# New York Provider News

August 2020 Empire Provider News

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## Expansion of AIM Musculoskeletal Program effective November 1, 2020

Published: Aug 1, 2020 - **Products & Programs**

Effective November 1, 2020, the AIM Musculoskeletal Program will be expanded to include medical necessity reviews for certain elective surgeries of the small joints for Empire BlueCross BlueShield ("Empire") members. AIM Specialty Health® (AIM) will perform the expanded musculoskeletal program and will review certain lower extremity small joint surgeries for clinical appropriateness of the procedure and the setting in which the procedure is performed (level of care review). The clinical guidelines adopted by Empire and used by AIM to review for medical necessity and level of care are located here: AIM Small Joint Surgery Guideline and AIM Level of Care Guidelines for Musculoskeletal Surgery and Procedures.

AIM will begin accepting prior authorization requests on October 26, 2020, for dates of service on and after November 1, 2020. To determine if prior authorization is required, please call the prior authorization number located on the back of the member's ID card.

**Members included in the new program**

All fully insured and administrative services only (ASO) members currently participating in the AIM Musculoskeletal Program are included. For ASO groups that currently do not participate in the AIM Musculoskeletal Program, the program will be offered to ASOs to add to their members' benefit package as of November 1, 2020.

**Pre-service review requirements**

For surgeries scheduled to begin on or after November 1, 2020, all providers must contact AIM to obtain prior authorization for the following non-emergency modalities:

**Small joint replacement** (including all associated revision surgeries)

- Total joint replacement of ankle
- Correction of Hallux Valgus
- Hammertoe repair

Surgeries performed as part of an inpatient admission are included.

**To place a review request:**

- **Online:** Get fast, convenient, online service via the AIM ***Provider****Portal*$_{SM}$ , available twenty-four hours a day, seven days a week, processing requests in real-time using clinical criteria.  Go to aimspecialtyhealth.com/goweb to register.
- **Phone:** Call AIM Specialty Health toll-free at 1-877-430-2288, Monday through Friday 8:30 a.m. – 7:00 p.m.

**For more information:**
Go to www.aimprovider.com/msk for resources to help your practice get started with the musculoskeletal and pain management program. Our website provides access to helpful information and tools such as order entry checklists, clinical guidelines and FAQs.

We value your participation in our network and look forward to working with you to help improve the health of our members.

571-0820-PN-NY

**URL:** https://providernews.empireblue.com/article/expansion-of-aim-musculoskeletal-program-effective-november-1-2020-3

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## Prior authorization updates for specialty pharmacy are available

Published: Aug 1, 2020 - **Products & Programs** / Pharmacy

**Quantity limit updates**
Effective for dates of service on and after November 1, 2020, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our existing prior authorization quantity limit review process.

To access the Clinical Criteria information please click here.

Empire BlueCross BlueShield's ("Empire") prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Empire's medical specialty drug review team. *Review of specialty pharmacy drugs for oncology indications will be managed by AIM Specialty Health® (AIM), a separate company and are shown in italics in the table below.*

| Clinical Criteria | HCPCS or CPT Code(s) | Drug |
|---|---|---|
| ING-CC-0044 | J1428 | Exondys 51 |
| ING-CC-0058 | J2354 | Bynfezia |
| ING-CC-0072 | J0179 | Beovu |
| ING-CC-0075 | Q5119 | Ruxience |
| ING-CC-0152 | J1429 | Vyondys 53 |
| ING-CC-0153 | C9053 | Adakveo |

***** Non-oncology use is managed by Empire's medical specialty drug review team. O*ncology use is managed by AIM.*

**Clinical criteria updates**

Effective for dates of service on and after November 1, 2020, the following clinical criteria document was revised and might result in services that were previously covered but may now be found to be not medically necessary in our prior authorization review process.

To access the Clinical Criteria information please click here.

Empire's prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Empire's medical specialty drug review team. *Review of specialty pharmacy drugs for oncology indications will be managed by AIM Specialty Health® (AIM), a separate company and are shown in italics in the table below.*

- ING-CC-0003 Immunoglobulins

Updated medical necessity criteria for myasthenia gravis to include specific drug failures and chronic inflammatory demyelinating polyneuropathy to include requirements regarding disease duration, specific electrodiagnostic criterion, and objective measures for continuation.

**Correction to prior authorization update on clinical criteria ING-CC-0157 published May 1st:**

The HCPCS codes available for Padcev at the time of the May 1st article were C9399, J3490 and J9999; and not J9309 as erroneously stated that month's newsletter.

581-0820-PN-NY

**URL:** https://providernews.empireblue.com/article/prior-authorization-updates-for-specialty-pharmacy-are-available-3

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## Empire to update formulary lists for commercial health plan pharmacy benefit

Published: Aug 1, 2020 - **Products & Programs** / Pharmacy

Effective with dates of service on and after October 1, 2020, and in accordance with the IngenioRx Pharmacy and Therapeutics (P&T) process, Empire BlueCross BlueShield ("Empire") will update its drug lists that support commercial health plans. Updates include changes to drug tiers and the removal of medications from the formulary.

As certain brand and generic drugs will no longer be covered, providers are encouraged to determine if a covered alternative drug is appropriate for their patients whose current medication will no longer be covered.

Please note, this update does not apply to the Select Drug List and does not impact Medicaid and Medicare plans.

To ensure a smooth member transition and minimize costs, providers should review these changes and consider prescribing a drug on formulary or on a lower tier, if appropriate. View a summary of changes here.

IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Empire.

598-0820-PN-NY

**URL:** https://providernews.empireblue.com/article/empire-to-update-formulary-lists-for-commercial-health-plan-pharmacy-benefit-1

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## Voluntary Site of Care outreach for Oncology Checkpoint Inhibitors beginning August 1, 2020

Published: Aug 1, 2020 - **Products & Programs** / Pharmacy

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

Effective with dates of service on or after August 1, 2020, members with commercial plans covered by Empire will be contacted to voluntary redirect services to home infusion site of care from hospital outpatient site of care for certain immuno-oncology drugs (Bavencio® [avelumab], Imfinzi® [durvalumab], Keytruda® [pembrolizumab], Opdivo® [nivolumab], Tecentriq® [atezolizumab], and Yervoy® [ipilimumab]). Reviews for these oncology drugs will continue to be administered by AIM Specialty Health® (AIM).

**The voluntary site of care redirection only applies to these specific drugs administered in an outpatient hospital setting**. This does not apply to requests for these specific drugs when administered in a non-hospital setting or as part of an inpatient stay. The redirection also does not apply when Empire is the secondary payer.

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 Medical Policy & Clinical UM Guidelines page at empireblue.com/provider.

**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 "site of service" 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/voluntary-site-of-care-outreach-for-oncology-checkpoint-inhibitors-beginning-august-1-2020-3

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# Clinical Criteria updates for specialty pharmacy are available

Published: Aug 1, 2020 - **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 June 18, 2020 Clinical Criteria meeting. To access the clinical criteria information please click here.

**New Clinical Criteria effective June 26, 2020**

The following clinical criteria are new.

- ING-CC-0165 - Trodelvy (sacituzumab govitecan)

**Revised Clinical Criteria effective July 20, 2020**

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

- ING-CC-0029 Dupixent (dupilumab)
- ING-CC-0042 Monoclonal Antibodies to Interleukin-17
- ING-CC-0061 GnRH Analogs for the Treatment of Non-Oncologic Indications
- ING-CC-0107 Bevacizumab for Non-Ophthalmologic Indications
- ING-CC-0119 Yervoy (ipilimumab)
- ING-CC-0125 Opdivo (nivolumab)
- ING-CC-0128 Tecentriq (atezolizumab)

**Revised Clinical Criteria effective July 20, 2020**

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

- ING-CC-0076 Nulojix (belatacept)
- ING-CC-0136 Drug Dosage, Frequency, and Route of Administration
- ING-CC-0141 Off-Label Drug and Approved Orphan Drug Use

**Revised Clinical Criteria effective August 1, 2020**
The following clinical criteria were reviewed with no significant change to the medical necessity indications or criteria.

- ING-CC-0043 Monoclonal Antibodies to Interleukin-5

**Revised Clinical Criteria effective October 1, 2020**
The following clinical criteria were reviewed with no significant change to the medical necessity indications or criteria.

- ING-CC-0072 - Selective Vascular Endothelial Growth Factor (VEGF) Antagonists

**New Clinical Criteria effective November 1, 2020**
The following clinical criteria are new.

- ING-CC-0164 Jelmyto (mitomycin gel)

**Revised Clinical Criteria effective November 1, 2020**
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-0002 Colony Stimulating Factor Agents
- ING-CC-0011 Ocrevus (ocrelizumab)
- ING-CC-0051 Enzyme Replacement Therapy for Gaucher Disease
- ING-CC-0061 GnRH Analogs for the Treatment of Non-Oncologic Indications
- ING-CC-0127 Darzalex (daratumumab) and Darzalex Faspro (daratumumab and hyaluronidase-fihj)

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**URL:** https://providernews.empireblue.com/article/clinical-criteria-updates-for-specialty-pharmacy-are-available-8

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## Pharmacy information available on empireblue.com

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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. 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.

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**URL:** https://providernews.empireblue.com/article/pharmacy-information-available-on-empirebluecom-14

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## Migrate Your EDI Transactions to Availity Today

Published: Aug 1, 2020 - **Administrative**

There is no doubt the coronavirus (COVID-19) crisis has taken a toll on all of us. The pandemic *has* led to immeasurable challenges but we are here to help you ease back into business. We want to remind you, as the Availity migration continues full speed ahead, Empire BlueCross BlueShield ("Empire") will guide you to make it a smooth transition Just as all good things end, such as summer, the Availity EDI migration also has a target **closing date of September 15, 2020**.

**Take Action Today: Availity setup is simple and at no cost for you!**
Use this "Welcome" link to get started today: https://apps.availity.com/web/welcome/#/
All EDI transmissions currently sent or received today via the Empire gateway are now available on the Availity EDI Gateway.

- 837 Institutional and Professional

- 837 Dental
- 835 Electronic Remittance Advice
- 276/277 Claim Status
- 270/271 Eligibility Request
- 275 Medical Attachments
- 278 Prior Authorization/Referrals
- 278N Inpatient Admission and Discharge Notification

Below are the options you can choose from to exchange EDI transmissions with the Availity EDI Gateway:
Migrate your direct connection with Empire and become a direct submitter with Availity.

Use your existing Clearinghouse or Billing Company for your EDI transmissions. (Work with them to ensure connectivity to the Availity EDI Gateway).

Use Direct Single Claim entry through the Availity Portal.

**Show your team what you learned this summer!**
Enroll in one of Availity's free courses and training demos at your convenience. Making the switch to Availity's EDI Gateway is easy if you have all the resources that you need.

Follow these steps to register at www.Availity.com :

1. Log in to the Availity Portal and select **Help & Training | Get Trained** to access the Availity Learning Center (ALC).
2. Select Sessions from the menu under the search catalog field.
3. Scroll Your Calendar to locate your webinar.
4. Select View Course and then Enroll. The ALC will email you instructions to attend.

If you and your clearinghouse have already migrated over to Availity, thank you and you are a step ahead! If not, start the process now to make the transition before September 15, 2020.

For questions, contact Availity Client Services at 1-800-Availity (1-800-282-4548) for assistance Monday - Friday 8 a.m. - 7 p.m. ET.

585-0820-PN-NY

**URL:** https://providernews.empireblue.com/article/migrate-your-edi-transactions-to-availity-today-3

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## Electronic Claims Submission - Clinical Laboratory Improvement Amendments (CLIA)

Published: Aug 1, 2020 - **Administrative**

The Centers for Medicare & Medicaid Services (CMS) regulates all laboratory testing in the U.S. through the Clinical Laboratory Improvement Amendments (CLIA). The objective of the CLIA program is to ensure quality laboratory testing.

A valid CLIA Certificate Identification number is required and must be included on each electronic claim billed for laboratory services, subject to CLIA legislation. You may not receive reimbursement for your electronic claims if the required certification number is missing.

**How to apply for a CLIA Certificate:**
https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certificate_International_Laboratories

This CMS mandate went in to effect on May 1, 2020. Please work with your software vendor or clearinghouse to ensure that the required information is included in your electronic files to avoid EDI claim rejections.

For detailed information on the tests subject to CLIA, please refer to the CMS link below:
https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/

586-0820-PN-NY

**URL:** https://providernews.empireblue.com/article/electronic-claims-submission-clinical-laboratory-improvement-amendments-clia-2

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## Empire Electronic Attachments - X12 275 5010

Published: Aug 1, 2020 - **Administrative**

Empire BlueCross BlueShield (“Empire”) and Availity Electronic Data Interchange (EDI) is excited to announce the X12 275 5010 version of electronic attachments transactions for claims functionality is now available for you.

**The X12 275 5010 version of electronic attachments transactions for claims will:**

- Bring value to you by eliminating the need for mailing paper records.
- Electronic acknowledgment provides a transaction audit trail – proof of delivery/receipt.
- Reduces administrative cost associated with manual processing
- Save time waiting for paper correspondents

This new functionality includes both solicited and unsolicited attachments.

- **Solicited Attachment -** Documentation submitted in response to a specific request.
- **Unsolicited Attachment -** Documentation is known to be needed and submitted at the same time as the claim.

**How to send a 275 transaction**

Your practice management software or billing service/clearinghouse must have the ability to send a 275. We encourage you to have a conversation with them to determine their ability to set up the X12 275 attachment transaction capabilities.

**Where to find help**

The new EDI batch process, X12 275 5010v Companion Guide, assists with specific attachment requirements and enables providers to electronically submit attachments based on your business needs.

- The companion guide can be download at: empireblue.com/edi/
- Availity documentation can be found at: availity.com
- Use the “Availity Welcome Application” below to begin the process of connecting to the Availity EDI Gateway for your Anthem EDI transmissions.
- EDI Welcome App: https://apps.availity.com/web/welcome/#/

For questions, contact Availity Client Services at 1-800-Availity (1-800-282-4548) for assistance Monday - Friday 8 a.m. - 7 p.m. ET

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**URL:** https://providernews.empireblue.com/article/empire-electronic-attachments-x12-275-5010

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## Coming Soon: Enhance your Prior Authorization and Inpatient Admission

Published: Aug 1, 2020 - **Administrative**

Empire BlueCross BlueShield (“Empire”) and Availity Electronic Data Interchange (EDI) is excited to announce the Prior Authorization/Referrals 278 and Inpatient Admission and Discharge Notification 278N 5010 transactions functionality is coming soon.

**Prior Authorization and Referral Request (278)**
The EDI 278 transaction supports healthcare providers to submit an authorization and referral requests electronically.

A prior authorization issued by Empire provides you the go-ahead to perform the necessary service and a referral used to refer a member to a specialty provider. Transmit this transaction in real-time or batch mode. You will receive confirmation numbers to validate receipt of request.

**Inpatient Admission and Discharge Notification 278N**
Use the Hospital Admission Notification (278N) transaction to exchange admission notification data between an inpatient facility and Empire in a standard format.

Similar to the HIPAA 278 transaction that you may already use to submit authorizations or referrals, the EDI 278N is the simplest, most efficient way to communicate facility admissions. You can also transmit through Availity in either batch or real-time format.

**What are the benefits of 278 and 278N transaction?**

- Simplify administrative tasks and increase productivity.

- Reduce administrative costs through automation and fewer phone calls, faxes or keying.
- Increase data accuracy by reducing manual errors.

Specifically for 278N, hospitals that have implemented EDI 278N:

- Experience an improvement in notification submissions within 24 hours.
- Can confirm a notification of admission is on file in the form of a service reference number generated upon registration.
- Submit notification of discharge.

**How to send a 278 and 278N Transaction**
Look for more communications coming soon around how to work with your practice management software vendor or billing/service clearinghouse or view a companion guide to send a 278 or 278N transaction.

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**URL:** https://providernews.empireblue.com/article/coming-soon-enhance-your-prior-authorization-and-inpatient-admission

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## Medical Record Standards

Published: Aug 1, 2020 - **Administrative**

Standard documentation requirements help to ensure consistency of health care for our members. These standards are reviewed annually to ensure they align with our current policies. These standards ensure effective medical record documentation and provide clear and consistent guidelines to ensure that providers maintain records in a current, organized, and effective manner. The medical record criteria that is encouraged for our network of independently contracted providers are outlined below.

1. Every page in the medical record contains the patient name or ID number.
2. Allergies/No Known Drug Allergies (NKDA) and adverse reactions are prominently displayed in a consistent location.
3. All presenting symptom entries are legible, signed and dated, including phone entries. Dictated notes should be initialed to signify review. Signature sheet for initials are noted.

4. The important diagnoses are summarized or highlighted.
5. A problem list is maintained and updated for significant illnesses and medical conditions.
6. A medication list or reasonable substitute is maintained and updated for chronic and ongoing medications.
7. History and physical exam documentation identifies appropriate subjective and objective information pertinent to the patient's presenting symptoms, and treatment plan documentation is consistent with findings.
8. Laboratory tests and other studies are ordered, as appropriate, with results noted in the medical record. (The clinical reviewer should see evidence of documentation of appropriate follow-up recommendations and/or non-compliance to care plan).
9. Documentation of Advance Directive/Living Will/Power of Attorney discussion (including copies of any executed documents) in a prominent part of the medical record for adult patients is encouraged.
10. Documentation of continuity and coordination of care between the PCP, specialty physician (including BH specialty) and/or facilities if there is reference to referral or care provided elsewhere. The clinical review will look for a summary of findings or discharge summary in the medical record. Examples include progress notes/report from consultants, discharge summary following inpatient care or outpatient surgery, physical therapy reports, and home health nursing/ provider reports.
11. Age appropriate routine preventive services/risk screening is consistently noted, i.e. childhood immunizations, adult immunizations, mammograms, pap tests, etc., or the refusal by the patient, parent or legal guardian, of such screenings/immunizations in the medical record.

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**URL:** https://providernews.empireblue.com/article/medical-record-standards-2

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## Appropriate coding helps provide a comprehensive picture of patients' health

Published: Aug 1, 2020 - **Administrative**

Empire BlueCross BlueShield ("Empire") appreciates the role you play in managing the

health of our members.  As the physician of a patient who has coverage compliant with the Affordable Care Act (ACA), you play a vital role in accurately documenting the health of the patient to help ensure compliance with ACA program reporting requirements. **When patients visit your practice, we encourage you to document ALL of their health conditions, especially chronic diseases.  Ensuring that the coding on the claim submission is to the greatest level of specificity can help reduce the number of medical record requests from us in the future.**

Please ensure that all codes captured in your electronic medical record (EMR) system are also included on the claim(s), and are not being truncated by your claims software management system.  For example, some EMR systems may capture up to 12 diagnosis codes, but the claim system may only have the ability of capturing four.  If your claim system is truncating some of your codes, please work with your vendor/clearing house to ensure all codes are being submitted.

**Reminder about ICD-10 coding**

The ICD-10 coding system serves multiple purposes including identification of diseases, justification of the medical necessity for services provided, tracking morbidity and mortality, and determination of benefits.  Additionally, Empire uses ICD-10 codes submitted on claims to monitor health care trends, cost, and disease management. Additionally, the Centers for Medicare & Medicaid Services (CMS) uses ICD-10 as part of the risk adjustment program created under the ACA to determine the risk score associated with a patient's health.

Using specific ICD-10 diagnosis codes will help convey the true complexity of the conditions being addressed in each visit.

- Code the primary diagnosis, condition, problem or other reason for the medical service or procedure.
- Include any secondary diagnosis codes that are actively being managed.
- Include all chronic historical codes, as they must be documented each year pursuant to the ACA.  (Such as an amputee must be coded each and every year even if the visit is not addressing the amputated limb specifically).

Telehealth visits are an acceptable format for seeing your patients and assessing if they have risk adjustable conditions.   ICD-10 coding guidelines still apply, so please ensure coding on a telehealth visit claim is to the highest specificity with all diagnosis codes. Previous *Provider News* editions provide telehealth reimbursement guidance to follow for claims submission.

If you are interested in a coding training session specific to risk adjustable conditions, please contact the Commercial Risk Adjustment Network Education Representative: Alicia.Estrada@anthem.com.

567-0820-PN-NY

**URL:** https://providernews.empireblue.com/article/appropriate-coding-helps-provide-a-comprehensive-picture-of-patients-health-7

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## Resources to support diverse patients and communities

Published: Aug 1, 2020 - **Administrative**

We've heard it all our lives: To be fair, you should treat everybody the same. But the challenge is that everybody is not the same—and these differences can lead to critical disparities not only in how patients access health care, but their outcomes as well. The current health crisis illuminates this quite clearly. It is imperative to offer care that is tailored to the unique needs of patients, and Empire BlueCross BlueShield is committed to supporting our providers in this effort.

MyDiversePatients.com offers education resources to help you support the needs of your diverse patients and address disparities, including:

- Free Continuing Medical Education (CME) learning experiences about disparities, potential contributing factors and opportunities for providers to enhance care.
- Real life stories about diverse patients and the unique challenges they face.
- Tips and techniques for working with diverse patients to promote improvement in health outcomes.

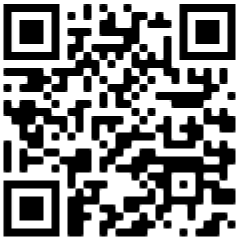
Stronger Together offers free resources to support the diverse health needs of all people where they live, learn, work and play. These resources were created by our parent company in collaboration with national organizations and are available for you to share with your patients and communities.

While there is no single easy answer to the issue of health care disparities, the vision of MyDiversePatients.com and Stronger Together is to start reversing these trends…one person at a time.

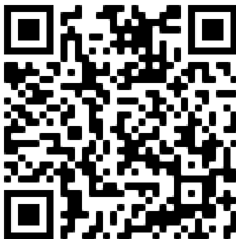
Article Attachments

Embrace the knowledge, skills, ideals, strategies, and techniques to accelerate your journey to becoming your patients' trusted health care partner by visiting these resources today.

My Diverse Patients



Stronger Together Health Equity Resources



584-0820-PN-NY

**URL:** https://providernews.empireblue.com/article/resources-to-support-diverse-patients-and-communities-3

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## Controlling High Blood Pressure (CBP)

Published: Aug 1, 2020 - **State & Federal** / Medicaid

This HEDIS® measure looks at the percentage of members ages 18 to 85 years who have had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg).

Record your efforts

Document blood pressure and diagnosis of hypertension. Members whose BP is adequately controlled include:

- Members 18 to 85 years of age who had a diagnosis of HTN and whose BP was adequately controlled (< 140/90 mm Hg) during the measurement year.
- The most recent BP reading during the measurement year on or after the second diagnosis of HTN.
- If no BP is recorded during the measurement year, assume that the member is *not controlled*.

What does not count for this HEDIS measure?

- If blood pressure is taken on the same day as a diagnostic test or procedure or for a change in diet or medication regimen
- If blood pressure is taken on or one day before the day of any test or procedure
- Blood pressure taken during an acute inpatient stay or an emergency department visit

Exclusions:

- End stage renal disease
- Nephrectomy or Kidney transplant
- Pregnancy
- Nonacute inpatient stay
- Members aged 66 to 80 with frailty and advanced illness
- Members 81 years old and above with frailty

Helpful tips:

- Have your office staff recheck blood pressure for members with initial diagnosis of hypertension and record readings greater than 140 mm Hg systolic and 90 mm Hg diastolic during outpatient office visits. Educate your staff to record the recheck in member's medical records.
- Refer high-risk members to our hypertension programs and other programs for additional education and support.

- Educate members and their spouses, caregivers or guardians about the elements of a healthy lifestyle such as:
- Heart-healthy eating and a low-salt diet.
- Smoking cessation and avoiding secondhand smoke.
- Adding regular exercise to daily activities.
- Home BP monitoring.
- Ideal BMI.
- The importance of taking all prescribed medications as directed.
- Remember to include the applicable Category II reporting code on the claim form to help reduce the burden of HEDIS medical record review

How can we help?
We support you in helping members control high blood pressure by:

- Providing online ***Clinical Practice Guidelines*** on our provider
- Reaching out to our hypertensive members through our education and support programs.

Other available resources:

- **National Heart, Lung, and Blood Institute**
- **CDC Blood Pressure educational materials**

NYE-NU-0228-20 June 2020

**URL:** https://providernews.empireblue.com/article/controlling-high-blood-pressure-cbp-2

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## Medical drug benefit Clinical Criteria updates

Published: Aug 1, 2020 - **State & Federal** / Medicaid

On November 15, 2019, February 21, 2020, and March 26, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the **medical drug**

**benefit** for Empire BlueCross BlueShield HealthPlus. Please note, this does not affect the **prescription drug benefit**. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the provider websites, and the effective dates will be reflected in the ***Clinical Criteria Web Posting March 2020***. Visit ***Clinical Criteria*** to search for specific policies.

If you have questions or would like additional information, use this **email**

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**URL:** https://providernews.empireblue.com/article/medical-drug-benefit-clinical-criteria-updates-41

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## Provider data update

Published: Aug 1, 2020 - **State & Federal** / Medicaid

*This communication applies to the Medicaid and Medicare Advantage programs for Empire BlueCross BlueShield (Empire).*

Empire BlueCross BlueShield (Empire) partners with AIM Specialty Health®* (AIM), a leading specialty benefits management company that provides services for radiology, cardiology, genetic testing, oncology, musculoskeletal, rehabilitation, sleep management, and additional specialty areas. Partnerships like this require that Empire's provider demographic information (group or practice name, additional providers added to the group/practice, location) is current and accurate to eliminate provider and member abrasion.

In the event the provider's demographic information has not been updated in Empire's system, the data will also be missing from the provider data that goes to AIM. Therefore, providers may not be able to locate the requested record in AIM's system. While the provider's information can be manually entered to build a case, the record will appear to be out-of-network, and the case will adjudicate accordingly.

Empire provider data updates flow to AIM via the provider data extract, but the data flow does not work in the reverse back to Empire. It is important that providers make the following changes or updates with Empire, not AIM:

- Group or practice name
- TIN
- NPI
- Address (add/remove location(s), corrections)
- Phone numbers
- Fax numbers
- Any additional changes

If Providers have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services:

- Medicaid: 1-800-450-8753
- Medicare Advantage: Call the number on the back of members' ID cards

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## Transition to AIM Rehabilitative Services Clinical Appropriateness Guidelines

Published: Aug 1, 2020 - **State & Federal** / Medicaid

Effective October 1, 2020, Empire BlueCross BlueShield will transition the clinical criteria for medical necessity review of certain rehabilitative services to AIM Specialty Health®* *Rehabilitative Service Clinical Appropriateness Guidelines* as part of the AIM rehabilitation program. Reviewed services will include certain physical therapy, occupational therapy and speech therapy services.

As part of this transition of clinical criteria, the following procedures will be subject to prior authorization as part of the AIM rehabilitation program:

| CPT® code | Description |
|---|---|
| 90901 | Biofeedback training by any modality (when done for medically necessary indications) |
| 90912 | Biofeedback training for bowel or bladder control, initial 15 minutes |
| 90913 | Biofeedback training for bowel or bladder control, additional 15 minutes |
| 96001 | Three-dimensional, video-taped, computer-based gait analysis during walking |
| 0552T | Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional |
| S8940 | Therapeutic horseback riding, per session |
| S8948 | Treatment with low level laser (phototherapy) each 15 minutes |
| S9090 | Vertebral axial decompression (lumbar traction), per session |
| 20560 | Needle insertion(s) without injection(s), 1 or 2 muscle(s) |
| 20561 | Needle insertion(s) without injection(s), 3 or more muscle(s) |
| 97129 | One-on-one therapeutic interventions focused on thought processing and strategies to manage activities |
| 97130 | Each additional 15 minutes (List separately in addition to code for primary procedure.) |
| 92606 | Therapeutic services for use of non-speech-generating device with programming |
| 92609 | Therapeutic services for use of speech-generating device with programming |
| 92630 | Hearing training and therapy for hearing loss prior to learning to speak |

The following procedure will be removed from the program:

- S9117: Back school, per visit

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM's ***Provider****Portal*SM directly at **https://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 Portal* at **https://www.availity.com**.
- Call the AIM Contact Center toll-free number at **1-800-714-0040** from 7 a.m. to 7 p.m. Eastern time.

If you have questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines at **https://aimproviders.com/rehabilitation**.

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**URL:** https://providernews.empireblue.com/article/transition-to-aim-rehabilitative-services-clinical-appropriateness-guidelines-8

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## Keep up with Medicaid news

Published: Aug 1, 2020 - **State & Federal** / Medicaid

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

- Updates to AIM musculoskeletal program clinical appropriateness guidelines

**URL:** https://providernews.empireblue.com/article/keep-up-with-medicaid-news-35

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## 2020 Medicare risk adjustment provider trainings

Published: Aug 1, 2020 - **State & Federal** / Medicare

The Medicare Risk Adjustment Regulatory Compliance team at Empire BlueCross BlueShield offers two provider training programs regarding Medicare risk adjustment and documentation guidelines. Information for each training is outlined below.

**Medicare Risk Adjustment and Documentation Guidance (general)**

- **When**: This training is offered the first Wednesday of each month from 1 p.m. to 2 p.m. ET.
- **Learning objective**: This onboarding training will provide an overview of Medicare risk adjustment, including the risk adjustment factor and the hierarchical condition category (HCC) model with guidance on medical record documentation and coding.
- **Credits**: This live activity, Medicare Risk Adjustment and Documentation Guidance, from January 8, 2020, to December 2, 2020*, has been reviewed and is acceptable for up to one prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For those interested in joining us to learn how providers play a critical role in facilitating the risk adjustment process, register for one of the monthly training sessions at: **Training Registration.**

* Note: Dates may be modified due to holiday scheduling.

**Medicare Risk Adjustment, Documentation and Coding Guidance (condition specific)**

- **When:** This training is offered on the third Wednesday of every other month from noon to 1 p.m. ET.
- **Learning objective:** This training series will provide in-depth disease information pertaining to specific conditions, including an overview of their corresponding hierarchical condition categories (HCC), with guidance on documentation and coding.
- **Credits**: This live series activity, Medicare Risk Adjustment Documentation and Coding Guidance, from
January 15, 2020, to November 18, 2020, has been reviewed and is acceptable for credit by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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**URL:** https://providernews.empireblue.com/article/2020-medicare-risk-adjustment-provider-trainings-17

## AIM Musculoskeletal program expansion

Published: Aug 1, 2020 - **State & Federal** / Medicare

Effective November 1, 2020, AIM Specialty Health® (AIM)*, a specialty health benefits company, will expand the AIM Musculoskeletal program to perform medical necessity reviews for certain elective surgeries of the small joint for Medicare Advantage (MA) patients, as further outlined below.

AIM will follow the Empire BlueCross BlueShield (Empire) clinical hierarchy for medical necessity determination. For Medicare Advantage products AIM makes clinical appropriateness based on CMS National Coverage Determinations, Local Coverage Determinations, other coverage guidelines, and instructions issued by CMS and legislative benefit changes. Where the existing CMS guidance provides insufficient clinical detail, AIM will determine medical necessity using an objective, evidence-based process.

**Prior authorization requirements**

For services scheduled on or after November 1, 2020, providers must contact AIM to obtain prior authorization for the services detailed below. Providers are strongly encouraged to verify they have received a prior authorization before scheduling and performing services.

Detailed prior authorization requirements are available to contracted providers by accessing the Availity Portal* at www.availity.com. Contracted and non-contracted providers may call Provider Services at the phone number on the back of the member's ID card for prior authorization requirements or additional questions as needed.

**Small joint replacement (including all associated revision surgeries)**

- Total joint replacement of the ankle
- Correction of hallux valgus
- Hammertoe repair

The expanded musculoskeletal program will review certain lower extremity small joint surgeries for clinical appropriateness of the procedure and the setting in which the procedure is performed (*Level of Care* review). Procedures performed as part of an inpatient admission are included. The clinical guidelines that have been adopted by Empire BlueCross BlueShield to review for medical necessity and level of care are located at:

- AIM Small Joint Surgery Guideline

- AIM **Level of Care Guidelines for Musculoskeletal Surgery and Procedures**

**How to place a review request**
You may place a prior authorization request online via the AIM ***Provider****Portal*$_{SM}$. This service is available 24/7 to process requests using *Clinical Criteria*. Go to www.providerportal.com to register. You can also call AIM at **1-800-714-0040**, Monday to Friday 7 a.m. to 7 p.m. Central time.

**For more information**
For resources to help your practice get started with the musculoskeletal program, go to www.aimprovider.com/msk.

This provider website will help you learn more and provide useful information and tools such as order entry checklists, clinical guidelines, and FAQs.

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com

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**URL:** https://providernews.empireblue.com/article/aim-musculoskeletal-program-expansion-1

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## Medical drug benefit Clinical Criteria updates

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If you have questions or would like additional information, use this email.

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**URL:** https://providernews.empireblue.com/article/medical-drug-benefit-clinical-criteria-updates-42

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## Provider data update

Published: Aug 1, 2020 - **State & Federal** / Medicare

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**URL:** https://providernews.empireblue.com/article/provider-data-update-2

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## Waived copays, deductibles and coinsurance for CCM, complex CCM and TCM

Published: Aug 1, 2020 - **State & Federal** / Medicare

To support improvement of health outcomes for our members, cost-sharing requirements (copays, deductibles and coinsurance) are not applied to chronic care management (CCM) and transitional care management (TCM) services for Medicare Advantage plans (with the exception of Dual-Eligible Special Needs Plans [D-SNPs]), effective for dates of service on and after September 1, 2019.

CCM, complex CCM and TCM services will be allowed per Medicare coverage guidelines. Members and providers must still meet criteria set by Medicare. These services require advanced consent from the member, which must be documented in the patient's medical record.

The following services are included:

<table>
<tr><td>Initiation of CCM or complex CCM:</td><td>G0506 — Comprehensive assessment and care planning by the physician or other qualified health care professional for patients requiring chronic care management services</td></tr>
<tr><td rowspan="2">CCM:</td><td>99490 — CCM services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional per calendar month, with the following required elements:<br><br>• Multiple (two or more) chronic conditions expected to last at least<br>12 months, or until the death of the patient<br>• Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation or functional decline<br>• Comprehensive care plan established, implemented, revised or monitored</td></tr>
<tr><td>99491 — CCM services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time per calendar month, with the following required elements:<br><br>• Multiple (two or more) chronic conditions expected to last at least<br>12 months, or until the death of the patient<br>• Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation or functional decline<br>• Comprehensive care plan established, implemented, revised or monitored</td></tr>
</table>

<table>
<tr><td rowspan="2">Complex CCM:</td><td>99487 — Complex CCM services, with the following required elements:<br><ul><li>Multiple (two or more) chronic conditions expected to last at least<br>12 months, or until the death of the patient</li><li>Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation or functional decline</li><li>Establishment or substantial revision of a comprehensive care plan</li><li>Moderate or high complexity medical decision making</li><li>60 minutes of clinical staff time directed by a physician or other qualified health care professional per calendar month</li></ul></td></tr>
<tr><td>99489 — Complex CCM services, with the following required elements:<br><ul><li>Multiple (two or more) chronic conditions expected to last at least<br>12 months, or until the death of the patient</li><li>Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation or functional decline</li><li>Establishment or substantial revision of a comprehensive care plan</li><li>Moderate or high complexity medical decision making</li><li>Each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional per calendar month (list separately in addition to code for primary procedure)</li></ul></td></tr>
</table>

| TCM: | **99495** — Transitional care management services with the following required elements:<br>• Communication (direct contact, telephone or electronic) with the patient or caregiver within two business days of discharge<br>• Medical decision making of at least moderate complexity during the service period<br>• Face-to-face visit within 14 calendar days of discharge |
|---|---|
| | **99496** — Transitional care management services with the following required elements:<br>• Communication (direct contact, telephone or electronic) with the patient or caregiver within two business days of discharge<br>• Medical decision making of high complexity during the service period<br>• Face-to-face visit within seven calendar days of discharge |

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**URL:** https://providernews.empireblue.com/article/waived-copays-deductibles-and-coinsurance-for-ccm-complex-ccm-and-tcm

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## Keep up with Medicare news

Published: Aug 1, 2020 - **State & Federal** / Medicare

Please continue to check Important Medicare Advantage Updates at empireblue.com/medicareprovider for the latest Medicare Advantage information, including:

- Updates to AIM musculoskeletal program clinical appropriateness guidelines
- Submit behavioral health authorizations via our online Interactive Care Reviewer tool
- Medicare Advantage Provider data update
- Updates to AIM musculoskeletal program clinical appropriateness guidelines

**URL:** https://providernews.empireblue.com/article/keep-up-with-medicare-news-148