



An Anthem Company

New York Provider News

June 2018 Empire Provider Newsletter

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Important Update: June 15, 2018 - Access to the Empire Facility / Professional Secure Portals Only on the Availity Portal

Published: May 30, 2018 - Administrative

On June 15, 2018, the direct login link to the Empire BlueCross BlueShield (“Empire”) Facility and Professional secure web portals will be removed from the Empire provider public web page. Your only access to the secure portal will be through the Availity Portal.

This single sign on process simplifies your access eliminating the need to log into two separate portals.

What you need to access the Empire Facility and Professional Portals from the Availity Portal:

- Empire Facility Health Plan User ID (assigned by your Empire Super User).
- Unique Availity user ID & password (assigned by your Availity administrator).
- Registered as a user for Empire Services Registration on Availity.

Not a registered User of Empire Services Registration?

Your Availity administrator can set you up by taking the following steps on Availity:

- Select: Payer Spaces | Resources | Services Registration | Non-Registered Users.
- Next, type the Empire Health Plan ID in the appropriate field (Facility and/or Professional) then scroll down to the bottom of the page and select Register.

Don't know who your Availity administrator is?

From Availity's home page select: My Account Dashboard | My Administrators

Accessing Empire Facility and Professional Secure Portals from Availity Portal:

Once you are registered for Empire Services Registration select Payer Spaces | Resources | Empire Facility or Empire Professional link.

URL: <https://providernews.empireblue.com/article/important-update-june-15-2018-access-to-the-empire-facility-professional-secure-portals-only-on-the-availity-portal>

Availity is now our designated EDI Gateway

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Empire has recently moved into a strategic partnership with Availity to serve as our designated EDI Gateway and E-solutions Service Desk.

- Availity and Empire are working together to develop new ways to simplify how you manage claims and other administrative tasks online.
- Beginning June 1st 2018 you will be able to manage all changes and new setup requests for the electronic remittance advice (835) through the Availity Portal.
- To register or manage account changes for electronic funds transfers (EFT) only, please continue to use the EnrollHub at <https://solutions.caqh.org>
- If you directly submit your electronic transactions to Empire and have your own practice management software, Availity provides trading partner services and access to Portal tools through an easy setup experience.
- If you use a clearinghouse, they will work with Availity on your behalf.

Next Steps If you are a Direct Submitter:

<u>Existing Availity Account</u>	<u>New Availity Account</u>
Go to www.Availity.com , click LOGIN, and log in to your account.	If you are not registered for Availity go to www.Availity.com and click the REGISTER button. Refer to this quick guide if you need help.
Under the <u>My Providers</u> , click <u>Enrollments Center</u> .	Select the registration process that is appropriate to your organizational type.
Click <u>ERA Enrollment</u> and then follow the online instructions to complete and submit your enrollment.	Availity will send you follow-up emails with your login credentials and guidance for your next steps.
After submitting, you will be notified by e-mail that enrollment is complete and start receiving 835's through Availity. Please allow 5-10 business days for processing.	At this point you will be able to utilize all the Availity benefits such as Claim Status, Eligibility and now EDI.

Key Factors:

- You will be able to manage changes or new registrations for the electronic remittance advice (835) through your Availity Portal account beginning June 1st 2018. We encourage you to register with Availity to initiate the change to the Availity EDI Gateway.
- Empire and Availity are committed to transparency with this change, and will emphasize the continuity of quality service to our trading partners.

We look forward to delivering a smooth transition to Availity for our EDI services. If you have any questions or concerns please contact the E-Solutions service desk at 1-800-470-9630 or Availity at 1-800-AVAILITY (282-4548)

URL: <https://providernews.empireblue.com/article/availity-is-now-our-designated-edi-gateway>

Introducing Interactive Care Reviewer for Online Authorizations

Published: May 30, 2018 - **Administrative**

Beginning August 20, 2018 Interactive Care Reviewer (ICR) will be your exclusive online tool for initiating and checking the status for many of your inpatient medical authorizations; and inpatient and outpatient behavioral health authorizations for Empire local market membership.*

The ICR offers a streamlined process to request these inpatient and outpatient procedures through the Availity Portal.

How do I gain access to the ICR?

You can access our ICR tool via the Availity Portal. If your organization has not yet registered for Availity, go to www.availity.com and select **Register** in the upper right-hand corner of the page.

If your organization already has access to Availity, your Availity administrator can grant you access to “*authorization and referral request*” for submission capability and “*authorization and referral inquiry*” for inquiry capability.

You can then find our tool under **Patient Registration | Authorizations & Referrals**. Then select the **Authorizations** or **Authorization/Referral Inquiry** option as appropriate.

Is ICR training available for providers?

You can attend one of the ICR monthly webinars. Register for the next webinar here: [\[https://anthemincub.webex.com/anthemincub/onstage/g.php?PRID=aa5396352099172976c26a64eacbad6f\]](https://anthemincub.webex.com/anthemincub/onstage/g.php?PRID=aa5396352099172976c26a64eacbad6f).

Who can providers contact with questions?

For questions regarding our ICR, please contact your local Provider Relations representative. For questions on accessing our tool via Availity, call Availity Client Services at 1-800-AVAILITY (1-800-282-4548). Availity Client Services is available Monday-Friday, 8 a.m.-7 p.m. Eastern time (excluding holidays) to answer your registration questions.

What benefits/efficiencies does the ICR provide?

- You are automatically routed to our ICR. Once the ICR is available, when you go to *Authorizations* in the Availity Web Portal, you are automatically routed to the ICR in order to begin your prior authorization request.
- You can determine if prior authorization is needed. For most requests, when you enter patient, service and provider details, you will receive a message indicating whether or not review is required.
- You will have inquiry capability. Ordering and servicing physicians and facilities can locate information on preauthorization requests for those they are affiliated with; this includes requests previously submitted via phone, fax, ICR or another online tool (for example, AIM Specialty Health®).
- The ICR is easy to use. You can submit outpatient and inpatient requests for services online using the same, easy-to-use functionality.
- The ICR reduces the need to fax. The ICR allows text detail as well as images to be submitted along with the request. Therefore, you can submit requests online and reduce the need to fax medical records.
- There is no additional cost to you. The ICR is a no-cost solution that's easy to learn and even easier to use.
- You can access the ICR tool almost anywhere. You can submit your requests from any computer with internet access. (Note: We recommend you use Internet Explorer 11, Chrome, Firefox or Safari for optimal viewing.)
- You receive a comprehensive view of all your preauthorization requests. You have a complete view of all the utilization management requests you submitted online, including the status of your requests and specific views that provide case updates and a copy of associated letters.

**Coming later in 2018 – ICR will be available for Medical outpatient authorizations, National Account membership, Medicaid and Medicare Advantage membership. Look for announcements informing you of these additions in upcoming communications.*

URL: <https://providernews.empireblue.com/article/introducing-interactive-care-reviewer-for-online-authorizations>

Empire streamlines member identification cards

Published: May 30, 2018 - **Administrative**

Empire streamlines member identification cards

Beginning July 1, 2018, Empire will introduce a streamlined member identification (ID) card to help reduce confusion about member cost share. The updated member ID card will maintain the current style, but specific cost share information (such as copays or coinsurance) will be removed from the card.

Providers access Availity and the Electronic Data Interchange (EDI) to verify member benefits and obtain the most up-to-date cost share information for a member's plan. If a member presents an older ID card with outdated benefits at the provider office, it can create confusion about member cost share.

As the streamlined ID card is adopted, it will help reduce misunderstandings around cost share. Additionally, members will be encouraged to learn more about their benefits through Empire's digital and online tools, and can retain their card for as long as they remain in the same product plan, regardless of changes to cost share information.

As a reminder, members can now view, download, email, and fax an electronic version of their member ID card using the Empire Anywhere mobile app. Electronic ID cards will also be updated as described above.

Please note, this update does not apply to National Accounts, Federal Employee Program ® (FEP ®), Medicaid or Medicare plans.

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

URL: <https://providernews.empireblue.com/article/empire-streamlines-member-identification-cards>

Updated Provider Manual now available

Published: May 30, 2018 - Administrative

Empire reviews and updates our online Provider Manuals annually. The updated manual is now available online at empireblue.com/provider > Click "Find Resources in New York" > [Provider Home](#) > [Communications](#) > [Empire's Provider Manual](#). The following changes are effective July 1, 2018:

New Content for 2018

- Pharmacy Home
- Availity Portal
- AIM Specialty Health
- Claims Filing Tips
- Online Provider Directories and Demographic Data Integrity

Updated for 2018:

- Misrouted PHI
- Risk Adjustments
- Overview of CAHPS
- EDI
- Overpayment-Cost Containment
- Medicare Crossover
- Implants
- Medical Care Provided to or by a Family Member
- Test or Procedures Prior to Admission(s) or Outpatient Services
- Preventable Adverse Events (PAE)
- Credentialing
- Utilization Management
- Member Rights and Responsibilities
- Quality Improvement
- Cultural Diversity
- Continuity and Coordination of Care
- Continuity of Care/Transition of Care Program
- Quality of Care Investigations
- Clinical Practice Guidelines
- Preventive Health Guidelines
- Performance Data
- Medical Policy (excluding CA)
- Centers of Medical Excellence
- Member Health & Wellness
- Blue Card Overview
- FEHBP
- HIX
- Audit -excluding CA
- Fraud Waste and Abuse Detection

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

Receive Direct Deposit of Patient Payments with Healthcare Bill Payments

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Beginning July 1, 2018, many Empire members will be able to make payments to providers for their out-of-pocket expenses with Healthcare Bill Payments, a new feature via the member portal at empireblue.com. Now, your patients can quickly and easily pay you online as soon as their claim information is available.

Empire has engaged with [InstaMed®](#), a healthcare payments network, to offer Healthcare Bill Payments. InstaMed is a Payment Card Industry (PCI) Level One Service Provider and certified at the highest levels for both healthcare and payment processing.

Providers registered with InstaMed will conveniently receive patient payments by direct deposit into their bank account without ever mailing a patient bill or making a phone call. Plus, patients enjoy a simple, convenient payment option.

[Registration for Healthcare Bill Payments is simple](#) – you can get started today. Here's what you'll need:

- Email address
- Tax ID number for your organization
- Bank account information for direct deposit

If you are not registered, these payments are mailed to you as prepaid Mastercard® payments.

For more information about Healthcare Bill Payments:

- [Register](#) to attend InstaMed's upcoming informational webinar on June 14, 2018 at 1:00 pm ET.
- Read more about [Healthcare Bill Payments](#).
- See [InstaMed's Frequently Asked Questions](#).
- Email questions about Healthcare Bill Payments to connect@instamed.com.

This feature does not apply to Empire Medicare and Medicaid plans, but may be implemented in the future.

URL: <https://providernews.empireblue.com/article/receive-direct-deposit-of-patient-payments-with-healthcare-bill-payments>

Reminder: Miscellaneous durable medical equipment billing guideline:

Published: May 30, 2018 - **Administrative**

Empire continually evaluates coding and billing patterns, and recently identified trends related to the use of code E1399 — DME, miscellaneous. When an appropriate code exists for DME equipment or supply, the more specific code should be used.

Inappropriate use of code E1399 often includes, but is not limited to the following:

- Gait trainers (E8001/E8002)
- Shower chairs (E0240)
- Standing frames (E0641)
- Hospital beds (E0250-E0373)
- Stand assist lifts (E0635)

To ensure proper use of E1399, Empire conduct post-payment reviews of code E1399. If a more appropriate code should have been used, Empire may recoup overpayments accordingly.

Empire continues to require prior authorization for the use of miscellaneous code E1399. If a prior authorization is approved but the claim is submitted with the incorrect code E1399, then the claim may be denied and a corrected claim will need to be resubmitted with the appropriate HCPCS code.

URL: <https://providernews.empireblue.com/article/reminder-miscellaneous-durable-medical-equipment-billing-guidelines>

Update to claim processing for services requiring AIM prior authorization

Published: May 30, 2018 - **Products & Programs**

Empire recently discovered that some claims with services under the following programs are processing without the required prior authorization through AIM Specialty Health® (AIM), a separate company:

- Sleep Management
- Radiology Oncology
- Radiology Benefit Management (RBM)
- Cardiology

Effective July 1, 2018, our claims systems will be updated to correct this issue.

Claims for Sleep Management, Radiology Oncology, Radiology Benefit Management (RBM), and Cardiology services continue to require prior authorization through AIM. For a list of the codes that require prior authorization, visit the AIM **ProviderPortal**SM.

As a reminder, please submit prior authorization requests to AIM in one of the following ways:

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

URL: <https://providernews.empireblue.com/article/update-to-claim-processing-for-services-requiring-aim-prior-authorization>

Updates to AIM Musculoskeletal Program Clinical Appropriateness Guidelines

Published: May 30, 2018 - **Products & Programs**

Beginning with dates of service on and after July 1, 2018, the following updates will apply to AIM Musculoskeletal Program Clinical Appropriateness Guidelines:

Spine Surgery guideline:

- Cervical decompression with or without fusion:
 - o Added osteotomy and corpectomy definitions
 - o Clarified implant/instrumentation failure
- Lumbar fusion and treatment of spinal deformity (including scoliosis and kyphosis):
 - o Added osteotomy and corpectomy definitions
- Spinal stenosis:
 - o Removed bilateral or wide decompression

Interventional Pain Management guideline:

- Epidural injection procedures and diagnostic selective nerve root blocks:
 - Added prior authorization exemption for CPT codes 62320 and 62322 when used for post-procedural pain with certain ICD-10-CM diagnoses
- Repeat therapeutic epidural steroid injections, clarified initial injection as therapeutic:
 - Clarified injection sessions for procedural requirements
- Paravertebral facet injection/nerve block/neurolysis:
 - Increased procedural limitation for diagnostic medial branch blocks
 - Increased procedural limitation for therapeutic intraarticular facet joint injections and clarified requirement for conservative treatment between injections
- Sacroiliac joint injections:
 - Added HCPCS code G0260

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. 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 guidelines [here](#).

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

Coverage Guideline not implemented - Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing (CG-MED-53)

Published: May 30, 2018 - Products & Programs

In the [October 2017 edition of the Network Update](#), Empire announced a new coverage

guideline, Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing (CG-MED-53) to be effective January 1, 2018. Please be advised that CG-MED-53 was not implemented.

URL: <https://providernews.empireblue.com/article/coverage-guideline-not-implemented-cervical-cancer-screening-using-cytology-and-human-papillomavirus-testing-cg-med-53>

Empire expands Specialty Pharmacy Clinical Site of Care (Level of Care) drug list

Published: May 30, 2018 - **Products & Programs** / Pharmacy

Effective for dates of service on and after September 1, 2018, the following specialty pharmacy codes from new or current medical policies or clinical UM guidelines will be included in our existing specialty pharmacy level of care review process.

Empire's level of care prior authorization clinical review of these specialty pharmacy drugs will be managed by AIM Specialty Health® (AIM), a separate company.

View the Clinical Site of Care (Level of Care) drug list and Clinical Site of Care (Level of Care) prior authorization clinical review FAQs for more information.

Medical Policy or Clinical Guideline	Drug	Code
CG-DRUG-09	Cuvitru™	J1555
DRUG.00081	Exondys 51™	J1428
CG-DRUG-78	Fibryga®	J7178
DRUG.00093	Kanuma™	J2840
CG-DRUG-44	Krystexxa®	J2507
CG-DRUG-05	Mircera®	J0888
DRUG.00095	Ocrevus™	J2350
DRUG.00027	Prialt®	J2278
CG-DRUG-78	Rebinyn®	J7195
CG-DRUG-69	Stelara®	J3358
CG-DRUG-61	Supprelin LA®	J9226
CG-DRUG-16	Zarxio®	Q5101

URL: <https://providernews.empireblue.com/article/empire-expands-specialty-pharmacy-clinical-site-of-care-level-of-care-drug-list>

Empire expands specialty pharmacy prior authorization list

Published: May 30, 2018 - **Products & Programs** / Pharmacy

Effective for dates of service on and after September 1, 2018, the following specialty pharmacy codes from new or current medical policies or clinical UM guidelines will be included in our prior authorization review process.

Empire's prior authorization clinical review of these specialty pharmacy drugs will be managed by AIM Specialty Health® (AIM), a separate company.

The following clinical guidelines or medical policies will be effective September 1, 2018:

Medical Policy or Clinical Guideline	Code	Drug	Comments
CG-DRUG-44	J2507	Krystexxa®	Existing Guideline
CG-DRUG-89	J3490 Q9991 Q9992	Sublocade TM	New Drug to Existing Guideline

URL: <https://providernews.empireblue.com/article/empire-expands-specialty-pharmacy-prior-authorization-list>

Reminder: Empire accepts prior authorization requests for prescription medications online

Published: May 30, 2018 - **Products & Programs** / Pharmacy

As a reminder, Empire accepts electronic medication prior authorization requests for commercial health plans. 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.

Electronic prior authorization (ePA) offers many benefits to providers:

- 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 covermy meds.com. Creating an account is FREE.

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

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

Pharmacy information available on empireblue.com/provider

Published: May 30, 2018 - **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. 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).

To locate “Marketplace Select Formulary” and pharmacy information, go to Customer Support, select your state, Download Forms and choose “Select Drug List. 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.

Effective 1/1/18, AllianceRX Walgreens Prime is the new specialty pharmacy program for the Federal Employee Program. You can view the 2018 Specialty Drug List or call us at 1-888-346-3731 for more information.

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

Verifying eligibility for expanded hospice benefits

Published: May 30, 2018 - **Products & Programs**

In the [April 2018 edition of the Network Update](#), Empire announced an expansion of hospice

benefits for local Empire fully insured plans to begin on June 1, 2018. The newly expanded benefits allow for disease modifying treatments to continue alongside hospice services, as well as member access to hospice services with prognoses of up to 12 months.

Providers should verify whether members have the expanded hospice benefit under their Empire policy.

For some health plans, updated benefit information will return via an electronic eligibility and benefit inquiry on the Availity Portal or using your Electronic Data Interchange (EDI) interface as early as June 1, 2018. We anticipate that all impacted plans will return the updated language by August 1, 2018. Once updated, hospice inquiries (Service Type 45) will confirm access to the expanded hospice benefit by returning: ***“LIFE EXPECTANCY UP TO 12 MONTHS WITH DISEASE MODIFYING TREATMENT ALLOWED.”***

It may be necessary for providers to contact the Provider Service number on the back of the member ID card to confirm if a member’s plan includes the expanded hospice benefits from June 1, 2018 - August 1, 2018, before all systems are updated to report the more detailed benefit language.

As a reminder, the following plans include the expanded hospice benefits beginning June 1, 2018: Commercial fully-insured group and individual plans, excluding NY standard plans. The following plans *do not* include expanded hospice benefits: self-insured plans, Medicare, Medicaid, and FEP and fully-insured NY standard plans.

URL: <https://providernews.empireblue.com/article/verifying-eligibility-for-expanded-hospice-benefits>

Empire’s Individualized Care Program to support palliative care for commercial members

Published: May 30, 2018 - **Products & Programs**

Beginning June 1, 2018, Empire will offer an Individualized Care Program to our fully insured commercial members to provide palliative care support for members with advanced illness in the last 12 months of life.

This program does not replace the care of PCPs and specialists, but provides an extra layer of support with an interdisciplinary team that includes palliative care physicians, palliative care nurse practitioners, registered nurses, social workers, chaplains and patient care coordinators.

Specific palliative care services include:

- Comprehensive assessments including symptoms, spiritual and psychosocial needs
- Expert symptom management

- Supporting patients in defining their goals, values and preferences and in advance care planning
- Encouraging patients to execute advance directives
- 24/7 access to urgent clinical support from an palliative care team member
- Securing needed resources
- Education on palliative services and hospice care services

An initial telephonic outreach to identified members will be made by a palliative care professional to introduce Empire's Individualized Care Program and to determine the appropriate level of palliative services in one of the following three models:

Telehealth services and support at routine intervals to patients by palliative trained providers
Home based visits by a palliative care nurse practitioner, supported by an interdisciplinary team of palliative providers for patients with a high symptom burden, increased risk of hospitalization, or other complex issues. The home based visits will be offered through an Empire partnership with Aspire Health (available in certain geographic areas)

Clinic based services offered through an Empire partnership with Aspire Health. Aspire's palliative care team will be embedded within the outpatient clinic/practice of the member's medical oncologist to provide services to targeted patients (available in certain geographic areas)

Aspire Health already provides services for members with advanced illness enrolled in our Medicare and Medicaid health plans and has demonstrated improvement in quality and cost of care savings.

If you are an Empire contracted network provider, an Aspire Health palliative physician may reach out to your practice to introduce themselves in order to establish a physician to physician relationship. They may also discuss developing an individualized mechanism by which to share information regarding patients that have been identified for palliative care services. Aspire will provide clinical updates to your practice on a regular basis to facilitate the best possible co-management of your patient.

If you have questions regarding Empire's Individualized Care Program, please email IndividualizedCareProgram-PalliativeCare@anthem.com.

URL: <https://providernews.empireblue.com/article/empires-individualized-care-program-to-support-palliative-care-for-commercial-members>

Empire Adopts MCG Care Guidelines for Behavioral Health Services

Published: May 30, 2018 - **Products & Programs** / Behavioral Health

Effective with dates of service on and after October 31, 2018, Empire will begin using MCG Care Guidelines 22nd edition Behavioral Health guidelines for the review of behavioral health services. This represents a change from the behavioral health medical policies and clinical guidelines currently used.

Please note that the following behavioral health (BEH) medical policies and clinical guidelines will be retained at this time:

- BEH.00002 Transcranial Magnetic Stimulation
- BEH.00004 Activity Therapy for Autism Spectrum Disorders and Rett Syndrome
- CG-BEH-01 Screening and Assessment for Autism Spectrum Disorders and Rett Syndrome
- CG-BEH-02 Adaptive Behavioral Treatment for Autism Spectrum Disorder
- CG-BEH-14 Intensive In-Home Behavioral Health Services

Empire may continue to use additional medical policies and clinical guidelines to supplement MCG Care Guidelines.

View Empire's medical policies and clinical guidelines and view Customizations to MCG Care Guidelines 22nd edition.

This change impacts Empire's Commercial health plans.

Providers should continue to call the phone number indicated on the back of the member ID card to request prior authorization review or for additional questions regarding behavioral health.

URL: <https://providernews.empireblue.com/article/empire-adopts-mcg-care-guidelines-for-behavioral-health-services>

Outpatient visits

Published: May 30, 2018 - **Products & Programs** / Behavioral Health

Please note that we no longer manage traditional behavioral health outpatient therapy for all fully insured products, including our health insurance exchange products. Many of our self-

funded groups have also removed review of the traditional outpatient therapy visits; however, some groups continue to require a review after a certain number of pass-through visits. Please be certain to verify benefits for new patients to help ensure you are aware of any requirements. Partial hospitalization, intensive outpatient, applied behavior analysis, trans-cranial magnetic stimulation (TMS) services continue to require prior authorization from the first visit.

URL: <https://providernews.empireblue.com/article/outpatient-visits>

Policy Updates

Published: May 30, 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.

*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>

Medical Policy Updates

Published: May 30, 2018 - **Policy Updates** / Medical Policy & Clinical Guidelines

New Medical Policy Effective 03-29-2018

(The following policy is new and determined to not have significant changes.)

- MED.00120 - Voretigene neparvovec-rzyl (Luxturna™)

Revised Medical Policies Effective 03-29-2018

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

- DRUG.00078 - Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors
- GENE.00028 - Genetic Testing for Colorectal Cancer Susceptibility
- SURG.00098 - Mechanical Embolectomy for Treatment of Acute Stroke

Revised Medical Policies Effective 04-25-2018

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

- RAD.00029 - CT Colonography (Virtual Colonoscopy) for Colorectal Cancer
- SURG.00033 - Cardioverter Defibrillators
- SURG.00121 - Transcatheter Heart Valve Procedures

Revised Medical Policies Effective 04-25-2018

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

- ANC.00008 - Cosmetic and Reconstructive Services of the Head and Neck
- DME.00032 - Automated External Defibrillators for Home Use
- DRUG.00086 - Mecasermin (Increlex®)
- DRUG.00108 - Edaravone (Radicava®)
- GENE.00003 - Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer's Disease
- GENE.00012 - Preconception or Prenatal Genetic Testing of a Parent or Prospective Parent
- MED.00004 - Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy and Ultrasonography)
- MED.00007 - Prolotherapy for Joint and Ligamentous Conditions

- MED.00011 - Sensory Stimulation for Brain-Injured Individuals in Coma or Vegetative State
- MED.00059 - Idiopathic Environmental Illness (IEI)
- MED.00101 - Physiologic Recording of Tremor using Accelerometer(s) and Gyroscope(s)
- RAD.00012 - Ultrasound for the Evaluation of the Paranasal Sinuses
- RAD.00038 - Use of 3-D, 4-D or 5-D Ultrasound in Maternity Care
- RAD.00044 - Magnetic Resonance Neurography
- RAD.00052 - Positional MRI
- REHAB.00003 - Hippotherapy
- SURG.00043 - Electrothermal Shrinkage of Joint Capsules, Ligaments and Tendons
- SURG.00045 - Extracorporeal Shock Wave Therapy for Orthopedic Conditions
- SURG.00048 - Panniculectomy and Abdominoplasty
- SURG.00053 - Unicondylar Interpositional Spacer
- SURG.00056 - Transanal Radiofrequency Treatment of Fecal Incontinence
- SURG.00061 - Presbyopia and Astigmatism-Correcting Intraocular Lenses
- SURG.00062 - Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome
- SURG.00066 - Percutaneous Neurolysis for Chronic Neck and Back Pain
- SURG.00070 - Photocoagulation of Macular Drusen
- SURG.00073 - Epiduroscopy
- SURG.00079 - Nasal Valve Suspension
- SURG.00096 - Surgical and Ablative Treatments for Chronic Headaches
- SURG.00100 - Cryoablation for Plantar Fasciitis and Plantar Fibroma
- SURG.00111 - Axial Lumbar Interbody Fusion
- SURG.00145 - Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)
- SURG.00150 - Leadless Pacemaker
- TRANS.00008 - Liver Transplantation
- TRANS.00009 - Lung and Lobar Transplantation
- TRANS.00011 - Pancreas Transplantation and Pancreas Kidney Transplantation
- TRANS.00013 - Small Bowel, Small Bowel/Liver, and Multivisceral Transplantation
- TRANS.00026 - Heart/Lung Transplantation
- TRANS.00033 - Heart Transplantation

Revised Medical Policy Effective 05-12-2018

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

- DME.00009 - Vacuum Assisted Wound Therapy in the Outpatient Setting

Archived Medical Policies Effective 06-28-2018

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

- BEH.00004 - Activity Therapy for Autism Spectrum Disorders and Rett Syndrome [Note: Content transferred to new CG-BEH-15.]
- DRUG.00028 - Intravitreal Treatment for Retinal Vascular Conditions [Note: Content transferred to new CG-DRUG-90.]
- DRUG.00032 - Intravitreal Corticosteroid Implants [Note: Content transferred to new CG-DRUG-91.]
- DRUG.00072 - Alpha-1 Proteinase Inhibitor Therapy [Note: Content transferred to new CG-DRUG-92.]
- DRUG.00101 - Sarilumab (Kevzara®) [Note: Content transferred to new CG-DRUG-93.]
- LAB.00020 - Skin Nerve Fiber Density Testing [Note: Content transferred to new CG-LAB-13.]
- MED.00076 - Inhaled Nitric Oxide [Note: Content transferred to new CG-MED-69.]
- RAD.00030 - Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule [Note: Content transferred to new CG-MED-70.]
- SURG.00081 - Total Ankle Replacement [Note: Content transferred to new CG-SURG-74.]
- SURG.00110 - Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions [Note: Content transferred to new CG-SURG-75.]
- THER-RAD.00003 - Intravascular Brachytherapy (Coronary and Non-Coronary) [Note: Content transferred to new CG-THER-RAD-07.]

Revised Medical Policy Effective 06-28-2018

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

- SURG.00089 - Self-Expanding Absorptive Sinus Ostial Dilation [Note: Content for balloon sinuplasty has been moved to new CG-SURG-73.]

Archived Medical Policy Effective 09-01-2018

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

- DRUG.00092 - Buprenorphine Implant (Probuphine®) [Note: Content transferred to new CG-DRUG-89.]

New Medical Policy Effective 09-15-2018

(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.)

- SURG.00151 - Balloon Dilation of Eustachian Tubes

Revised Medical Policies Effective 09-15-2018

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

- DRUG.00003 - Chelation Therapy
- OR-PR.00003 - Microprocessor Controlled Lower Limb Protheses
- SURG.00037 - Treatment of Varicose Veins (Lower Extremity)
- SURG.00132 - Drug-Eluting Devices for Maintaining Sinus Ostial Patency

Archived Medical Policy Effective 10-31-2018

(The following policy has been archived and has been replaced by MCG guidelines.)

- BEH.00001 - Opioid Antagonists Under Heavy Sedation or General Anesthesia as a Technique of Opioid Detoxification

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

Clinical Guideline Updates

Published: May 30, 2018 - **Policy Updates** / Medical Policy & Clinical Guidelines

Revised Clinical Guidelines Effective 04-25-2018

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

- CG-BEH-02 - Adaptive Behavioral Treatment for Autism Spectrum Disorder
- CG-BEH-03 - Psychiatric Disorder Treatment
- CG-BEH-07 - Psychological Testing
- CG-DRUG-27 - Clostridial Collagenase Histolyticum Injection

- CG-DRUG-57 - Idursulfase (Elaprase®)
- CG-MED-55 - Level of Care: Advanced Radiologic Imaging
- CG-MED-68 - Therapeutic Apheresis
- CG-REHAB-06 - Speech-Language Pathology Services (Note: applicable to National Accounts only.)
- CG-SURG-09 - Temporomandibular Disorders
- CG-SURG-27 - Sex Reassignment Surgery
- CG-TRANS-02 - Kidney Transplantation

Adopted Clinical Guidelines Effective 06-28-2018

(The following guidelines were previously medical policies and have been adopted and have no significant changes.)

- CG-BEH-15 - Activity Therapy for Autism Spectrum Disorders and Rett Syndrome [Note: Content moved from BEH.00004 Activity Therapy for Autism Spectrum Disorders and Rett Syndrome.]
- CG-DRUG-90 - Intravitreal Treatment for Retinal Vascular Conditions [Note: Content moved from DRUG.00028 Intravitreal Treatment for Retinal Vascular Conditions.]
- CG-DRUG-91 - Intravitreal Corticosteroid Implants [Note: Content moved from DRUG.00032 Intravitreal Corticosteroid Implants.]
- CG-DRUG-92 - Alpha-1 Proteinase Inhibitor Therapy [Note: Content moved from DRUG.00072 Alpha-1 Proteinase Inhibitor Therapy.]
- CG-DRUG-93 - Sarilumab (Kevzara®) [Note: Content moved from .DRUG.00101 Sarilumab (Kevzara®).]
- CG-LAB-13 - Skin Nerve Fiber Density Testing [Note: Content moved from LAB.00020 Skin Nerve Fiber Density Testing.]
- CG-MED-69 - Inhaled Nitric Oxide [Note: Content moved from MED.00076 Inhaled Nitric Oxide.]
- CG-MED-70 - Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule [Note: Content moved from RAD.00030 Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule.]
- CG-SURG-73 - Balloon Sinus Ostial Dilation [Note: Content for balloon sinus ostial dilation moved from SURG.00089 Balloon and Self-Expanding Absorptive Sinus Ostial Dilation.]
- CG-SURG-74 - Total Ankle Replacement [Note: Content moved from SURG.00081 Total Ankle Replacement.]
- CG-SURG-75 - Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions [Note: Content moved from SURG.00110 Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions.]
- CG-THER-RAD-07 - Intravascular Brachytherapy (Coronary and Non-Coronary) [Note: Content moved from THER-RAD.00003 Intravascular Brachytherapy (Coronary and Non-

Coronary).]

Adopted Clinical Guideline Effective 09-01-2018

(The following guideline was previously a medical policy and has been adopted and might result in services that were previously covered but may now be found to be not medically necessary.)

- CG-DRUG-89 - Implantable and Extended-Release Buprenorphine-Containing Products [Note: Content moved from DRUG.00092 Buprenorphine Implant (Probuphine®).]

Revised Clinical Guidelines Effective 09-15-2018

(The following adopted guidelines were revised and might result in services that were previously covered but may now be found to be not medically necessary.)

- CG-DME-06 - Pneumatic Compression Devices for Lymphedema
- CG-REHAB-04 - Physical Therapy
- CG-REHAB-05 - Occupational Therapy

Archived Clinical Guidelines Effective 10-31-2018

(The following guidelines have been archived and have been replaced by MCG guidelines.)

- CG-BEH-03 - Psychiatric Disorder Treatment
- CG-BEH-07 - Psychological Testing

Revised Clinical Guideline Effective 11-01-2018

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

- CG-MED-23 - Home Health (Note: Behavioral Health references have been transitioned to MCG guidelines.)

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

Professional Reimbursement Policy Update

Published: May 30, 2018 - **Policy Updates** / Reimbursement Policies

Bundled Services and Supplies

We are updating our policy to move the Section 1 code list that is currently within the policy to a separate document titled “Bundled Services and Supplies Section 1 Coding.”

Review of Reimbursement Policies

The following professional reimbursement policies received a review and may have minor language changes; however, the changes do not cause significant changes to the policies' position or criteria:

- Documentation Reporting Guidelines for Consultations
- Duplicate Reporting of Diagnostic Services
- Frequency Editing
- Overhead Expense for Office Based Surgery and Diagnostic Testing
- Sleep Studies and Related Bundled Services & Supplies
- Unit Frequency Maximums for Drugs and Biologic Substances

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

Reimbursement Policy Reminder - Durable Medical Equipment (Professional)

Published: May 30, 2018 - **Policy Updates** / Reimbursement Policies

In the [April 2016 edition of the Network Update](#), Empire shared details about the professional reimbursement policy, Durable Medical Equipment. The following information provides important reminders about this policy.

Certain DME is not routinely purchased up-front; rent-to-purchase durable medical equipment (DME) is eligible for rental reimbursement up to the purchase price or 10 months rental, whichever comes first. We are receiving claims billed with up-front purchases and we are denying those claims because they must be billed as rent-to-purchase. If you receive such a denial, please do not request a medical necessity review, as that was not the reason for the denial. Instead, please bill claims for these services correctly as rent-to-purchase.

As a reminder, for dates of service on or after July 1, 2016, the following HCPCS codes for sleep apnea equipment are only eligible for reimbursement when reported as rented items and should not be reported with DME purchase modifiers NR (New when rented (use the NR when DME was new at the time of rental is subsequently purchased)), NU (new equipment), or UE (used durable medical equipment):

- E0470 (respiratory assist device, bi-level pressure capability, without backup rate feature)

- E0471 (respiratory assist device, bi-level pressure capability, with back-up rate feature)
- E0561 (humidifier, non-heated, used with positive airway pressure device)
- E0562 (humidifier, heated, used with positive airway pressure device)
- E0601 (continuous positive airway pressure (CPAP) device)

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

URL: <https://providernews.empireblue.com/article/reimbursement-policy-reminder-durable-medical-equipment-professional>

Making a change for the better - FEP® system migration information

Published: May 30, 2018 - **State & Federal** / Federal Employee Plan (FEP)

Empire BlueCross BlueShield is committed to delivering exceptional service to our New York customers. Beginning August 2018, we are simplifying the way we do business by moving our customers to the Federal Employee Program® (FEP) operating systems. Some of the current functionality is changing to provide more consistency and alignment within the Blue Cross Blue Shield Service Benefit Plan, also known as the Federal Employee Program, or FEP. More details about these system changes will be communicated in the July 2018 eUpdate, so mark your calendars to be sure not to miss this important information.

URL: <https://providernews.empireblue.com/article/making-a-change-for-the-better-fep-system-migration-information>

Cologuard covered for Medicare Advantage

Published: May 30, 2018 - **State & Federal** / Medicare

Please note, this notice is only applicable to Medicare Advantage members: Cologuard, that at-home colorectal cancer screening, is covered at 100 percent for Empire Medicare Advantage individual and group-sponsored members. Members will not incur an out-of-pocket cost for the screening and no prior authorization is required.

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URL: <https://providernews.empireblue.com/article/cologuard-covered-for-medicare-advantage>

Peer-to-peer process can help clarify clinical record

Published: May 30, 2018 - **State & Federal** / Medicare

The Medicare peer-to-peer process facilitates a conversation between a provider and an Empire medical director. The peer-to-process should be used to explain or clarify something that a clinical record cannot convey. To learn how to initiate a peer-to-peer conversation, please see [Important Medicare Advantage Updates](#) at empireblue.com/medicareprovider.

URL: <https://providernews.empireblue.com/article/peer-to-peer-process-can-help-clarify-clinical-record>

Motion Picture Industry Pension and Health Plans Offers Medicare Advantage Option

Published: May 30, 2018 - **State & Federal** / Medicare

Effective July 1, 2018, Empire will be a Medicare Advantage (MA) plan option for Motion Picture Industry Health and Pension Plans (MPI). Empire will provide medical benefits for MPI retirees through a Local Preferred Provider Organization (LPPO) product. The MA plan offers the same hospital and medical benefits that Medicare covers. In addition, MPI retirees will pay the same cost share for both in-network and out-of-network services. The MA plan also covers additional benefits that Medicare does not such as hearing, acupuncture, LiveHealth Online and SilverSneakers.

MPI retirees will have a customized identification card that includes the MPI logo. The prefix on their cards will be MBL. Providers will follow their normal claim filing procedures for MPI member claims.

URL: <https://providernews.empireblue.com/article/motion-picture-industry-pension-and-health-plans-offers-medicare-advantage-option>

Connecticut Teachers' Retirement Board Offers Medicare Advantage Option

Published: May 30, 2018 - **State & Federal** / Medicare

Effective July 1, 2018, Empire will be a Medicare Advantage (MA) plan option for Connecticut Teachers' Retirement Board (TRB). Empire will provide medical benefits for TRB retirees through a Local Preferred Provider Organization (LPPO) product. The MA plan offers the same hospital and medical benefits that Medicare covers. The MA plan also covers additional benefits that Medicare does not such as LiveHealth Online and SilverSneakers.

TRB retirees will have a customized identification card that includes TRB's logo. The prefix on their cards will be ZDX. Providers will follow their normal claim filing procedures for MPI member claims.

URL: <https://providernews.empireblue.com/article/connecticut-teachers-retirement-board-offers-medicare-advantage-option>

MA home health network to be delegated to myNEXUS

Published: May 30, 2018 - **State & Federal** / Medicare

We want to thank our PCPs and hospitals for their coordination of home health care for our members. We want to alert you to important changes to our Home Health provider network for most of our Medicare Advantage members. Empire will delegate its provider network for Home Health Care Services for most of our Medicare Advantage members to myNEXUS Aug. 1, 2018. Additional information will be available at [Important Medicare Advantage Updates](#) at empireblue.com/medicareprovider.

URL: <https://providernews.empireblue.com/article/ma-home-health-network-to-be-delegated-to-mynexus>

Medication adherence incentive offered to EPHC providers

Published: May 30, 2018 - **State & Federal** / Medicare

Medication non-adherence increases mortality and costs the healthcare system billions of dollars per year. Empire is collaborating with physicians engaged in our Enhanced Personal Health Care (EPHC) programs to promote adherence by increasing 90-day supply prescriptions. Patients who receive 90-day supplies are more likely to be adherent, and Empire's Medicare Advantage plans allow 90-day supplies to be filled for chronic medications at any retail pharmacy. Beginning in July, EPHC providers program will receive a monthly report that identifies Medicare members eligible for a 90-day supply. Please evaluate that member list and discuss the benefits of a 90-day supply with your patients.

URL: <https://providernews.empireblue.com/article/medication-adherence-incentive-offered-to-ephc-providers>

Keep up with Medicare news

Published: May 30, 2018 - **State & Federal** / Medicare

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

- [Improve Medicare Advantage members' medication adherence with 90-day prescriptions](#)
- [Prior authorization requirements for cardiovascular services](#)
- [Medicare Advantage reimbursement policy provider bulletin](#)
- [Medicare risk adjustment and documentation training](#)
- [Dual Eligible Special Needs Plans – provider training required](#)
- [Prior authorization requirement for Electrical Stimulation Device](#)
- [Prior authorization requirements for part B drugs: Zevalin and Eptacog](#)
- [Prior authorization requirements for Part B drug: Trelstar](#)

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

Empire to conduct post-payment reviews of distinct procedural services modifiers

Published: May 30, 2018 - **State & Federal** / Medicaid

In accordance with CMS guidelines, Empire BlueCross BlueShield HealthPlus (Empire) conducts post-payment reviews of professional claims for Medicaid Managed Care members billed with modifiers for distinct procedural services (modifiers 59, XE, XP, XS and XU). As part of these reviews, we may contact you with outlying billing practices to request additional documentation related to the services. If billing discrepancies are identified, we will provide you with a written report of our findings as well as your appeal rights and may initiate recoupment as appropriate. Findings may assist your office with quality improvement efforts.

For questions regarding post-payment reviews of distinct procedural services modifiers, contact Provider Services at **1-800-450-8753**.

URL: <https://providernews.empireblue.com/article/empire-to-conduct-post-payment-reviews-of-distinct-procedural-services-modifiers>

Miscellaneous durable medical equipment billing guidelines

Published: May 30, 2018 - **State & Federal** / Medicaid

Reminder: Miscellaneous durable medical equipment (DME) procedure codes (such as E1399) cannot be used as an alternative to specific identified codes. Empire BlueCross BlueShield HealthPlus (Empire) will conduct postpayment reviews to ensure the right codes for the right services are used. This applies to all claims for Medicaid Managed Care members.

In an effort to improve the provider experience, we continually evaluate coding and billing patterns. Recently, we identified trends related to the use of E1399 — DME, miscellaneous. This code is only intended for use when a more appropriate code is not available. When an appropriate code does exist, that code must be used regardless of your contracted rate. It is not appropriate to use E1399 for payment increases.

We continue to require prior authorization for the use of miscellaneous code E1399. To request PA, you may use one of the following methods:

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

As it is not our policy to inform providers of proper billing processes within prior authorization responses, authorization responses do not include code-specific details. If your service was approved but your claim was denied payment when billed using E1399, the incorrect code was used. You will need to update the authorization and the claim with the appropriate HIPAA-compliant HCPCS code.

Empire will conduct postpayment reviews of code E1399 to ensure proper use. If it is determined a more appropriate code should have been used, we will notify you in writing and advise you of your appeal rights.

You can find additional information related to miscellaneous codes in the Unlisted, Unspecified or Miscellaneous Codes reimbursement policy at www.empireblue.com/nymedicaiddoc > Precertification & Claims > Medicaid Reimbursement Policies.

URL: <https://providernews.empireblue.com/article/miscellaneous-durable-medical-equipment-billing-guidelines>

Prior authorization requirement update for Mylotarg (gemtuzumab ozogamicin)

Published: May 30, 2018 - **State & Federal** / Medicaid

Effective July 1, 2018, prior authorization (PA) is required for Mylotarg (gemtuzumab

ozogamicin) to be covered by Empire BlueCross BlueShield HealthPlus through the medical benefit. Federal and state law as well as state contract language 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:

- Mylotarg (gemtuzumab ozogamicin) — injection, gemtuzumab ozogamicin, 0.1 mg (J9203)

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

- Web: Interactive Care Reviewer tool via <https://www.availity.com>
- Fax: 1-800-964-3627
- Phone: 1-800-450-8753

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the provider self-service tool at <https://www.availity.com>. Providers who are unable to access Availity may call Provider Services at **1-800-450-8753** for PA requirements.

URL: <https://providernews.empireblue.com/article/prior-authorization-requirement-update-for-mylotarg-gemtuzumab-ozogamicin>

Electrical stimulation device to require prior authorization

Published: May 30, 2018 - **State & Federal** / Medicaid

The electrical stimulation device will require prior authorization (PA) effective August 1, 2018.

Please use the Precertification Lookup Tool for authorization requirements at <http://www.empireblue.com/nymedicaidoc> > Prior Authorization & Claims > Prior Authorization Lookup Tool.

Noncompliance with the new requirements may result in denied claims. The following code will require PA:

- E0766 — Electrical stimulation device used for cancer treatment, includes all accessories, any type

Please request PA via one of the following methods:

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

Federal law, state law and state contract language (including definitions and specific contract provisions/exclusions) take precedence over these PA rules and must be considered first when determining coverage.

If you have questions about this communication or need assistance with any other item, call Provider Services at 1-800-450-8753.

URL: <https://providernews.empireblue.com/article/electrical-stimulation-device-to-require-prior-authorization>

Chimeric antigen receptor T-cell therapy requires prior authorization for all places of service

Published: May 30, 2018 - **State & Federal** / Medicaid

Chimeric antigen receptor T-cell (CAR T) therapy, including immunotherapy and all inpatient stays, will continue to require a prior authorization (PA) regardless of the place of service in which it is given.

CAR T codes require PA, and all requests must be reviewed by Empire BlueCross BlueShield HealthPlus for PA regardless of place of service or if billed with an unlisted code.

Please refer to the Precertification Lookup Tool for detailed PA requirements by visiting <http://www.empireblue.com/nymedicaidoc> and choosing Precertification Lookup Tool from the *Precertification & Claims* menu.

CAR T therapy is currently represented by the following codes:

- Q2040 — Tisagenlecleucel (brand name: Kymriah™), up to 250 million CAR-positive viable T-cells, including leukapheresis and dose-preparation procedures, per infusion.
- Q2041 — Axicabtagene Ciloleucel, up to 200 million autologous anti-CD19 CAR T-cells, including leukapheresis and dose-preparation procedures, per infusion (new code effective April 1, 2018).

CAR T therapy in any form will continue to require PA. Please use one of the following methods to submit a request:

- Web: www.availity.com
- Fax: 1-800-964-3627
- Phone: 1-800-450-8753

Noncompliance with these requirements may result in denied claims. Federal and state law, as well as state contract language including definitions, and specific contract provisions and exclusions, take precedence over these PA rules and must be considered first when determining coverage.

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-450-8753.

URL: <https://providernews.empireblue.com/article/chimeric-antigen-receptor-t-cell-therapy-requires-prior-authorization-for-all-places-of-service>

Lower extremity vascular intervention codes require prior authorization

Published: May 30, 2018 - **State & Federal** / Medicaid

Effective July 1, 2018, lower extremity vascular intervention codes will require prior authorization (PA) by Empire BlueCross BlueShield HealthPlus.

Please refer to the Precertification Lookup Tool for detailed PA requirements by visiting <http://www.empireblue.com/nymedicaidoc> and choosing Precertification Lookup Tool from the *Precertification & Claims* menu.

PA requirements will be added to the following codes:

- 37220 — Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty
- 37221 — Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
- 37224 — Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
- 37225 — Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed

- 37226 — Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
- 37227 — Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
- 37228 — Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty
- 37229 — Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed
- 37230 — Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
- 37231 — Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed

Please use one of the following methods to request PA:
CAR T therapy in any form will continue to require PA. Please use one of the following methods to submit a request:

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

Noncompliance with these requirements may result in denied claims. Federal and state law, as well as state contract language including definitions, and specific contract provisions and exclusions, take precedence over these PA rules and must be considered first when determining coverage.

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-450-8753.

URL: <https://providernews.empireblue.com/article/lower-extremity-vascular-intervention-codes-require-prior-authorization>

Prior authorization requirements for Darzalex (daratumumab) drug

Published: May 30, 2018 - **State & Federal** / Medicaid

Effective August 1, 2018, Empire BlueCross BlueShield HealthPlus prior authorization (PA) requirements will change for the injectable drug Darzalex (daratumumab) for Medicaid members. 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:

- J9145 — Injection, Darzalex (daratumumab), 10 mg

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. Detailed PA requirements are available to contracted providers by accessing the provider self-service tool (<https://www.availity.com>). Contracted and noncontracted 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-darzalex-daratumumab-drug>

Services requiring prior authorization

Published: May 30, 2018 - **State & Federal** / Medicaid

All programs require prior authorization (PA) for all covered specialty medications, where allowable by state. The scope of this notice will include both professional and facility requests for Medicaid business.

Specialty medications that are reported with not otherwise classified (NOC) designation codes and C codes may also require PA before services are provided.

Regardless of whether PA is required, all services must be medically necessary to be covered. Even if PA is not required, to avoid a claim denial based on medical necessity, Empire BlueCross BlueShield HealthPlus (Empire) encourages providers to review our medical necessity criteria prior to rendering nonemergent services. Medical necessity criteria can be accessed by visiting <http://www.empireblue.com/nymedicaiddoc> to view the most current *Medical Policies* and *Clinical Utilization Management Guidelines*.

If no specific policy is available, the medical necessity review of a drug may be conducted using *Medical Policy ADMIN.00006: Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy or Clinical Utilization Management Guideline* and/or *Clinical Utilization Management Guideline CG-DRUG-01: Off-Label Drug and Approved Orphan Drug Use*.

Clinical review of specialty medications is in addition to services currently requiring PA. Providers are responsible for verifying eligibility and benefits for Empire members before providing services. We recommend providers visit <http://www.empireblue.com/nymedicaiddoc> to review the list of services and service categories currently requiring PA, with a reminder that the list of services requiring PA will be updated as needed. For clarification regarding whether a specific code or service requires PA, call the number listed below. Except in an emergency, failure to obtain PA may result in denial of reimbursement.

Again, please be reminded that the list of services requiring PA will be updated as needed.

Requesting PA

To request PA, report a medical admission or for questions regarding PA, providers may use one of the following methods:

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

Providers are strongly encouraged to revisit the *Government Business Division Reimbursement Policy Unlisted or Miscellaneous Codes* policy, which states NOC codes must be submitted with the correct national drug code (NDC) for proper claim payment. If the required NDC data elements are missing or invalid for the procedure code on a claim line, the claim will be denied.

URL: <https://providernews.empireblue.com/article/services-requiring-prior-authorization>

Medical Policies and Clinical Utilization Management Guidelines update

Published: May 30, 2018 - State & Federal / Medicaid

Medical Policies update On February 22, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* which are applicable to Empire BlueCross BlueShield HealthPlus (Empire). These medical policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the listing below. The medical policies were made publicly available on the provider website on the publish date listed below. To search for specific policies, visit <http://www.empireblue.com/medicalpolicies/search.html>. Existing precertification requirements have not changed.

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

Publish date	Medical Policy number	Medical Policy	New/revised
12/27/2017	DRUG.00112	Gemtuzumab Ozogamicin (Mylotarg®)	New
12/27/2017	DRUG.00118	Copanlisib (Aliqopa®)	New
11/9/2017	MED.00123	Axicabtagene ciloleuce (Yescarta™)	New
11/9/2017	DME.00040	Automated Insulin Delivery Devices	Revised
12/27/2017	DRUG.00050	Eculizumab (Soliris®)	Revised
12/27/2017	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
12/27/2017	DRUG.00075	Nivolumab (Opdivo®)	Revised
11/9/2017	DRUG.00081	Eteplirsen (Exondys 51™)	Revised
12/27/2017	DRUG.00109	Durvalumab (Imfinzi™)	Revised
12/27/2017	GENE.00011	Gene Expression Profiling for Managing Breast Cancer Treatment	Revised
11/9/2017	SURG.00089	Balloon and Self-Expanding Absorptive Sinus Ostial Dilation	Revised
12/27/2017	TRANS.00023	Hematopoietic Stem Cell Transplantation for Multiple Myeloma and Other Plasma Cell Dyscrasias	Revised
12/27/2017	TRANS.00024	Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome	Revised
12/27/2017	TRANS.00027	Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors	Revised
12/27/2017	TRANS.00028	Hematopoietic Stem Cell Transplantation for Hodgkin Disease and non-Hodgkin Lymphoma	Revised
12/27/2017	TRANS.00029	Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias	Revised
12/27/2017	TRANS.00030	Hematopoietic Stem Cell Transplantation for	

Clinical Utilization Management Guidelines update

On February 22, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Clinical Utilization Management (UM) Guidelines* which are applicable to Empire. These clinical guidelines were developed or revised to support clinical coding edits. Several Guidelines were revised to provide clarification only and are not included in the listing below. The *Clinical UM Guidelines* on this list represent the *Clinical UM Guidelines* adopted by the Medical Operations Committee for the Government Business Division on March 30, 2018. To see the full utilization management guidelines on the website, visit <http://www.empireblue.com/medicalpolicies/search.html>.

On March 30, 2018, the clinical guidelines were made publicly available on the Empire *Medical Policies and Clinical UM Guidelines* subsidiary website. To search for specific guidelines policies, visit <http://www.empireblue.com/medicalpolicies/search.html>. Existing precertification requirements have not changed.

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

Update to clinical guideline, CG-MED-39, Central (Hip or Spine) Bone Density Measurement and Screening for Vertebral Fractures Using Dual Energy X-Ray Absorptiometry (CG-MED 39), was published March 30, 2018.

Effective March 30, 2018, this clinical guideline will apply to Medicaid lines of business.

The clinical indication section specific to female screening of osteoporosis was revised to reflect that an initial (baseline) central (hip or spine) bone density measurement is considered medically necessary when conducted in postmenopausal individuals 65 years of age or older.

The guideline also identifies other clinical indications when initial and repeat central bone mineral density measurements are medically necessary.

Publish date	Clinical UM Guideline number	Clinical UM Guideline title	New/revised
12/27/2017	CG-DME-40	Electrical Bone Growth Stimulation	New
12/27/2017	CG-DME-41	Ultraviolet Light Therapy Delivery Devices for Home Use	New
12/27/2017	CG-DRUG-65	Tumor Necrosis Factor Antagonists	New
12/27/2017	CG-DRUG-66	Panitumumab (Vectibix®)	New
12/27/2017	CG-DRUG-68	Bevacizumab (Avastin®) for Non-Ophthalmologic Indications	New
12/27/2017	CG-DRUG-69	Ustekinumab (Stelara®)	New
12/27/2017	CG-DRUG-70	Eribulin mesylate (Halaven®)	New
12/27/2017	CG-DRUG-71	Ziv-aflibercept (Zaltrap®)	New
12/27/2017	CG-DRUG-72	Pertuzumab (Perjeta®)	New