



An Anthem Company

# New York Provider News

May 2021 Newsletter

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## Modification to voluntary Cancer Care Quality Program (CCQP) enhanced reimbursement to begin July 1, 2021

Published: May 1, 2021 - Products & Programs

To more appropriately align program intention to support member care coordination and to ensure compliance with regulatory requirements surrounding the program, Empire BlueCross BlueShield (“Empire”) is amending the approach for enhanced reimbursement that accompanies selection of ‘on-pathway’ chemotherapy drug regimens as part of the AIM Oncology/Cancer Care Quality Program.

Effective July 1, 2021, enhanced reimbursements for medical oncologists selecting on-pathway drug regimens as part of the AIM Oncology/Cancer Care Quality Program chemotherapy authorization process will be adjusted for specific regimens.

Impacted regimens include only select oral and hormonal agents for which a monthly in-office visit may not be required. For these impacted regimens, the optional enhanced reimbursement award, billable using S-codes for treatment planning and care coordination management for cancer, will be reduced from a monthly award during each month of treatment to a single award to accompany treatment initiation (S0353).

This will impact all authorizations submitted through the AIM authorization process on or after July 1, 2021, regardless of planned treatment dates.

AIM/Empire will continuously review the regimen library to ensure S-code award levels remain consistent with program goals regarding care coordination support.

For a list of the specific regimens that will be impacted by these changes, please see [the attachment](#).

Contact your Empire network representative or your oncology provider engagement liaison for more information.

[1118\\_CCQP  
Regimens.pdf](#)  
application/pdf - 182.49  
KB

**URL:** <https://providernews.empireblue.com/article/modification-to-voluntary-cancer-care-quality-program-ccqp-enhanced-reimbursement-to-begin-july-1-2021-4>

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## Updates for Specialty pharmacy effective August 1, 2021

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

### Prior authorization updates

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

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

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

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

Clinical Criteria	HCPCS or CPT Code(s)	Drug
**ING-CC-0186	J3490, J3590, J9999	Margenza
*ING-CC-0187	J3490, J3590, J9999	Breyanzi
*ING-CC-0188	J3490, J3590	Imcivree
*ING-CC-0189	J3490, J3590, C9399	Amondys 45
*ING-CC-0190	J3490, J3590, C9399	Nulibry
**ING-CC-0094	J9304	Pemfexy
**ING-CC-0075	J3590, J9999, C9399	Riabni

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

\*\* Oncology use is managed by AIM.

### Prior authorization update – change in clinical criteria

Coding Update: Effective August 18, 2020, these unclassified codes, J3490 and J3590, were removed from clinical criteria ING-CC-0072.

### Quantity limit updates

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

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

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

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

Clinical Criteria	HCPCS or CPT Code(s)	Drug
*ING-CC-0189	J3490, J3590, C9399	Amondys 45
*ING-CC-0190	J3490, J3590, C9399	Nulibry

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

\*\* Oncology use is managed by AIM.

1138-0521-PN-NY

URL: <https://providernews.empireblue.com/article/updates-for-specialty-pharmacy-effective-august-1-2021>

## Specialty pharmacy prior authorization update - Certain drugs for treatment of ocular conditions continue to require prior authorization

Published: May 1, 2021 - Products & Programs / Pharmacy

In the [March 2021 issue of Provider News](#), we advised we would no longer require prior authorization for the following drugs used to treat ocular conditions effective May 1, 2021.

**Please be advised that prior authorization will continue to be required for these drugs.** We apologize for any inconvenience.

Drug	Code	Code description
*Avastin	C9257 J9035	intravitreal bevacizumab
*Mvasi	Q5107	bevacizumab-awwb
*Zirabev	Q5118	bevacizumab-bvzr

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

1160-0521-PN-NY

URL: <https://providernews.empireblue.com/article/specialty-pharmacy-prior-authorization-update-certain-drugs-for-treatment-of-ocular-conditions-continue-to-require-prior-authorization-7>

## Clinical criteria updates for specialty pharmacy

Published: May 1, 2021 - Products & Programs / Pharmacy

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

The following Clinical Criteria documents were endorsed at the March 15, 2021 Clinical Criteria meeting. To access the clinical criteria information please click [here](#).

### **New Clinical Criteria effective March 31, 2021**

The following clinical criteria are new.

- ING-CC-0191 Pepaxto (melphalan flufenamide; melflufen)
- ING-CC-0192 Cosela (trilaciclib)

### **Revised Clinical Criteria effective March 31, 2021, 2021**

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

- ING-CC-0177 Zilretta (triamcinolone acetonide extended-release)

### **Revised Clinical Criteria effective April 26, 2021**

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

- ING-CC-0064 Interleukin-1 Inhibitors
- ING-CC-0075 Rituxan (rituximab) for Non-Oncologic Indications
- ING-CC-0125 Opdivo (nivolumab)
- ING-CC-0127 Darzalex (daratumumab) and Darzalex Faspro (daratumumab and hyaluronidase-fihj)
- ING-CC-0145 Libtayo (cemiplimab-rwlc)
- ING-CC-0151 Yescarta (axicabtagene ciloleucel)

### **Revised Clinical Criteria effective April 26, 2021**

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

- ING-CC-0011 Ocrevus (ocrelizumab)
- ING-CC-0037 Kanuma (sebelipase alfa)
- ING\_CC-0070 Jetrea (ocriplasmin)
- ING-CC-0087 Gamifant (emapalumab-lzsg)
- ING-CC-0160 Vyepti (eptinezumab)
- ING-CC-0182 Agents for Iron Deficiency Anemia

#### **Revised Clinical Criteria effective May 1, 2021**

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

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

#### **Revised Clinical Criteria effective July 1, 2021**

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

- ING-CC-0034 Hereditary Angioedema Agents

#### **New Clinical Criteria effective August 1, 2021**

The following clinical criteria are new.

- ING-CC-0193 Evkeeza (evinacumab)
- ING-CC-0194 Cabenuva (cabotegravir extended-release; rilpivirine extended-release) Injection

#### **Revised Clinical Criteria effective August 1, 2021**

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

- ING-CC-0130 Imfinzi (durvalumab)
- ING-CC-0145 Libtayo (cemiplimab-rwlc)



- ING-CC-0159 Scenesse (afamelanotide)

The following Clinical Criteria document was endorsed at the April 8, 2021 Clinical Criteria meeting. To access the clinical criteria information please click [here](#).

### New Clinical Criteria effective April 13, 2021

The following clinical criteria is new.

- ING-CC-0195 Abecma (idecabtagene vicleucel)

1124-0521-PN-NY

URL: <https://providernews.empireblue.com/article/clinical-criteria-updates-for-specialty-pharmacy-55>

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## A helpful and complete guide to covered well-child visits

Published: May 1, 2021 - Administrative

The American Academy of Pediatrics (AAP) developed a set of comprehensive health guidelines for well-child care. Known as the “periodicity schedule,” this screenings and assessments guideline provides a comprehensive schedule for each well-child visit, from infancy.

### Schedule for well-child visits



The AAP recommends that children should have a total of **eight visits before their 30-month birthday (six visits before they are 15 months)** with annual visits thereafter. The AAP periodicity schedule aligns with the **well-child visits in the first 30 months of life (W30)** HEDIS® measure. Ensuring all visits are completed **before** the child's 30-month birthday is critical to assuring compliance with these measures.

### **Complete coverage for well-child visits**

#### **Regardless of when visit is received**

Well-child visits (WCV) are covered 100% **regardless of when the visit is received**. Payment is not dependent on a set schedule, so there is no requirement to wait for a milestone birth month to schedule the well-child visit.

### **HEDIS® measures W30 and WCV**

Well-child visits in the first 30 months of life (W30)

Description: The percentage of members who had the following number of well-child visits with a PCP during the last 15 months.

The following rates are reported:

1. Well-child visits in the first 15 months. Children who turned 15 months old during the measurement year: six or more well-child visits.
2. Well-child visits for age 15 month to 30 months. Children who turned 30 months old during the measurement year: two or more well-child visits.

### **Child and adolescent well-care visits**

Description: The percentage of members 3 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

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

1133-0521-PN-NY

## May is national high blood pressure education month

Published: May 1, 2021 - Administrative

### **A WISEWOMAN™ knows that improving blood pressure is good for the heart**

In honor of National High Blood Pressure Education Month, learn more about CDC's WISEWOMAN program: **Well-Integrated Screening and Evaluation for WOMen Across the Nation**. The aim of this program is to improve the delivery of heart disease and stroke prevention services for underserved women, aged 40-64 years. The program focuses on cardiovascular disease risk factors, specifically improving high blood pressure<sup>1</sup>. To learn even more about WISEWOMAN, visit [the CDC website](#).

### **Resources for your Patients**

If your patient is one of the tens of millions of American adults who have hypertension, you know encouraging a healthier lifestyle and prescribing the right medications is important to managing the condition. But, if you would like to provide additional information about high blood pressure to your patients, take advantage of the helpful resources available to healthcare professionals through the CDC. The [Hypertension Communications Kit](#) provides blood pressure logs, tip sheets, and more. Hypertension Patient [Education Handouts](#) include fact sheets, medication information and dozens of useful tools.

### **Meeting the HEDIS® measure?**

Controlling High Blood Pressure (CBP) assesses adults ages 18-85 with a diagnosis of hypertension and whose blood pressure was properly controlled base on the following criteria

- Adults 18-59 years of age whose blood pressure was <140/90 mm Hg
- Adults 60-85 years of age, with a diagnosis of diabetes, whose blood pressure was <140/90 mm Hg
- Adults 60-85 years of age, without a diagnosis of diabetes, whose blood pressure was <150/90 mm Hg

Patient claims should include one systolic reading and one diastolic reading<sup>2</sup>:

CPT II Code	Most recent systolic blood pressure
3074F	<130 mm Hg
3075F	130-139 mm Hg
3077F	≥ 140 mm Hg
CPT II Code	Most recent diastolic blood pressure
3078F	<80 mm Hg
3079F	80-89 mm Hg
3080F	≥ 90 mm Hg

When charting your patient's blood pressure readings, in addition to the systolic and diastolic readings, and dates, if the patient has an elevated blood pressure, but does not have hypertension, note the reason for follow-up.

### Additional tips for talking to patients

- Continue to educate patients about the risks of hypertension
- Encourage weight loss, regular exercise, and diet
- Advise patients who are smoking to quit
- Talk about chronic stress and ways to cope with it in a healthy way

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

<sup>1</sup> <https://www.cdc.gov/wisewoman/about.htm>

<sup>2</sup> <https://www.cdc.gov/bloodpressure/index.htm>

1134-0521-PN-NY

**URL:** <https://providernews.empireblue.com/article/may-is-national-high-blood-pressure-education-month-6>

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## Provider bulletins for medical and itemized bill attachments

Published: May 1, 2021 - Administrative

Our organization is working robustly to establish Empire BlueCross BlueShield (“Empire”) as a digital-first enterprise and to streamline your daily working tasks by using electronic

functionalities. In support of the **Digital-First Solutions** we are excited to publish two Provider Bulletins about submitting medical attachments and itemized bills in partnership with [Availity](#).

The objective of the bulletins is to provide a simple guide for you and your staff with step-by-step navigation instructions, where to find help and training with medical attachments.

The provider bulletins are posted on the **Custom Learning Center** (CLC) under the **Resources** tab. Follow these steps to access the helpful documents:

- [Availity](#) > Payer Spaces > Select Payer Tile > Applications > Custom Learning Center
- Select Catalog > Resources to locate, view or download the Provider Bulletins

Please encourage your staff who have questions on the process or who are not submitting claim attachments electronically to review these valuable resources for assistance.

1139-0521-PN-NY

**URL:** <https://providernews.empireblue.com/article/provider-bulletins-for-medical-and-itemized-bill-attachments-2>

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## Send larger digital attachments through Availity

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

After receiving your feedback, we expanded our server to meet your need to upload larger files to our digital attachment tool, through [Availity](#). You can now upload files up to 100 megabytes, eliminating the need to mail or fax.

Use the attachment tool to upload:

- Medical records
- Itemized bills
- Payment dispute
- EOB
- General correspondence
- Consent forms

The digital attachment tool file size expansion is just one example of how Empire is using digital technology to improve the healthcare experience, with a goal to save you valuable time.

Access the attachment tool through [www.Availity.com](http://www.Availity.com). From the *Claims & Payments* header, select *Attachments – New*. For more information about how to setup electronic attachments, use the Getting Started Guide: Select **Help & Training>Find Help** and then the **Attachments** topic in **Contents**. Once logged on you can also access the Getting Started Guide using this [link](#).

For information about setting up for Program Integrity attachments, once logged on to Availity, use this [link](#). You can also access Program Integrity attachment information from the Custom Learning Center: Payer Spaces>Custom Learning Center>Electronic Medical Records.

1140-0521-PN-NY

URL: <https://providernews.empireblue.com/article/send-larger-digital-attachments-through-availability-4>

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## Resources to support diverse patients and communities

Published: May 1, 2021 - Administrative

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

[MyDiversePatients.com](http://MyDiversePatients.com) offers education resources to help you support the needs of your diverse patients and address disparities, including:

- Free Continuing Medical Education (CME) learning experiences about disparities, potential contributing factors and opportunities for providers to enhance care.
- Real life stories about diverse patients and the unique challenges they face.

- Tips and techniques for working with diverse patients to promote improvement in health outcomes.

Article Attachments

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

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

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

My Diverse Patients



Stronger Together Health Equity Resources



1132-0521-PN-NY

URL: <https://providernews.empireblue.com/article/resources-to-support-diverse-patients-and-communities-12>

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# Appointment scheduler application

Published: May 1, 2021 - Administrative

## Digital Online Scheduling Feature Now Available in the Availity Portal

The **Appointment Scheduler** application in Availity Payer Spaces is an online appointment-scheduling feature that allows providers to manage appointments with patients that may want to schedule appointments directly. Providers can manage patients' appointment requests and maintain their appointment availability.

Providers can receive new appointment requests from active members, along with important information like the member's ID number, contact information and any special health information they want the doctor to know. Providers can modify or deactivate their availability at any time. Availity Users with the role of "Office Staff" can set up physicians in the practice to accept online appointment requests.

Enrollment for **Appointment Scheduler** is easy. To access **Appointment Scheduler** in the Availity portal: Availity > Payer Spaces > Select Payer Tile > Applications

### **Appointment Scheduler** Features:

- Manage appointment requests and view physician availability
- Configure appointment availability
- Notification of new visit requests on Availity Notification Center and via email
- Members are notified directly via text or email once appointment is confirmed
- Send patient reminders via the Appointment Scheduler application
- Customize office locations and available times, as well as the types of appointments accepted

Visit the **Appointment Scheduler** application in the Availity portal today.



Welcome



Article Attachments

Applications

Resources

News and Announcements

Sort By A-Z

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

Appointment Scheduler  
Configure appointment availability and manage appointment requests from patients

Authorization Rules Lookup  
Commercial Products  
Check if an outpatient procedure requires authorization.

1120-0521-PN-NY

URL: <https://providernews.empireblue.com/article/appointment-scheduler-application-3>

## Referring to network DME providers for negative pressure wound therapy helps members save on out-of-pocket costs

Published: May 1, 2021 - Administrative

Often, healthcare costs incurred by Empire BlueCross BlueShield (“Empire”) members are a result of recommendations made by their physicians. As an Empire participating physician, you can help reduce your patients’ healthcare costs. Choices, such as where to refer a Member for Negative Pressure Wound Therapy, can have a significant impact on your patients’ ultimate out-of-pocket liability. We are sharing the following information with you for consideration when referring patients for Negative Pressure Wound Therapy.

Our Members, your patients, often participate in health benefit plans that may have coinsurance or deductibles. Your patients may experience significant differences in cost depending on which Negative Pressure Wound Therapy providers the Members are referred to. The following table provides a sample listing of Empire high quality, low cost national Negative Pressure Wound Therapy providers. Referring to these providers will likely lower your patients’ out-of-pocket costs.

<b>Provider</b>	<b>Phone Number</b>
Apria	1-800-780-1228
Rotech	1-844-592-5068

You can find all of Empire’s participating durable medical equipment (DME) Orthotics and Prosthetics providers, at “Find Care” -- <Empire’s doctor finder and transparency tool – at [www.empireblue.com](http://www.empireblue.com).

Empire is committed to seeking ways to reduce healthcare costs, and your referrals to network- participating providers can help make a difference. We appreciate your partnership in considering the financial impact to your patients – our members – especially during these challenging economic times.

If you have questions, please contact your local Network Relations Consultant or call Provider Services.

1141-0521-PN-NY

**URL:** <https://providernews.empireblue.com/article/referring-to-network-dme-providers-for-negative-pressure-wound-therapy-helps-members-save-on-out-of-pocket-costs-6>

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## **2021 affirmative statement regarding Utilization Management decisions**

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

All associates who make utilization management decisions are required to adhere to the following principles:

- Utilization management decision making is based only on appropriateness of care and service and existence of coverage.
- We do not specifically reward practitioners or other individuals for issuing denials of coverage or care. Decisions about hiring, promoting or terminating practitioners or other

staff are not based on the likelihood or perceived likelihood that they support, or tend to support denials of benefits.

- Financial incentives for utilization management decision makers do not encourage decisions that result in underutilization or create barriers to care and service.

1117-0521-PN-NY

URL: <https://providernews.empireblue.com/article/2021-affirmative-statement-regarding-utilization-management-decisions-5>

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## Clinical guideline updates

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

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

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

Please note that medical policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Empire’s medical policies and clinical guidelines can be found at [empireblue.com](http://empireblue.com).

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

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

## Clinical guideline updates

New Clinical Guideline Adopted Effective 08-01-2021

(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-SURG-55 - Intracardiac Electrophysiological Studies (EPS) and Catheter Ablation

1116-0521-PN-NY

URL: <https://providernews.empireblue.com/article/clinical-guideline-updates-7>

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## Update to AIM Specialty Health oncologic imaging clinical appropriateness guidelines

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

Effective for dates of service on and after May 1, 2021, the following update will apply to the AIM Oncologic Imaging Clinical Appropriateness Guideline as recommended by the [United States Preventive Service Taskforce Lung Cancer: Screening](#) statement.

- Expanded low-dose CT screening for ages equal to or greater than 50 and less than or equal to 80 AND 20 or greater pack-year history of cigarette smoking.

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

- Access AIM's **ProviderPortal**<sub>SM</sub> 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 and upcoming guidelines [here](#).

1119-0521-PN-NY

**URL:** <https://providernews.empireblue.com/article/update-to-aim-specialty-health-oncologic-imaging-clinical-appropriateness-guidelines-4>

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## Reimbursement policy update: Frequency editing (Professional)

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

In the [January 2021 edition of \*Provider News\*](#), we shared information regarding changes to the Frequency Editing Professional Reimbursement Policy. The notice indicated that constant attendance, timed modalities for physical therapy, occupational therapy or speech therapy are limited to 4 Units or 1 hour per date of service for the same member, by the same provider, per therapy type for (97110 – 97124, 97129, 97130, 97140, 97533 – 97542, 97760 – 97763). Upon further review, we have reconsidered our position and have removed this edit for dates of service on or after April 1, 2021.

1126-0521-PN-NY

**URL:** <https://providernews.empireblue.com/article/reimbursement-policy-update-frequency-editing-professional-14>

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# Metabolic monitoring and diabetes screening measures for those on antipsychotics medications

Published: May 1, 2021 - State & Federal / Medicaid

## Metabolic monitoring for children and adolescents on antipsychotics (APM)

The Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) HEDIS® measure evaluates the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

Antipsychotic medications can increase a child's risk for developing health concerns, including metabolic health complications. The goal of this measure is for members to have metabolic monitoring by having both a blood glucose test (glucose or HbA1c) and LDL-C testing annually.

### Record your efforts:

- Glucose test or HbA1c test and LDL-C cholesterol test as identified by claim/encounter
- Document results in the member's medical record

## Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications (SSD)

The Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) HEDIS measure evaluates members 18 to 64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, and who were dispensed an antipsychotic medication and had a diabetic screening test during the measurement year.

Diabetes screening is important for anyone with schizophrenia or bipolar disorder. The added risk associated with antipsychotic medications contributes to the need to screen people with schizophrenia for diabetes annually.

### Record your efforts:

- Glucose test or HbA1c test as identified by claim/encounter
- Document results in the member's medical record

### Helpful tips:

- Educate patients and their caregivers on the importance of completing blood work annually.
- If your practice uses electronic medical records (EMRs), have flags or reminders set in the system to alert when a patient is due for screenings.
- Draw labs in your office, if available, or refer members to a participating lab for screenings.
- Follow up on laboratory test results and document in your chart.
- Share EMR data with Empire BlueCross BlueShield HealthPlus (Empire) to capture all coded elements.

#### Other available resources:

- *Clinical Practice Guidelines* are available on our provider website at <https://providerpublic.empireblue.com>.
- For the *Quality Measures Desktop Reference for Medicaid Providers and HEDIS Benchmarks and Coding Guidelines for Quality Care*, contact Empire Provider Services.

For more information, call Provider Services at **1-800-450-8753** or contact your local Provider Solutions representative.

NYE-NU-0301-21 March 2021

**URL:** <https://providernews.empireblue.com/article/metabolic-monitoring-and-diabetes-screening-measures-for-those-on-antipsychotics-medications-4>

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## Maximizing efficient, high quality COVID-19 screenings

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

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

Contact your Empire representative for additional information or visit <https://providerpublic.empireblue.com>.

**Refer patients to [www.empireblue.com/ny](http://www.empireblue.com/ny) to find convenient testing locations**

If an Empire member requests a COVID-19 test, you may refer them to Empire to find a testing location near them. Our test-site finder gives members important information about each site, including days and hours of operation, and if they offer

- Appointment or walk-in
- Drive through service
- Rapid test results
- Antibody testing
- Testing for children

**Consider Antigen testing as an option when rapid results are needed**

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

**Send swab tests to Empire-contracted laboratories**

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

In-network lab	Telephone	Website
Invitae Corporation	650-466-7242	<a href="https://www.invitae.com/en/partners">https://www.invitae.com/en/partners</a>

NYE-NU-0311-21 March 2021

URL: <https://providernews.empireblue.com/article/maximizing-efficient-high-quality-covid-19-screenings-16>

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# Updates to the AIM Specialty Health musculoskeletal program clinical appropriateness guidelines

Published: May 1, 2021 - State & Federal / Medicaid

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

Effective for dates of service on and after September 12, 2021, the following updates will apply to the *AIM Musculoskeletal Program: Joint Surgery and Spine Surgery Clinical Appropriateness Guidelines*. Part of the AIM Specialty Health®\* (AIM) guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe and affordable healthcare services.

## **Joint surgery (updates by section):**

- Further defined criteria for home physical therapy.
- Removed cognitive behavioral therapy as a conservative care modality for extremity.
- Added indication for diagnostic arthroscopy.
- Standardized radiographic criteria to align with lateral release criteria.
- Adhesive capsulitis — Added history of trauma or postoperative contracture as a requirement.
- Tendinopathy — Removed rotator cuff tear as a criterion for tenodesis/tenotomy in patients with a clinical exam who do not meet criteria for superior labral tear anterior to posterior repair or have suggestive MRI findings.
- Hip arthroscopy — Removed complementary alternative medicine as not typically done for the hip.
- Arthroscopic treatment of femoroacetabular impingement syndrome (FAIS) — Removed age as an exclusion for FAIS, but further defined radiographic exclusions.
- Unicompartamental knee arthroplasty/partial knee replacement — Added degenerative change of the patellofemoral joint as a contraindication.
- Arthroscopically assisted lysis of adhesions — Added ligamentous or joint reconstruction criteria.
- Added criteria for plica resection.

## **Spine surgery (updates by section):**

- Further defined criteria for home physical therapy.
- Added standard conservative management requirement for instability to align with spinal stenosis indications.
- Added new comprehensive indication for tethered cord syndrome.

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

- Access AIM's **ProviderPortal<sub>SM</sub>** 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\* Portal at **www.availity.com**.
- Call the AIM Contact Center toll-free number at **1-800-714-0040** between 7 a.m. and 7 p.m. Eastern time.

## Questions

If you have 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 and upcoming guidelines [here](#).

\* AIM Specialty Health is an independent company providing some utilization review services on behalf of Empire BlueCross BlueShield. Availity, LLC is an independent company providing administrative support services on behalf of Empire BlueCross BlueShield.

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**URL:** <https://providernews.empireblue.com/article/updates-to-the-aim-specialty-health-musculoskeletal-program-clinical-appropriateness-guidelines-1>

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## Continuing medical education/continuing education unit opportunities

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

We offer webinars on a variety of topics, including medical coding, claims issues, quality

measures, healthcare and more. Each live webinar may offer both continuing medical education (CME)/continuing education unit (CMU) credit for attendees. On-demand recordings are also available (with CME credit) for your convenience.

Sign up for a session [here](#) today!

NYE-NU-0876-21 March 2021

URL: <https://providernews.empireblue.com/article/continuing-medical-educationcontinuing-education-unit-opportunities>

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## Keep up with Medicaid news

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

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

- [Utilization management and claims submission for SOMOS members](#)

URL: <https://providernews.empireblue.com/article/keep-up-with-medicaid-news-62>

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## Updates to the AIM Specialty Health musculoskeletal program clinical appropriateness guidelines

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URL: <https://providernews.empireblue.com/article/updates-to-the-aim-specialty-health-musculoskeletal-program-clinical-appropriateness-guidelines-2>

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## Maximizing efficient, high quality COVID-19 screenings

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Identifying the most appropriate COVID-19 testing codes, testing sites and type of test to use can be confusing. The guidance below can make it easier for you to refer your patients to high-quality, lower-cost COVID-19 testing sites, find Empire BlueCross BlueShield (Empire)-contracted laboratories and identify the proper CPT<sup>®</sup> codes to use. Contact your Empire representative for additional information or visit <https://www.empireblue.com/medicareprovider>.

### Refer patients to <https://www.empireblue.com> to find convenient testing locations

If an Empire member requests a COVID-19 test, you may refer them to Empire to find a testing location near them. Our test-site finder gives members important information about each site, including days and hours of operation, and if they offer:

- Appointment or walk-in
- Drive through service
- Rapid test results

- Antibody testing
- Testing for children

### Consider Antigen testing as an option when rapid results are needed

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### Send swab tests to Empire-contracted laboratories

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

In-network lab	Telephone	Website
Eurofins NTD	1-888-683-5227	<a href="https://www.ntd-eurofins.com">https://www.ntd-eurofins.com</a>
Eurofins Viracor	1-800-305-5198	<a href="https://www.viracor-eurofins.com/test-menu/8300-coronavirus-covid-19-sars-cov-2-rt-pcr">https://www.viracor-eurofins.com/test-menu/8300-coronavirus-covid-19-sars-cov-2-rt-pcr</a>
Eurofins Boston Heart	1-877-425-1252	<a href="https://bostonheartdiagnostics.com">https://bostonheartdiagnostics.com</a>
Fulgent Therapeutics	626-350-0537	<a href="https://www.fulgentgenetics.com/covid19">https://www.fulgentgenetics.com/covid19</a>
Invitae Corporation	650-466-7242	<a href="https://www.invitae.com/en/partners">https://www.invitae.com/en/partners</a>
Gravity Diagnostics	1-855-841-7111	<a href="https://gravitydiagnostics.com/covid-19-coronavirus-testing-partners">https://gravitydiagnostics.com/covid-19-coronavirus-testing-partners</a>
Mako Medical Laboratories	919-351-6256	<a href="https://makomedical.com">https://makomedical.com</a>

EBSCRNU-0163-21 March 2021  
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URL: <https://providernews.empireblue.com/article/maximizing-efficient-high-quality-covid-19-screenings-17>

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## Keep up with Medicare news

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

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

- [Empire Working with Optum to Collect Medical Records for Medicare Risk Adjustment](#)
- Information about how we are [helping our senior members](#)

URL: <https://providernews.empireblue.com/article/keep-up-with-medicare-news-198>

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