



An Anthem Company

# New York Provider News

December 2018 Empire Provider Newsletter

## Pharmacy:

Empire accepts electronic prior authorization requests for . . . . . 4  
prescription medications online

Introducing the new Clinical Criteria page for injectable, infused . . . . . 4  
or implanted drugs

Pharmacy information available on empireblue.com . . . . . 5

## Administrative:

Empire announces a new network - Blue Access . . . . . 5

Empire announces changes to the Individual Health Benefit . . . . . 7  
Plans

Prepare NOW for Empire Facility and Physician Portal . . . . . 8  
Retirement

Availity to serve as EDI entry point for electronic submissions . . . . . 9

Explore new enhancements to the Education and Reference . . . . . 11  
Center

Company works to simplify payment recovery process for . . . . . 11  
National Accounts membership

HEDIS® 2018 Commercial Results Are In . . . . . 12

Case Management Program . . . . . 13

ConditionCare Program Benefits Patients and Physicians . . . . . 14

Integrated Care Model for plans purchased on the Health . . . . . 15  
Insurance Marketplace benefits patients and physicians

Coordination of Care . . . . . 16

Important Information about Utilization Management . . . . . 17

Members' Rights and Responsibilities . . . . . 19

Vaginal Birth after Cesarean (VBAC) Certified Shared Decision . . . . . 19  
Making Aid Available on the Web

Clinical practice and preventive health guidelines available online	20
---	----

**Policy Updates:**

Policy updates	20
----------------	----

**Medical Policy & Clinical Guidelines:**

Medical Policy Updates	21
Clinical Guideline Updates	24
Review medical policy and clinical guidelines when referring services to a facility	26
Update to AIM Clinical Appropriateness Guidelines	27
Updates to AIM Musculoskeletal Surgery Clinical Appropriateness Guidelines	28
Restructure of AIM Advanced Imaging Clinical Appropriateness Guidelines	30

**Reimbursement Policies:**

Reimbursement Policy Updates	30
Reimbursement for Convenience Surgical Supply Kits - Professional	32
Bundled Services and Supplies - Professional	32
Reimbursement Policy Update - Scope of License (Professional)	33

**Federal Employee Plan (FEP):**

Coordination of Benefits for an FEP member	33
Benefit change for Infiximab for Federal Employee Program	34
2019 FEP Benefit information available online	34

**Medicare:**

New Medicare Advantage provider service phone number beginning January 1, 2019	34
2019 Medicare Advantage individual benefits and formularies	35
CMS Medicare Preclusion List effective April 1, 2019	35
When and how to initiate Medicare Advantage reopenings	36

Individual Medicare plans move compound drugs off formulary beginning January 1, 2019	36
Medicare Part B drugs may include Step Therapy beginning January 1, 2019	37
MediBlue Select HMO Network expands effective January 1, 2019	37
Medical Policies updated	38
Keep up with Medicare news	38
 <b>Medicaid:</b>	
Electronic data interchange gateway update	39
Empire HealthPlus adopts MCG Care Guidelines for clinical reviews of mental health services	40
Prior authorization requirements for Sublocade	41
Prior authorization requirements for Subcutaneous Implantable Defibrillator system	42
UPDATE: Prior authorization requirements for high-level, definitive drug testing delayed	42
Viral suppression rates improve in patients with HIV in the US, while disparities continue to exist	43
Reimbursement Policy Update: Claims Requiring Additional Documentation (Policy 06-031, effective 03/01/19)	0
Transition of Outpatient Rehabilitation Utilization Management Program effective January 1, 2019	0
Medical Policies and Clinical Utilization Management Guidelines update	0
Coding spotlight: substance use disorders and smoking	0
Pharmacy management information	0
Practitioners' rights during credentialing process	0

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## Empire accepts electronic prior authorization requests for prescription medications online

Published: Dec 1, 2018 - **Products & Programs** / Pharmacy

Empire BlueCross BlueShield (“Empire”) accepts electronic medication prior authorization (ePA) requests for commercial health plans through covermymeds.com. This feature reduces processing time and helps determine coverage quicker. Some prescriptions are even approved in real time so that your patients can fill a prescription without delay. For example, medications such as celecoxib (Celebrex®), ezetimibe (Zetia®), flucinolone acetone (Synalar®), Victoza®, and long acting opioids are automatically approved when a member meets step therapy and/or clinical criteria (as applicable).

Electronic ePA offers many benefits:

- More efficient review process
- Ability to identify if a prior authorization is required
- Able to see consolidated view of ePA submissions in real time
- Faster turnaround times
- A renewal program that allows for improved continuity of care for members with maintenance medications
- Prior authorizations are preloaded for the provider before the expiration date.

Providers can submit ePA requests by logging in at covermymeds.com. Creating an account is FREE.

For questions, please contact the provider service number on the member ID card.

**URL:** <https://providernews.empireblue.com/article/empire-accepts-electronic-prior-authorization-requests-for-prescription-medications-online>

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## Introducing the new Clinical Criteria page for injectable, infused or implanted drugs

Published: Dec 1, 2018 - **Products & Programs** / Pharmacy

Beginning January 2019, providers will be able to visit the [Clinical Criteria](#) tab of the Pharmacy Information page to review clinical criteria for all injectable, infused or implanted

prescription drugs.

Injectable oncology medical specialty drug clinical criteria will be located on the new site at a later date in 2019.

URL: <https://providernews.empireblue.com/article/introducing-the-new-clinical-criteria-page-for-injectable-infused-or-implanted-drugs-3>

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## Pharmacy information available on empireblue.com

Published: Dec 1, 2018 - **Products & Programs** / Pharmacy

For more information on copayment/coinsurance requirements and 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](http://empireblue.com/pharmacyinformation). The commercial drug list is reviewed and updates are posted to the web site quarterly (the first of the month for January, April, July and October).

Pharmacy updates may be accessed at [empireblue.com/provider/](http://empireblue.com/provider/) select “**Pharmacy Information**”.

*FEP Pharmacy updates and other pharmacy related information may be accessed at [www.fepblue.org](http://www.fepblue.org) > Pharmacy Benefits.*

AllianceRX Walgreens Prime is the specialty pharmacy program for the Federal Employee Program. You can view the [Specialty Drug List](#) or call us at 1-888-346-3731 for more information.

URL: <https://providernews.empireblue.com/article/pharmacy-information-available-on-empirebluecom-2>

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## Empire announces a new network - Blue Access

Published: Dec 1, 2018 - **Administrative**

Empire will introduce a new provider network effective January 1, 2019. This new network is

called “Blue Access” and will be a limited network of providers. Providers who are currently participating in the Pathway network will also be participating in the new Blue Access network. A letter was sent to all providers who are participating in the Blue Access Network. For questions about your participation status contact your network management coordinator. Please note the reimbursement for the Blue Access Network will be at the current Small Group rate.

Empire members that are covered under a benefit plan that utilizes the Blue Access network will have member ID cards that read “Blue Access” at the top of their member ID card. If you are included as a provider in the Blue Access network, it is important for you to understand that this is a limited provider network. Benefit plans offered on the Blue Access network will not cover out of network providers services; therefore, please confirm a provider’s participation status with Empire’s Find a Doctor tool found on [empireblue.com](http://empireblue.com) prior to referring to or scheduling services with another provider.

Only participating Blue Access providers should be used for Empire members that are covered under a benefit plan that uses the Blue Access network. Should a non-participating provider be required, Empire’s Use of a Non-Participating Provider Advance Patient Notice Policy will apply. As a reminder, Empire’s Advance Patient Notice form can be found at [empireblue.com](http://empireblue.com). Failure to refer patients to a participating provider could result in increased out of pocket costs for our members.

**Small Group Health Benefit Plans utilizing the Blue Access network:**

Product	Network Name	Medical Product Type	Small Group Health Benefit Plans Description	BCA Prefix
Small Group	Blue Access	EPO	Empire Bronze Blue Access EPO Empire Gold Blue Access EPO Empire Platinum Blue Access EPO Empire Silver Blue Access EPO	YXE
Small Group	Blue Access	Gatekeeper EPO	Empire Bronze Blue Access GEPO* Empire Gold Blue Access GEPO* Empire Platinum Blue Access GEPO* Empire Silver Blue Access GEPO*	XNU
Small Group	Blue Access	HSA-HMO	Empire Bronze Blue Access HMO* Empire Gold Healthy New York Blue Access HMO*	YXC YXD

**\*PCP and Referrals required**

## Empire announces changes to the Individual Health Benefit Plans

Published: Dec 1, 2018 - Administrative

There will be a change to Empire’s ACA individual health benefit plans which impacts products sold on and off the New York State of Health Insurance Marketplace (also commonly called the Exchange) effective January 1,2019.

Starting January 1, 2019:

- Members will be required to select a Primary Care Physician (PCP) when enrolling in one of the plans listed below. You will be able to verify the member’s PCP on Availity ([www.availity.com](http://www.availity.com))
- Referrals will be required for all specialist visits. The referral form can be found on [www.Empireblue.com-Download](http://www.Empireblue.com-Download) Commonly Used Forms and Quick Guides – General Forms
- No Out of Network coverage except in emergency. Emergent care is covered in and out of network at the member in network cost share. For Out of Area urgent care, only services from a Blue Card provider will be covered. In network member cost share applies.

### Individual Health Benefit Plans utilizing the Pathway Network:

Network Name	Full Product Name	Prefix	PCP Required	Referral Required	Out-of-Network Benefits
Pathway Enhanced, Gated	Empire Gatekeeper Bronze				
	Empire Gatekeeper Silver				
	Empire Gatekeeper Gold				

Empire Gatekeeper Platinum Empire Gatekeeper Catastrophic	YAZ	YES	YES	NO	
Pathway X Enhanced Gated	Empire Gatekeeper X Bronze Empire Gatekeeper X Silver Empire Gatekeeper X Gold Empire Gatekeeper X Platinum Empire Gatekeeper X Catastrophic	YCZ	YES	YES	NO

URL: <https://providernews.empireblue.com/article/empire-announces-changes-to-the-individual-health-benefit-plans>

## Prepare NOW for Empire Facility and Physician Portal Retirement

Published: Dec 1, 2018 - Administrative

Empire is targeting January 12, 2019 to retire the Empire Facility and Physician Online Services. All information formerly on the Empire secure portals will be available exclusively through the Availity Portal ([www.availity.com](http://www.availity.com)).

Your preparations for this transition are vital and should include the following:

- **If you are an administrator for your organization's Availity account:** Continue to use My Account Dashboard from the Availity home page to register new users and update or unlock accounts for existing users. Make sure all of your users have the roles they need to ensure a smooth transition.



- **If you are a user today who regularly accesses information on both Empire Facility or Physician Online Services and Availity:** In these final days before the retirement of the Empire Portals, make sure you are able to access everything you require to perform your job duties of the Availity Portal and work with your administrator to update your access if needed. To determine who your administrator is select My Administrators from your Availity Account Dashboard.
- **If your organization is not registered for Availity:** Visit <https://www.availity.com/> and select REGISTER to get started. Want more information before starting your registration? Watch this video: [Learn how to register your organization with Availity – Training Demo](#).

Finally, users now have two places to obtain valuable training tools and information. If you would like more information on navigating in Availity, select Help & Training | My Learning Plan from the top navigation menu on the Availity home page to plot your learning journey. Availity also offers onboarding modules for new administrators and users. To locate these modules select Help & Training | Get Trained to navigate to the Availity Learning Center, then type “onboarding” in the search field.

To find presentations and reference guides that can be used to educate you and your staff on Empire proprietary tools, select Payer Spaces| Applications| Education and Reference Center | Education and Communications.

URL: <https://providernews.empireblue.com/article/prepare-now-for-empire-facility-and-physician-portal-retirement-carol-butz>

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## **Availity to serve as EDI entry point for electronic submissions**

Published: Dec 1, 2018 - **Administrative**

Empire has designated Availity to operate and serve as your electronic data interchange (EDI) entry point (also called the EDI Gateway). The EDI Gateway is a no-cost option to our direct trading partners. With this change, Empire continues our efforts to ensure consistency between your provider portal and the EDI Gateway.

**As a mandatory requirement, all trading partners who currently submit directly to the Empire EDI Gateway must transition to the Availity EDI Gateway.** Availity is well known as a web portal and claims clearinghouse. In addition, Availity functions as an EDI Gateway for multiple payers and is the single EDI connection for our company.

Your organization can submit and receive the following electronic transactions through Availity's EDI Gateway:

- 837- Institutional Claims
- 837- Professional Claims
- 837- Dental Claims
- 835 - Electronic Remittance Advice
- 276/277- Claim Status
- 270/271- Eligibility Request

If you wish to become a direct a trading partner with Availity, the setup is easy. Use the [Availity Welcome Application](#) to begin the process of connecting to the Availity EDI Gateway for your Empire EDI transmissions.

If you prefer to use your clearinghouse or billing company, please work with them to ensure connectivity.

#### **Need Assistance?**

The [Availity Quick Start Guide](#) will assist you with any EDI connection questions you may have.

#### **835 Electronic Remittance Advice (ERA)**

Effective June 1, 2018, please use Availity to register and manage account changes for ERA.

If you were previously registered to receive ERA, you must register using Availity to manage account changes.

#### **Electronic Funds Transfer (EFT)**

To register or manage account changes for EFT only, [use the EnrollHub™, a CAQH Solutions™ enrollment tool](#), a secure electronic EFT registration platform. This tool eliminates the need for paper registration, reduces administrative time and costs, and allows you to register with multiple payers at one time.

If you were previously registered to receive EFT only, you must register using EnrollHub to manage account changes. No other action is needed.

## Contacting Availity

If you have any questions, contact Availity Client Services at 1-800-Availity (1-800-282-4548), Monday through Friday 8 a.m. to 7:30 p.m. Eastern Time.

URL: <https://providernews.empireblue.com/article/availity-to-serve-as-edi-entry-point-for-electronic-submissions-5>

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## Explore new enhancements to the Education and Reference Center

Published: Dec 1, 2018 - **Administrative**

The Education and Reference Center (ERC) offers the Communication & Education section where you can find training materials, important policy information, commonly used forms and reference guides on Empire's proprietary tools. When you visit the ERC, you can efficiently navigate to all available electronic resources using only the Availity Portal.

The Communication & Education section includes two new categories to help make it easier for you to find what you need: Payer Spaces and Interactive Care Reviewer.

With an Availity log in you can easily view any new content added to the ERC. There is no additional role assignment needed.

Find the ERC on the Availity Portal under Payer Spaces > Empire> Applications. If you are having trouble locating the Education and Reference Center, type *Education and Reference Center* in the Availity Search option located on the top navigation menu. Select the heart next to the application to save it to your Favorites.

URL: <https://providernews.empireblue.com/article/explore-new-enhancements-to-the-education-and-reference-center-3>

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## Company works to simplify payment recovery process for National Accounts membership

Published: Dec 1, 2018 - **Administrative**

In our company's ongoing efforts to streamline and simplify our payment recovery process,

we continue to consolidate our internal systems and will begin transitioning our National Accounts membership to a central system in 2019. While this is not a new process, we are transitioning the National Accounts membership to align with the payment recovery process across our other lines of business.

Currently, our recovery process for National Accounts membership is reflected in the EDI PLB segment on the electronic remittance advice (835). This segment will show the negative balance associated with the member account number. Monetary amounts are displayed at the time of the recovery adjustment.

As National Accounts membership transitions to the new system and claims are adjusted for recovery, the negative balances due to recovery are held for 49 days to allow ample time for you to review the requests, dispute the requests and/or send in a check payment. During this time, the negative balances due are reflected on paper remits **only** within the “Deferred Negative Balance” sections.

After 49 days, the negative balances due are reflected within the 835 as a corrected and reversed claim in PLB segments.

If you have any questions or concerns, please contact the E- Solutions Service Desk toll free at (800) 470-9630.

**URL:** <https://providernews.empireblue.com/article/company-works-to-simplify-payment-recovery-process-for-national-accounts-membership-3>

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## **HEDIS® 2018 Commercial Results Are In**

Published: Dec 1, 2018 - **Administrative**

Thank you for participating in the annual Healthcare Effectiveness Data and Information Set (HEDIS) commercial data collection project for 2018. You play a central role in promoting the health of our members. By documenting services in a consistent manner, it is easier for you to track care that was provided and identify any additional care that is needed to meet the recommended guidelines. Consistent documentation and responding to our medical record requests in a timely manner eliminates follow up calls to your office and also helps improve HEDIS scores, both by improving care itself and by improving our ability to report validated data regarding the care you provided. The records that you provide to us directly affect the HEDIS results that are listed in the attachment.

## Case Management Program

Published: Dec 1, 2018 - **Administrative**

Managing illness can sometimes be a difficult thing to do. Knowing who to contact, what test results mean or how to get needed resources can be a bigger piece of a healthcare puzzle that for some, are frightening and complex issues to handle.

Empire is available to offer assistance in these difficult moments with our *Case Management Program*. Our case managers are part of an interdisciplinary team of clinicians and other resource professionals that are there to support members, families, primary care physicians and caregivers. The case management process utilizes experience and expertise of the care coordination team whose goal is to educate and empower our members to increase self-management skills, understand their illness, and learn about care choices in order to access quality, efficient health care.

Members or caregivers can refer themselves or family members by calling the number located in the grid below. They will be transferred to a team member based on the immediate need. Physicians can also refer by contacting us telephonically or through electronic means. No issue is too big or too small. We can help with transitions across level of care so that patients and caregivers are better prepared and informed about healthcare decisions and goals.

How do you contact us?

CM Email Address	CM Telephone Number	CM Business Hours
<a href="mailto:ECM-NY@Empireblue.com">ECM-NY@Empireblue.com</a>	1-800-563-5909	Monday – Friday 8:30 am – 7:00 pm
<b>National</b> <a href="mailto:NYCoreANAAtlanta@empireblue.com">NYCoreANAAtlanta@empireblue.com</a>	1-855-239-0364	Mon - Friday 8am-9pm EST, Saturday 9am-5:30pm EST
<b>Federal Employee Program (FEP)</b>		

No email	1-800-711-2225	8am-7:00pm EST
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URL: <https://providernews.empireblue.com/article/case-management-program-8>

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## ConditionCare Program Benefits Patients and Physicians

Published: Dec 1, 2018 - Administrative

Empire members have additional resources available to help them better manage chronic conditions. The ConditionCare program helps members better understand and control certain medical conditions like diabetes, COPD, heart failure, asthma and coronary artery disease. A team of registered nurses with added support from other health professionals such as dietitians, pharmacists and health educators work with members to help them understand their condition(s), their doctor's orders and how to become a better self-manager of their condition.

### Engagement methods vary by the individual's risk level but can include:

- Education about their condition through mailings, email newsletters, telephonic outreach, and/or online tools and resources.
- Round-the-clock phone access to registered nurses.
- Guidance and support from Nurse Care Managers and other health professionals.

### Physician benefits:

- Save time by answering patients' general health questions and responding to concerns, freeing up valuable time for the physician and their staff.
- Support the doctor-patient relationship by encouraging participants to follow their doctor's treatment plan and recommendations.
- Inform the physician with updates and reports on the patient's progress in the program.

Please visit the [empireblue.com/provider](http://empireblue.com/provider) to find more information about the program such as program guidelines, educational materials and other resources. Also on our website is the

[Patient Referral Form](#), which you can use to refer other patients you feel may benefit from our program.

If you have any questions or comments about the program, call 1-877-681-6694. Our nurses are available Monday-Friday, 8:00 a.m. to 9:00 p.m., and Saturday, 9:00 a.m. to 5:30 p.m.

URL: <https://providernews.empireblue.com/article/conditioncare-program-benefits-patients-and-physicians-8>

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## **Integrated Care Model for plans purchased on the Health Insurance Marketplace benefits patients and physicians**

Published: Dec 1, 2018 - Administrative

An Integrated Care Model affords members with Empire plans purchased on the NY State of Health Marketplace (also called the Exchange) the ability to have continuity of care for certain conditions. A single Primary Care Nurse provides case and disease assessment and management. This continuity provides opportunity for the member to get assistance working through an acute phase of an illness and then work with their nurse on the behavioral changes needed to help improve their health and enhance their well-being. The program is based on nationally recognized clinical guidelines and serves as a supportive adjunct to physician care.

The Integrated Care Model helps Exchange members better understand and control certain medical conditions like diabetes, COPD, heart failure, asthma and coronary artery disease. Our nurse care managers are part of an interdisciplinary team of clinicians and other resource professionals that are there to support members, families, primary care physicians and caregivers.

Nurse Care Managers encourage participants to follow their physician's plan of care; not to offer separate medical advice. In order to help ensure that our service complements the physician's instructions, we collaborate with the treating physician to understand the member's plan of care and educate the member on options for their treatment plan.

Members or caregivers can refer themselves or family members by calling the number located below. How do you contact Case Management?

- Via phone at 1-800-563-5909, Monday - Friday 8:30 am to 7:00 pm EST

- Via Email at [ECM-NY@empireblue.com](mailto:ECM-NY@empireblue.com)

**URL:** <https://providernews.empireblue.com/article/integrated-care-model-for-plans-purchased-on-the-health-insurance-marketplace-benefits-patients-and-physicians-6>

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## Coordination of Care

Published: Dec 1, 2018 - **Administrative**

Coordination of care among providers is a vital aspect of good treatment planning to help ensure appropriate diagnosis, treatment and referral. Empire would like to take this opportunity to stress the importance of communicating with your patient's other health care practitioners. This includes primary care physicians (PCPs) and medical specialists, as well as behavioral health practitioners.

Coordination of care is especially important for patients with high utilization of general medical services and those referred to a behavioral health specialist by another health care practitioner. Empire urges all of its practitioners to obtain the appropriate permission from these patients to coordinate care between Behavioral Health and other health care practitioners at the time treatment begins.

We expect all health care practitioners to:

Discuss with the patient the importance of communicating with other treating practitioners.  
Obtain a signed release from the patient and file a copy in the medical record.

Document in the medical record if the patient refuses to sign a release.

Document in the medical record if you request a consultation.

If you make a referral, transmit necessary information; and if you are furnishing a referral, report appropriate information back to the referring practitioner.

Document evidence of clinical feedback (i.e., consultation report) that includes, but is not limited to:

- Diagnosis
- Treatment plan
- Referrals
- Psychopharmacological medication (as applicable)



In an effort to facilitate coordination of care, Empire has several tools available on [empireblue.com/provider](http://empireblue.com/provider) including a Coordination of Care template and cover letters for both Behavioral Health and other Healthcare Practitioners.\* In addition, there is a Provider Toolkit on the website with information about Alcohol and Other Drugs which contains brochures, guidelines and patient information.\*\*

\*Access to the forms and cover letters are available at [empireblue.com/provider/](http://empireblue.com/provider/) > “Find Resources in New York” > [Provider Home](#) > [Answers@Empire](#).

\*\*Access to the Toolkit is available at [empireblue.com/provider/](http://empireblue.com/provider/) > “Find Resources in New York” > [Provider Home](#) > [Health and Wellness](#).

URL: <https://providernews.empireblue.com/article/coordination-of-care-4>

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## Important Information about Utilization Management

Published: Dec 1, 2018 - **Administrative**

Our utilization management (UM) decisions are based on written criteria, the appropriateness of care and service needed, as well as the member’s coverage according to their health plan. We do not reward providers or other individuals for issuing denials of coverage, service or care. Nor, do we make decisions about hiring, promoting, or terminating these individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in under-utilization. Empire’s medical policies are available on Empire’s website at [empireblue.com/provider](http://empireblue.com/provider).

You can also request a free copy of our UM criteria from our medical management department, and providers may discuss a UM denial decision with a physician reviewer by calling us at the toll-free numbers listed below. UM criteria are also available on the web. Just select “[Medical Policies, Clinical UM Guidelines, and Pre-Cert Requirements](#)” from the Provider home page at [empireblue.com/provider](http://empireblue.com/provider).

We work with providers to answer questions about the utilization management process and the authorization of care. Here’s how the process works:

- Call us toll free from 8:30 a.m. - 5 p.m. Monday through Friday (except on holidays). More hours may be available in your area. Federal Employee Program hours are 8:00 a.m. – 7 p.m. Eastern.
- If you call after normal business hours, you can leave a private message with your contact information. Our staff will return your call on the next business day. Calls received after midnight will be returned the same business day.
- Our associates will contact you about your UM inquiries during business hours, unless otherwise agreed upon.

The following phone lines are for physicians and their staffs. Members should call the customer service number on their health plan ID card.

<b>To discuss UM Process and Authorizations</b>	<b>To Discuss Peer-to-Peer UM Denials w/Physicians</b>	<b>To Request UM Criteria</b>	<b>TDD/TTY</b>				
1-800-982-8089  Transplant 1-800-255-0881  Behavioral Health: 1-800-626-3643  Autism 1-844- 269-0538  FEP Phone 1-800-860-2156 FAX 1-800 732-8318 (UM) FAX 1-877-606-3807 (ABD)	1-800-688-1019 Press 4  1-800-634-5605 Appeals  FEP Phone 1-800-860-2156	Call number on back of member’s ID card  FEP Phone 1-800-860-2156 FAX 1-800-732-8318 (UM) FAX 1-877-606-3807 (ABD)	711 Or <table border="1" data-bbox="933 1234 1156 1549"> <tr> <td><b>TTY</b></td> </tr> <tr> <td>1-800-662-1220 TTY/HCO</td> </tr> <tr> <td><b>Voice</b></td> </tr> <tr> <td>1-800-421-1220 Voice</td> </tr> </table>	<b>TTY</b>	1-800-662-1220 TTY/HCO	<b>Voice</b>	1-800-421-1220 Voice
<b>TTY</b>							
1-800-662-1220 TTY/HCO							
<b>Voice</b>							
1-800-421-1220 Voice							

For language assistance, members can simply call the Customer Service phone number on the back of their ID card and a representative will be able to assist them.

Our utilization management associates identify themselves to all callers by first name, title and our company name when making or returning calls. They can inform you about specific utilization management requirements, operational review procedures, and discuss utilization management decisions with you.

URL: <https://providernews.empireblue.com/article/important-information-about-utilization-management-8>

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## Members' Rights and Responsibilities

Published: Dec 1, 2018 - **Administrative**

The delivery of quality health care requires cooperation between patients, their providers and their health care benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Therefore, in line with our commitment to involve the health plan, participating practitioners and members in our system, Empire has adopted a Members' Rights and Responsibilities statement.

It can be found online at [empireblue.com/provider/](http://empireblue.com/provider/) Select "Find Resources in New York" >[Provider Home](#) > [Quality Improvement Standards](#) > [Member Rights & Responsibilities](#). Practitioners may access the FEP member portal at [www.fepblue.org/memberrights](http://www.fepblue.org/memberrights) to view the FEPDO Member Rights Statement.

URL: <https://providernews.empireblue.com/article/members-rights-and-responsibilities-3>

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## Vaginal Birth after Cesarean (VBAC) Certified Shared Decision Making Aid Available on the Web

Published: Dec 1, 2018 - **Administrative**

As part of our commitment to provide you with the latest clinical information, we have posted a VBAC shared decision making aid to our provider portal. This is a tool for you to discuss with your patients to aid in making a decision regarding their treatment options. This has

been reviewed and certified by the Washington Health Care Authority (HCA) and is available on our website. To access the aid, go to [empireblue.com/provider/](https://empireblue.com/provider/) > “Find Resources in New York” > [Provider Home](#) > [Health and Wellness](#) > [Practice Guidelines](#) > [Shared Decision Making Aid](#).

**URL:** <https://providernews.empireblue.com/article/vaginal-birth-after-cesarean-vbac-certified-shared-decision-making-aid-available-on-the-web-9>

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## Clinical practice and preventive health guidelines available online

Published: Dec 1, 2018 - **Administrative**

As part of our commitment to provide you with the latest clinical information and educational materials, we have adopted nationally recognized medical, behavioral health and preventive health guidelines, which are available to providers on our website. The guidelines, which are used for our Quality programs, are based on reasonable, medical evidence, and are reviewed for content accuracy, current primary sources, the newest technological advances and recent medical research.

All guidelines are reviewed annually, and updated as needed. The current guidelines are available at [empireblue.com/provider/](https://empireblue.com/provider/) > “Find Resources in New York” > [Provider Home](#) > [Health and Wellness](#) > [Practice Guidelines](#).

**URL:** <https://providernews.empireblue.com/article/clinical-practice-and-preventive-health-guidelines-available-online-3>

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## Policy updates

Published: Dec 1, 2018 - **Policy Updates**

These updates list the new and/or revised 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](http://empireblue.com).

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

URL: <https://providernews.empireblue.com/article/policy-updates-3>

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## Medical Policy Updates

Published: Dec 1, 2018 - **Policy Updates** / Medical Policy & Clinical Guidelines

Archived Medical Policy Effective 09-20-2018  
(The following policy has been archived.)

- DRUG.00089 - Daclizumab (Zinbryta®)

Revised Medical Policy Effective 09-20-2018

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

- LAB.00019 - Serum Markers for Liver Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease

#### Revised Medical Policies Effective 09-20-2018

(The following policies were updated with new procedure and/or diagnosis codes.)

- DRUG.00078 - Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors
- DRUG.00081 - Eteplirsen (Exondys 51™)
- GENE.00010 - Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status
- GENE.00016 - Gene Expression Profiling for Colorectal Cancer
- GENE.00023 - Gene Expression Profiling of Melanomas
- GENE.00041 - Genetic Testing to Confirm the Identity of Laboratory Specimens
- LAB.00029 - Rupture of Membranes (ROM) Testing in Pregnancy
- MED.00111 - Intracardiac Ischemia Monitoring

#### Revised Medical Policy Effective 10-13-2018

(The following policy was updated with new procedure and/or diagnosis codes.)

- SURG.00098 - Mechanical Embolectomy for Treatment of Acute Stroke

#### Revised Medical Policies Effective 10-17-2018

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

- ADMIN.00006 Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy or Clinical Utilization Management (UM) Guideline
- DME.00011 Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices
- DME.00038 Static Progressive Stretch (SPS) and Patient-Actuated Serial Stretch (PASS) Devices
- GENE.00033 Genetic Testing for Inherited Peripheral Neuropathies
- GENE.00047 Methylenetetrahydrofolate Reductase Mutation Testing
- LAB.00028 Serum Biomarker Tests for Multiple Sclerosis
- MED.00057 MRI Guided High Intensity Focused Ultrasound Ablation for Non-Oncologic Indications
- MED.00082 Quantitative Sensory Testing

- MED.00089 Quantitative Muscle Testing Devices
- MED.00095 Anterior Segment Optical Coherence Tomography
- MED.00096 Low-Frequency Ultrasound Therapy for Wound Management
- MED.00099 Electromagnetic Navigational Bronchoscopy
- MED.00103 Automated Evacuation of Meibomian Gland
- OR-PR.00006 Powered Robotic Lower Body Exoskeleton Devices
- RAD.00004 Peripheral Bone Mineral Density Measurement
- RAD.00037 Whole Body Computed Tomography Scanning
- RAD.00057 Near-Infrared Coronary Imaging and Near-Infrared Intravascular Ultrasound Coronary Imaging
- RAD.00062 Intravascular Optical Coherence Tomography (OCT)
- RAD.00064 Myocardial Sympathetic Innervation Imaging with or without Single-Photon Emission Computed Tomography (SPECT)
- SURG.00008 Mechanized Spinal Distraction Therapy
- SURG.00067 Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty
- SURG.00082 Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures of the Appendicular System
- SURG.00092 Implanted Devices for Spinal Stenosis
- SURG.00095 Viscocanalostomy and Canaloplasty
- SURG.00101 Suprachoroidal Injection of Pharmacologic Agent
- SURG.00104 Extraosseous Subtalar Joint Implantation and Subtalar Arthroereisis
- SURG.00114 Facet Joint Allograft Implants for Facet Disease
- SURG.00119 Endobronchial Valve Devices
- SURG.00127 Sacroiliac Joint Fusion
- SURG.00128 Implantable Left Atrial Hemodynamic Monitor
- SURG.00129 Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring
- SURG.00131 Lower Esophageal Sphincter Augmentation Devices for the Treatment of Gastroesophageal Reflux Disease (GERD)
- SURG.00135 Radiofrequency Ablation of the Renal Sympathetic Nerves
- SURG.00144 Occipital Nerve Block Therapy for the Treatment of Headache and Occipital Neuralgia
- TRANS.00035 Mesenchymal Stem Cell Therapy For Orthopedic Indications
- TRANS.00036 Stem Cell Therapy for Peripheral Vascular Disease

#### Revised Medical Policy Effective 10-20-2018

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

- SURG.00103 - Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)

#### Revised Medical Policy Effective 03-01-2019

(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.00030 - Measurement of Serum Concentrations of Monoclonal Antibody Drugs and Antibodies to Monoclonal Antibody Drugs

#### New Medical Policy Effective 03-16-2019

(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.)

- MED.00125 - Biofeedback and Neurofeedback

#### Revised Medical Policy Effective 03-16-2019

(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.)

- SURG.00011 - Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting

URL: <https://providernews.empireblue.com/article/medical-policy-updates-3>

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## Clinical Guideline Updates

Published: Dec 1, 2018 - **Policy Updates** / Medical Policy & Clinical Guidelines

#### Revised Clinical Guidelines Effective 09-20-2018



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

- CG-DRUG-94 - Rituximab (Rituxan®) for Non-Oncologic Indications
- CG-SURG-79 - Implantable Infusion Pumps

#### Revised Clinical Guidelines Effective 09-20-2018

(The following adopted guidelines were updated with new procedure and/or diagnosis codes effective 09-20-2018.)

- CG-DRUG-16 - White Blood Cell Growth Factors
- CG-DRUG-64 - FDA-Approved Biosimilar Products

#### Revised Clinical Guidelines Effective 10-13-2018

(The following adopted guidelines were updated with new procedure and/or diagnosis codes effective 10-13-2018.)

- CG-SURG-03 - Blepharoplasty, Blepharoptosis Repair, and Brow Lift
- CG-SURG-09 - Temporomandibular Disorders

#### Revised Clinical Guidelines Effective 10-17-2018

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

- CG-DRUG-107 - Pharmacotherapy for Hereditary Angioedema
- CG-MED-46 - Electroencephalography and Video Electroencephalographic Monitoring

#### Revised Clinical Guidelines Effective 10-17-2018

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

- CG-DME-41 - Ultraviolet Light Therapy Delivery Devices for Home Use
- CG-DRUG-03 - Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis
- CG-DRUG-08 - Enzyme Replacement Therapy for Gaucher Disease

- CG-DRUG-09 - Immune Globulin (Ig) Therapy
- CG-DRUG-55 - Elosulfase alfa (Vimizim®)
- CG-DRUG-58 - Laronidase (Aldurazyme®)
- CG-DRUG-61 - Gonadotropin Releasing Hormone Analogs for the Treatment of Non-Oncologic Indications
- CG-DRUG-74 - Canakinumab (Ilaris®)
- CG-MED-63 - Treatment of Hyperhidrosis
- CG-MED-64 - Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation (Radiofrequency and Cryoablation)
- CG-MED-66 - Cryopreservation of Oocytes or Ovarian Tissue
- CG-REHAB-04 - Physical Therapy
- CG-REHAB-05 - Occupational Therapy
- CG-REHAB-06 - Speech-Language Pathology Services
- CG-REHAB-08 - Private Duty Nursing in the Home Setting
- CG-SURG-28 - Transcatheter Uterine Artery Embolization
- CG-SURG-63 - Cardiac Resynchronization Therapy with or without an Implantable Cardioverter Defibrillator for the Treatment of Heart Failure

Clinical Guideline Adopted Effective 11-01-2018

(The following guideline will be applied and might result in services that were previously covered but may now be found to be not medically necessary.)

- CG-MED-59 - Upper Gastrointestinal Endoscopy in Adults

URL: <https://providernews.empireblue.com/article/clinical-guideline-updates-4>

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## Review medical policy and clinical guidelines when referring services to a facility

Published: Dec 1, 2018 - **Policy Updates** / Medical Policy & Clinical Guidelines

Please be sure to review Empire's on-line medical policies and clinical guidelines when referring members for services at a facility that are considered not medically necessary or

investigational. Services which are determined to be not medically necessary are the liability of the rendering provider pursuant to Empire's participating provider agreements unless a waiver is signed by the member satisfying certain criteria.

Effective March 16, 2019, we will be implementing coding updates in the claims system for the following policy listed below which may result in investigational/not medically necessary determinations for certain services.

- CG-SURG-03 - Blepharoplasty, Blepharoptosis Repair, and Brow Lift

As a reminder, Empire's medical policies and clinical guidelines are available online at [empireblue.com](http://empireblue.com). You may search by procedure code, diagnosis code, clinical guideline or medical policy number or name. Please be sure to review medical policy and clinical guidelines when referring services to a facility to ensure services are consistent with medical policy.

URL: <https://providernews.empireblue.com/article/review-medical-policy-and-clinical-guidelines-when-referring-services-to-a-facility-2>

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## Update to AIM Clinical Appropriateness Guidelines

Published: Dec 1, 2018 - **Policy Updates** / Medical Policy & Clinical Guidelines

Effective for dates of service on and after March 9, 2019, the following updates will apply to all of AIM's Clinical Appropriateness Guidelines, including Advanced Imaging, Cardiac, Sleep, Radiation Oncology and Musculoskeletal guidelines.

- Clinical Appropriateness Framework

Replacing pretest requirements, this section will more accurately describe the guideline's purpose, which is to provide a summary of the fundamental components of a decision to pursue diagnostic testing. In order to support the full spectrum of AIM solutions, the terms "imaging request" or "diagnostic imaging" are replaced with "diagnostic or therapeutic intervention".

- Ordering of Multiple Diagnostic or Therapeutic Interventions

Replacing ordering of multiple studies, this section expands its applicability to AIM solutions outside of diagnostic imaging. Terminology specific to imaging studies is

replaced with the term “diagnostic or therapeutic intervention” to reflect a broader application of the principles included here.

- Repeat Diagnostic Testing and Repeat Therapeutic Intervention

Replacing repeated imaging, these sections establish conditions in which duplication of the initial test or intervention may be warranted, and where such requests will require peer-to-peer discussion.

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

- Access AIM’s **ProviderPortal**SM directly at [providerportal.com](http://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](http://availity.com)
- Call the AIM Contact Center toll-free number:– 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](mailto:aim.guidelines@aimspecialtyhealth.com). Additionally, you may access and download a copy of the current guidelines [here](#).

URL: <https://providernews.empireblue.com/article/update-to-aim-clinical-appropriateness-guidelines-5>

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## Updates to AIM Musculoskeletal Surgery Clinical Appropriateness Guidelines

Published: Dec 1, 2018 - **Policy Updates** / Medical Policy & Clinical Guidelines

Beginning with dates of review on and after January 1, 2019, the following updates will apply to AIM Musculoskeletal Spine Surgery Clinical Appropriateness Guidelines as indicated by section below:

- Cervical Decompression with or without Fusion

- Added criteria for the appropriate use of laminectomy for cordotomy and biopsy, excision, or evacuation
- Added indications for non-traumatic atlantoaxial instability
- Lumbar Laminectomy
- Added criteria for the appropriate use of laminectomy for biopsy, excision, or evacuation
- Added indication of Dorsal Rhizotomy

Beginning with dates of review on and after January 1, 2019, the following updates will apply to AIM Musculoskeletal Interventional Pain Management Clinical Appropriateness Guidelines as indicated by section below:

- Paravertebral Facet Injection/Nerve Block/Neurolysis
- Exclusions: Radiofrequency neurolysis for sacroiliac (SI) joint pain is considered not medically necessary

These services or procedures were previously reviewed by Empire, but will now be reviewed by AIM as part of the Musculoskeletal program. To view the CPT codes, you may access and download a copy of the current guidelines [here](#).

Ordering and servicing providers may submit prior authorization requests to AIM in one of the following ways:

- Access AIM **ProviderPortal**/SM directly at [providerportal.com](http://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](http://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](mailto:aim.guidelines@aimspecialtyhealth.com).

Additionally, you may access and download a copy of the current guidelines [here](#).

URL: <https://providernews.empireblue.com/article/updates-to-aim-musculoskeletal-surgery-clinical-appropriateness-guidelines-4>

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## Restructure of AIM Advanced Imaging Clinical Appropriateness Guidelines

Published: Dec 1, 2018 - **Policy Updates** / Medical Policy & Clinical Guidelines

AIM advanced imaging clinical appropriateness guidelines have been restructured to improve usability and to further link clinical criteria with supporting evidence. These structural enhancements resulted in no changes to existing clinical criteria or content.

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

- Access AIM's **ProviderPortal**SM directly at [providerportal.com](http://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](http://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](mailto:aim.guidelines@aimspecialtyhealth.com). Additionally, you may access and download a copy of the current guidelines [here](#).

URL: <https://providernews.empireblue.com/article/restructure-of-aim-advanced-imaging-clinical-appropriateness-guidelines-5>

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## Reimbursement Policy Updates

Published: Dec 1, 2018 - **Policy Updates** / Reimbursement Policies

## **“Rule of Eight” Reporting Guidelines for Physical Medicine and Rehabilitation Services – Professional**

Please note: We have updated the title of our “Rule of Eight” Reporting Guidelines for Physical Medicine and Rehabilitation Services reimbursement policy to *Guidelines for Reporting Timed Units for Physical Medicine and Rehabilitation Services*.

### **System updates for 2019 – Professional**

As a reminder, our claim editing software will be updated monthly throughout 2019 with the most common updates occurring in quarterly in February, May, August and November of 2019. These updates will:

- reflect the addition of new, and revised codes (e.g. CPT, HCPCS, ICD-10, modifiers) and their associated edits
- include updates to National Correct Coding Initiative (NCCI) edits
- include updates to incidental, mutually exclusive, and unbundled (rebundle) edits
- include assistant surgeon eligibility in accordance with the policy
- include edits associated with reimbursement policies including, but not limited to, frequency edits, bundled services and global surgery preoperative and post-operative periods assigned by The Centers for Medicare & Medicaid Services (CMS)

### **Modifier 79 –Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period –Professional**

This coding tip is based on recent findings for claims processed with modifier 79 during a postoperative period. *Current Procedural Terminology* (CPT®) specifically states modifier 79 should be reported by the same individual when reporting unrelated procedures or services during the postoperative period. For example, this modifier is used when a patient presents with a problem that is unrelated to a previous surgery (yet within the postoperative period) and requires additional services by the **same provider/individual**. When modifier 79 is appended for a different provider (e.g. Nurse Practitioner or Physician Assistant) during the postoperative period the claim line will deny.

In addition to modifier 79, modifiers 58 and 78 are also based on Same Physician or Other Qualified Health Care Professional as documented below:

- 58 – Staged/Related Procedure/Service by the Same Physician/Other Qualified Health Care Professional during the Postoperative Period.
- 78 – Unplanned Procedure/Service by Same Physician/Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure during the Postoperative

Period.

URL: <https://providernews.empireblue.com/article/reimbursement-policy-updates-2>

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## Reimbursement for Convenience Surgical Supply Kits - Professional

Published: Dec 1, 2018 - **Policy Updates** / Reimbursement Policies

Empire periodically reviews claims submitted by providers to help ensure that benefits provided are for services that are included in our members' benefit plans. Some providers are submitting claims for point-of-use convenience kits that are used in the administration of injectable medicines or other office procedures. These prepackaged kits contain not only the injectable medicine, but also non-drug components including, but not limited to, alcohol prep pads, cotton balls, band aids, disposable sterile medical gloves, povidone-iodine swabs, adhesive bandages and gauze.

Typically, the cost of a convenience kit exceeds the cost of its components when purchased individually. As a reminder, non-drug components included in the kits are inclusive of the practice expense for the procedure performed for which no additional compensation is available to the provider.

Please refer to Empire's Global Surgery and/or Bundled Services and Supplies Reimbursement Policies located at [empireblue.com/provider](http://empireblue.com/provider) for additional information.

URL: <https://providernews.empireblue.com/article/reimbursement-for-convenience-surgical-supply-kits-professional-5>

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## Bundled Services and Supplies - Professional

Published: Dec 1, 2018 - **Policy Updates** / Reimbursement Policies

Beginning with dates of service on or after March 1, 2019, Empire will apply our always bundled edit to HCPCS code G0453 (*Continuous intraoperative neurophysiology monitoring*,



from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)). For more information, review Section 1 of the policy dated March 1, 2019, along with the Bundled Services and Supplies Section 1 Coding list, by visiting [empireblue.com/provider](http://empireblue.com/provider) > Select “Find Resources in New York” > [Provider Home](#) > [Answers @ Empire](#) > [Reimbursement Policies](#).

URL: <https://providernews.empireblue.com/article/bundled-services-and-supplies-professional-7>

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## Reimbursement Policy Update - Scope of License (Professional)

Published: Dec 1, 2018 - [Policy Updates](#) / [Reimbursement Policies](#)

The December 2017 edition of the *Network Update* announced Empire will not reimburse services to a provider that is outside of their state requirements through Empire’s Scope of License policy. Empire is updating its editing systems to deny services deemed to be outside of a specific specialty’s scope of license.

For more information about this policy, visit [empireblue.com/provider](http://empireblue.com/provider) > Select “Find Resources in New York” > [Provider Home](#) > [Answers @ Empire](#) > [Reimbursement Policies](#).

URL: <https://providernews.empireblue.com/article/reimbursement-policy-update-scope-of-license-professional-1>

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## Coordination of Benefits for an FEP member

Published: Dec 1, 2018 - [State & Federal](#) / [Federal Employee Plan \(FEP\)](#)

Beginning January 1, 2019, Federal Employee Program® (FEP) benefit procedures will change for the autoimmune infusion drug infliximab (brand names Remicade, Inflectra, and Renflexis). Members currently receiving the drug may be covered under either pharmacy or medical benefits. However, members who receive a first infusion on or after January 1, 2019 can only receive the drug under medical benefits. Members who receive it under pharmacy benefits prior to January 1, 2019 will continue receiving it under pharmacy benefits.

If you have any questions please contact FEP Customer Service at 1-800-522-5566.

## **Benefit change for Infiximab for Federal Employee Program**

Published: Dec 1, 2018 - **State & Federal** / Federal Employee Plan (FEP)

Beginning January 1, 2019, Federal Employee Program® (FEP) benefit procedures will change for the autoimmune infusion drug infliximab (brand names Remicade, Inflectra, and Renflexis). Members currently receiving the drug may be covered under either pharmacy or medical benefits. However, members who receive a first infusion on or after January 1, 2019 can only receive the drug under medical benefits. Members who receive it under pharmacy benefits prior to January 1, 2019 will continue receiving it under pharmacy benefits.

If you have any questions please contact FEP Customer Service at 1-800-522-5566.

URL: <https://providernews.empireblue.com/article/benefit-change-for-infiximab-for-federal-employee-program-7>

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## **2019 FEP Benefit information available online**

Published: Dec 1, 2018 - **State & Federal** / Federal Employee Plan (FEP)

To view the 2019 benefits and changes for the Blue Cross Blue Shield Service Benefit Plan, also known as the Federal Employee Program® (FEP), go to [www.fepblue.org](http://www.fepblue.org)>select Benefit Plans>Brochure & Forms. Here you will find the Service Benefit Plan Brochure and Benefit Plan Summary information for year 2019, including information on the new PPO product Blue Focus, being offered to federal employees effective January 1, 2019. For questions please contact FEP Customer Service at: 1-800-522-5566.

URL: <https://providernews.empireblue.com/article/2019-fep-benefit-information-available-online-7>

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## **New Medicare Advantage provider service phone number beginning January 1, 2019**

Published: Dec 1, 2018 - **State & Federal** / Medicare

Effective January 1, 2019, Medicare providers will have toll free phone numbers specifically designated for their service inquiries. These new provider numbers will be listed separately on the back of the member ID cards and should be used beginning January 1, 2019. The associates answering your provider service calls are trained to answer your questions and resolve your issues as quickly as possible. To ensure you receive the most efficient service, please refrain from using the member services line and use only 844-427-2657 or the provider services phone number listed on the back of the member ID card for provider service for individual Medicare Advantage calls beginning January 1, 2019.

**URL:** <https://providernews.empireblue.com/article/new-medicare-advantage-provider-service-phone-number-beginning-january-1-2019-5>

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## **2019 Medicare Advantage individual benefits and formularies**

Published: Dec 1, 2018 - **State & Federal** / Medicare

Summary of benefits, evidence of coverage and formularies for 2019 individual Medicare Advantage plans are available at [empireblue.com/medicareprovider](http://empireblue.com/medicareprovider). An overview of notable 2019 benefit changes also is available at [Important Medicare Advantage Updates](http://empireblue.com/medicareprovider) at [empireblue.com/medicareprovider](http://empireblue.com/medicareprovider). Please continue to check [Important Medicare Advantage Updates](http://empireblue.com/medicareprovider) at [empireblue.com/medicareprovider](http://empireblue.com/medicareprovider) for the latest Medicare Advantage information.

**URL:** <https://providernews.empireblue.com/article/2019-medicare-advantage-individual-benefits-and-formularies-5>

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## **CMS Medicare Preclusion List effective April 1, 2019**

Published: Dec 1, 2018 - **State & Federal** / Medicare

The U.S. Centers for Medicare and Medicaid Services (CMS) and Medicare Advantage and Part D organizations, including Empire, will implement a new initiative, the Preclusion List, to protect the integrity of the Medicare Trust Funds. Beginning April 1, 2019, Medicare Advantage and Part D organizations will deny payment for items and services furnished by providers that CMS has placed on the Preclusion List. For more information, visit [www.cms.gov/Medicare/Provider-Enrollment-and-](http://www.cms.gov/Medicare/Provider-Enrollment-and-)

[Certification/MedicareProviderSupEnroll/PreclusionList.html](#).

URL: <https://providernews.empireblue.com/article/cms-medicare-preclusion-list-effective-april-1-2019-5>

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## When and how to initiate Medicare Advantage reopenings

Published: Dec 1, 2018 - **State & Federal** / Medicare

When a claim must be corrected beyond the initial claim timely filing limit of one year from the **date of service**, a normal adjustment bill is not allowed. Providers must use the reopening process to correct the error. To learn when and how to initiate reopenings and adjustments, check [Important Medicare Advantage Updates](#) at [empireblue.com/medicareprovider](http://empireblue.com/medicareprovider).

URL: <https://providernews.empireblue.com/article/when-and-how-to-initiate-medicare-advantage-reopenings-4>

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## Individual Medicare plans move compound drugs off formulary beginning January 1, 2019

Published: Dec 1, 2018 - **State & Federal** / Medicare

Beginning January 1, 2019, Individual Medicare Advantage plans will move compounded drugs to non-formulary with the exception of home infusion drugs. Group-sponsored Medicare Advantage members will continue to have compounded drug coverage; these drugs will require prior authorization. Compounded home infusion drugs will continue to be covered for both Individual Medicare and group-sponsored members without prior authorizations. Members and/or providers can request a non-formulary exception for compounded drugs.

URL: <https://providernews.empireblue.com/article/individual-medicare-plans-move-compound-drugs-off-formulary-beginning-january-1-2019-5>

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## Medicare Part B drugs may include Step Therapy beginning January 1, 2019

Published: Dec 1, 2018 - **State & Federal** / Medicare

CMS updated its guidance to allow Medicare Advantage plans the option of implementing step therapy for Part B drugs as part of a patient-centered care coordination program beginning January 1, 2019. The goal is to lower drug prices while maintaining access to covered services and drugs for beneficiaries. Empire will implement step therapy edits to promote clinically appropriate and cost effective drug options for our members. A patient-centered care coordination program will be created to ensure member access to necessary drugs, provide medication reviews and reconciliations, educate members regarding their medications, encourage medication adherence, and provide incentives to members who complete care coordination programs.

**URL:** <https://providernews.empireblue.com/article/medicare-part-b-drugs-may-include-step-therapy-beginning-january-1-2019-5>

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## MediBlue Select HMO Network expands effective January 1, 2019

Published: Dec 1, 2018 - **State & Federal** / Medicare

We are pleased to announce the expansion of our MediBlue<sup>SM</sup> Select HMO provider network beginning January 1, 2019. This network will support a specific line of Medicare Advantage products and programs focused on quality metrics and improvements. MediBlue Select HMO members will have Empire MediBlue Select (HMO) in the upper right-hand corner of their member ID cards.

Participating primary care physicians (PCPs) and specialists in this network have received a notice in the mail of inclusion in the MediBlue Select HMO network. All MediBlue participating hospitals, ancillary providers and ancillary facilities are included in this network.

All provider questions may be directed to the Provider Call Center at 800 499-9554.

Patients may come to you with questions about the Empire Select HMO plan. To assist, we have set up a toll free number **1-888-598-5614** to help answer questions and enroll the patient to the new Empire Select HMO.

74188MUPENMUB 09/14/2018

## Medical Policies updated

Published: Dec 1, 2018 - **State & Federal** / Medicare

The Medical Policy and Technology Assessment Committee (MPTAC) recently approved a number of *Medical Policies*. Details are available at [Important Medicare Advantage Updates](#) at [empireblue.com/medicareprovider](http://empireblue.com/medicareprovider)

URL: <https://providernews.empireblue.com/article/medical-policies-updated-1>

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## Keep up with Medicare news

Published: Dec 1, 2018 - **State & Federal** / Medicare

Please continue to check [Important Medicare Advantage Updates](#) at [empireblue.com/medicareprovider](http://empireblue.com/medicareprovider) for the latest Medicare Advantage information, including: Medicare Advantage information, including:

- [Prior authorization requirements for Colonoscopy and Upper Gastrointestinal Endoscopy](#)
- [2019 benefit update summary](#)
- [Medicare Advantage Reimbursement Policy October Provider Bulletin](#)
- [Prior authorization requirements for Part B drugs: Moxetumomab Pasudotox, Cemiplimab and Fulphila](#)
- [July Medicare Advantage reimbursement policy](#)
- [Submit PA medication requests electronically; new phone number for MA prescription PAs](#)
- [CMS issues regulatory changes for short- and long-acting narcotics; days' supply limits effective Jan. 1, 2019](#)
- [Inpatient Readmissions](#)
- [Group sponsored Medicare Advantage plan members to receive new ID cards](#)

## Electronic data interchange gateway update

Published: Dec 1, 2018 - **State & Federal** / Medicaid

Empire BlueCross BlueShield HealthPlus has designated Availity as a no-cost option to operate and service your electronic data interchange (EDI) entry point (or EDI gateway). This designation will ensure greater consistency and efficiency in EDI submission.

### Who is Availity?

Availity is well known as a web portal and claims clearinghouse, but they are much more. Availity also functions as an EDI gateway for multiple payers and serves as the single EDI connection.

Your organization can submit and receive the following transactions through Availity's EDI gateway:

- 837 — institutional claims
- 837 — professional claims
- 837 — dental claims
- 835 — electronic remittance advice (ERA)
- 276/277 — claim status
- 270/271 — eligibility request

### Get started with Availity:

- If you wish to submit directly to Availity, setup is easy. Go to the [Availity Welcome Application](#) and begin the process of connecting to the Availity EDI Gateway for your EDI transmissions.
- If you wish to use a clearinghouse or billing company, please work with them to ensure connectivity.

### Need assistance?

The [Availity Quick Start Guide](#) will assist you with any EDI connection questions.

### **Availity payer IDs**

You can access the [Availity Payer List](#) [here](#).

### **Electronic funds transfer (EFT) registration**

To register or manage account changes for EFT only, use the [EnrollHub™](#), a [CAQH Solutions™ enrollment tool](#), a secure electronic EFT registration platform. This tool eliminates the need for paper registration, reduces administrative time and costs, and allows you to register with multiple payers at a time.

If you were previously registered to receive EFT only, you must register using EnrollHub to manage account changes.

### **ERA registration**

Use Availity to register and manage account changes for ERA. If you were previously registered to receive ERA, you must register using Availity to manage account changes. Manage your paper remittance vouchers suppression (turn off) [here](#).

### **Contacting Availity**

If you have any questions, call Availity Client Services at 1-800-AVAILITY (1-800-282-4548) Monday through Friday from 8 a.m. to 7:30 p.m. Eastern time.

URL: <https://providernews.empireblue.com/article/electronic-data-interchange-gateway-update-3>

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## **Empire HealthPlus adopts MCG Care Guidelines for clinical reviews of mental health services**

Published: Dec 1, 2018 - **State & Federal** / Medicaid

Starting November 5, 2018, Empire uses MCG Care Guidelines for authorization review of inpatient and outpatient mental health services. We will continue to use LOCADTR for the review of substance-use treatment.

Providers should continue to use the phone number indicated on the back of the member ID card for notifications and to request authorization review for these services. Additionally, providers may initiate notifications and requests online at <https://www.availity.com>.



For questions, please call Provider Services at 1-800-450-8753.

**URL:** <https://providernews.empireblue.com/article/empire-healthplus-adopts-mcg-care-guidelines-for-clinical-reviews-of-mental-health-services>

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## Prior authorization requirements for Sublocade

Published: Dec 1, 2018 - **State & Federal** / Medicaid

Effective February 1, 2019, prior authorization (PA) requirements will change for the infusible/injectable drug Sublocade to be covered by Empire HealthPlus. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage.

**Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following:

- Sublocade (Buprenorphine) — implant (J0570)
- Sublocade — injectable (Q9991, Q9992)

To request PA, you may use one of the following methods:

- Web: <https://www.availity.com>
- Fax: 1-800-964-3627
- Phone: 1-800-450-8753

Not all PA requirements are listed here. PA requirements are available to contracted providers through the Availity Portal (<https://www.availity.com>). Providers who are unable to access Availity may call us at 1-800-450-8753 for PA requirements.

**URL:** <https://providernews.empireblue.com/article/prior-authorization-requirements-for-sublocade-3>

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## Prior authorization requirements for Subcutaneous Implantable Defibrillator system

Published: Dec 1, 2018 - **State & Federal** / Medicaid

Effective February 1, 2019, prior authorization (PA) requirements will change for the Subcutaneous Implantable Defibrillator system to be covered by Empire HealthPlus. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions take precedence over these PA rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

PA requirements will be added to the following:

- Subcutaneous Implantable Defibrillator system — Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation (33270)

To request PA, you may use one of the following methods:

- Web: <https://www.availity.com>
- Fax: 1-800-964-3627
- Phone: 1-800-450-8753

Not all PA requirements are listed here. PA requirements are available to contracted providers through the Availity Portal (<https://www.availity.com>). Providers who are unable to access Availity may call us at 1-800-450-8753 for PA requirements.

**URL:** <https://providernews.empireblue.com/article/prior-authorization-requirements-for-subcutaneous-implantable-defibrillator-system-4>

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## UPDATE: Prior authorization requirements for high-level, definitive drug testing delayed

Published: Dec 1, 2018 - **State & Federal** / Medicaid

In the last edition of the *Network Update*, Empire HealthPlus communicated that the prior authorization for high-level, definitive drug testing(s) was changing for Medicaid Managed

Care members.

There is a delay in implementing this change and a new effective date has yet to be determined.

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

**URL:** <https://providernews.empireblue.com/article/update-prior-authorization-requirements-for-high-level-definitive-drug-testing-delayed-1>

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## **Viral suppression rates improve in patients with HIV in the US, while disparities continue to exist**

Published: Dec 1, 2018 - **State & Federal** / Medicaid

Viral suppression is a key component to New York State's Ending the Epidemic initiative. The initiative launched in 2014 with the goal of reducing the number of new HIV infections to just 750 per year (from an estimated 3,000) by 2020 and achieving the first ever decrease in HIV prevalence in New York.

The three-point plan includes:

Identifying persons with HIV who remain undiagnosed and linking them to health care.

Linking and retaining persons diagnosed with HIV in health care to maximize viral suppression so they remain healthy and prevent further transmission.

Facilitating access to pre-exposure prophylaxis (PrEP) for high-risk persons to keep them HIV negative.

The *Annals of Internal Medicine* recently published a study using data on over 31,900 people living with HIV (PLWH). At the end of the study period, 47% of patients were still alive and receiving care. The findings were that rates of HIV viral suppression among PLWH significantly increased from 1997 to 2015. Factors contributing to better viral suppression rates included:

- Use of integrase inhibitors.
- Improved availability of HIV treatment.
- High rates of PLWH on treatment.