



An Anthem Company

NEW YORK Provider Communications

Clinical Guideline Update - June 2020

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The following new Empire BlueCross BlueShield (“Empire”) Clinical Guideline will require prior authorization review effective June 1, 2020.

CG-SURG-92	Paraesophageal Hernia Repair	<ul style="list-style-type: none"> • PEH repair is considered Medically necessary (MN) for symptomatic individuals when criteria are met • PEH repair during operation for Roux-en-Y gastric bypass, sleeve gastrectomy, or the placement of an adjustable gastric band is considered MN when criteria are met • Recurrent PEH repair is considered MN when criteria are met • PEH repair is considered not Medically necessary (NMN) when criteria are not met and for all other indications 	Existing codes 43280, 43281, 43282, 43283, 43325, 43327, 43328, 43330, 43331, 43332, 43333, 43334, 43335, 43336, 43337, 43338, 0BQT0ZZ, 0BQT3ZZ, 0BQT4ZZ, 0BUT0JZ will be reviewed for MN criteria
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URL: <https://providernews.empireblue.com/article/clinical-guideline-update-june-2020>

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