unaffected family members may then be tested for a known familial pathogenic variant if one is identified. *With this policy update, criteria from CMPs #2.02.06, #2.02.07, #2.02.11 & #2.02.44 have been merged into one policy, and additional genes have been added for breast, ovarian, prostate, and pancreatic cancers outside of BRCA in accordance with NCCN guideline recommendations.*

(#6.01.13) Coronary Calcium Scoring//New Policy Title: Computed Tomography (CT) for Coronary Calcium Scoring

has been investigated as a technique for detecting coronary artery calcification, both as a diagnostic technique in symptomatic patients to rule out an atherosclerotic etiology of symptoms or, in asymptomatic patients, as an adjunctive method for risk stratification for coronary artery disease. Coronary calcium scoring is medically appropriate for patients who are candidates

for cardiac computed tomographic angiography (CTA) to have calcium scoring performed as part of a CTA procedure, since pre-test knowledge of extensive calcification of the coronary segment in question may diminish the interpretive value of cardiac CTA. *This policy update reflects the most recent changes to eviCore Cardiac Imaging Guidelines V1.2024 and adds medically necessary criteria required for CT for coronary calcium scoring for asymptomatic and coronary artery disease (CAD) screening, as well as new not medically necessary criteria for the evaluation of CAD in symptomatic individuals and individuals with known CAD. The updates will require a 90-day provider notification and therefore, will have an anticipated effective date of April 15th, 2024.*

(#6.01.34) Cardiac/Coronary Computed Tomographic Angiography (Cardiac/Coronary CTA): Contrast

Enhanced is a non-invasive imaging technique used to obtain detailed volumetric images of the coronary arteries as an alternative to invasive coronary angiography. Cardiac CTA is considered medically appropriate when specific criteria are met, as outlined in the medical policy. *With this policy update, criteria have been added to align with eviCore Cardiac Imaging Guidelines V1.2024. A new statement addressing the use of cardiac CTA post-Transcatheter Aortic Valve Replacement (TAVR), and new medically necessary criteria were added for the preoperative assessment of planned liver or kidney transplant. The updates will require a 90-day provider notification and therefore, will have an anticipated effective date of April 15th, 2024.*

Current Policies - minor updates

The following policies have been updated to reflect minor changes, such as applicable references, criteria, or system pend, and are available on our website.

(#2.02.03) Genetic Testing for Inherited Disorders

(#3.01.02) Psychological Testing

(#4.01.05) Assisted Reproductive Technologies (ART)

(#7.02.03) Autologous Hematopoietic (Stem) Cell Transplantation

(#9.01.19) Management of Dry Eye Syndrome and Meibomian Gland Dysfunction (e.g., LipiFlow).

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Medical Policy Updates, continued from page 10

Archived Medical Policies

Policies are archived either because the criteria for evaluating the procedure/technology have not changed or because there has been little utilization or few requests. Archived policies are available on our website.

Newly Archived:

(#7.01.73) Lysis of Epidural Adhesions

Previously Archived:

(#1.01.32) Cranial Orthotics

(#2.01.36) Alopecia (Hair Loss)

(#2.01.38) Treatment of Hirsutism/Hypertrichosis (Hair Removal)

(#2.02.39) Molecular Testing for the Management of Pancreatic Cysts (e.g., PacraGEN Pancreatic Risk Classifier)

(#2.02.42) Chromosomal Microarray (CMA) Analysis for Prenatal Evaluation and Evaluation of Patients with Developmental Delay, Intellectual Disability, or Autism Spectrum Disorder

(#7.01.17) Intradiscal Electrothermal Annuloplasty (IDET/IDTA, PIRFT, Biacuplasty) and Intradiscal Injections, Percutaneous

(#7.01.76) Spinal Manipulation under Anesthesia

(#8.01.07) Treatment of Tinnitus

(#8.01.10) Prolotherapy

(#11.01.11) Comfort, Convenience, Cosmetic and Custodial

Deleted Medical Policies

The following policy is scheduled to be deleted as it has been determined that this policy is no longer being medically managed:

(#2.01.39) Auditory Processing Disorder Testing

(#2.01.41) Measurement of Exhaled Markers of Airway Inflammation in Patients with Asthma

(#6.01.18) Transcranial Doppler Ultrasound

(#6.01.35) Magnetic Resonance Imaging (MRI) of the Breast

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.

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.

