



An Anthem Company

New York Provider News

April 2021 Newsletter

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Update: Site of Care medical necessity reviews for long-acting colony-stimulating factors begin August 1, 2021

Published: Apr 1, 2021 - Products & Programs

This is an update to the article published in the [March 2021 edition of Provider News](#) regarding Site of Care medical necessity reviews for long-acting colony-stimulating factors.

The effective date has been moved from June 1, 2021 to August 1, 2021.

Please see below for the complete updated notice.

Effective with dates of service on or after August 1, 2021, medical necessity review of the site of care is required for the following long-acting colony-stimulating factors for oncology indications for Empire BlueCross BlueShield (“Empire”) Commercial plan members.

- Neulasta® & Neulasta Onpro® (pegfilgrastim)
- Fulphila® (pegfilgrastim-jmdb)
- Udenyca® (pegfilgrastim-cbqv)
- Ziextenzo® (pegfilgrastim-bmez)
- Nyvepria™ (pegfilgrastim-apgf)

The review will be administered by AIM Specialty Health® (AIM).

AIM will evaluate the clinical information in the request to the CG-MED-083 policy, or *Site of Care: Specialty Pharmaceuticals*, to determine if the hospital-based outpatient setting is medically necessary for the medication administration. To see the policy and what clinical considerations are taken into account for determination, visit our [Medical Policies and Clinical Guidelines](#) webpage. You may contact AIM to request a peer-to-peer discussion before or after the determination.

The site of care medical necessity review only applies to administration performed in an outpatient hospital setting. This does not apply to requests for review of medication administration performed in a non-hospital setting or as part of an inpatient stay. Reviews also do not apply when Empire is the secondary payer.

Submit a request for review

Starting July 19, 2021, ordering providers may submit prior authorization requests for the hospital outpatient site of care for these medications for dates of service on or after August 1, 2021 to AIM in one of the following ways:

- Access AIM **ProviderPortal**SM directly at providerportal.com. Online access is available 24/7 to process orders in real-time and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web Portal at availability.com
- Call the AIM Contact Center toll-free number: 1-877-430-2288, Monday–Friday, 8:00 a.m.–6:00 p.m. ET.

Please note, this review does not apply to the following plans: BlueCard[®], Federal Employee Program[®] (FEP[®]), Medicaid, Medicare Advantage, Medicare Supplemental plans. Providers can view prior authorization requirements for Empire members on the [Clinical criteria](#) webpage.

Providers should continue to verify eligibility and benefits for all members prior to rendering services.

If you have questions, please call the Provider Service phone number on the member's ID card.

Note: In some plans “level of care” or another term such as “setting” or “place of service” may be the term used in benefit plans, provider contracts or other materials instead of or in addition to “site of care” and in some plans, these terms may be used interchangeably. For simplicity, we will hereafter use “site of care.”

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URL: <https://providernews.empireblue.com/article/update-site-of-care-medical-necessity-reviews-for-long-acting-colony-stimulating-factors-begin-august-1-2021-1>

Interactive bilingual website acting for our health

Published: Apr 1, 2021 - **Products & Programs**

Having the common goal of reaching all Latinos in the US, Anthem, Inc., the Beckman Research Institute of City of Hope, the National Hispanic Medical Association, and Pfizer, Inc., announce the launch of *Tomando Acción por Nuestra Salud/Taking Action for Our Health*, a free interactive bilingual website aimed at eliminating health disparities in the Latino community. The website encourages preventive health screenings for cancer, emotional health, heart health, and prediabetes. It also provides tools to help people care for the emotional health of their families and themselves in the language of their preference.

The interactive website highlights the importance of health screenings, addresses barriers and provides information on access to low and no cost healthcare services in the community. The easy to use website, guides participants through four programs where they can learn about risk factors, take action to get screened, monitor their progress, and share their results with their doctors, health care teams or family and friends to let them know they are taking steps to protect their health and help encourage others to participate as well.

The website is not exclusive for Empire BlueCross BlueShield members. Health care providers are encouraged to share the website with all their Latino patients.

The website identifies four major targets of undue poor health outcomes for Latinos. In response, *Tomando Acción por Nuestra Salud/Taking Action for Our Health* strives to help increase cancer screening, screening for depression/anxiety-risk, heart diseases and prediabetes and provides tools to address emotional health. The website includes a 4-part workshop series “Comparted el Café y el Chocolate/Coffee and Chocolate” to help people care for the emotional health of their family and themselves. This is a program, specifically for Hispanics, that uses a holistic approach to emotional stability. It builds on cultural strengths to balance four key items—community, body, mind, and spirit.

To access *Tomando Acción por Nuestra Salud/Taking Action for Our Health* visit: Taking Action for Our Health.

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URL: <https://providernews.empireblue.com/article/interactive-bilingual-website-acting-for-our-health>

The heath of millennials: Trends in behavioral health conditions

Published: Apr 1, 2021 - **Products & Programs** / Behavioral Health

The Blue Cross Blue Shield Association recently [published an updated study](#) that showed a downward trend in the physical health of millennials (those born between 1981 and 1996) driven largely by behavioral health conditions. There were notable increases in major depression (12%), alcohol use disorder (7%) and tobacco and substance use disorders (5%).

Millennials with behavioral health conditions were at twice the risk of having a chronic physical condition.

The study included the analysis of millennials’ medical claims over a five year period. Those with ongoing behavioral health conditions were twice as likely to have a chronic physical condition as their peers without a behavioral health diagnosis.

Behavioral health conditions driving adverse health for millennials

Condition	Years of Healthy Life Lost	Prevalence Rate per 100, 2018	1-Year Change 2017-2018	5-Year Change 2014-2018
ADHD	1.8	6.9	1%	39%
Tobacco Use Disorder	0.7	5.9	5%	10%
Major Depression	7.8	5.6	12%	43%
Substance Use Disorder	10.2	2.1	5%	17%
Alcohol Use Disorder	10.0	1.6	7%	5%
Psychotic Disorders	15.4	0.9	0%	26%

It’s important to follow-up with your patients - millennial, Gen X, Gen Z or baby boomer, who are prescribed antidepressant medications or who have been hospitalized for mental illness or substance use disorders. Not only will patients have better behavioral health outcomes, their physical health could be significantly impacted as well. Follow these HEDIS® measures for additional guidance in closing the gaps in behavioral health conditions for all ages.

A note about telehealth

NCQA now accepts telehealth codes for behavioral health and some physical health measures. The modifiers 95 and GT are defined as telehealth services rendered via interactive audio and video telecommunications system. CPT Codes 90791-90792, 90832-90834, 90836-90838, 90845, 90847, 98960-98962, 99201-99205, 99212-99215, 99231-99233, 99241-99245, 99251-99255, 99307-99310, 99406-99409 and 99495-99496 may be used for reporting synchronous (real-time) telemedicine services when appended by modifier 95.

AMM - Antidepressant Medication Management (AMM): The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:

- **Effective acute phase treatment.** The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- **Effective continuation phase treatment.** The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

AIM Billing Codes:

- **BH Outpatient CPT:** 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99510 HCPCS: G0155, G0176-G0177, G0409, G0463, H0002, H0004, H0031, H0034-H0037, H0039-H0040, H2000, H2001, H2010-H2011, M0064, T1015
- **Emergency Department CPT:** 99281-99285 UB Rev: 0450-0452, 0456, 0459, 0981
- **Major Depression ICD-10 CM:** F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9
- **Telephone Visits CPT:** 98966-98968, 99441-99443
- **Telephone Modifier Value Set:** 95 GT POS: 02
- **Telehealth:** 90791-90792, 90832-90834, 90836-90838, 90845, 90847, 99201-99205, 99212-99215, 99231-99233, 99241-99245, 99251-99255, 98960-98962
- **Telehealth modifier:** 95 or GT
- **Telehealth POS:** 02

FUH - Follow-up after hospitalization for mental illness (FUH) - The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported:

- *The percentage of discharges for which the member received follow-up within **30 days after discharge**.*
- *The percentage of discharges for which the member received follow-up within **7 days after discharge**.*

The follow-up visits, within 7 days and 30 days after hospitalization can both be telehealth visits. Telephone visits alone do not meet this criterion.

FUH billing codes:

- **Follow-up visits CPT:** 90791-2, 90832-40, 90845, 90847, 90849, 90853, 90875-6, 98960-2, 98966-8, 99078, 99201-5, 99211-5, 99217-23, 99231-3, 99238-9, 99241-5, 99251-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99441-3, 99483, 99495-6, 99510 HCPCS: G0155, G0176-7, G0409, G0463, H0002, H0004, H0031, H0034, H0036-7, H0039-40, H2000, H2010-1, H2013-20, M0064, T1015
- **Mental illness diagnosis codes ICD-10:** F03.9x, F20-F25.xx, F28-F34.xx, F39-F45.xx, F48.xx, F50-F53.xx, F59-F60.xx, F63-F66.xx, F68-F69.xx, F80-F82.xx, F84.xx, F88-F93.xx, F95.xx, F98-F99.xx
- **Telehealth visits:** 90791-90792, 90832-90834, 90836-90838, 90845, 90847, 99201-99205, 99212-99215, 99231-99233, 99241-99245, 99251-99255, 98960-98962
Telehealth modifier: 95 or GT
Telehealth POS: 02

FUM - Follow-up after Emergency Department visit for mental illness (FUM) - The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:

- *The percentage of ED visits for which the member received follow-up within **30 days of the ED visit (31 total days)**.*
- *The percentage of ED visits for which the member received follow-up within **7 days of the ED visit (8 total days)**.*

The follow-up visits, within 7 days and 30 days after hospitalization, can both be telehealth visits. Telephone visits alone do not meet this criterion.

FUM Billing codes:

- **Outpatient follow-up visits CPT:** 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 98960-2, 98966-8, 99078, 99201-5, 99211-5, 99217-23, 99231-3, 99238-9, 99241-5, 99251-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99441-3, 99483, 99495-6, 99510
- **HCPCS:** G0155, G0176-7, G0409, G0463, H0002, H0004, H0031, H0034, H0036-7, H0039-40, H2000, H2010-1, H2013-20, M0064, T1015
- **Mental illness diagnosis codes ICD-10:**9x, F20-25.xx, F28-34. xx, F39-45.xx, F48.xx, F50-53.xx, F59-60.xx, F63-66.xx, F68-69.xx, F80-82.xx, F84.xx, F88-93.xx, F95.xx, F98-99.xx
- **Intentional self-harm diagnosis codes ICD-10 example:**92XA
- **Other visits:** 90791-90792, 90832-90834, 90836-90838, 90845, 90847, 99201-99205, 99212-99215, 99231-99233, 99241-99245, 99251-99255, 98960-98962
- **Telehealth modifier:** 95 or GT
- **Telehealth modifier POS:** 02

FUA - Follow-up after Emergency Department visit for alcohol and other drug abuse or dependence (FUA) - The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD.

Two rates are reported:

- *The percentage of ED visits for which the member received follow-up within **30 days of the ED visit (31 total days).***
- *The percentage of ED visits for which the member received follow-up within **7 days of the ED visit (8 total days).***

The follow-up visits, within 7 days and 30 days after hospitalization, can both be telehealth visits. Telephone visits alone do not meet this criterion.

FUA Billing codes:

- **Initiation, engagement and treatment follow-up visits CPT:** 98960-2, 99078, 99201-5, 99211-5, 99241-5, 99341-50, 99384-7, 99394-7, 99401-4, 99408-9 99411-2, 99483,

99510

Alcohol counseling or other follow-up visits CPT: 99408-9 HCPCS: G0396-7, G0443, H0005, H0007, H0016, H0022, H0050, H2035-6, T1006, T1012 AOD

- **Medication treatment HCPCS:** G2067-77, G2080, G2086-7, H0020, H0033, J0570, J0571-5, J2315, Q9991-2, S0109
- **Substance use disorder diagnosis codes ICD-10:** F10-16.xx, F18-19.xx
- **Telehealth modifier:** 95 or GT
- **Telephone visits:** 98966 - 98968, 99441- 99443
- **Other visits:** 90791-90792, 90832-90834, 90836-90838, 90845, 90847, 99201-99205, 99212-99215, 99231-99233, 99241-99245, 99251-99255, 99408-99409, 98960-98962
- **Telehealth modifier POS:** 02

FUI – Follow-up after high-intensity care for substance use disorder (FUI) - The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:

- *The percentage of visits or discharges for which the member received follow-up for substance use disorder within the **30 days after the visit or discharge.***
- *The percentage of visits or discharges for which the member received follow-up for substance use disorder within the **7 days after the visit or discharge.***

FUI Billing codes:

- **Opioid abuse and dependence ICD-10:**10; F11.120; F11.121; F11.122; F11.129
- **Other drug abuse and dependence ICD-10:**10; F12.120; F12.121; F12.122; F12.129

- **Alcohol abuse and dependence ICD-10:**10; F10.120; F10.121; F10.14; F10.150
- **Telephone visits CPT:** 98966-98968; 99411-99443
- **Online assessments CPT:** 98969-98972; 99421-99423; 99444; 99458
- **IET stand alone visits CPT:** 98960-98962; 99201-99205; 99211-99215

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1Millennial Health: Trends in Behavioral Health Conditions. <https://www.bcbs.com/the-health-of-america/reports/millennial-health-trends-behavioral-health-conditions>

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URL: <https://providernews.empireblue.com/article/the-health-of-millennials-trends-in-behavioral-health-conditions-1>

Correction: Updated formulary lists for commercial health plan pharmacy benefit effective April 1, 2021

Published: Apr 1, 2021 - **Products & Programs** / Pharmacy

In the [February 2021 edition of *Provider News*](#), we announced updates to the formulary lists for Commercial health plans effective April 1, 2021.

Be advised that this is the link to [the correct summary of formulary changes](#). Please disregard the list we published in the February article.

We apologize for any inconvenience this may have caused.

1113-0421-PN-NY

URL: <https://providernews.empireblue.com/article/correction-updated-formulary-lists-for-commercial-health-plan-pharmacy-benefit-effective-april-1-2021-1>

Updates for specialty pharmacy are available

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Prior authorization updates

Effective for dates of service on and after July 1, 2021, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our prior authorization review process.

To access the Clinical Criteria information, click [here](#).

Prior authorization clinical review of non-oncology use of specialty pharmacy drugs is managed by the medical specialty drug review team. Review of specialty pharmacy drugs for oncology use is managed by AIM Specialty Health[®] (AIM).

Clinical Criteria	HCPCS or CPT Code(s)	Drug
*ING-CC-0027	J0897	Xgeva

* Non-oncology use is managed by the medical specialty drug review team.

** Oncology use is managed by AIM.

Quantity Limit Updates

Effective for dates of service on and after July 1, 2021, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our quantity limit review process.

To access the Clinical Criteria information please click [here](#).

Prior authorization clinical review of non-oncology use of specialty pharmacy drugs is managed by the medical specialty drug review team. Review of specialty pharmacy drugs for oncology use is managed by AIM Specialty Health[®] (AIM).

Clinical Criteria	HCPCS or CPT Code(s)	Drug
*ING-CC-0027	J0897	Xgeva

* Non-oncology use is managed by the medical specialty drug review team.

** Oncology use is managed by AIM.

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URL: <https://providernews.empireblue.com/article/updates-for-specialty-pharmacy-are-available-4>

Clinical criteria updates for specialty pharmacy

Published: Apr 1, 2021 - **Products & Programs** / Pharmacy

Empire BlueCross BlueShield's ("Empire") pre-service clinical review of non-oncology specialty pharmacy drugs will be managed by Empire's medical specialty drug review team. Oncology drugs will be managed by AIM Specialty Health (AIM), a separate company.

The following clinical criteria documents were endorsed at the February 19, 2021 clinical criteria meeting. To access the clinical criteria information please click [here](#).

New clinical criteria effective February 25, 2021

The following clinical criteria are new.

- ING-CC-0186 Margenza (margetuximab-cmkb)
- ING-CC-0187 Breyanzi (lisocabtagene maraleucel)

Revised clinical criteria effective February 25, 2021

The following current clinical criteria were revised to expand medical necessity indications or criteria.

- ING-CC-0028 Benlysta (belimumab)
- ING-CC-0094 Pemetrexed Agents (Alimta, Pefexy)

Revised clinical criteria effective February 25, 2021

The following clinical criteria were reviewed with no significant change to the medical necessity indications or criteria.

- ING-CC-0107 Bevacizumab for Non-ophthalmologic Indications
- ING-CC-0167 Rituximab Agents for Oncologic Indications Step Therapy

New clinical criteria effective March 16, 2021

The following clinical criteria are new.

- ING-CC-0189 Amondys 45 (casimersen)
- ING-CC-0190 Nulibry (fosdenopterin)

Revised clinical criteria effective March 23, 2021

The following current clinical criteria were revised to expand medical necessity indications or criteria.

- ING-CC-0033 Xolair (omalizumab)
- ING-CC-0043 Monoclonal Antibodies to Interleukin-5
- ING-CC-0099 Abraxane (paclitaxel protein-bound)
- ING-CC-0119 Yervoy (ipilimumab)
- ING-CC-0125 Opdivo (nivolumab)
- ING-CC-0158 Enhertu (fam-trastuzumab deruxtecan-nxki)

Revised clinical criteria effective March 23, 2021

The following clinical criteria were reviewed with no significant change to the medical necessity indications or criteria.

- ING-CC-0085 Actimmune (interferon gamma-1b)
- ING-CC-0088 Elzonris (tagraxofusp-erzs)
- ING-CC-0089 Mozobil (plerixafor)
- ING-CC-0090 Ixempra (ixabepilone)
- ING-CC-0091 Lartruvo (olaratumab)
- ING-CC-0096 Asparagine Specific Enzymes
- ING-CC-0103 Faslodex (fulvestrant)
- ING-CC-0108 Halaven (eribulin)
- ING-CC-0109 Zaltrap (ziv-aflibercept)
- ING-CC-0110 Perjeta (pertuzumab)
- ING-CC-0112 Xofigo (Radium Ra 223 Dichloride)
- ING-CC-0113 Sylvant (siltuximab)
- ING-CC-0117 Empliciti (elotuzumab)
- ING-CC-0118 Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy (Azedra, Lutathera, Zevalin)
- ING-CC-0120 Kyprolis (carfilzomib)
- ING-CC-0122 Arzerra (ofatumumab)
- ING-CC-0126 Blincyto (blinatumomab)

- ING-CC-0129 Bavencio (avelumab) injection
- ING-CC-0130 Imfinzi (durvalumab)
- ING-CC-0131 Besponsa (inotuzumab ozogamicin)
- ING-CC-0132 Mylotarg (gemtuzumab ozogamicin)
- ING-CC-0135 Melanoma Vaccines
- ING-CC-0140 Zulresso (brexanolone)
- ING-CC-0156 Reblozyl (luspatercept)
- ING-CC-0160 Vyepti (eptinezumab-jjmr)
- ING-CC-0164 Jelmyto (mitomycin gel)

Revised clinical criteria effective April 1, 2021

The following clinical criteria were reviewed with no significant change to the medical necessity indications or criteria.

- ING-CC-0002 Colony Stimulating Factor Agents
- ING-CC-0011 Ocrevus (ocrelizumab)
- ING-CC-0027 Denosumab Agents
- ING-CC-0121 Gazyva (obinutuzumab)

New clinical criteria effective July 1, 2021

The following clinical criteria is new.

- ING-CC-0188 Imcivree (setmelanotide)

Revised clinical criteria effective July 1, 2021

The following current clinical criteria were revised and might result in services that were previously covered but may now be found to be not medically necessary.

- ING-CC-0028 Benlysta (belimumab)
- ING-CC-0033 Xolair (omalizumab)
- ING-CC-0034 Hereditary Angioedema Agents
- ING-CC-0043 Monoclonal Antibodies to Interleukin-5
- ING-CC-0067 Prostacyclin Infusion and Inhalation Therapy
- ING-CC-0075 Rituximab agents for Non-Oncologic Indications

- ING-CC-0086 Spravato (esketamine) Nasal Spray
- ING-CC-0094 Pemetrexed Agents (Alimta, Pemfexy)
- ING-CC-0115 Kadcylla (ado-trastuzumab)
- ING-CC-0119 Yervoy (ipilimumab)
- ING-CC-0123 Cyramza (ramucirumab)
- ING-CC-0125 Opdivo (nivolumab)
- ING-CC-0157 Padcev (enfortumab vedotin-ejfv)

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URL: <https://providernews.empireblue.com/article/clinical-criteria-updates-for-specialty-pharmacy-51>

Pharmacy information available on empireblue.com

Published: Apr 1, 2021 - **Products & Programs** / Pharmacy

For more information on copayment/coinsurance requirements and their applicable drug classes, drug lists and changes, prior authorization criteria, procedures for generic substitution, therapeutic interchange, step therapy or other management methods subject to prescribing decisions, and any other requirements, restrictions, or limitations that apply to using certain drugs, visit [empireblue.com/pharmacyinformation](https://www.empireblue.com/pharmacyinformation). The commercial and marketplace drug lists are posted to the web site quarterly (the first of the month for January, April, July and October).

To locate Marketplace, scroll down to “Select Drug Lists.” This drug list is also reviewed and updated regularly as needed.

FEP Pharmacy updates and other pharmacy related information may be accessed at www.fepblue.org > Pharmacy Benefits.

977-0221-PN-NY

URL: <https://providernews.empireblue.com/article/pharmacy-information-available-on-empirebluecom-18>

Maximizing efficient, high quality COVID-19 screenings

Published: Apr 1, 2021 - Administrative

Identifying the most appropriate COVID-19 testing codes, testing sites and type of test to use can be confusing. The guidance below can make it easier for you to refer your patients to high-quality, lower-cost COVID-19 testing sites, find Empire BlueCross BlueShield (“Empire”) contracted laboratories and identify the proper CPT codes to use.

Contact your Empire representative if you need additional information or visit empireblue.com/coronavirus/providers.

COVID-19 testing coding guidelines

- For a new or established patient, CPT code 99211 would be appropriate if patient is being seen for no other services besides a specimen collection.
- For a patient assessment in addition to a specimen collection it is appropriate to bill the applicable E&M service, CPT codes 99202-99215. Specimen collection is a component of the E&M service and not separately reimbursable. Effective 04/01/2021, CPT codes G2023 and G2024 are appropriate when billed by clinical laboratories only and are not appropriate for provider practices.

Refer patients to empireblue.com/coronavirus to find convenient testing locations

If an Empire member requests a COVID-19 test, you may refer them to empireblue.com or the Sydney Health mobile app to find testing locations near them. Our test-site finder gives members important information about each site, including days and hours of operation, and if they offer:

- Appointments or walk-ins.
- Drive-through service.
- Rapid test results.
- Antibody testing.
- Testing for children.

Send swab tests to Empire-contracted laboratories

When providing COVID-19 molecular testing services to our members, consider utilizing the following additional in-network, high-quality labs to assist in helping to ensure that our members are receiving high value health care.

In-network lab	Telephone	Website
Eurofins NTD	(888) 683-5227	https://www.ntd-eurofins.com/
Eurofins Viracor	(800) 305-5198	https://www.viracor-eurofins.com/test-menu/8300-coronavirus-covid-19-sars-cov-2-rt-pcr/
Eurofins Boston Heart	(877) 425-1252	https://bostonheartdiagnostics.com/
Fulgent	(626) 350-0537	https://www.fulgentgenetics.com/covid19
Invitae	(650) 466-7242	https://www.invitae.com/en/partners/
Gravity		https://gravitydiagnostics.com/covid-19-coronavirus-testing-partners/
Mako Medical Laboratories	(919) 351-6256	https://makomedical.com/
LAB24	(800) 641-0133	https://www.lab24inc.com/corona-virus-home-test-kit
MD Tox Lab	(866) 363-0203	https://www.ihdlab.com

Consider antigen testing when rapid test results are needed

Antigen tests can be a quicker way to detect COVID-19 than nucleic acid amplification tests (NAAT), e.g. PCR. Antigen tests offer a reasonable and lower cost alternative when screening asymptomatic or low-risk patients and may be most useful for individuals within the first five to seven days of symptoms when virus replication is at its highest.

Antigen tests can be used to detect current infection, are relatively easy to use, and most can provide point-of-care testing results. The Centers for Disease Control and Prevention (CDC) notes that proper interpretation of antigen test results (and confirmatory testing with NAAT when indicated) is important for accurate clinical management of patients with suspected COVID-19; more information can be found [here](#).

The CDC notes that when molecular tests are unavailable or rapid turnaround time is needed, antigen tests can generally be used for diagnosis of COVID-19.

Antigen tests are typically less sensitive, and clinicians should interpret negative results carefully. When symptoms are present or a high clinical suspicion exists, negative antigen tests should be confirmed with a molecular test.

When antigen tests are used in symptomatic patients, positive antigen tests can be interpreted as indicative of SARS-CoV-2 infection and do not usually require follow-up testing.

Consider using COVID-19 and flu combination testing when appropriate

According to the CDC, clinicians should consider testing for other causes of respiratory illness, including infections such as influenza, when clinically appropriate.

1099-0421-PN-NY

URL: <https://providernews.empireblue.com/article/maximizing-efficient-high-quality-covid-19-screenings-1>

Keeping up with routine vaccination during COVID-19: Well-child visits and vaccinations are essential services

Published: Apr 1, 2021 - **Administrative**

In May 2020, the Centers for Disease Control (CDC) released a [report](#) that showed a drop in routine childhood vaccinations as a result of COVID-19; a result of stay at home orders and concerns about infection during well-child visits. Both the American Academy of Pediatrics and

the CDC recommend the continuation of routine childhood vaccinations during the COVID-19 pandemic, noting they are essential services.



Fewer childhood vaccines have been given during the COVID-19 pandemic*

To avoid outbreaks of vaccine-preventable diseases and keep children protected, **vaccinations and well-child visits are essential**

*Compared with January-April, 2019

CDC.GOV bit.ly/MMWR5820 MMWR

To encourage well-visits and vaccinations, here are some extra steps you can take, if you haven't already, to make visits as safe as possible for both patients and staff. They include:

- Scheduling sick visits and well-child visits during different times of the day.
- Asking patients to remain outside until it's time for their appointment to reduce the number of people in waiting rooms.
- Offering sick visits and well-child visits in different locations.

It's important to identify those children who have missed immunizations and well-child visits to schedule these essential in-person appointments. To help, the CDC has published [vaccine catch-up guidance](#) on their website.

Important update from The National Committee for Quality Assurance (NCQA)

NCQA stressed the importance of getting childhood immunizations as soon as possible in a recent webinar, citing the impacts from the possible summer COVID-19 vaccine launch for children. Physicians are being advised that children should not receive any other vaccinations two weeks prior to or two weeks after receiving a COVID-19 vaccine. They reemphasized the significance of this delay and suggest that providers administer childhood immunizations as soon as needed through proactively scheduling and preplanning.

Helpful information for keeping babies and children healthy

Childhood Immunization Schedule (CIS) HEDIS® measures require that all children are immunized by the age of two:

- Four DTaP (diphtheria, tetanus and acellular pertussis)
- Three IPV (polio)
- One MMR (measles, mumps, rubella)
- Three Hiba (H influenza type B)
- Three HepB (hepatitis B)
- One VZV (chicken pox)
- Four PCV (pneumococcal conjugate)
- One HepA (hepatitis A)
- Two or Three RV (rotavirus)
- Two Influenza (flu)

Billing codes:

- **MMR** CPT: 90707, 90710 ICD-10-CM: B05.0-4, B05.81, B05.89, B05.9
- **Mumps** ICD-10-CM: B26.0-3, B26.81-85, B26.89, B26.9
- **Rubella** ICD-10-CM: B06.00-02, B06.09, B06.81-82, B06.89, B06.9
- **Rubella** CPT: 90706
- **Rubella antibody** CPT: 86762
- **Hepatitis A (Hep A)** CPT: 90633 ICD-10-CM: B15.0, B15.9
- **Influenza** CPT: 90655, 90657, 90661, 90662, 90673, 90685, 90686, 90687, 90688, 90689
- HCPCS: G0008
- **Rotavirus vaccine (RV)** CPT: 90681 (two-dose) and 90680 (three-dose)

Children should be fully immunized by 13 years of age to meet the Immunization for Adolescents (IMA) HEDIS® measure:

- 1 Meningococcal vaccine (MCV) injection between 11 to 13 years of age
- 1 Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap/Td) between 10 to 13 years of age
- 2 or 3 HPV vaccines between 9 to 13 years of age

Billing Codes:

- **Meningococcal** CPT: 90734
- **Tdap** CPT: 90715
- **HPV** CPT: 90649, 90650, 90651

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

For a complete list of HEDIS® measures, descriptions and coding tips, visit empireblue.com.

1080-0421-PN-NY

URL: <https://providernews.empireblue.com/article/keeping-up-with-routine-vaccination-during-covid-19-well-child-visits-and-vaccinations-are-essential-services-1>

Does your practice offer telehealth services? Let us know!

Published: Apr 1, 2021 - **Administrative**

Beginning in April 2021, our online directories will identify professional providers who offer telehealth services in their practice.

We encourage providers to utilize the online Provider Maintenance Form to notify us about your telehealth services and we will add a telehealth indicator to your online provider directory profile.

Visit empireblue.com to locate the [Provider Maintenance Form](#). Please contact Provider Services if you have any questions.

1003-0421-PN-NY

URL: <https://providernews.empireblue.com/article/does-your-practice-offer-telehealth-services-let-us-know-1>

Join Empire in talking about racism and its impact on health

Published: Apr 1, 2021 - Administrative

Healthcare and mental healthcare professionals have a vital role in identifying, treating, and addressing racial trauma and injustice, moving our communities towards racial equity, and improving the health and wellbeing of all Americans.

We can impact the injustice of racism together.

Empire BlueCross BlueShield (“Empire”) has partnered with [Motivo*](#), the first HIPAA-compliant digital platform that connects mental health therapists and clinical supervisors, to take on the challenge of facilitating conversations on racial injustice, trauma, and inequality among our providers and associates.

We are hosting Racial Equity forums on a quarterly basis to keep the conversation going. Please register for the next forum, Deconstructing Bias, to learn more about the impact of racism on healthcare and the people we serve, and what we can do about it.

In Pursuit of Racial Equity: Deconstructing Bias

Wednesday, June 9th, 2021

4:00 pm – 5:30 pm Eastern, (1:00 pm – 2:30 pm Pacific)

[Register today!](#)

Our racial equity forums focus on:

- Exploring how racism takes shape in healthcare.
- Discussing how to identify racism in your practice and how to be an ally to your patients.
- Understanding the impact of prolonged exposure to racism on people of .

- Providing you with actionable resources to put an end to racism in your practice.

Since October 2020, Empire has sponsored two virtual forums featuring healthcare professionals from Empire and Motivo: [Racial Trauma in America](#) and [The Road to Allyship: Playing Your Part in Racial Equity](#).

We know we are on the right track because the racial equity forum participants say so.

- 90% received meaningful information about the influence that racism and white privilege may have on their perspectives and gained an understanding on what actions they can take to make a difference and be an ally.
- 86% obtained useful information and resources that will enhance their ability to serve patients.
- 75% agreed that the forum helped them understand a different perspective.
- 76% had some of their perspectives and beliefs challenged.

Systematic racism is a part of today's healthcare system.

- US physicians underestimate the pain level of Black patients 47% of the time vs. 33.5% of the time for white patients ([PNAS](#)).
- Black women die from pregnancy or childbirth 243% more often than white women ([CDC](#)).

The first step to addressing racism is to recognize its existence, subtle or otherwise.

These conversations can be uncomfortable, but this is how you can do something about racial injustice now.

At Empire, we are determined to reduce racism in our communities with your support and participation.

*Motivo is an independent company providing a virtual forum on behalf of Empire.

1089-0421-PN-NY

URL: <https://providernews.empireblue.com/article/join-empire-in-talking-about-racism-and-its-impact-on-health>

Reminder: Site of care medical necessity reviews for a wide range of surgical procedures began January 1, 2021

Published: Apr 1, 2021 - Administrative

Submit a request for review to AIM

As communicated in the [October 2020 Newsletter](#), ordering providers may submit prior authorization requests for the hospital outpatient site of care for applicable procedures for dates of service on or after **January 1, 2021** to AIM in one of the following ways:

- Access AIM's **ProviderPortalSM** at providerportal.com. Online access is available 24/7 to process orders in real-time and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web portal at availity.com.
- Call the AIM Contact Center toll-free at 1-877-430-2288, Monday–Friday, 8:00 a.m.–6:00 p.m. ET.

AIM will offer webinars to provide information on navigating the AIM ProviderPortal. For more information visit: aimproviders.com/surgical_procedures

Providers should always use the Empire BlueCross BlueShield (“Empire”) assigned member ID number and continue to verify eligibility and benefits for all members prior to rendering services.

The AIM reviews apply to local fully insured Empire members and any member covered under self-insured (ASO) benefit plans with services medically managed by AIM; to include the City of NY.

They do not apply to BlueCard®, Medicare Advantage, Medicaid, Medicare Supplement, Federal Employee Program® (FEP®) or ASO benefit plans where services are not medically managed by AIM. Providers can view specific guidelines and prior authorization requirements for Empire members on the [Prior Authorization](#) page of our empireblue.com/provider.

If you have questions, please call the Provider Service phone number on the back of the member's ID card.

1035-0421-PN-NY

State of Connecticut employer group and Connecticut partnership plan



Published: Apr 1, 2021 - **Administrative**

Effective October 1, 2020 Anthem became the sole medical carrier for the State of Connecticut Employer Group and the Connecticut Partnership Plan.

Members with the **State BlueCare** plans listed below **have out of area privileges and can be seen by New York Empire BlueCross BlueShield (“Empire”) providers** who are participating in the Empire HMO and/or Traditional network. Please see blank suitcase in the sample ID card below which indicates their national out of area privileges. These members should be considered BlueCard eligible members and claims submission should follow those rules. The majority of State and Partnership members have a BlueCare plan.

Members with the State Preferred plan (only) will use the PPO network and submit through BlueCard.

Network Name	Product Type	State of Connecticut	State Partnership Plan
State Preferred	PPO	XGS	
State BlueCare	HMO - Point of Service (PCP referral not required)	XGR	SHP
State BlueCare	HMO - Point of Enrollment (PCP referral not required)	XGT	
State BlueCare	HMO - Point of Enrollment (PCP referral required)	XGL	
State BlueCare Prime (Narrow Network)	HMO (PCP referral required) NOT A TIERED PLAN	X6G	


Anthem  


MEMBER NAME

Member ID:
ABC00000000

Group No: **000000000** STATE OF CONNECTICUT
Plan Code: **062** HMO
RxBIN: **XXXXXX** STATE BLUECARE POE, HEP \$0/\$15
RxPCN: **XX**
RxGRP: **XXXX**

Coverage(s):
Medical
Pharmacy Services (provided by CVS)



Anthem 

anthem.com
carecompass.ct.gov

HEALTH NAVIGATOR: Your first and central point of contact for all benefits questions: 1-XXX-XXX-XXXX or use the CareCompass website listed on this card.

Primary Care Physician (PCP) selection is important. PCP referrals are not required to receive care from a specialist.


PROVIDERS: File claims with your local Blue Cross and/or Blue Shield Plan.

MEDICAL CLAIMS & INQUIRIES:
PO BOX 533 NORTH HAVEN CT 06473

In Connecticut, Anthem Blue Cross and Blue Shield is the trade name for Anthem Health Plans, Inc. Independent licensees of the Blue Cross and Blue Shield Association.

Anthem Blue Cross and Blue Shield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.


01-01-20xx


Anthem 

MEMBER NAME

Member ID:
ABC00000000

Group No: **000000000** STATE OF CT PARTNERSHIP PLAN
Plan Code: **062** HMO
Coverage(s): STATE BLUECARE POS, HEP \$0/\$15
Medical



Anthem 

anthem.com

HEALTH NAVIGATOR: Notify us before any planned admission or within two business days after an emergency admission. Please include Member Name and Identification Number on all inquiries. Possession of this card does not guarantee eligibility for benefits.

Primary Care Physician (PCP) selection is important. PCP referrals are not required to receive care from a specialist.

PROVIDERS: File claims with your local Blue Cross and/or Blue Shield Plan.

MEDICAL CLAIMS & INQUIRIES:
PO BOX 533 NORTH HAVEN CT 06473

In Connecticut, Anthem Blue Cross and Blue Shield is the trade name for Anthem Health Plans, Inc. Independent licensees of the Blue Cross and Blue Shield Association.

Anthem Blue Cross and Blue Shield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

01-01-20xx

1044-0421-PN-NY

URL: <https://providernews.empireblue.com/article/state-of-connecticut-employer-group-and-connecticut-partnership-plan>

Updated provider agreement

Published: Apr 1, 2021 - **Administrative**

Empire BlueCross BlueShield (“Empire”) is committed to continuous improvement to meet the ever-changing needs of the health care industry. To move toward standardization of contract language as the result of a recent move to a new contract management system, you may receive an updated Participating Provider Agreement later this month if your individual participation with Empire began prior to January 1, 2016.

What is the impact of this change?

Please note there are no changes to billing procedures, reimbursements, lines of business or networks that you currently participate in as a network provider. In addition, the new Agreement does not alter your original effective date of participation, but it does replace your old participating provider agreement with us.

What do I need to do?

In order for your participation in our network to continue unaffected, please review, sign and return the signature page(s) along with the lobbying and disclosure statements (if applicable) to Empire via email at recontracting@empireblue.com.

If you are unable to return via the preferred method above, please either fax or mail to the addresses below

Fax: 1-855-841-4618

Mail: Empire BlueCross BlueShield
9 Pine Street, 21st Floor
New York, NY 10005

If you have any questions or concerns, please contact us as above within 30 days following receipt of this *Agreement*.

1045-0421-PN-NY

URL: <https://providernews.empireblue.com/article/updated-provider-agreement>

New utilization management tool now available on Availity Payer Spaces: Authorization Rules Lookup tool

Published: Apr 1, 2021 - Administrative

In March we introduced our new **Authorization Rules Lookup tool** that you can access through Availity Payer Spaces. This new self-service application displays prior authorization rules so you can quickly verify if outpatient services require prior authorization for members enrolled in Empire BlueCross BlueShield's ("Empire") commercial plans.

In addition to verifying whether an outpatient authorization is needed, the tool provides the following details that apply to the procedure code:

- Medical Policies and Clinical Guidelines
- Third Party Guidelines, if applicable (such as AIM Specialty Health, Inferior)

Steps to access the Authorization Lookup application through Availity Payer Spaces

Access to the tool does not require an Availity role assignment.

1. Select **Payer Spaces**
2. Select the **Empire BlueCross BlueShield** tile from the Payer Spaces menu
3. Select the **Applications** tab
4. Select the **Authorization Rules Lookup** tile

Once you are in the tool you will need to provide the following information to display the service's prior authorization rules:

- Tax ID
- National Provider Identifier (NPI)
- Member ID and birth date
- Member's Group number **or** Contract Code (*This information can be found on the member's ID card or through the Eligibility & Benefits return on the Patient Information tab*)

- CPT/HCPCS code

Give this new tool a try and discover how much this will improve the efficiency of your authorization process.

Please note: If a prior authorization is required for outpatient services, you can submit the case through Interactive Care Reviewer Empire's online authorization tool which you can also access through the Availity Portal.

1058-0421-PN-NY

URL: <https://providernews.empireblue.com/article/new-utilization-management-tool-now-available-on-availity-payer-spaces-authorization-rules-lookup-tool-4>

Payer Spaces - Education and Reference Center has been replaced by Information Center

Published: Apr 1, 2021 - **Administrative**

The **Information Center** is replacing the Education and Reference Center application in Payer Spaces on the Availity Portal. There you'll find important policies, forms and helpful resources.

If you're looking for specific education materials, we invite you to visit the Custom Learning Center in Availity, which was designed to offer education/training content and to be a learning environment. Content previously posted in the Communication & Education tab have now migrated there. Find the Custom Learning Center tool in Payer Spaces > Applications > Access the Custom Learning Center.

Locate the **Information Center** in Payer Spaces. Depending on your market, the **Information Center** contains several sections:

- Administrative Support
- Behavioral Health
- Clinical Resources
- Medicaid
- Medicare
- Federal Employee Program (FEP)

To view content in both valuable tools, visit Payer Spaces today.

1060-0421-PN-NY

URL: <https://providernews.empireblue.com/article/payer-spaces-education-and-reference-center-has-been-replaced-by-information-center>

Understanding Availity Roles for Electronic Data Interchange (EDI)

Published: Apr 1, 2021 - **Administrative**

Did you know your Availity administrator for your organization is the key to opening doors to self-service transaction roles such as EDI? A **role** is a group of job functions, also known as permissions. Each role consists of one or more permissions. Assigning roles is part of the process when you add a new Availity user with the **Add User** feature.

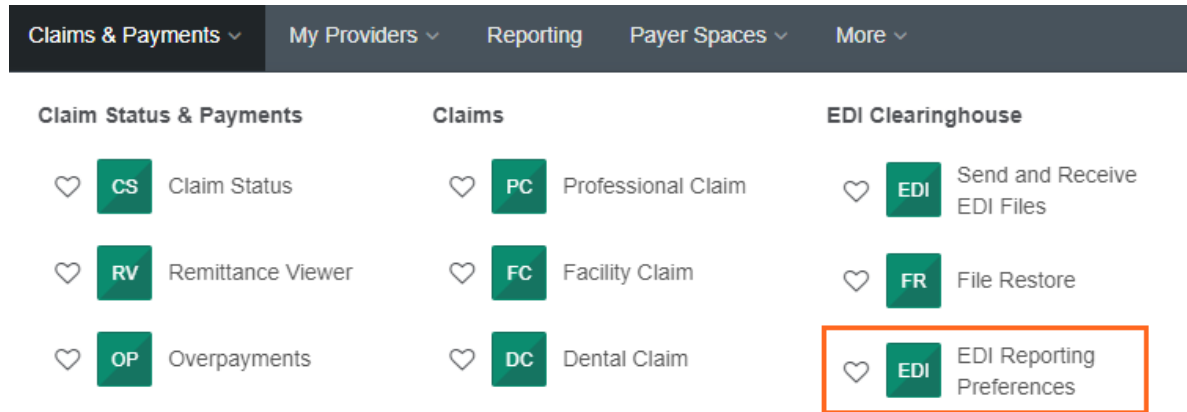
What EDI roles do I need?

EDI Management - This role consists of the following permissions available under EDI File Management in the Availity menu:

- **EDI reporting preferences**– Specify the EDI batch report files you want users at your organization to receive, along with file formats and other reporting preferences.
- **EDI send and receive files**– Review EDI batch report files for batch files submitted using Availity's EDI File Management feature. In addition, review payer responses to Availity Web-based claim forms submitted to payers that process claims in batches.
- **File restore**– Restore archived EDI files to your **Receive Files**

Set up EDI reporting preferences

Availity's batch EDI processing generates response files for each batch file that you submit. The administrator for an organization can set reporting preferences that specify which response files are generated. In the Availity Portal menu, click **Claims & Payments > EDI reporting preferences**.



Enroll for the Direct Data Entry Transaction

You must be assigned the Claims role to submit professional claims or encounters. If you cannot access the claim form, contact your administrator to assign the Claims role to you. Submit transactions through manual data entry in Availity Portal. In the Availity Portal menu, click **Claims & Payments > Professional Claim/Facility Claim/Dental Claim < Confirm** which organization and payer you would like to submit claims for and continue to complete the fields to be directed to the **simple and time saving** claim form to enter claim information.

Need More Help?

The EDI Connection Services Startup Guide is a helpful resource to help you get started, set up your EDI reporting preferences and submit transactions through manual data entry in Availity Portal.

Contact Availity

- Select **Help & Training > Get Trained** to display the Availity Learning Center (ALC) in a new browser tab. Search the catalog to locate and enroll in courses. Based on your needs.
- Select **Help & Training > Find Help** to display Availity Help in a new browser window. Use Contents to display topics. Depending on your needs, consider exploring these topics:

- Administrator
 - Claim Submission
 - Electronic Data Interchange (EDI)
 - Glossary
-
- Select **Help & Training > Availity Support** to:
 - Open a ticket to request support
 - Get support via Chat

1061-0421-PN-NY

URL: <https://providernews.empireblue.com/article/understanding-availity-roles-for-electronic-data-interchange-edi-1>

Make the change to digital authorization/referral and hospital admission notifications using EDI

Published: Apr 1, 2021 - **Administrative**

Empire BlueCross BlueShield (“Empire”) and Availity are excited to announce the Prior Authorization/Referrals 278 and Inpatient Admission and Discharge Notification 278N 5010 transactions functionality.

Authorization and Referral Request (278)

Use this transaction to electronically submit authorization and referral requests. You have the option to transmit this transaction in real-time or batch mode, and you will receive confirmation numbers to validate receipt of request.

- An authorization is a review and approval of specific services
- A referral is used to refer a patient to a specialty provider

Hospital admission notification (278N)

Use this transaction to electronically submit **hospital admission notifications between your facility and health plan**. The EDI 278N is the easiest, most efficient way to communicate facility admissions. Just like the 278, you can also transmit in either batch or real-time format which includes the ability to update a previously submitted date.

What are your benefits for using these transactions?

- Streamline administrative tasks and increase productivity
- Reduce administrative costs through automation
- Increase data accuracy by reducing manual errors
- Confirm a notification of admission is on file in the form of a service reference number that is generated upon registration
- Submit notification of discharge
- Accomplish more with less – fewer phone calls, faxes or keying

Getting started

- If you use a clearinghouse or vendor work with them to ensure they have the capability to exchange these transactions.
- If you use practice management software have your Availity administrator use the following path to enroll:
 - **My Providers > Enrollment Center > Transaction Enrollment**

Useful documents

- [Availity EDI Companion Guide](#) communicates Availity-specific requirements and other information that supplements requirements and information already provided in standard EDI and HIPAA communications.
- Empire specific companion guide communicates requirements for submitting these transactions. These are located on the company website at - ([anthem.com/edi](https://www.anthem.com/edi)) (www.empireblue.com/edi) (www.unicare.com)
- The [Availity Quick Start Guide](#) will assist you with any EDI connection questions you might have.

If you need assistance, contact Availity Client Services at 1-800-Availity (1-800-282-4548), Monday through Friday 8 a.m. to 8 p.m. Eastern Time.

1082-0421-PN-NY

URL: <https://providernews.empireblue.com/article/make-the-change-to-digital-authorizationreferral-and-hospital-admission-notifications-using-edi-1>

Submit appeals for clinically denied appeals via ICR

Published: Apr 1, 2021 - **Administrative**

Empire BlueCross BlueShield (“Empire”) is committed to reducing cost while improving health outcomes. To that end, effective April 1, 2021 Empire will be changing how you submit Appeals for all clinically denied appeals related to commercial business.

Submission through Interactive Care Reviewer (ICR) allows you to request a clinical appeal for denied authorizations. Now instead of making a phone call or sending a fax you can save time making your request online! This feature is available for authorization requests that were submitted through ICR, phone or fax. **It’s as easy as 1,2,3!**

Here’s how easy it is to request a clinical appeal using ICR:

Logon to ICR from the Availity Portal and locate the case from ICR’s dashboard - **My Organization Requests** or through **Check Case Status** if the case was submitted by phone or fax.

- Select the **Request Tracking ID** link to open the case. If the case is eligible for an appeal you will see the **Request Appeal** menu option on the **Case Overview**
- Select **Request Appeal** to open the **Appeal Details** screen and complete the required fields on the appeal template. (You also have the option of uploading attachments and images to support your request.)
- Select Submit.

Want to check the status of your clinical appeal?

The Check Appeal Status feature was added to ICR in December 2018.

- Select **Check Appeal Status** from the ICR top menu bar.
- Type the **Appeal Case ID** and **Member ID** in the allocated fields (do not include the alpha/numeric prefix).
- Select **Submit**.
- The appeal status and detail of the decision will open on the bottom of the screen. Additionally, you will be able to access letters associated with the appeal.

You can still initiate an appeal by calling or writing to the Empire Medical Management Appeals:

Call 1- 800-634-5605, 8:30 a.m. to 5:00 p.m. EST, Monday – Friday,

Or

Writing to:

Grievance and Appeals Department

PO Box 5063

Middletown, New York 10940

Or

Retro-Service Appeal Fax # (877) 278-2163

Pre-Service Appeal Fax # (888) 694-1545

For all fax and mail in appeal requests, the [Provider Clinical Appeal Request](#) cover sheet must be filled out and sent in the with the appeal.

Providers submitting Appeals on behalf of a patient must have a [Designation of Representation \(DOR\) form](#) signed by the patient and submitted with this request if not already submitted.

Definition	
Expedited Appeal:	<p>An Appeal of a review of continued or extended health care services, additional services rendered in the course of continued treatment, home health care services following discharge from an inpatient Hospital admission, services in which a Provider requests an immediate review, mental health and/or substance use disorder services that may be subject to a court order, or any other urgent matter.</p> <ul style="list-style-type: none"> · If your request does not meet the definition of an expedited appeal, it will follow the standard appeal timeframes.

For your claim payment grievance to be processed, the following information should be included:

- A description of why you believe the claim was not processed correctly (e.g., underpayment; incorrect payment)
- Member Name
- Member ID Number with Prefix
- Date of Service
- Provider Name, NPI and Tax ID Number
- Any other relevant info (EOB, etc.)

Upon receipt of a claim payment grievance and supporting documentation, we will make reasonable efforts to issue a decision within 30 days.

If you submit your request for a claim payment grievance after the 180-day timeframe has expired, you will have waived your right to file a claim payment grievance with Empire. Empire will not accept any grievance requests after 180 days nor make any claim payment adjustments if a grievance is not submitted timely.

Please note: The above relates to the provider's ability to dispute the payment of a claim that does not involve medical necessity. There is a separate process for member grievances and/or appeals as outlined under their benefit plan and further clarified in this manual.

1097-0421-PN-NY

URL: <https://providernews.empireblue.com/article/submit-appeals-for-clinically-denied-appeals-via-icr>

Article Attachments

[Provider Clinical Appeal.pdf](#)

application/pdf - 138.94 KB

[Designation of Representative.pdf](#)

application/pdf - 156.62 KB

Attention facilities: Sending admission, discharge and transfer data to Empire results in improved care management for patients

Published: Apr 1, 2021 - **Administrative**

The Centers for Medicare & Medicaid Services (CMS) has issued [an Interoperability and Patient Access Policy](#) to reduce the burden of certain administrative processes. The CMS policy requires providers to implement Application Programming Interfaces (APIs) to improve the electronic exchange of healthcare data between patient, provider and payer. The policy reiterates, that in partnership with the Office of the National Coordinator for Health Information (ONC), CMS has identified Health Level 7[®] (HL7) as the foundational standard to support data exchange via secure API. Implementation of this CMS mandate is expected by July 1, 2021.

Empire BlueCross BlueShield's ("Empire") Clinical Data Acquisition Group has integrated Admission, Discharge and Transfer (ADT) data from facility providers, health information exchanges and third-party aggregators. ADT data exchange can help Empire:

- Better support members with care coordination and discharge planning – leading to healthier outcomes for our members – your patients.
- Proactively manage care transitions to avoid waste.
- Close care gaps and educate members about appropriate care settings to better manage out-of-pocket expenses.

Empire would like to digitally exchange HLT ADT messaging data for our members using secure data collection and transmission capabilities currently in use by facility systems. Facilities with network connections through vendors or health information exchanges can integrate ADT data with Empire through these channels as well. Near real time HL7 ADT messaging data, or at least within 24-hours of admission, discharge or transfer, enables Empire to most effectively manage care transitions.

Contact the Clinical Data and Analytics team to get started today.

Email: ADT_Intake@Anthem.com

1081-0421-PN-NY

URL: <https://providernews.empireblue.com/article/attention-facilities-sending-admission-discharge-and-transfer-data-to-empire-results-in-improved-care-management-for-patients>

Chat directly with a prior authorization specialist

Published: Apr 1, 2021 - **Administrative**

The fast, easy way to have your questions answered

If you have questions about prior authorizations (PA), you now have a new option to have them answered quickly and easily. With EmpireChat, providers can have a real-time, online discussion with a PA specialist.

- Faster access to PA provider services experts
- Real-time answers to your questions about PA and live help for submissions, like the call experience
- Access to denial information and clinical team for resolution
- The same high level of safety and security you have come to expect with Empire

Chat is one example of how Empire is using digital technology to improve the healthcare experience, with a goal to save you valuable time. To start, access the service through *Payer Spaces* on [Availity](#).

To access chat: log on to Availity at www.Availity.com. Select *Payer Spaces* then select the health plan. Once in *Payer Spaces*, select the *Chat with Payer* box from *Applications*.

1092-0421-PN-NY

URL: <https://providernews.empireblue.com/article/chat-directly-with-a-prior-authorization-specialist-1>

Update for commercial providers regarding the AIM Sleep Program CPT Code E1399, NOC: Durable medical equipment, miscellaneous

Published: Apr 1, 2021 - **Policy Updates** / Medical Policy & Clinical Guidelines

CPT Code E1399 is not an appropriate billable code for CPAP/APAP/BiPAP. When Providers are requesting *CPAP/APAP/BIPAP*, please do **NOT** use a NOC code, use the specific appropriate code for each of these devices. **E1399 will no longer be part of AIM's Sleep Therapy program as of 4/1/21 and should not be submitted to AIM for review for CPAP/APAP/BiPAP.**

1051-0421-PN-NY

URL: <https://providernews.empireblue.com/article/update-for-commercial-providers-regarding-the-aim-sleep-program-cpt-code-e1399-noc-durable-medical-equipment-miscellaneous-1>

MCG Care Guidelines 25th Edition

Published: Apr 1, 2021 - **Policy Updates** / Medical Policy & Clinical Guidelines

Effective July 1, 2021, we will upgrade to the 25th edition of MCG care guidelines for the following modules: Inpatient & Surgical Care (ISC), General Recovery Care (GRC), Chronic

Care (CC), Recovery Facility Care (RFC), and Behavioral Health Care (BHC). The below tables highlight new guidelines and changes that may be considered more restrictive.

Please note: The Behavioral Health guideline changes and Behavioral Health customization for the 25th edition only apply to the NY National Integrated Health Model accounts.

Goal Length of Stay (GLOS) for Inpatient & Surgical Care (ISC)

Guideline	MCG Code	24th Edition GLOS	25th Edition GLOS
Aortic Coarctation, Angioplasty	S-152	Ambulatory or 1 day postoperative	Ambulatory
Cardiac Septal Defect: Atrial, Transcatheter Closure	W0016	Ambulatory or 1 day postoperative	Ambulatory
Esophageal Diverticulectomy, Endoscopic	S-445	Ambulatory or 1 day postoperative	Ambulatory
Gastrectomy, Partial - Billroth I or II	S-510	4 or 6 days postoperative	5 days postoperative
Hernia Repair (Non-Hiatal)	S-1305	Ambulatory or 1 day postoperative	Ambulatory
Pancreatectomy	S-1200	5 or 7 days postoperative	6 days postoperative
Pyloroplasty and Vagotomy	S-990	4 or 6 days postoperative	4 days postoperative
Cervical Laminectomy	W0097	2 days postoperative	Ambulatory or 2 days postoperative
Lumbar Discectomy, Foraminotomy, or Laminotomy	W0091	Ambulatory or 1 day postoperative	Ambulatory
Removal of Posterior Spinal Instrumentation	S-530	1 day postoperative	Ambulatory or 1 day postoperative
Shoulder Hemiarthroplasty	W0138	1 day postoperative	Ambulatory or 1 day postoperative

Spine, Scoliosis, Posterior Instrumentation, Pediatric	W0156	4 days postoperative	3 days postoperative
Bladder Resection: Cystectomy with Urinary Diversion, Conduit or Continent	S-190	5 or 6 days postoperative	5 days postoperative
Prostatectomy, Transurethral Resection (TURP)	S-970	Ambulatory or 1 day postoperative	Ambulatory
Urethroplasty	S-1172	Ambulatory or 1 day postoperative	Ambulatory

New Guidelines for Behavioral Health Care (BHC) and Recovery Facility Care (RFC)

Body System	Guideline Title	MCG - Code
Withdrawal Management	Withdrawal Management, Adult: Inpatient Care	B-031-IP
Withdrawal Management	Withdrawal Management, Adult: Intensive Outpatient Program	B-031-IOP
Withdrawal Management	Withdrawal Management, Adult: Outpatient Care	B-031-AOP
Withdrawal Management	Withdrawal Management, Adult: Partial Hospital Program	B-031-PHP
Withdrawal Management	Withdrawal Management, Adult: Residential Care	B-031-RES
Cardiology	Hypertension	M-5197
Cardiology	Peripheral Vascular Disease (PVD)	M-7087
Nephrology	Rhabdomyolysis	M-7095
Nephrology	Encephalopathy	M-7100
Thoracic Surgery	Rib Fracture	M-5545

Empire customizations to MCG care guideline 25th edition

Effective July 1, 2021, the following MCG care guideline 25th edition customizations will be implemented.

- Transcranial Magnetic Stimulation, W0174 (previously ORG: B-801-T) - Revised Clinical Indications for Procedure and added the following:
 - Need for acute TMS treatment, up to 6 weeks
 - Acute treatment course needed as indicated by (a) Initial course of treatment for major depressive disorder (severe), or (b) Relapse of symptoms after remission
 - Continuation of acute treatment, up to 6 months
 - TMS is considered not medically necessary for all other indications not listed above, including but not limited to, the following:
 - Maintenance TMS treatment
 - Continuation of acute TMS treatment for longer than 6 months
 - TMS treatment of conditions other than major depressive disorder (severe), including but not limited to, the following: Alzheimer's disease, Anxiety disorders,

Bipolar depression, Neurodevelopmental disorders, Obsessive-compulsive disorder, Peripartum depression, Post-traumatic stress disorder, Substance use disorders, Tourette's syndrome.

To view a detailed summary of customizations click on this [link](#), scroll down to other criteria section and select Customizations to MCG Care Guidelines 25th Edition.

For questions, please contact the provider service number on the back of the member's ID card.

1045-0421-PN-NY

URL: <https://providernews.empireblue.com/article/mcg-care-guidelines-25th-edition-1>

Claims editing update for ICD-10-CM Excludes 1 notes

Published: Apr 1, 2021 - **Policy Updates** / Reimbursement Policies

Beginning with dates of service on or after April 1, 2021 Empire BlueCross BlueShield (“Empire”) will be implementing revised claims editing logic tied to Excludes 1 notes from ICD-10-CM 2020 coding guidelines. To help ensure the accurate processing of claims, use ICD-10-CM Coding Guidelines when selecting the most appropriate diagnosis for member encounters. Please remember to code to the highest level of specificity. For example, if there is an indication at the Category level that a code can be billed with another range of codes, it is imperative to look for Excludes 1 notes that may prohibit billing a specific code combination.

For assistance in determining proper coding guidance, the following site should be helpful: <https://www.cdc.gov/nchs/icd/icd10cm.htm>

One of the unique attributes of the ICD-10 code set and coding conventions is the concept of Excludes 1 notes. An Excludes 1 note indicates that the excluded code identified in the note should not be billed with the code or code range listed above the Excludes 1 note. These notes appear below the affected codes – if the note appears under the Category (first three characters of a code), it applies to the entire series of codes within that category. If the Excludes 1 note appears beneath a specific code (3, 4, 5, 6 or 7 characters in length) then it applies only to that specific code

- Reporting Z01.419 with Z12.4
 - Z01.41X (encounter GYN exam w/out abnormal findings) has an Excludes 1 note below that includes Z12.4.
 - Z12.4 (encounter for screening malignant neoplasm cervix)
- Reporting Z79.891 with F11.2X
 - Z79.891 (long-term use of Opiates) has an Excludes 1 note after it for F11.2X. F11.2X (Opioid dependence)
- Reporting M54.2 with M50.XX
 - M54.2 (Cervicalgia) has an Excludes 1 note below it for M50.XX (cervicalgia due to intervertebral disc disorder)
- Reporting M54.5 with S39.012X and/or M54.4x
 - M54.5 (low back pain) has an Excludes 1 note below it which includes; S93.012X (strain of muscle, fascia and tendon of lower back), M54.4X (low back pain) M51.2X (lumbago due to intervertebral disc disorder)
- Reporting J03.XX with J02.XX, J35.1, J36, J02.9
 - J03.XX (Acute tonsillitis) has an Excludes 1 note below it which includes; J02.- (acute sore throat), J35.1 (hypertrophy of tonsils), J36 (Peritonsillar abscess)
- Reporting N89 with R87.62X, D07.2, R87.623, N76.XX, N95.2, A59.00
 - N89 (Other inflammatory disorders of the vagina) has an Excludes 1 note below the category for

- R87.62X (abnormal results from vaginal cytological exam), D07.2 (vaginal intraepithelial neoplasia),
- R87.623 (HGSIL of vagina), N76.XX inflammation of the vagina), N95.2 (senile [atrophic] vaginitis),
- A59.00 (trichomonal leukorrhea)

Finally, if you believe an Excludes1 note denial is incorrect, please consult the ICD-10-CM codebook to verify appropriate use of the billed codes and provide supporting documentation through the normal dispute process as to why the billed diagnoses codes are appropriately used together.

1036-0421-PN-NY

URL: <https://providernews.empireblue.com/article/claims-editing-update-for-icd-10-cm-excludes-1-notes-4>

HEDIS 2021 Federal Employee Program® medical record request requirements

Published: Apr 1, 2021 - **State & Federal** / Federal Employee Plan (FEP)

Reveleer is the contracted vendor to gather member medical records on behalf of the Blue Cross and Blue Shield Federal Employee Program. We value the relationship with our providers and ask that you respond to the detailed requests in support of risk adjustment, HEDIS and other government required activities within the requested timeframe. Reveleer will work with you to obtain records via fax, mail, remote electronic medical record (EMR) access, or onsite scanning/EMR download (as necessary). We ask that you please promptly comply within **five (5) business days** of the record requests. If you have any questions, you can reach a Reveleer representative by calling 855-454-6182 or contact Ify Ifezulike with Blue Cross Blue Shield Federal Employee Program at (202) 626-4839.

1091-0421-PN-NY

URL: <https://providernews.empireblue.com/article/hedis-2021-federal-employee-program-medical-record-request-requirements-1>

Keep up with Medicaid news

Published: Apr 1, 2021 - **State & Federal** / Medicaid

Please continue to check Medicaid Provider Communications & updates at www.empireblue.com/nymedicaidoc for the latest Medicaid information, including:

- [Something new happening at Empire BlueCross BlueShield HealthPlus](#)
- [Prior authorization updates for specialty pharmacy – effective April 1, 2021](#)
- [Iron Infusion Medical Step Therapy Notice](#)
- [HIV medication combinations requiring prior authorization](#)
- [November 2020 Medical Policies and Utilization Management Guidelines update](#)
- [Prior authorization required for specialty pharmacy drugs – effective May 1, 2021](#)
- [Clinical Criteria Updates Notification November 2020](#)
- [Clinical Criteria Updates Notification December 2020](#)

URL: <https://providernews.empireblue.com/article/keep-up-with-medicaid-news-58>

Notify us of telehealth services

Published: Apr 1, 2021 - **State & Federal** / Medicare

Does your practice offer telehealth services? Let us know!

Beginning in April 2021, our online directories will identify professional providers who offer telehealth services in their practice.

We encourage providers to use the online *Provider Maintenance Form* to notify us about your telehealth services, and we will add a telehealth indicator to your online provider directory profile.

Visit <https://www.empireblue.com/medicareprovider> to locate the *Provider Maintenance Form*. Please contact Provider Services if you have any questions.

EBSCRNU-0155-21 February 2021
517283MUPENMUB

In-office assessment program

Published: Apr 1, 2021 - **State & Federal** / Medicare

Welcome to the 2021 In-Office Assessment (IOA) program. The IOA program is designed to help providers ensure that all active conditions are continuously being addressed and documented to the highest level of specificity for all Medicare Advantage plan patients of providers participating in the program. This program is designed to help improve all patient quality of care (preventive medicine screening, managing chronic illness and prescription management), as well as care for older adults when generated for a Special Needs Plan member.

If you are interested in learning about the electronic modalities available, please contact your representative or the Optum* Provider Support Center at **1-877-751-9207**, Monday through Friday, from 8 a.m. to 7 p.m. Eastern time.

Success stories

Below are some achievements that Empire BlueCross BlueShield (Empire) was able to accomplish with provider groups through the IOA program:

- As a result of leveraging different types of resources offered by the IOA program (for example, technology), providers' offices were able to see an increase in staff productivity.
- Providers who have taken advantage of the IOA program resources have seen an increase in their documentation and coding accuracy.

COVID-19 update

Empire knows this is a difficult time for everyone, as the situation continues to evolve each day. Empire has considered the severity of the situation and is following CDC Guidelines. For the IOA program, all nonessential personal is required to work with provider groups telephonically/electronically until further notice.

Empire continues to evaluate the situation and guidelines and will keep you notified of any changes. If you have any questions or concerns about the IOA program and COVID-19 updates, please call the Optum Provider Support Center at **1-877-751-9207**, Monday through Friday, from 8 a.m. to 7 p.m. Eastern time.

Dates and tips to remember:

- To review their population as soon as possible, Empire strongly encourages participating providers to deliver and continually maintain proper care management, as well as care coordination of their patient population. This will further ensure the current and active conditions that impact patient care, treatment and/or management are continually addressed.
- At the conclusion of each office visit with the patient, providers participating in the IOA program are asked to complete and return a patient assessment. The assessment should be completed based on information regarding the patient's health collected during the office visit. Participating providers may continue to use the 2021 version of the assessment for encounters that take place on or before December 31, 2021; Empire will accept the 2021 version of the assessment for 2021 encounters until midnight January 31, 2022.
- If not already submitted, participating providers are required to submit an [Account Setup Form](#), W-9 and completed [direct deposit enrollment](#) by March 31, 2022. Participating providers should call the Optum Provider Support Center at **1-877-751-9207**, Monday through Friday, from 8 a.m. to 7 p.m. Eastern time, if they have any questions regarding this requirement. Failure to comply with this requirement will result in forfeiture of the provider payment for submitted 2021 assessments, if applicable.

Questions

If you have questions about this communication or the IOA program, please contact your representative or the Optum Provider Support Center at **1-877-751-9207**, Monday through Friday, from 8 a.m. to 7 p.m. Eastern time.

EBSCRNU-0157-21 February 2021
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URL: <https://providernews.empireblue.com/article/in-office-assessment-program-9>

Oncology dose reduction program beginning July 1, 2021

Published: Apr 1, 2021 - State & Federal / Medicare

Empire BlueCross BlueShield (Empire) is committed to be a valued healthcare partner in identifying ways to achieve better health outcomes, lower costs and deliver access to better healthcare experiences for consumers.

Effective for dates of service on or after July 1, 2021, providers for our Medicare Advantage plan members covered by Empire will be asked in selective circumstances to voluntarily reduce the requested dose to the nearest whole vial for over 40 oncology medications, listed below. Reviews for these oncology drugs will continue to be administered by the reviewing company, either AIM Specialty Health®* or IngenioRx. *

Providers will be asked whether they will accept the dose reduction at the initial review point in the prior authorization process. Within the provider portal, a pop-up question will appear related to dose reduction. If the patient is considered unable to have his or her dose reduced, then a second question will appear asking for the provider's clinical reasoning. For requests made outside of the provider portal (for example, called-in or faxed-in prior authorization requests), the same questions will be asked by the registered nurse or medical director who is reviewing the request. Since this program is voluntary, the decision made regarding dose reduction will not affect the final decision on the prior authorization.

The dose reduction questions will appear only if the originally requested dose is within 10% of the nearest whole vial. This threshold is based on current medical literature and recommendations from the Hematology and Oncology Pharmacists Association (HOPA) that it is appropriate to consider dose rounding within 10%. HOPA recommendations can be found [here](#).

The Voluntary Dose Reduction Program only applies to specific oncology drugs, listed below. Providers can view prior authorization requirements for Empire members on the *Medical Policy and Clinical Utilization Management Guidelines* page at <https://www.empireblue.com/medicareprovider>.

Drug name	HCPCS code	Drug name	HCPCS code
Abraxane (paclitaxel protein-bound)	J9264	Istodax (romidepsin)	J9315
Actimmune (interferon gamma-1B)	J9216	Ixempra (ixabepilone)	J9207
Adcetris (brentuximab vedotin)	J9042	Jevtana (cabazitaxel)	J9043
Alimta (pemetrexed)	J9305	Kadcyla (ado-trastuzumab emtansine)	J9354
Asparlas (calaspargase pegol-mknl)	J9118	Keytruda (pembrolizumab)	J9271
Avastin (bevacizumab)	J9035	Kyprolis (carfilzomib)	J9047
Bendeka (bendamustine)	J9034	Lartruvo (olaratumab)	J9285
Besponsa (inotuzumab ozogamicin)	J9229	Lumoxiti (moxetumomab pasudotox-tdfk)	J9313
Blinicyto (blinatumomab)	J9039	Mylotarg (gemtuzumab ozogamicin)	J9203
Cyramza (ramucirumab)	J9308	Neupogen (filgrastim)	J1442
Darzalex (daratumumab)	J9145	Oncaspar (pegaspargase)	J9266
Doxorubicin liposomal	Q2050	Opdivo (nivolumab)	J9299
Elzonris (tagraxofusp-erzs)	J9269	Padcev (enfortumab vedotin-ejfv)	J9177
Empliciti (elotuzumab)	J9176	Polivy (polatuzumab vedotin-piiq)	J9309

Enhertu (fam-trastuzumab deruxtecan-nxki)	J9358	Rituxan (rituximab)	J9312
Erbitux (cetuximab)	J9055	Sarclisa (isatuximab-irfc)	J9999
Erwinase (asparginase)	J9019	Sylvant (siltuximab)	J2860
Ethyol (amifostine)	J0207	Treanda (bendamustine)	J9033
Granix (tbo-filgrastim)	J1447	Vectibix (panitumumab)	J9303
Halaven (eribulin mesylate)	J9179	Yervoy (ipilimumab)	J9228
Herceptin (trastuzumab)	J9355	Zaltrap (ziv-aflibercept)	J9400
Imfinzi (durvalumab)	J9173		

Providers should continue to verify eligibility and benefits for all members prior to rendering services.

If you have questions, please call the Provider Service phone number on the back of the member's ID card.

Note: In some plans, *dose reduction to nearest whole vial* or *waste reduction* may be the term used in benefit plans, provider contracts or other materials instead of or in addition to *dose reduction to nearest whole vial*. In some plans, these terms may be used interchangeably. For simplicity, we have uses *dose reduction (to nearest whole vial)*.

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Empire BlueCross BlueShield. IngenioRx, Inc. is an independent company providing some utilization review services on behalf of Empire BlueCross BlueShield.

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URL: <https://providernews.empireblue.com/article/oncology-dose-reduction-program-beginning-july-1-2021-1>

Medical drug benefit clinical criteria updates – November 2020

Published: Apr 1, 2021 - **State & Federal** / Medicare

On June 18, 2020, August 21, 2020, and November 20, 2020, the Pharmacy and Therapeutics (P&T) Committee approved the following *Clinical Criteria* applicable to the medical drug benefit for Empire BlueCross BlueShield. These policies were developed, revised or reviewed to support clinical coding edits.

Visit [clinical criteria](#) to search for specific policies. If you have questions or would like additional information, use this [email](#).

Please see the explanation/definition for each category of *clinical criteria* below:

- New: newly published criteria
- Revised: addition or removal of medical necessity requirements, new document number
- Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive

Please share this notice with other members of your practice and office staff.

Please note: The *clinical criteria* listed below applies only to the medical drug benefits contained within the member's medical policy. This does not apply to pharmacy services.

Effective date	Document number	<i>Clinical Criteria</i> title	New or revised
March 26, 2021	ING-CC-0183*	Sogroya (somapacitan-beco)	New
March 26, 2021	ING-CC-0148*	Agents for Hemophilia B	Revised
March 26, 2021	ING-CC-0149*	Select Clotting Agents for Bleeding Disorders	Revised
March 26, 2021	ING-CC-0065	Agents for Hemophilia A and von Willebrand Disease	Revised
March 26, 2021	ING-CC-0125	Opdivo (nivolumab)	Revised
March 26, 2021	ING-CC-0119	Yervoy (ipilimumab)	Revised
March 26, 2021	ING-CC-0121*	Gazyva (obinutuzumab)	Revised
March 26, 2021	ING-CC-0048*	Spinraza (nusinersen)	Revised
March 26, 2021	ING-CC-0002*	Colony Stimulating Factor Agents	Revised
March 26, 2021	ING-CC-0034*	Hereditary Angioedema Agents	Revised
March 26, 2021	ING-CC-0041*	Complement Inhibitors	Revised
March 26, 2021	ING-CC-0071*	Entyvio (vedolizumab)	Revised
March 26, 2021	ING-CC-0064*	Interleukin-1 Inhibitors	Revised
March 26, 2021	ING-CC-0042*	Monoclonal Antibodies to Interleukin-17	Revised
March 26, 2021	ING-CC-0066*	Monoclonal Antibodies to Interleukin-6	Revised
March 26, 2021	ING-CC-0050*	Monoclonal Antibodies to Interleukin-23	Revised
March 26, 2021	ING-CC-0078*	Orencia (abatacept)	Revised

March 26, 2021	ING-CC-0063*	Stelara (ustekinumab)	Revised
March 26, 2021	ING-CC-0062*	Tumor Necrosis Factor Antagonists	Revised
March 26, 2021	ING-CC-0003*	Immunoglobulins	Revised
March 26, 2021	ING-CC-0039*	GamaSTAN [immune globulin (human)]	Revised
March 26, 2021	ING-CC-0053	Injectable Hydroxyprogesterone for Prevention of Preterm Birth	Revised
March 26, 2021	ING-CC-0073*	Alpha-1 Proteinase Inhibitor Therapy	Revised
March 26, 2021	ING-CC-0075	Rituximab Agents for Non-Oncologic Indications	Revised
March 26, 2021	ING-CC-0072	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	Revised
March 26, 2021	ING-CC-0027*	Denosumab Agents	Revised
March 26, 2021	ING-CC-0019*	Zoledronic Acid Agents (Reclast, Zometa)	Revised
March 26, 2021	ING-CC-0011*	Ocrevus (ocrelizumab)	Revised
March 26, 2021	*ING-CC-0174*	Kesimpta (ofatumumab)	Revised

EBSCRNU-0154-21 February 2021
517460MUPENMUB

URL: <https://providernews.empireblue.com/article/medical-drug-benefit-clinical-criteria-updates-november-2020>

Medical drug benefit clinical criteria updates – December 2020

Published: Apr 1, 2021 - **State & Federal** / Medicare

On December 18, 2020, and December 22, 2020, the Pharmacy and Therapeutics (P&T) Committee approved the following *clinical criteria* applicable to the medical drug benefit for Empire BlueCross BlueShield. These policies were developed, revised or reviewed to support clinical coding edits.

Visit [clinical criteria](#) to search for specific policies. If you have questions or would like additional information, use this [email](#).

Please see the explanation/definition for each category of *clinical criteria* below:

- New: newly published criteria
- Revised: addition or removal of medical necessity requirements, new document number
- Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive

Please share this notice with other members of your practice and office staff.

Note: The *clinical criteria* listed below applies only to the medical drug benefits contained within the member's medical policy. This does not apply to pharmacy services.

Effective date	Document number	Clinical Criteria title	New or revised
April 8, 2021	ING-CC-0185*	Oxlumo (lumasiran)	New
April 8, 2021	ING-CC-0184*	Danyelza (naxitamab-gqgk)	New
April 8, 2021	ING-CC-0154	Givlaari (givosiran)	Revised
April 8, 2021	ING-CC-0124	Keytruda (pembrolizumab)	Revised
April 8, 2021	ING-CC-0002	Colony Stimulating Factor Agents	Revised
April 8, 2021	ING-CC-0032*	Botulinum Toxin	Revised
April 8, 2021	ING-CC-0015	Infertility and HCG Agents	Revised

EBSCRNU-0160-21 February 2021
517445MUPENMUB

URL: <https://providernews.empireblue.com/article/medical-drug-benefit-clinical-criteria-updates-december-2020>

Medical policy updates

Published: Apr 1, 2021 - **Policy Updates** / Medical Policy & Clinical Guidelines

These updates list the new and/or revised Empire BlueCross BlueShield (“Empire”) medical policies, clinical guidelines and reimbursement policies*. The implementation date for each policy or guideline is noted for each section. Implementation of the new or revised medical policy, clinical guideline or reimbursement policy is effective for all claims processed on and after the specified implementation date, regardless of date of service. Previously processed claims will not be reprocessed as a result of the changes. If there is any inconsistency or conflict between the brief description provided below and the actual policy or guideline, the policy or guideline will govern.

Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and clinical guidelines (and medical policy takes precedence over clinical guidelines) and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that the services are rendered must be used. This document supplements any previous medical policy and clinical guideline updates that may have been issued by Empire. Please include this update with your Provider Manual for future reference.

Please note that medical policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Empire's medical policies and clinical guidelines can be found at empireblue.com.

*Note: These updates may not apply to all ASO Accounts as some accounts may have non-standard benefits that apply.

To view medical policies and utilization management guidelines applicable to members enrolled in the Blue Cross and Blue Shield Service Benefit Plan (commonly referred to as the Federal Employee Program® (FEP®)), please visit www.fepblue.org > Policies & Guidelines.

Medical policy updates

Revised Medical Policies Effective 02-18-2021

(The following policies were revised to expand medical necessity indications or criteria.)

- SURG.00121 - Transcatheter Heart Valve Procedures
- SURG.00145 - Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)

New Medical Policy Effective 04-01-2021

(The policy below is new.)

- GENE.00056 - Gene Expression Profiling for Bladder Cancer [Note: CPT codes 0012M and 0013M moved from LAB.00011 Analysis of Proteomic Patterns]

Revised Medical Policies Effective 04-01-2021

(The following policies were updated with new CPT/HCPCS/ICD-10-PCS procedure codes and/or ICD-10-CM diagnosis codes.)

- OR-PR.00003 – Microprocessor Controlled Lower Limb Prosthesis
- OR-PR.00005 - Upper Extremity Myoelectric Orthoses
- SURG.00007 – Vigus Nerve Stimulation

Revised Medical Policies Effective 04-01-2021

(The following policies were reviewed and had no significant changes to the policy position or criteria.)

- GENE.00049 - Circulating Tumor DNA Panel Testing for Cancer (Liquid Biopsy) [Note: Moved CPT code 0229U to CG-GENE-14 Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management
- GENE.00052 - Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling
- LAB.00011 - Analysis of Proteomic Patterns [Note: Moved CPT codes 0012M and 0013M to GENE.00056 Gene Expression Profiling for Bladder Cancer].SURG.00132 - Drug-Eluting Devices for Maintaining Sinus Ostial Patency

Revised Medical Policy Effective 04-07-2021

(The following policy was revised to expand medical necessity indications or criteria.)

- MED.00087 - Optical Detection for Screening and Identification of Cervical Cancer

Revised Medical Policies Effective 04-07-2021

(The following policies were reviewed and had no significant changes to the policy position or criteria.)

- ANC.00007 - Cosmetic and Reconstructive Services: Skin Related
- ANC.00009 - Cosmetic and Reconstructive Services of the Trunk and Groin
- DME.00022 - Functional Electrical Stimulation (FES); Threshold Electrical Stimulation (TES)
- DME.00032 - Automated External Defibrillators for Home Use
- DME.00041 - Low Intensity Therapeutic Ultrasound

- GENE.00009 - Gene Expression Profiling and Genomic Biomarker Tests for Prostate Cancer
- GENE.00038 - Genetic Testing for Statin-Induced Myopathy
- GENE.00050 - Gene Expression Profiling for Coronary Artery Disease
- GENE.00054 - Paired DNA and Messenger RNA (mRNA) Genetic Testing to Detect, Diagnose and Manage Cancer
- LAB.00003 - In Vitro Chemosensitivity Assays and In Vitro Chemoresistance Assays
- LAB.00015 - Detection of Circulating Tumor Cells
- LAB.00025 - Topographic Genotyping
- MED.00011 - Sensory Stimulation for Brain-Injured Individuals in Coma or Vegetative State
- MED.00024 - Adoptive Immunotherapy and Cellular Therapy
- MED.00053 - Non-Invasive Measurement of Left Ventricular End Diastolic Pressure in the Outpatient Setting
- MED.00057 - MRI Guided High Intensity Focused Ultrasound Ablation for Non-Oncologic Indications
- MED.00059 - Idiopathic Environmental Illness (IEI)
- MED.00101 - Physiologic Recording of Tremor using Accelerometer(s) and Gyroscope(s)
- MED.00102 - Ultrafiltration in Decompensated Heart Failure
- MED.00104 - Non-Invasive Measurement of Advanced Glycation Endproducts (AGEs) in the Skin
- MED.00105 - Bioimpedance Spectroscopy Devices for the Detection and Management of Lymphedema
- MED.00111 - Intracardiac Ischemia Monitoring
- MED.00112 - Autonomic Testing
- MED.00118 - Continuous Monitoring of Intraocular Pressure
- MED.00120 - Gene Therapy for Ocular Conditions
- MED.00125 - Biofeedback and Neurofeedback
- MED.00132 - Adipose-derived Regenerative Cell Therapy and Soft Tissue Augmentation Procedures
- OR-PR.00004 - Partial-Hand Myoelectric Prosthesis
- RAD.00001 - Computed Tomography to Detect Coronary Artery Calcification
- RAD.00038 - Use of 3-D, 4-D or 5-D Ultrasound in Maternity Care

- RAD.00044 - Magnetic Resonance Neurography
- RAD.00052 - Positional MRI
- RAD.00059 - Catheter-based Embolization Procedures for Malignant Lesions Outside the Liver
- SURG.00023 - Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures
- SURG.00032 - Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention
- SURG.00043 - Electrothermal Shrinkage of Joint Capsules, Ligaments, and Tendons
- SURG.00053 - Unicondylar Interpositional Spacer
- SURG.00056 - Transanal Radiofrequency Treatment of Fecal Incontinence
- SURG.00061 - Presbyopia and Astigmatism-Correcting Intraocular Lenses
- SURG.00070 - Photocoagulation of Macular Drusen
- SURG.00072 - Lysis of Epidural Adhesions
- SURG.00075 - Intervertebral Stabilization Devices
- SURG.00089 - Self-Expanding Absorptive Sinus Ostial Dilation
- SURG.00096 - Surgical and Ablative Treatments for Chronic Headaches
- SURG.00103 - Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)
- SURG.00107 - Prostate Saturation Biopsy
- SURG.00113 - Artificial Retinal Devices
- SURG.00124 - Carotid Sinus Baroreceptor Stimulation Devices
- SURG.00127 - Sacroiliac Joint Fusion
- SURG.00137 - Focused Microwave Thermotherapy for Breast Cancer
- SURG.00139 - Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery with Radiofrequency Spectroscopy or Optical Coherence Tomography
- SURG.00143 - Perirectal Spacers for Use During Prostate Radiotherapy
- SURG.00148 - Spectral Analysis of Prostate Tissue by Fluorescence Spectroscopy
- SURG.00149 - Percutaneous Ultrasonic Ablation of Soft Tissue
- SURG.00150 - Leadless Pacemaker
- SURG.00151 - Balloon Dilation of Eustachian Tubes
- SURG.00152 - Wireless Cardiac Resynchronization Therapy for Left Ventricular Pacing
- SURG.00154 - Microsurgical Procedures for the Treatment of Lymphedema

- TRANS.00011 - Pancreas Transplantation and Pancreas Kidney Transplantation
- TRANS.00013 - Small Bowel, Small Bowel/Liver and Multivisceral Transplantation
- TRANS.00016 - Umbilical Cord Blood Progenitor Cell Collection, Storage and Transplantation
- TRANS.00025 - Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection
- TRANS.00028 - Hematopoietic Stem Cell Transplantation for Hodgkin Disease and non-Hodgkin Lymphoma
- TRANS.00031 - Hematopoietic Stem Cell Transplantation for Autoimmune Disease and Miscellaneous Solid Tumors

Archived Medical Policy Effective 04-07-2021

(The following policy has been archived.)

- MED.00077 - In-Vivo Analysis of Gastrointestinal Lesions

Archived Medical Policies Effective 04-07-2021

(The following policies have been archived and their content has been transferred to new Clinical UM Guidelines.)

- GENE.00007 - Cardiac Ion Channel Genetic Testing [Note: Content transferred to CG-GENE-23 Genetic Testing for Heritable Cardiac Conditions]
- GENE.00011 - Gene Expression Profiling for Managing Breast Cancer Treatment [Note: Content transferred to CG-GENE-22 Gene Expression Profiling for Managing Breast Cancer Treatment]
- GENE.00017 - Genetic Testing for Diagnosis and Management of Hereditary Cardiomyopathies (including arrhythmogenic right ventricular dysplasia/cardiomyopathy) [Note: Content transferred to CG-GENE-23 Genetic Testing for Heritable Cardiac Conditions]

Archived Medical Policy Effective 06-25-2021

(The following policy has been archived and its content has been transferred to a new Clinical UM Guideline.)

- SURG.00022 - Lung Volume Reduction Surgery [Note: Content transferred to CG-SURG-110 Lung Volume Reduction Surgery]

New Medical Policies Effective 07-01-2021

(The policies below were created and might result in services that were previously covered but may now be found to be either not medically necessary and/or investigational.)

- GENE.00056 - Gene Expression Profiling for Bladder Cancer
- LAB.00039 - Pooled Antibiotic Sensitivity Testing

Revised Medical Policy Effective 07-01-2021

(The policy below was revised and might result in services that were previously covered but may now be found to be either not medically necessary and/or investigational.)

- ANC.00008 - Cosmetic and Reconstructive Services of the Head and Neck

New Medical Policy Effective 07-01-2021

(The policy below was created and might result in services that were previously covered but may now be found to be either not medically necessary and/or investigational.)

- TRANS.00037 - Uterine Transplantation

Revised Medical Policy Effective 07-03-2021

(The policy below was revised and might result in services that were previously covered but may now be found to be either not medically necessary and/or investigational.)

- LAB.00033 - Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer

New Medical Policies Effective 07-17-2021

(The policies below were created and might result in services that were previously covered but may now be found to be either not medically necessary and/or investigational.)

- LAB.00038 - Cell-free DNA Testing to Aid in the Monitoring of Kidney Transplants for Rejection
- SURG.00159 - Focal Laser Ablation for the Treatment of Prostate Cancer