



An Anthem Company

New York Provider News

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2021 Provider Manual now available

Published: Aug 1, 2021 - Administrative

We are pleased to announce that a new Empire Provider Manual, will be available on [empireblue.com/provider](https://www.empireblue.com/provider) on August 1, 2021. The provider manual replaces any prior version and it allows you to link directly to many important forms, policies, and tools on our website.

The manual can be found on <https://www.empireblue.com/provider/policies/manuals/>. Scroll down to the Manual Library to view and/or download the provider manual as well as BlueCard, Medicare Advantage and Medicaid manuals.

1272-0821-PN-NY

URL: <https://providernews.empireblue.com/article/2021-provider-manual-now-available>

Telehealth visits can impact after-hospitalization follow-up care for mental illness

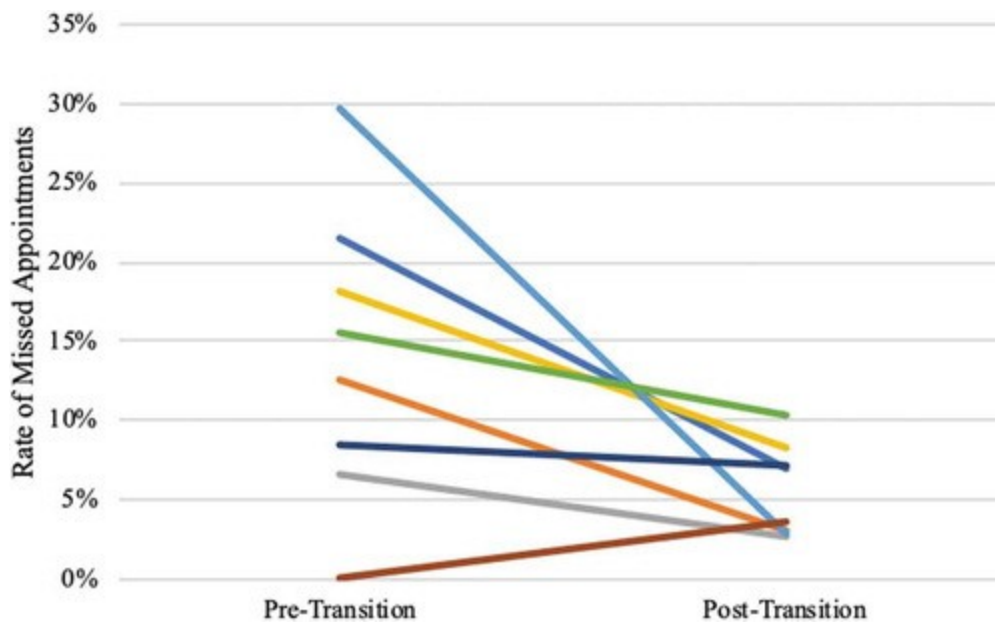
Published: Aug 1, 2021 - Administrative

Reductions in missed appointments are significant

Telehealth visits are having a significant impact on missed appointments according to a study published in [Counselling Psychology Quarterly](#). Prior to transitioning to telehealth, clinicians in the study “Psychotherapy at a public hospital in the time of COVID-19: telehealth and implications for practice,¹” experienced a 14.25% missed appointment rate. After transitioning to telehealth, the missed appointment rate fell to 5.63%.

Rate of missed appointments before and after transitioning to telehealth

The graph below illustrates the changes in the average rate of missed appointments (cancellations and no-show) for each of the eight clinicians in the study between the periods before and after the transition to telehealth.



<https://www.tandfonline.com/doi/full/10.1080/09515070.2020.1777390>

“While there are a number of limitations to consider regarding this data, [which is further discussed in the study], the statistically significant reduction in missed appointments pre-and-post [digital] transition is striking,” cited in the study report.

Telehealth and telephone visits with members after a behavioral health (BH) inpatient stay meet HEDIS® criteria for the measure: Follow-up after Hospitalization for Mental Illness (FUH). With transportation being one of the barriers to after hospitalization follow-up, telehealth visits could be an ideal solution.²

The FUH HEDIS measure evaluates:

- Members (6 years and older) who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner.

Two areas of importance for this HEDIS measure are:

1. The percentage of behavioral health inpatient discharges for which the member received follow-up within 7 days after discharge.
2. The percentage of behavioral health inpatient discharges for which the member received follow-up within 30 days after discharge.

These two consecutive follow-up appointments are paramount to positive outcomes as well as meeting this HEDIS measure. Telehealth visits can greatly increase the likelihood of keeping follow-up appointments leading to reduced numbers of rehospitalization and more favorable outcomes for these patients. To learn more about the [FUH HEDIS measure](#), visit the [NCQA website](#).

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

¹ [Counselling Psychology Quarterly](#). Psychotherapy at a public hospital in the time of COVID-19: telehealth and implications for practice

<https://www.tandfonline.com/doi/full/10.1080/09515070.2020.1777390>

² Traveling towards disease: transportation barriers to health care access.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215/#:~:text=Transportation%20barriers%20are%20often%20cited,and%20thus%20poorer%20health%20outcomes>

1264-0821-PN-NY

URL: <https://providernews.empireblue.com/article/telehealth-visits-can-impact-after-hospitalization-follow-up-care-for-mental-illness>

Clearing up coding confusion for retinal eye exams (DRE)

Published: Aug 1, 2021 - Administrative

3072F: new language about two-year compliance.

The Comprehensive Diabetes Care HEDIS® Measure Retinal Eye Exam (DRE) values the percent of adult members ages 18 to 75, with diabetes (type 1 and type 2), who had a retinal eye exam during the measurement year.

Changes to 3072F

The definition for the code 3072F (negative for retinopathy) has been redefined to: *Low risk for retinopathy (no evidence of retinopathy in the prior year)*. This can be particularly confusing because it would not be used at the time of the exam. It would be used the following year, along with the exam coding for the current year, to indicate that retinopathy was not present the previous year.

A simpler coding solution

Using these three codes count toward the DRE measurement if they are billed in the current measurement year, **or** the prior year. This means you can submit the appropriate code at the time of the exam, and it covers both years:

| | |
|-------|---|
| 2023F | Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM) |
| 2025F | 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM) |
| 2033F | Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM) |

For more about diabetic retinopathy, visit [CMS.gov](https://www.cms.gov) or use [this link to read more](#).

Meeting the measurement for all diabetes care

These exams are also important in evaluating the overall health of diabetic patients, as well as meeting the Comprehensive Diabetes Care HEDIS measure:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- Retinal Eye exam performed
- Blood Pressure control (<140/90 mm Hg)

Record your efforts in the member's medical records for the HbA1c tests and results, retinal eye exam, blood pressure, urine creatinine test and the estimated glomerular filtration rate test. Meeting the mark and closing gaps in care is key to good health outcomes.

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

1265-0821-PN-NY

URL: <https://providernews.empireblue.com/article/clearing-up-coding-confusion-for-retinal-eye-exams-dre>

Register now for our August CME webinars

Published: Aug 1, 2021 - Administrative



Overview:

Join us throughout the year in a new Continuing Medical Education (CME) webinar series as we share practices and success stories to overcoming barriers in achieving clinical quality goals, attaining better patient outcomes and improving STARs ratings.

Program objectives:

- Learn strategies to help you and your healthcare team improve your performance across a range of clinical areas.
- Apply the knowledge you gain from the webinars to improve your organization's quality and STARs ratings.

Attendees will receive one CME credit upon completion of a program evaluation at the conclusion of each webinar.

Registration for our August webinars is now available.

Motivating Patients to Adhere to Cervical Cancer Prevention and Screening Recommendations (presented by American Cancer Society)

Date: Tuesday, August 3, 2021

Time: 12:00 p.m. ET

Presented by the American Cancer Society (ACS), this webinar will focus on the pandemic's impact on cancer screenings and implications of delayed cervical cancer screenings and will provide tools and tactics to engage and motivate your patients to adhere to ACS prevention and screening recommendations.

10 Best Practices for Improving Pharmacy Quality Measures

Date: Thursday, August 12, 2021

Time: 1:00 p.m. and 3:00 p.m. ET (*two sessions offered*)

This webinar will explain the role of pharmacy quality measures on overall outcomes and offer practical approaches to improving pharmacy quality measures.

6 Ways to Improve Risk Adjustment Documentation Accuracy

Date: Tuesday, August 17, 2021

Time: 12:00 p.m. and 3:00 p.m. ET (*two sessions offered*)

This webinar will offer best practices to documentation and explain how documentation and coding can enhance patient outcomes.

REGISTER HERE for our upcoming clinical quality webinars!

1275-0821-PN-NY

URL: <https://providernews.empireblue.com/article/register-now-for-our-august-cme-webinars>

Digital scheduling feature in the Availity Portal: the Appointment Scheduler application

Published: Aug 1, 2021 - **Administrative** / Digital Tools

We're making it even easier for you to schedule online appointments through the Appointment Scheduler App on [Availity](#). The Appointment Scheduler App gives you secure access to new appointment requests. You'll also receive digital access to the member's ID number, contact information and any special health information.

Appointment Scheduler App features include:

- Manage appointment requests
- Configure appointment availability
- Notifications for new visit requests on your Availity dashboard
- Members are automatically notified by text or email when appointments are confirmed

Welcome

Your One-Stop Shop!
Explore important proprietary information available in the Applications and Resources tabs.



Article Attachments

Applications Resources News and Announcements

Sort By A-Z

Custom Learning Center

Find payer-centric training and resources in the learning center.

Appointment Scheduler

Configure appointment availability and manage appointment requests from patients

Authorization Rules Lookup

Commercial Products
Check if an outpatient procedure requires authorization.

Administrators, administrator assistants and users with the role of “office staff” will have access to the Appointment Scheduler App.

To access Appointment Scheduler, log onto [Availity.com](https://availity.com) and select Anthem from Payer Spaces. The Appointment Scheduler App will be in your Applications menu. To learn more about the new App, visit the Custom Learning Center in Availity keyword search Appointment Scheduler.

1266-0821-PN-NY

URL: <https://providernews.empireblue.com/article/digital-scheduling-feature-in-the-availity-portal-the-appointment-scheduler-application>

Specialty dose rounding program for certain oncology medications

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

Providers treating members covered by Empire BlueCross BlueShield (“Empire”) plans will be asked in selective circumstances to voluntarily reduce the requested dose to the nearest whole vial for over 40 oncology medications (see list below). Reviews for these oncology drugs will continue to be administered by AIM Specialty Health® (AIM).

As part of the online prior authorization process, providers will be asked about the dosage of the medication being requested in pop-up questions:

- Whether or not the recommended dose reduction is acceptable
- 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 prior authorization requests made outside of the online AIM Provider Portal (i.e. via phone or fax) the same questions will be asked by the registered nurse or medical director 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 percent of the nearest whole vial. This threshold is based on the current medical literature and recommendations from the Hematology and Oncology Pharmacists Association (HOPA) it is appropriate to consider dose rounding within 10 percent. [Click here](#) to view the HOPA recommendations.

The voluntary dose reduction program only applies to the specific oncology drugs listed below. Providers can view prior authorization requirements for Empire members on the [Medical Policy & Clinical UM Guidelines](#) page at empireblue.com.

| Drug Name | HCPCS Code | Drug Name | HCPCS Code |
|---|-------------------|---------------------------------------|-------------------|
| Abraxane (paclitaxel protein-bound) | J9264 | Kadcyla (ado-trastuzumab emtansine) | J9354 |
| Actimmune (interferon gamma-1B) | J9216 | Kanjinti (trastuzumab-anns) | Q5117 |
| Adcetris (brentuximab vedotin) | J9042 | Keytruda (pembrolizumab) | J9271 |
| Alimta (pemetrexed) | J9305 | Kyprolis (carfilzomib) | J9047 |
| Asparlas (calaspargase pegol-mknl) | J9118 | Lumoxiti (moxetumomab pasudotox-tdfk) | J9313 |
| Avastin (bevacizumab) | J9035 | Mvasi (bevacizumab-awwb) | Q5107 |
| Bendeka (bendamustine) | J9034 | Mylotarg (gemtuzumab ozogamicin) | J9203 |
| Besponsa (inotuzumab ozogamicin) | J9229 | Neupogen (filgrastim) | J1442 |
| Blinicyto (blinatumomab) | J9039 | Ogivri (trastuzumab-dkst) | Q5114 |
| Cyramza (ramucirumab) | J9308 | Oncaspar (pegaspargase) | J9266 |
| Darzalex (daratumumab) | J9145 | Ontruzant (trastuzumab-dttb) | Q5112 |
| 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 | Riabni (rituximab-arrx) | Q5123 |
| Erbix (cetuximab) | J9055 | Rituxan (rituximab) | J9312 |

| | | | |
|-----------------------------|-------|------------------------------|-------|
| Erwinase (asparaginase) | J9019 | Ruxience (rituximab-pvvr) | Q5119 |
| Ethyol (amifostine) | J0207 | Sarclisa (isatuximab-irfc) | J9227 |
| Granix (tbo-filgrastim) | J1447 | Sylvant (siltuximab) | J2860 |
| Halaven (eribulin mesylate) | J9179 | Trazimera (trastuzumab-qyyp) | Q5116 |
| Herceptin (trastuzumab) | J9355 | Treanda (bendamustine) | J9033 |
| Herzuma (trastuzumab-pkrb) | Q5113 | Truxima (rituximab-abbs) | Q5115 |
| Imfinzi (durvalumab) | J9173 | Vectibix (panitumumab) | J9303 |
| Istodax (romidepsin) | J9315 | Yervoy (ipilimumab) | J9228 |
| Ixempra (ixabepilone) | J9207 | Zaltrap (ziv-aflibercept) | J9400 |
| Jevtana (cabazitaxel) | J9043 | Zirabev (bevacizumab-bvzr) | Q5118 |

Note: In some plans “dose reduction to nearest whole vial” or another term “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” and in some plans, these terms may be used interchangeably. For simplicity, we will hereafter use “dose reduction (to nearest whole vial).”

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.

1245-0821-PN-NY

URL: <https://providernews.empireblue.com/article/specialty-dose-rounding-program-for-certain-oncology-medications>

Specialty dose rounding program for certain non-oncology medications beginning August 1, 2021

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

Empire BlueCross BlueShield (“Empire”) is committed to being a valued healthcare 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, 2021, providers treating members covered by Empire Commercial plans may be asked to consider voluntarily reducing the requested dose to avoid vial wastage for select non-oncology specialty medications. The dose reduction suggestion will only be made if the originally requested dose is within 10% of the nearest whole vial.

Since this program is voluntary, the decision to participate will not affect the final decision on the prior authorization.

Reviews for these specialty drugs will continue to be administered by IngenioRx®.

As part of the prior authorization process, providers may be asked the following questions:

- Whether the suggested dose reduction is clinically acceptable
- Clinical reasoning if the dose reduction is not appropriate

Providers can view prior authorization requirements for Empire members on the [Medical Policy & Clinical UM Guidelines](#) page at empireblue.com.

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.

1273-0821-PN-NY

URL: <https://providernews.empireblue.com/article/specialty-oncology-dose-rounding-program-for-certain-non-oncology-medications-beginning-august-1-2021>

Immune globulin adjusted body weight dosing program beginning August 1, 2021

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

Empire BlueCross BlueShield (“Empire”) is committed to being a valued healthcare 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, 2021, providers treating members covered by Empire Commercial plans may be asked to consider voluntarily using adjusted body weight (AdjBW) dosing compared to actual body weight (ABW) dosing for immune globulin medications. The dose change using AdjBW will only be made if the member’s actual body weight is more than 20% of the ideal body weight (IBW).

Since this program is voluntary, the decision to participate will not affect the final decision on the prior authorization.

Reviews for the immune globulin medications will continue to be administered by IngenioRx[®] as these will specifically target specialty non-oncology indications.

As part of the prior authorization process, providers may be asked the following questions:

- Whether the suggested use of AdjBW and change in dose is clinically acceptable
- Clinical reasoning if the dose change (using AdjBW) is not appropriate

Providers can view prior authorization requirements for Empire members on the [Medical Policy & Clinical UM Guidelines](#) page at empireblue.com.

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.

1274-0821-PN-NY

URL: <https://providernews.empireblue.com/article/immune-globulin-adjusted-body-weight-dosing-program-beginning-august-1-2021>

Clinical criteria updates for specialty pharmacy

Published: Aug 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 a Clinical Criteria meeting. To access the clinical criteria information please click [here](#).

Revised Clinical Criteria effective August 1, 2021

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

- ING-CC-0037 Kanuma (sebelipase alfa)
- ING-CC-0043 Monoclonal Antibodies to Interleukin-5
- ING-CC-0057 Krystexxa (pegloticase)
- ING-CC-0066 Monoclonal Antibodies to Interleukin-6
- ING-CC-0068 Growth Hormone
- ING-CC-0069 Egrifta (tesamorelin)
- ING-CC-0111 Nplate (romiplostim)
- ING-CC-0137 Cablivi (caplacizumab-yhdp)
- ING-CC-0153 Adakveo (crizanlizumab)
- ING-CC-0162 Tepezza (teprotumumab-trbw)

1249-0821-PN-NY

URL: <https://providernews.empireblue.com/article/clinical-criteria-updates-for-specialty-pharmacy-60>

Empire to update formulary lists for commercial health plan pharmacy benefit

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

Effective with dates of service on and after October 1, 2021, 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.

Article Attachments

[10.1.2021_Summary_of_Formulary_application/pdf](#) - 52.8 KB

Updates include changes to drug tiers and the removal of medications from the formulary.

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](#).

1270-0821-PN-NY

URL: <https://providernews.empireblue.com/article/empire-to-update-formulary-lists-for-commercial-health-plan-pharmacy-benefit-4>

Updates for specialty pharmacy effective November 1, 2021

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

Prior authorization updates

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

Please note, inclusion of National Drug Code (NDC) code on your claim will help expedite claim processing of drugs billed with a Not Otherwise Classified (NOC) code.

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-0196 | J3490, J9999, J3590 | Zynlonta |
| **ING-CC-0197 | J3490, J3590, J9999 | Jemperli |
| *ING-CC-0199 | J3490, J3590, C9399 | Empaveli |

* 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 November 1, 2021, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our quantity limit review process.

Please note, inclusion of National Drug Code (NDC) code on your claim will help expedite claim processing of drugs billed with a Not Otherwise Classified (NOC) code.

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-0199 | J3490, J3590, C9399 | Empaveli |

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

** Oncology use is managed by AIM.

1271-0821-PN-NY

Pharmacy information available on empireblue.com

Published: Aug 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.

1250-0821-PN-NY

Transition to AIM Specialty Health Imaging of the Heart clinical appropriateness guideline for Computed Tomography to detect coronary artery calcification

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

Effective November 1, 2021, Empire BlueCross BlueShield (“Empire”) will transition the clinical criteria for medical necessity review of Computed Tomography to Detect Coronary Artery Calcification to AIM Imaging of the Heart Clinical Appropriateness Guideline.

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

| CPT code | Description |
|----------|--|
| 75571 | Computed tomography, heart, without contrast material, with quantitative evaluation of coronary artery calcium |
| S8092 | Electron beam CT (also known as ultrafast CT, cine CT) |

- Access AIM's **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 availity.com
- Call the AIM Contact Center toll-free number: 1-877-430-2288, Monday–Friday, 8:00 a.m.–6:00 p.m. ET.

For 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 [here](#).

1258-0821-PN-NY

URL: <https://providernews.empireblue.com/article/transition-to-aim-specialty-health-imaging-of-the-heart-clinical-appropriateness-guideline-for-computed-tomography-to-detect-coronary-artery-calcification>

Medical policy and clinical guideline updates

Published: Aug 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.

Clinical Guideline Updates

New Clinical Guideline Effective 11-01-2021
(The following guideline is new and has been adopted.)

- CG-MED-89 – Home Parenteral Nutrition

Corrections to the Medical Policy Update section of the July 2021 Newsletter

In the July 2021 provider newsletter, providers were advised that SURG.00127 Sacroiliac Joint Fusion would be archived effective on September 12, 2021, with minimally invasive sacroiliac joint fusion transitioned to an AIM guideline and open sacroiliac joint fusion converted to a clinical UM guideline (CG-SURG-111 Open Sacroiliac Joint Fusion). We wanted to advise that this medical policy will be archived effective on July 30, 2021.

1251-0821-PN-NY

Inpatient Readmission (Facility)

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

As a reminder, Empire BlueCross BlueShield (“Empire”) does not allow separate reimbursement for claims that have been identified as a readmission for the same, similar or closely-related diagnoses or condition to the same facility or another facility that (i) operates under the same Facility Agreement, (ii) has the same tax identification number as Facility, or (iii) is under common ownership as Facility, as further described in the [existing reimbursement policy](#) found on empireblue.com/provider.

If Empire determines that this reimbursement policy has not been followed, Empire may deny the claim prior to payment or recover any paid claim. Providers may dispute any claim denied under this policy consistent with applicable law, your agreement with Empire, and Empire policies.

1252-0821-PN-NY

URL: <https://providernews.empireblue.com/article/inpatient-readmission-facility>

Distinct Procedural Service, Modifiers 59 and XE, XP, XS, & XU

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

Beginning with dates of service on or after November 1, 2021, Empire BlueCross BlueShield (“Empire”) will update the Related Coding section to indicate no modifier override for the neurostimulator device when billed with the surgical code for the implantation of the neurostimulator device.

The code pairs listed below have been added the below pairs to the Related Coding Section:

- L8680 when reported with 63655
- L8679 when reported with 63650

- L8679 when reported with 63655
- L8687 when reported with 63650
- L8687 when reported with 63655

For more information about this policy, visit the [Reimbursement Policy](#) page at empireblue.com/provider.

1261-0821-PN-NY

URL: <https://providernews.empireblue.com/article/distinct-procedural-service-modifiers-59-and-xe-xp-xs-xu>

Virtual Visits - Professional and Facility

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

Beginning with dates of service on or after November 1, 2021, Empire BlueCross BlueShield's current Telehealth policy will be renamed Virtual Visits. Empire allows reimbursement for professional and facility Virtual Visits when interactive services occur between the member and the provider, when they are not in the same location, unless provider, state, or federal contracts and/or mandates indicate otherwise. Reimbursement is allowed for professional and facility Virtual Visits rendered at the distant site via live audio-visual services and for Remote Patient Monitoring. In addition, facility Virtual Visits will be allowed for the originating site fee. The Related Coding section details the modifiers allowed for reimbursement.

For more information about this policy, visit the [Reimbursement Policy](#) page at empireblue.com/provider.

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URL: <https://providernews.empireblue.com/article/virtual-visits-professional-and-facility>

Change in email submission of service requests for Federal Employee Program members

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

Effective November 1, 2021, in order to help ensure our member's security, the Blue Cross and Blue Shield Federal Employee Program (FEP®) will be decommissioning the Utilization Management (UM) email address for processing eReviews, FEPE-Reviews@anthem.com.

As an alternative, FEP offers our providers a secure online portal, Interactive Care Reviewer (ICR)

About the portal

ICR is Empire BlueCross BlueShield's ("Empire") innovative UM portal that allows providers, in addition to phone or fax, to submit prior authorization requests and to provide clinical documentation (including imaging) to support initial and continued stay reviews. This enables prior authorization requests and clinical information to be transmitted directly to UM staff.

Key features of the portal

- A no cost electronic UM solution
- Instant access from any location at any time
- Create a UM preauthorization case and instantly submit it for review
- Attach clinical documents for review – no faxing required
- Check status of any case regardless of the method used to originally submit request
- Complete record of submissions and dispositions – all in one place.
- Bi-directional communication.

To submit prior authorization service requests electronically, register for use of ICR prior to **November 1, 2021** on the [Availity portal](#).

For more information on Anthem ICR, including training resources:

<https://www.anthem.com/provider/prior-authorization/interactive-care-reviewer/>

Register for ICR via the Availity portal: <https://www.availity.com/provider-portal-registration>

Need help registering? View this video: [How to Access Availity and Register](#)

As a reminder, in addition to using ICR on the Availity portal, you can submit authorizations, to FEP UM by phone or fax:

- FEP UM precertification toll free #: 800-860-2156
- FEP UM precertification fax #:800-732-8318
- FEP UM advance benefit determination fax #: 877-606-3807

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URL: <https://providernews.empireblue.com/article/change-in-email-submission-of-service-requests-for-federal-employee-program-members>

Keep up with Medicaid news

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

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

- [Medical Step Therapy – Kesimpta](#)

URL: <https://providernews.empireblue.com/article/keep-up-with-medicaid-news-70>

City of New York offers Medicare Advantage option in 2022

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

The City of New York has awarded their group retiree business to Retiree Health Alliance, an alliance between Empire BlueCross BlueShield (Empire) and EmblemHealth. Effective January 1, 2022, approximately 240,000 Medicare-eligible City of New York retirees will transition to Retiree Health Alliance's NYC Medicare Advantage Plus plan.

The NYC Medicare Advantage Plus plan is a Medicare Advantage PPO plan that allows retirees to receive services from both in-network and out-of-network providers. Out-of-network providers must be eligible to receive Medicare payment. Under this new plan, City of New York retirees will have no difference in cost share for both in-network and out-of-network services. NYC Medicare Advantage Plus offers the same hospital and medical benefits Medicare covers, as well as additional benefits Medicare does not provide, such as an annual routine physical exam, hearing exams, health and fitness tracker, LiveHealth Online,* and SilverSneakers.*

In the coming months, provider education materials and training opportunities specific to the NYC Medicare Advantage Plus plan will be made available to all providers in both Empire's and EmblemHealth's Medicare Advantage networks.

We look forward to furthering our mission to materially and measurably improve the health of all New Yorkers through this opportunity, in partnership with the City of New York and EmblemHealth.

* LiveHealth Online is the trade name of Health Management Corporation, an independent company, providing telehealth services on behalf of Empire BlueCross BlueShield and EmblemHealth. Tivity Health, Inc. is an independent company providing the SilverSneakers fitness program on behalf of Empire BlueCross BlueShield and EmblemHealth.

EmblemHealth insurance plans are underwritten by EmblemHealth Plan, Inc., EmblemHealth Insurance Company, and Health Insurance Plan of Greater New York (HIP). EmblemHealth Services Company, LLC provides administrative services to EmblemHealth companies. The EmblemHealth companies are separate companies from Empire BlueCross BlueShield.

EBSCARE-0654-21 July 2021

URL: <https://providernews.empireblue.com/article/city-of-new-york-offers-medicare-advantage-option-in-2022>

Preventing claims denials: Shingles vaccine

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

Know best: Shingles vaccinations are a Medicare Part D benefit whether administered in your office or in the pharmacy

We want you to have the information you need when filing claims for our Medicare Advantage members so your payments are received quickly and effortlessly. The shingles vaccine and the administration of the vaccine is commonly billed in error under the member's Medicare Part B medical benefit. The shingles vaccination is a Medicare Part D pharmacy benefit, which requires the member to pay in advance of reimbursement. The member then submits the prescription drug claim form to their Medicare Part D plan for reimbursement.

You can also refer the member to the pharmacy for the vaccine. The claim is usually filed for the member by the pharmacy provider using a clearinghouse platform that enables Medicare Part D claims transactions. Or, if you have access to clearinghouse platforms that enable you to file pharmacy transactions, that is another option for administering the vaccination in your office and for further serving the member.

The Centers for Medicare & Medicaid Services (CMS) has a helpful resource, *MLN Fact Sheet: Medicare Part D Vaccines*, that offers an all-inclusive look into patient access, vaccine administration, and reimbursement. Use this link to [download a copy](#).

We want you to have all the information you need to know best. For more information about filing claims, [visit this link](#).

EBSCARE-0618-21 June 2021
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URL: <https://providernews.empireblue.com/article/preventing-claims-denials-shingles-vaccine>

Policy reminder: Inpatient Readmissions

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

As a reminder, Empire BlueCross BlueShield (Empire) Medicare Advantage does not allow separate reimbursement for claims that have been identified as a readmission to the same hospital for the same, similar or related condition unless provider, federal, or CMS contracts and/or requirements indicate otherwise as further described in the existing reimbursement policy found here:

https://www.empireblue.com/da/inline/pdf/67389musenmub_ebcbs.pdf.

If Empire determines that this reimbursement policy has not been followed, Empire may deny the claim prior to payment or recover any paid claim. Providers may dispute any claim denied under this policy consistent with applicable law, your agreement with Empire, and Empire policies.

For more detailed information on the Inpatient Readmissions reimbursement policy, please visit <https://www.empireblue.com/provider/policies/reimbursement/>.

EBSCRNU-0180-21 June 2021
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URL: <https://providernews.empireblue.com/article/policy-reminder-inpatient-readmissions-1>

Keep up with Medicare news

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

Please continue to read news and updates at [empireblue.com/medicareprovider](https://www.empireblue.com/medicareprovider) for the latest Medicare Advantage information, including:

- [Prior authorization requirement changes effective October 1, 2021 – UM AROW 1907](#)
- [Infliximab Step Therapy - Effective 7/15/2021](#)

URL: <https://providernews.empireblue.com/article/keep-up-with-medicare-news-213>
