



An Anthem Company

New York Provider News

October 2018 Empire Provider Newsletter

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Empire expands specialty pharmacy prior authorization list

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

Effective for dates of service on and after January 1, 2019, the following specialty pharmacy codes from new or current medical policies or clinical UM guidelines will be included in our prior authorization review process.

Please note, inclusion of NDC code on your claim will shorten the claim processing of drugs billed with a Not Otherwise Classified (NOC) code.

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 January 1, 2019:

Coverage or Clinical UM Guideline	HCPCS/CPT Code	NDC Code	Drug
DRUG.00096	J3490 J3590	62064-0122-02	Trogarzo™

URL: <https://providernews.empireblue.com/article/empire-expands-specialty-pharmacy-prior-authorization-list-2>

Empire Expands specialty pharmacy clinically equivalent drug list

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

Effective for dates of service on and after January 1, 2019, the following specialty pharmacy codes from new or current medical policies or clinical UM guidelines will be included in our existing specialty pharmacy clinically equivalent review process. Please note, inclusion of NDC code on your claim will shorten the claim processing of drugs billed with a Not Otherwise Classified (NOC) code.

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

Medical Policy or Clinical UM Guideline	Drug	HCPCS or CPT Code	NDC Code
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CG-DRUG-09	Cuvitru™	J1555	00944-2850-06 00944-2850-07 00944-2850-08 00944-2850-04 00944-2850-02 00944-2850-01 00944-2850-03 00944-2850-05
CG-DRUG-09	Hizentra®	J1559	44206-0451-01 44206-0452-02 44206-0455-10 44206-0454-04
CG-DRUG-09	HyQvia®	J1575	00944-2513-02 00944-2512-02 00944-2514-02 00944-2510-02 00944-2511-02

URL: <https://providernews.empireblue.com/article/empire-expands-specialty-pharmacy-clinically-equivalent-drug-list>

Empire expands specialty pharmacy level of care (clinical site of care) drug list

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

Effective for dates of service on and after January 1, 2019, 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 [Level of Care \(Clinical Site of Care\) drug list](#) and [Level of Care \(Clinical Site of Care\) pre-service clinical review FAQs](#) for more information.

Medical Policy or Clinical UM Guideline	Drug	HCPCS or CPT Code	NDC Code
CG-DRUG-16	Fulphila™	Q5108	67457-0833-06

Empire accepts prior authorization requests for prescription medications online

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

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:

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

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

While ePA helps streamline the prior authorization process, providers can also initiate a new prior authorization request by fax or phone. Please note, the contact numbers for the following plans have changed effective **November 4, 2018**.

New York **on** the Exchange:

- New Fax Number: 1-844-474-6226
- New Phone Number: 1-833-293-0660

New York **off** the Exchange:

- New Fax Number: 1-844-474-3356

Access patient-specific drug benefit information through EMR

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

Providers can access real-time, *patient-specific* prescription drug benefit information at the point of care. It is part of the e-prescribing process, and is located within a provider's electronic medical record (EMR) system.

This functionality helps providers determine prescription coverage quicker by sharing information about patient drug cost, formulary, and coverage alerts such as prior authorization to sending a prescription to the pharmacy. This information can help providers proactively identify barriers to medication compliance. For example, if a medication is too costly for the member, alternatives can be discussed prior to the patient leaving the provider's office.

Providers can find the following patient-specific prescription benefit information with their EMR:

- Formulary status of selected medication
- Pricing of medication at a retail and mail order pharmacy
- Formulary alternatives
- Coverage alerts, including prior authorization and step therapy

Providers should contact their IT department or EMR system with questions regarding access to real-time prescription drug benefit functionality. Upgrades to EMR software may be required.

URL: <https://providernews.empireblue.com/article/access-patient-specific-drug-benefit-information-through-emr-3>

Pharmacy information available on [empireblue.com](https://www.empireblue.com)

Published: Oct 1, 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](https://www.empireblue.com/pharmacyinformation). The commercial drug list is reviewed and updates are posted to the web site quarterly (the first of the month for January, April, July and October).

Pharmacy updates may be accessed at empireblue.com/provider/ select “Pharmacy Information”.

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-empirebluecom-1>

Attention: Updated or New Fee Schedules for Commercial products - REVISED DATE

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

Effective April 1, 2019, Empire will update its HMO, EPO, PPO, and Indemnity fee schedules.

Although this update will result in an overall net increase of our physician network fees, the actual impact to any particular physician will depend on the codes most frequently billed by that physician.

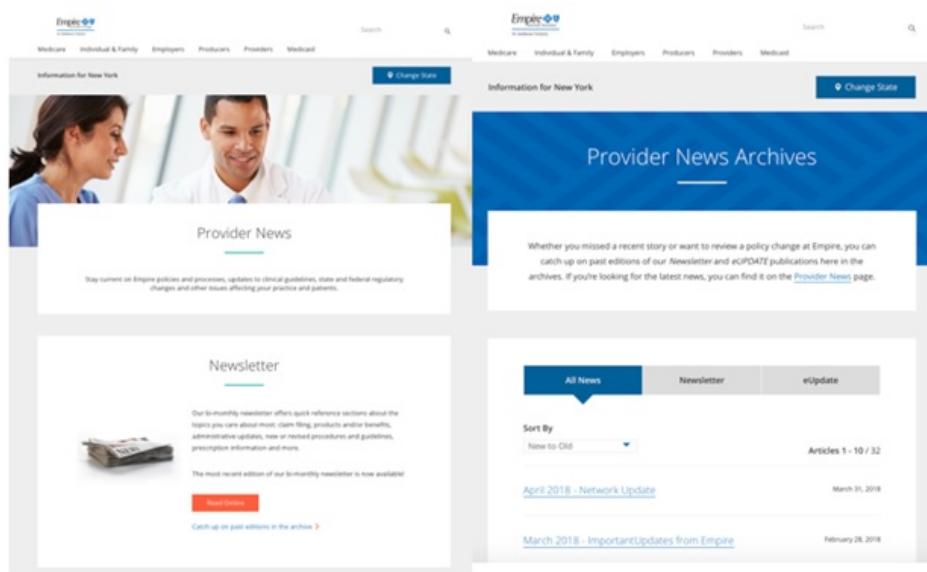
The complete updated fee schedule will be available on our Physician Online Services at www.empireblue.com upon their effective date of April 1, 2019.

URL: <https://providernews.empireblue.com/article/attention-updated-or-new-fee-schedules-for-commercial-products-revised-date>

Empire launches additional changes to empireblue.com in October

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

Continuing to build on the initial launch of the new public provider pages, Empire recently released a brand new, redesigned landing page for Provider Resources. The most recent release also includes a new Communications page with a clear and concise access point for Newsletters and eUpdates, as pictured below.



This October, empireblue.com will be introducing exciting changes to the public provider site. Coming in the next wave of changes, providers can anticipate a new landing page for manuals and an improved, streamlined experience for Reimbursement Policies.

We will continue to keep you informed on upcoming changes to the public provider site as we progress toward streamlining our web platform and other business processes.

URL: <https://providernews.empireblue.com/article/empire-launches-additional-changes-to-empirebluecom-in-october>

Electronic Member ID Cards: Online option available on Availity

Published: Oct 1, 2018 - Administrative

In the [October 2017 issue of Network Update](#), Empire informed you about our mobile app called Empire Anywhere that allows members to manage their benefits on their smart phones, including electronic copies of their ID cards. We want to ensure a member's request for electronic ID card meets a provider's office needs. If presented with an electronic card, you may still obtain a copy of the ID card for your records.

Since fall 2017, we began allowing members the *option* to choose electronic cards only. If the member chooses this option, he/she will not receive a hard copy card. Members will continue to have the option of selecting a hard copy card if that is their preference.

Provider options for obtaining a copy of an electronic Member ID card:

- **Email or Fax:**
 - Members can email/fax the card from his/her phone. When members are viewing their ID Card on their phone, they will select the **Share icon** and forward the card via email or fax.
- **Online:**
 - Providers also have the option to view Empire Member ID Cards online (and print if needed) from the Availity Web Portal when conducting an Eligibility and Benefits (E&B) Inquiry. From the E&B Results page, select the blue button titled **View Member ID Card**.

Note: as with all E&B Inquiries on Availity, providers must have the member ID number (including the three-character prefix).

Members are still required to have a copy of their card in one format or another, whether hard copy or electronic, in order for services to be rendered. *See our Quick Reference Guide, for further details.*

URL: <https://providernews.empireblue.com/article/electronic-member-id-cards-online-option-available-on-availity>

What Matters Most: Improving the Patient Experience

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

Are you looking for innovative ways to improve your patients' experiences and earn continuing medical education credits?

Numerous studies have shown that a patient's primary health care experience and, to some extent, their health care outcomes are largely dependent upon health care provider and patient interactions. Empire offers a new online learning course, *What Matters Most: Improving the Patient Experience*, to offer approaches to communication with patients. This curriculum is available at no cost to providers and their clinical staff nationwide and is

acceptable for up to one prescribed continuing medical education credit by the American Academy of Family Physicians.

Through the use of compelling real-life stories that convey practical strategies for implementing patient care, providers learn how to apply best practices.

Did you know?

Substantial evidence points to a positive association between patient experience and health outcomes.

- Patients with chronic conditions, such as diabetes, demonstrate greater self-management skills and quality of life when they report positive interactions with their health care providers.
- Patients reporting the poorest-quality relationships with their physicians were three times more likely to voluntarily leave the physician's practice than patients with the highest-quality relationships.

How will this benefit you and your office staff?

You'll learn tips and techniques to:

- Improve communication skills.
- Build patient trust and commitment.
- Expand your knowledge of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey.

The course can be accessed at www.patientexptraining.com using your smartphone, tablet or computer.

Like you, Empire is committed to improving the patient experience in all interactions, and we are proud to work collaboratively with our provider network to provide support and tools to reach our goal.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHR

URL: <https://providernews.empireblue.com/article/what-matters-most-improving-the-patient-experience-1>

Special Investigations Unit Updates

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

The Special Investigations Unit (SIU) is tasked to conduct investigations involving allegations of fraud, waste and abuse, to work with our providers to resolve billing practice

issues in order to reduce or eliminate future payment issues, and, where appropriate, to recover overpayments.

As part of Empire's role to safeguard our members and provide relevant information to providers we are relaying the following recent Food and Drug Administration (FDA) Warning Letters:

Estring - On June 19, 2018, the Food and Drug Administration issued a letter of warning to Pfizer for "false or misleading" promotional materials related to ESTRING® (estradiol vaginal ring). According to the FDA the posted "... video is especially concerning from a public health perspective because it fails to include **any** risk information about Estring, which is a drug that bears a boxed warning due to several serious, life-threatening risks, including endometrial cancer, breast cancer, and cardiovascular disorders, as well as numerous contraindications and warnings. The video thus creates a misleading impression about the safety and efficacy of Estring".

Xtampza – On February 9, 2018, the Food and Drug Administration issued a letter of warning to Collegium Pharmaceuticals for publicly providing false or misleading representations regarding Xtampza (oxycodone) ER because it "fails to adequately communicate information about the serious risks associated with Xtampza ER use".

Click the links below for further details regarding these Warning Letters from the FDA .

- [Estring](#)
- [Xtampza](#)

URL: <https://providernews.empireblue.com/article/special-investigations-unit-updates-1>

HEDIS® 2018: Provider Incentive Winners Announced!

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

We have completed the HEDIS data collection for 2018 and want to thank all of our provider offices and their staff who assisted us. Your collaboration in this process allows us to strive for the best HEDIS results possible.

This is the 7th year for our incentive program to acknowledge some of our providers who either responded in a timely manner or went "Above & Beyond" to help make our HEDIS data collection successful. Any practices that responded within 5 business days of our initial request or who went out of their way by taking additional steps to help us with data collection were entered in a drawing to receive a gift. We are pleased to announce that our incentive winners are as follows:

NY Winners - HEDIS Drawing

- Wynantskill Family Medical Practice
- Aaron S. Greenberg, MD
- All Care Family Practice
- Joseph Mackey, MD
- Sovereign Medical Group, LLC

NY Winners – Above & Beyond

- San S. Shih, MD
- St. Peter’s Health Partners
- ProHEALTH Care Associates

Our HEDIS results reflect the care you provide to our members. Now is the time to review your patient’s records to ensure that they have received their preventative care and/or immunizations before the end of the year.

An overview of our HEDIS rates will be published in the December provider newsletter. In addition more information on HEDIS can be found by visiting the provider portal at empireblue.com/provider/ Select “Find Resources in New York” > [Provider Home](#) > > [Health and Wellness](#) > [Quality Improvement and Standards](#) > HEDIS Information.

Thanks again to all of our provider offices and their staff for assisting us in collecting HEDIS data. We look forward to working with you next HEDIS season!

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

URL: <https://providernews.empireblue.com/article/hedis-2018-provider-incentive-winners-announced-11>

Integrated Medical and Behavioral Healthcare Services

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

In our ongoing efforts to encourage medical and behavioral health integration, Empire continues to promote early identification and intervention of behavioral health issues through

primary care. Empire currently reimburses for screening and assessment for behavioral health and substance use through billing the following codes:

- G0396 /99408 - Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes
- G0397 / 99409 - Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention, greater than 30 minutes
- G0442 - Annual alcohol misuse screening, 15 minutes £ G0443 - Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
- G0443 - Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
- G0444 - Annual depression screening, 15 minutes

Empire also supports behavioral counseling for specific chronic conditions while in the primary care office. These services include:

- G0446 - Annual, face-to-face intensive behavioral therapy for cardiovascular disease, 15 minutes
- G0447 - Face-to-face behavioral counseling for obesity, 15 minutes
- G0473 - Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes

In addition, Empire reimburses for the psychiatric collaborative care codes; procedure codes 99492, 99493, 99494 are used to report these services. These codes are reportable by primary care for their collaboration with a qualified behavioral health provider, such as a Psychiatrist, Licensed Clinical Social Worker, etc.. Care is directed by the primary care team and includes structured care management with regular assessments of clinical status using validated tools and modification of treatment as appropriate. The psychiatric consultant provides regular consultations to the primary care team to review the clinical status and care of patients and to make recommendations. These codes are intended to represent the care and management for patients with behavioral health conditions that often require extensive discussion, information-sharing, and planning between a primary care physician and a BH specialist. The American Psychiatric Association (APA) has created a training program for primary care on the collaborative care model and the use of these codes. It can be found at [APA Training Module](#).

URL: <https://providernews.empireblue.com/article/integrated-medical-and-behavioral-healthcare-services-2>

Availity as Empire's EDI Gateway

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

Empire has partnered with Availity to operate and service the entry point for all EDI submissions to Empire, otherwise known as the EDI Gateway.

Who is Availity?

Most of you know Availity as web portal or claims clearinghouse, but they are much more. Availity is also an intelligent EDI Gateway for multiple vendors and will be the EDI connection for all Empire Inc. and its affiliates.

If you currently use a clearinghouse, billing company or if you submit directly, all your EDI transactions will flow through the Availity EDI Gateway to Empire.

How are you submitting EDI transactions today?

- If you currently transmit your EDI Submissions using a clearinghouse or Billing Company, you should contact your clearinghouse to confirm your EDI submission path has not changed.
- If you are notified of any potential impacts with connectivity, workflow or financial, please know there is no cost alternate submission options available with Availity.
- If you currently submit directly to Empire and already have an Availity login for the portal, you can use that same login for your EDI services.
- Please visit <https://apps.availity.com/web/welcome/#/Empire> to learn more.

How can you directly transmit EDI submission to Availity?

Below are the different ways you can submit direct EDI transactions to Availity:

- **Submit transaction files through FTP** - If you work with a practice management system, health information system, or other automated system that supports an FTP connection, you can securely upload EDI transactions to the Availity FTP site where they are automatically picked up by Availity and submitted to Empire
- **Submit transaction files through the Availity Portal** - If you have batch files of EDI transactions that you need to process and you choose not to use the Availity FTP site, you can manually upload the batch files through the Availity Portal.
- **Submit transactions through manual data entry in the Availity Portal** – The Availity Portal makes it easy to submit transactions, such as eligibility and benefits inquiries or claims, by entering data into our user-friendly web forms.

What are your next steps?

- It may take time to work with your clearinghouse or billing company, so please take action now to help ensure continuity of your EDI transactions.
- If you choose to submit direct, we recommend that you register with Availity for your EDI transmissions and begin migrating your volume by the **end of 2018** by visiting this URL- <https://apps.availity.com/web/welcome/#/anthem>

- The EDI transactions include the 837, 835 and 27X (eligibility and claim status).
- Availity will be working directly with your Clearinghouse, Billing Companies or your organization if you choose to submit directly.

We look forward to delivering a smooth transition to the Availity EDI Gateway.

If you have any questions please contact Availity Client Services at 1-800-Availity (1-800-282-4548) Monday through Friday 8:00 a.m. to 7:30 p.m. Eastern Time.

URL: <https://providernews.empireblue.com/article/availity-as-empires-edi-gateway>

Availity EDI Gateway Webinars Scheduled

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

Great news! Empire, Inc. and our affiliates now use Availity as our designated EDI service. If you currently use a clearinghouse, billing company, or if you submit directly, all your EDI transactions will flow through the Availity EDI Gateway to Empire.

Check out this webinar for lots of great information to get you started. At the end of the training, you can participate in a live Q&A session. During this fast paced hour, learn how to:

- Understand Availity's EDI Gateway and Clearinghouse workflow for 837, 270/271, 276/277, and 835 transactions.
- Use the Availity Portal to manage file transfers, set up EDI reporting preferences, manage your FTP account, and more.
- Enroll for and manage 835 ERA delivery with Availity.
- Access and navigate the Availity EDI Guide.
- and more.....

Upcoming Sessions

Currently scheduled upcoming sessions include:

- October 29, 2018, 1:00 p.m. – 2:00 p.m. ET
- November 7, 2018, 11:00 a.m. – 12:00 p.m. ET

Enroll

Log in to the Availity Portal.

Select Help and Training > Get Trained.

In the Availity Learning Center (ALC) Catalog, select Sessions.

Scroll Your Calendar to find and enroll for a live session.

Can't make it?

We've got you covered with a recording of a previous live session. In the ALC, search the Catalog by keyword (song) and enroll for the on-demand option.

Need Help?

Email training@availity.com if you have issues enrolling for a live webinar.

URL: <https://providernews.empireblue.com/article/availity-edi-gateway-webinars-scheduled-3>

Empire fights opioid addiction: Extension for Community Healthcare Outcomes and Quality Medication-Assisted Therapy

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

Extension for Community Healthcare Outcomes (ECHO)

People are dying of opioid addiction. With the ECHO opioid addiction treatment, you can help save lives. Join one of several video tele-consultative ECHO learning communities nationwide and participate with other clinicians learning about medication-assisted treatment for individuals with opioid disorders. For more information, visit the [ECHO website](#).

Benefits of participating include:

- Addiction treatment training.
- Free continuing education credits.
- Opportunity to receive expert input on your (de-identified) patient cases.
- Access to a virtual learning community for treatment guidelines, tools and patient resources.
- Opportunity to ask questions and get a variety of support from specialists.

Quality Medication-Assisted Therapy (MAT)

To help ensure members have access to comprehensive evidence-based care, [BRAND] is committed to helping its providers double the number of members who receive behavioral health services as part of MAT for opioid addiction.

When treating patients with opioid use disorder, it is considered best practice to offer and arrange evidence-based treatment. This usually consists of MAT with buprenorphine or, in some plans, methadone maintenance treatment in combination with behavioral therapies. Behavioral therapies focused on medication adherence and relapse prevention can improve MAT outcomes and improve other social determinants of health, including development of an enhanced social support network in recovery.

For more information

For more information about best practices for medication-assisted treatment, please read the American Society of Addiction Medicine's [National Practice Guideline For the Use of Medications in the Treatment of Addiction Involving Opioid Use](#).

You can also contact Jennifer Tripp by email at jennifer.tripp@Empire.com for more information about the ECHO and MAT programs.

URL: <https://providernews.empireblue.com/article/empire-fights-opioid-addiction-extension-for-community-healthcare-outcomes-and-quality-medication-assisted-therapy>

Tips for billing CPT modifier 33

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

The modifier 33 was created to aid compliance with the Affordable Care Act (ACA) which prohibits member cost sharing for defined preventive services for non-grandfathered policies. The appropriate use of modifier 33 will reduce claim adjustments related to preventive services and your corresponding refunds to members.

Modifier 33 is applicable to CPT codes representing preventive care services. CPT codes not appended with modifier 33 will process under the member's medical or preventive benefits, based on the diagnosis and CPT codes submitted.

Modifier 33 should be appended to codes represented for services described in the US Preventive Services Task Force (USPSTF) A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents, and women supported by the Health Resources and Services Administration (HRSA) Guidelines.

The CPT® 2018 Professional Edition manual shares the following information regarding the billing of modifier 33, "When the primary purpose of the service is the delivery of an evidence based service in accordance with a US Preventive Services Task Force A or B rating in effect and other preventive services identified in preventive mandates (legislative or regulatory), the service may be identified by adding 33 to the procedure. For separately reported services specifically identified as preventive, the modifier should not be used."

URL: <https://providernews.empireblue.com/article/tips-for-billing-cpt-modifier-33-3>

Update to Durable Medical Equipment – effective October 14, 2018

Published: Oct 12, 2018 - **Administrative**

Effective October 14, 2018, Empire will enforce the requirement to bill the correct modifier and HCPCS for services utilized. Incorrect billing will be rejected and claims will be returned to the provider for correction and resubmittal.

Durable Medical Equipment (DME) may be purchased, rented or rented until the purchase price has been paid.

Correct billing will allow member benefits to be applied correctly to include benefit accumulations for a member's DME benefits.DME

URL: <https://providernews.empireblue.com/article/update-to-durable-medical-equipment-effective-october-14-2018>

Policy Updates

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

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

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

Please note that medical policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Empire's medical policies and clinical guidelines can be found at empireblue.com.

*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-2>

Medical Policy Updates

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

Revised Medical Policies Effective 08-02-2018

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

- DRUG.00067 - Ramucirumab (Cyramza®)
- DRUG.00071 - Pembrolizumab (Keytruda®)
- GENE.00011 - Gene Expression Profiling for Managing Breast Cancer Treatment
- MED.00124 - Tisagenlecleucel (Kymriah®)

Revised Medical Policy Effective 08-02-2018

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

- GENE.00028 - Genetic Testing for Colorectal Cancer Susceptibility

Revised Medical Policies Effective 08-29-2018

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

- ADMIN.00007 - Immunizations
- DRUG.00046 - Ipilimumab (Yervoy®)
- DRUG.00075 - Nivolumab (Opdivo®)
- DRUG.00088 - Atezolizumab (Tecentriq®)
- DRUG.00098 - Lutetium Lu 177 dotatate (Lutathera®)
- GENE.00029 - Genetic Testing for Breast and/or Ovarian Cancer Syndrome

Revised Medical Policies Effective 08-29-2018

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

- ADMIN.00002 - Preventive Health Guidelines
- ADMIN.00004 - Medical Necessity Criteria

- ADMIN.00005 - Investigational Criteria
- ANC.00006 - Biomagnetic Therapy
- DME.00024 - Transtympanic Micropressure for the Treatment of Ménière's Disease
- DME.00030 - Altered Auditory Feedback Devices for the Treatment of Stuttering
- DME.00034 - Standing Frames
- DME.00037 - Cooling Devices and Combined Cooling/Heating Devices
- DME.00039 - Prefabricated Oral Appliances for the Treatment of Obstructive Sleep Apnea
- DRUG.00015 - Prevention of Respiratory Syncytial Virus Infections
- DRUG.00095 - Ocrelizumab (Ocrevus®)
- DRUG.00111 - Monoclonal Antibodies to Interleukin-23
- GENE.00021 - Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies
- GENE.00025 - Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignant Tumors
- GENE.00041 - Genetic Testing to Confirm the Identity of Laboratory Specimens
- GENE.00042 - Genetic Testing for Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy Syndrome
- GENE.00043 - Genetic Testing of an Individual's Genome for Inherited Diseases
- LAB.00016 - Fecal Analysis in the Diagnosis of Intestinal Disorders
- LAB.00031 - Advanced Lipoprotein Testing
- LAB.00033 - Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer
- LAB.00035 - Multi-biomarker Disease Activity Blood Tests for Rheumatoid Arthritis
- MED.00055 - Wearable Cardioverter Defibrillators
- MED.00090 - Wireless Capsule for the Evaluation of Suspected Gastric and Intestinal Motility Disorders
- MED.00098 - Hyperoxemic Reperfusion Therapy
- MED.00106 - Sipuleucel-T (Provenge®)
- MED.00121 - Implantable Interstitial Glucose Sensors
- OR-PR.00005 - Upper Extremity Myoelectric Orthoses
- RAD.00002 - Positron Emission Tomography (PET) and PET/CT Fusion
- RAD.00034 - Dynamic Spinal Visualization (Including Digital Motion X-ray and Cineradiography/Videofluoroscopy)
- RAD.00045 - Cerebral Perfusion Imaging using Computed Tomography
- RAD.00046 - Cerebral Perfusion Studies using Diffusion and Perfusion Magnetic Resonance Imaging
- RAD.00049 - Low-Field and Conventional Magnetic Resonance Imaging (MRI) for Screening, Diagnosing and Monitoring

- RAD.00063 - Magnetization-Prepared Rapid Acquisition Gradient Echo Magnetic Resonance Imaging (MPRAGE MRI)
- SURG.00005 - Partial Left Ventriculectomy
- SURG.00010 - Treatments for Urinary Incontinence
- SURG.00028 - Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia and Other Genitourinary Conditions
- SURG.00071 - Percutaneous and Endoscopic Spinal Surgery
- SURG.00076 - Nerve Graft after Prostatectomy
- SURG.00077 - Uterine Fibroid Ablation: Laparoscopic or Percutaneous Image Guided Techniques
- SURG.00084 - Implantable Middle Ear Hearing Aids
- SURG.00105 - Bicompartamental Knee Arthroplasty
- SURG.00116 - High-Resolution Anoscopy Screening for Anal Intraepithelial Neoplasia (AIN) and Squamous Cell Cancer of the Anus
- SURG.00118 - Bronchial Thermoplasty
- SURG.00120 - Internal Rib Fixation Systems
- SURG.00122 - Venous Angioplasty with or without Stent Placement or Venous Stenting Alone
- SURG.00125 - Radiofrequency and Pulsed Radiofrequency Treatment of Trigger Point Pain
- SURG.00126 - Irreversible Electroporation
- SURG.00133 - Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy
- SURG.00134 - Interspinous Process Fixation Devices
- SURG.00141 - Doppler-Guided Transanal Hemorrhoidal Dearterialization
- SURG.00143 - Perirectal Spacers for Use During Prostate Radiotherapy
- SURG.00145 - Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)
- TRANS.00028 - Hematopoietic Stem Cell Transplantation for Hodgkin Disease and non-Hodgkin Lymphoma

Archived Medical Policy Effective 09-01-2018

(The following policy has been archived.)

- GENE.00008 - Analysis of Fecal DNA for Colorectal Cancer Screening

Revised Medical Policies Effective 09-15-2018

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

- LAB.00027 - Selected Blood, Serum and Cellular Allergy and Toxicity Tests
- SURG.00023 - Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures

- SURG.00032 - Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention

Archived Medical Policies Effective 09-20-2018

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

- RAD.00022 - Magnetic Resonance Spectroscopy
- RAD.00029 - CT Colonography (Virtual Colonoscopy) for Colorectal Cancer
- RAD.00043 - Computed Tomography Scans for Lung Cancer Screening
- RAD.00045 - Cerebral Perfusion Imaging using Computed Tomography
- RAD.00046 - Cerebral Perfusion Studies using Diffusion and Perfusion Magnetic Resonance Imaging
- RAD.00049 - Low-Field and Conventional Magnetic Resonance Imaging (MRI) for Screening, Diagnosing and Monitoring
- RAD.00051 - Functional Magnetic Resonance Imaging
- RAD.00055 - Magnetic Resonance Angiography of the Spinal Canal

Archived Medical Policies Effective 09-20-2018

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

- DME.00027 - Ultrasound Bone Growth Stimulation [Note: Content transferred to new CG-DME-45]
- DRUG.00006 - Botulinum Toxin [Note: Content transferred to new CG-DRUG-103]
- DRUG.00024 - Omalizumab (Xolair®) [Note: Content transferred to new CG-DRUG-104]
- DRUG.00040 - Abatacept (Orencia®) [Note: Content transferred to new CG-DRUG-105]
- DRUG.00047 - Brentuximab Vedotin (Adcetris®) [Note: Content transferred to new CG-DRUG-106]
- DRUG.00058 - Pharmacotherapy for Hereditary Angioedema [Note: Content transferred to new CG-DRUG-107]
- DRUG.00064 - Enteral Carbidopa and Levodopa Intestinal Gel Suspension [Note: Content transferred to new CG-DRUG-108]
- DRUG.00087 - Asfotase Alfa (Strensiq™) [Note: Content transferred to new CG-DRUG-109]
- DRUG.00091 - Naltrexone Implantable Pellets [Note: Content transferred to new CG-DRUG-110]
- DRUG.00093 - Sebelipase alfa (KANUMA™) [Note: Content transferred to new CG-DRUG-111]
- DRUG.00103 - Abaloparatide (Tymlos™) Injection [Note: Content transferred to new CG-DRUG-112]

- MED.00005 - Hyperbaric Oxygen Therapy (Systemic/Topical) [Note: Content transferred to new CG-MED-73]
- MED.00051 - Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry [Note: Content transferred to new CG-MED-74]
- MED.00081- Cognitive Rehabilitation [Note: Content transferred to new CG-REHAB-11]
- MED.00107 - Medical and Other Non-Behavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome [Note: Content transferred to new CG-MED-75]
- RAD.00019 - Magnetic Source Imaging and Magnetoencephalography [Note: Content transferred to new CG-MED-76]
- RAD.00042 - SPECT/CT Fusion Imaging [Note: Content transferred to new CG-MED-77]
- SURG.00014 - Cochlear Implants and Auditory Brainstem Implants [Note: Content transferred to new CG-SURG-81]
- SURG.00020 - Bone-Anchored and Bone Conduction Hearing Aids [Note: Content transferred to new CG-SURG-82]
- SURG.00049 - Mandibular/Maxillary (Orthognathic) Surgery [Note: Content transferred to new CG-SURG-84]
- SURG.00074 - Nasal Surgery for the Treatment of Obstructive Sleep Apnea (OSA) and Snoring [Note: Content transferred to new CG-SURG-87]
- SURG.00085 - Mastectomy for Gynecomastia [Note: Content transferred to new CG-SURG-88]
- SURG.00090 - Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia [Note: Content transferred to new CG-SURG-89]
- TRANS.00018 - Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation [Note: Content transferred to new CG-TRANS-03]

Archived Medical Policies Effective 10-31-2018

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

- SURG.00024 - Bariatric Surgery and Other Treatments for Clinically Severe Obesity [Note: Content transferred to new CG-SURG-83]
- SURG.00051 – Hip Resurfacing [Note: Content transferred to new CG-SURG-85]
- SURG.00054 - Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection [Note: Content transferred to new CG-SURG-86]

Archived Medical Policies Effective 01-01-2019

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

- RAD.00002 - Positron Emission Tomography (PET) and PET/CT Fusion

New Medical Policies Effective 01-01-2019

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

- DRUG.00096 - Ibalizumab-uiyk (Trogarzo™)
- GENE.00049 - Circulating Tumor DNA Testing for Cancer (Liquid Biopsy)

Revised Medical Policies Effective 01-01-2019

(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.)

- ANC.00007 - Cosmetic and Reconstructive Services: Skin Related
- DRUG.00003 - Chelation Therapy
- DRUG.00031 - Subcutaneous Hormone Replacement Implants
- DRUG.00071 - Pembrolizumab (Keytruda®)
- GENE.00043 - Genetic Testing of an Individual's Genome for Inherited Diseases
- LAB.00027 - Selected Blood, Serum and Cellular Allergy and Toxicity Tests
- MED.00123 - Axicabtagene ciloleucel (Yescarta®)
- MED.00124 - Tisagenlecleucel (Kymriah®)

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

Clinical Guideline Updates

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

Revised Clinical Guidelines Effective 08-02-2018

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

- CG-SURG-24 - Functional Endoscopic Sinus Surgery (FESS)
- CG-SURG-73 - Balloon Sinus Ostial Dilation

Revised Clinical Guidelines Effective 08-29-2018

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

- CG-DRUG-09 - Immune Globulin (Ig) Therapy
- CG-DRUG-65 – Tumor Necrosis Factor Antagonists
- CG-DRUG-68 - Bevacizumab (Avastin®) for Non-Ophthalmologic Indications
- CG-DRUG-73 - Denosumab (Prolia®, Xgeva®)
- CG-DRUG-81 - Tocilizumab (Actemra®)
- CG-GENE-03 - BRAF Mutation Analysis

Revised Clinical Guidelines Effective 08-29-2018

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

- CG-DME-07 - Augmentative and Alternative Communication (AAC) Devices/Speech Generating Devices (SGD)
- CG-DRUG-05 - Recombinant Erythropoietin Products
- CG-DRUG-11 - Infertility Drugs
- CG-DRUG-24 - Repository Corticotropin Injection (H.P. Acthar® Gel)
- CG-DRUG-47 - Level of Care: Specialty Pharmaceuticals
- CG-DRUG-56 - Galsulfase (Naglazyme®)
- CG-DRUG-69 - Ustekinumab (Stelara®)
- CG-DRUG-72 - Pertuzumab (Perjeta®)
- CG-DRUG-90 - Intravitreal Treatment for Retinal Vascular Conditions
- CG-GENE-02 - Analysis of KRAS Status
- CG-GENE-04 - Molecular Marker Evaluation of Thyroid Nodules
- CG-MED-26 - Neonatal Levels of Care
- CG-REHAB-08 - Private Duty Nursing in the Home Setting
- CG-SURG-05 - Maze Procedure
- CG-SURG-08 - Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury
- CG-SURG-12 - Penile Prosthesis Implantation
- CG-SURG-33 - Lumbar Fusion and Lumbar Total Disc Arthroplasty
- CG-SURG-34 - Diagnostic Infertility Surgery
- CG-SURG-35 - Intracytoplasmic Sperm Injection (ICSI)
- CG-SURG-38 - Lumbar Laminectomy, Hemi-Laminectomy, Laminotomy and/or Discectomy
- CG-SURG-42 - Cervical Fusion
- CG-SURG-43 - Knee Arthroscopy
- CG-SURG-44 - Coronary Angiography in the Outpatient Setting

- CG-SURG-47 - Surgical Interventions for Scoliosis and Spinal Deformity
- CG-SURG-48 - Elective Percutaneous Coronary Interventions (PCI)
- CG-SURG-50 - Assistant Surgeons
- CG-SURG-53 - Elective Total Hip Arthroplasty
- CG-SURG-54 - Elective Total Knee Arthroplasty
- CG-SURG-60 - Cervical Total Disc Arthroplasty
- CG-SURG-65 - Recombinant Human Bone Morphogenetic Protein
- CG-SURG-66 - Implanted (Epidural and Subcutaneous) Spinal Cord Stimulators (SCS)
- CG-SURG-67 - Treatment of Osteochondral Defects
- CG-SURG-68 - Surgical Treatment of Femoroacetabular Impingement Syndrome
- CG-SURG-69 - Meniscal Allograft Transplantation of the Knee
- CG-THER-RAD-03 - Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy

Adopted Clinical Guidelines Effective 09-20-2018

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

- CG-DME-45 - Ultrasound Bone Growth Stimulation [Note: Content moved from DME.00027 Ultrasound Bone Growth Stimulation]
- CG-DRUG-103 - Botulinum Toxin [Note: Content moved from DRUG.00006 Botulinum Toxin]
- CG-DRUG-104 - Omalizumab (Xolair®) [Note: Content moved from DRUG.00024 Omalizumab (Xolair®)]
- CG-DRUG-105 - Abatacept (Orencia®) [Note: Content moved from DRUG.00040 Abatacept (Orencia®)]
- CG-DRUG-106 - Brentuximab Vedotin (Adcetris®) [Note: Content moved from DRUG.00047 Brentuximab Vedotin (Adcetris®)]
- CG-DRUG-107 - Pharmacotherapy for Hereditary Angioedema [Note: Content moved from DRUG.00058 Pharmacotherapy for Hereditary Angioedema]
- CG-DRUG-108 - Enteral Carbidopa and Levodopa Intestinal Gel Suspension [Note: Content moved from DRUG.00064 Enteral Carbidopa and Levodopa Intestinal Gel Suspension]
- CG-DRUG-109 - Asfotase Alfa (Strensiq™) [Note: Content moved from DRUG.00087 Asfotase Alfa (Strensiq™)]
- CG-DRUG-110 - Naltrexone Implantable Pellets [Note: Content moved from DRUG.00091 Naltrexone Implantable Pellets]
- CG-DRUG-111 - Sebelipase alfa (KANUMA™) [Note: Content moved from DRUG.00093 Sebelipase alfa (KANUMA™)]
- CG-DRUG-112- Abaloparatide (Tymlos™) Injection [Note: Content moved from DRUG.00103 Abaloparatide (Tymlos™) Injection]

- CG-MED-73 - Hyperbaric Oxygen Therapy (Systemic/Topical) [Note: Content moved from MED.00005 Hyperbaric Oxygen Therapy (Systemic/Topical)]
- CG-MED-74 - Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry [Note: Content moved from MED.00051 Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry]
- CG-MED-75 - Medical and Other Non-Behavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome [Note: Content moved from MED.00107 Medical and Other Non-Behavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome]
- CG-MED-76 - Magnetic Source Imaging and Magnetoencephalography [Note: Content moved from RAD.00019 Magnetic Source Imaging and Magnetoencephalography]
- CG-MED-77 - SPECT/CT Fusion Imaging [Note: Content moved from RAD.00042 SPECT/CT Fusion Imaging]
- CG-REHAB-11 - Cognitive Rehabilitation [Note: Content moved from MED.00081 Cognitive Rehabilitation]
- CG-SURG-81 - Cochlear Implants and Auditory Brainstem Implants [Note: Content moved from SURG.00014 Cochlear Implants and Auditory Brainstem Implants]
- CG-SURG-82 - Bone-Anchored and Bone Conduction Hearing Aids [Note: Content moved from SURG.00020 Bone-Anchored and Bone Conduction Hearing Aids]
- CG-SURG-84 - Mandibular/Maxillary (Orthognathic) Surgery [Note: Content moved from SURG.00049 Mandibular/Maxillary (Orthognathic) Surgery]
- CG-SURG-87 - Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring [Note: Content moved from SURG.00074 Nasal Surgery for the Treatment of Obstructive Sleep Apnea (OSA) and Snoring]
- CG-SURG-88 - Mastectomy for Gynecomastia [Note: Content moved from SURG.00085 Mastectomy for Gynecomastia]
- CG-SURG-89 - Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia [Note: Content moved from SURG.00090 Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia]
- CG-TRANS-03 - Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation [Note: Content moved from TRANS.00018 Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation]

Adopted Clinical Guidelines Effective 10-31-2018

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

- CG-SURG-83 - Bariatric Surgery and Other Treatments for Clinically Severe Obesity [Note: Content moved from SURG.00024 Bariatric Surgery and Other Treatments for Clinically Severe Obesity]
- CG-SURG-85 - Hip Resurfacing [Note: Content moved from SURG.00051 Hip Resurfacing]

- CG-SURG-86 - Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection [Note: Content moved from SURG.00054 Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection]

Archived Clinical Guidelines Effective 01-01-2019

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

- CG-SURG-33 - Lumbar Fusion and Lumbar Total Disc Arthroplasty
- CG-SURG-38 - Lumbar Laminectomy, Hemi-Laminectomy, Laminotomy and/or Discectomy
- CG-SURG-42 - Cervical Fusion
- CG-SURG-43 - Knee Arthroscopy
- CG-SURG-44 - Coronary Angiography in the Outpatient Setting
- CG-SURG-47 - Surgical Interventions for Scoliosis and Spinal Deformity
- CG-SURG-48 - Elective Percutaneous Coronary Interventions (PCI)
- CG-SURG-53 - Elective Total Hip Arthroplasty
- CG-SURG-54 - Elective Total Knee Arthroplasty
- CG-SURG-60 - Cervical Total Disc Arthroplasty
- CG-SURG-65 - Recombinant Human Bone Morphogenetic Protein
- CG-SURG-66 - Implanted (Epidural and Subcutaneous) Spinal Cord Stimulators (SCS)
- CG-SURG-67 - Treatment of Osteochondral Defects
- CG-SURG-68 - Surgical Treatment of Femoroacetabular Impingement Syndrome
- CG-SURG-69 - Meniscal Allograft Transplantation of the Knee

Clinical Guidelines Adopted Effective 01-01-2019

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

- CG-DME-25 - Seat Lift Mechanisms
- CG-DME-26 - Back-Up Ventilators in the Home Setting
- CG-DME-37 - Air Conduction Hearing Aids

Revised Clinical Guideline Effective 01-01-2019

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

- CG-DRUG-65 – Tumor Necrosis Factor Antagonists

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

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

In our December of 2010 Network Update, we reminded that you should review Empire's on-line medical policies and clinical guidelines when referring members for services at a facility that are considered not medically necessary or investigational. Services which are determined to be not medically necessary are the liability of the rendering provider pursuant to Empire's participating provider agreements unless a waiver is signed by the member satisfying certain criteria.

Effective January 1, 2019, we will be implementing coding updates in the claims system for the following policy listed below which may result in investigational/not medically necessary determinations for certain services.

- SURG.00122 - Venous Angioplasty with or without Stent Placement or Venous Stenting Alone

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

Update to AIM Specialty Health radiation oncology clinical appropriateness guidelines

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

Effective for dates of service on and after January 28, 2019, the following updates will apply to the AIM Specialty Health© (AIM), a separate company, radiation oncology clinical appropriateness guidelines.

Breast cancer

- Removed age and tumor size criteria for accelerated whole breast irradiation (AWBI)

Rectal cancer

- Modified criteria no longer limits treatment with IMRT for rectal adenocarcinoma

Pancreatic cancer

- Added criteria for SBRT in treating locally advanced or recurrent disease without evidence of distant metastasis

Head and neck cancer

- Added criteria to allow IMRT for head and neck lymphomas
- Clarified no IMRT for stage I/II glottic cancer

Lung cancer

- Added DVH parameter for cardiac V50

Sarcoma

- Removed preoperative and joint sparing requirements for IMRT

Prostate cancer

- Added discussion on hypofractionation
- Added discussion on brachytherapy

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

- Access AIM's **ProviderPortal**SM directly at providerportal.com. 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 availability.com.
- Call the AIM Contact Center toll-free number: 877-430-2288, Monday–Friday, 8:00 a.m.–6:00 p.m. ET.

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current guidelines on AIM's [website](#).

Please note, this program does not apply to FEP or National Accounts.

URL: <https://providernews.empireblue.com/article/update-to-aim-specialty-healthc-radiation-oncology-clinical-appropriateness-guidelines-2>

Update to AIM Specialty Health clinical appropriateness guidelines: advanced imaging appropriate use criteria: imaging of the heart

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

Effective for dates of service on and after January 28, 2019, the following updates will apply to the AIM Specialty Health© (AIM), a separate company, clinical appropriateness guidelines: advanced imaging appropriate use criteria: imaging of the heart.

Carotid duplex ultrasound

- Criteria removed for evaluation of syncope in patients with suspected extracranial arterial disease
- New criteria address evaluation of TAVR (TAVI) in patients with suspected or established extracranial arterial disease

Myocardial perfusion imaging (MPI), stress echocardiography, cardiac PET, and coronary CT angiography (CCTA)

- Clarifications address exercise-induced syncope and exercise-induced dizziness, lightheadedness or near syncope in symptomatic patients with suspected coronary artery disease

MPI, stress echocardiography, cardiac PET

- Criteria added to allow annual surveillance of coronary artery disease in patients with established CAD post-cardiac transplant
- Clarified definition of established coronary artery disease when diagnosed by CCTA
 - more restrictive for patients diagnosed with coronary artery disease by prior coronary angiography, as FFR must be ≤ 0.8
 - more permissive for patients diagnosed with coronary artery disease by CCTA with FFR ≤ 0.8 (patients previously excluded)

Resting transthoracic echocardiography (TTE)

- New criteria for evaluation of ventricular function in patients who have undergone cardiac transplantation.

Cardiac MRI

- New criteria allows for annual study to quantify cardiac iron load in chronically ill patients with cardiomyopathy who require frequent blood transfusions (e.g., thalassemia)
- Removed allowance for annual LV function evaluation when echocardiography is suboptimal

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

- Access AIM's **ProviderPortal**SM directly at providerportal.com. 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 on [AIM's website](#).

Please note, this program does not apply to FEP.

Update to AIM Specialty Health sleep disorder management clinical appropriateness guidelines

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

Effective for dates of service on and after January 28, 2019, CPT code A7047 (oral interface used with respiratory suction pump) will be removed from the AIM Specialty Health© (AIM), a separate company, sleep disorder management clinical appropriateness guidelines and will no longer apply.

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

- Access AIM's **ProviderPortal**SM directly at providerportal.com. 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 on AIM's [website](http://aimspecialtyhealth.com)

Please note, this program does not apply to FEP.

Reimbursement Policy Updates

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

Update: Assistant Surgeon Coding - Professional

In our Assistant Surgery Services Coding Chart dated June 315, 2018, we are adding procedure codes 15733, 19294, 20939, 31241, 31253, 31257, 31259, 31298, 36465, 36466,

36482, 36483, 38222, 55874, 0479T, 0483T, 0484T, C9738, C9748, G0516, G0517, G0518, effective January 1, 2018), and C9749 (effective April 1, 2018) to our “Assistant Surgeon Not Allowed” code list to document our edit that these codes are not eligible for reimbursement when reported by an assistant surgeon. Please note that we are deleting code 44360 from the list as this code does allow an assistant surgeon; we are also removing deleted codes 44347, 44349, and 44350 from the “Assistant Surgeon Not Allowed” code list.

Update: Documentation and Reporting Guidelines for E/M Services - Professional

We are adding new information to our policy dated January 1, 2019 regarding new patient vs. established patient visits. When a provider changes physician group practices and has seen a patient within the past three years at the previous practice, the evaluation and management encounter for the same patient at the new practice is considered an established patient visit and would NOT be considered a new patient visit. For more information regarding this update, along with other non-substantive updates (minor language, punctuation, etc.), review the policy dated January 1, 2019 by visiting empireblue.com/provider > Select “Find Resources in New York” > [Provider Home](#) > [Answers @ Empire](#) > [Reimbursement Policies](#).

Update: Routine Obstetrical Services - Professional

We are adding new information for our policy dated January 1, 2019 that reimbursement for global obstetric codes is based on all aspects of global obstetric services (antepartum, delivery and postpartum) being provided by the provider or provider group reporting under the same TIN. If a provider or provider group reporting under the same TIN does not provide all antepartum, delivery and postpartum services, global obstetrical codes may not be used and providers are to submit for reimbursement only the elements of the obstetric services that were actually provided. For more information regarding this update, along with other non-substantive updates (minor language, punctuation, etc.), review the policy dated January 1, 2019 by visiting empireblue.com/provider > Select “Find Resources in New York” > [Provider Home](#) > [Answers @ Empire](#) > [Reimbursement Policies](#).

URL: <https://providernews.empireblue.com/article/reimbursement-policy-updates-1>

Reimbursement Policy Update - Readmissions (Facility)

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

Beginning with dates of service on or after January 1, 2019, Empire will include readmissions for psychiatric diagnoses as readmissions that are not be eligible for reimbursement when the readmission is within 30 days from discharge of the original admission for the same, similar or related diagnosis or for a complication arising out of the first admission. For more information, review the policy dated January 1, 2019 by visiting empireblue.com/provider > Select “Find Resources in New York” > [Provider Home](#) > [Answers @ Empire](#) > [Reimbursement Policies](#).

New Reimbursement Policy - Facility Revenue Code Billing (Facility)

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

Beginning with dates of service on or after January 1, 2019, Empire will require that facilities billing outpatient services on a UB04 report current and valid CPT or HCPCS codes with revenue codes as specified by the National Uniform Billing Committee (NUBC). Empire] will also require that outpatient facilities report current and valid CPT or HCPCS codes for remaining revenue codes when, and if, appropriate CPT or HCPCS codes are available for the revenue codes being reported. In addition, Empire will require that applicable CPT or HCPCS modifiers be reported with the CPT or HCPCS codes to clarify or improve the accuracy of the procedure being reported when appropriate.

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

URL: <https://providernews.empireblue.com/article/new-reimbursement-policy-facility-revenue-code-billing-facility>

Genetic testing prior authorization by ordering physician helps ensure accurate lab payment

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

The AIM Genetic Testing program requires ordering providers to request medical necessity review of all genetic testing services for individual Medicare Advantage members. Requesting this prior authorization will help ensure that the lab receives timely and accurate payment for these services.

Please submit genetic testing prior authorization requests to AIM through 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 at 800-714-0040, Monday–Friday, 7 a.m.–7p.m. CT.

For further questions regarding prior authorization requirements, please contact the Provider Services number on the back of your patient's ID card.

URL: <https://providernews.empireblue.com/article/genetic-testing-prior-authorization-by-ordering-physician-helps-ensure-accurate-lab-payment-3>

Empire transitions MA back pain management and cardiology UM programs from OrthoNet to AIM

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

Effective January 1, 2019, Empire will transition its Medicare back pain management and cardiology programs from OrthoNet LLC to AIM Specialty Health® (AIM), a specialty health benefits company. Empire has an existing relationship with AIM in the administration of other medical management programs. Additional information will be available at Important Medicare Advantage Updates at empireblue.com/medicareprovider.

URL: <https://providernews.empireblue.com/article/empire-transitions-ma-back-pain-management-and-cardiology-um-programs-from-orthonet-to-aim>

Please evaluate statin use for MA members with diabetes, cardiovascular disease

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

The Centers for Medicare & Medicaid Services has increased its emphasis on the appropriate use of statins among Medicare Advantage beneficiaries diagnosed with diabetes and cardiovascular disease. Please evaluate whether your patients with diabetes and/or cardiovascular disease would be appropriate candidates for statin therapy.

The 2013 American College of Cardiology and the American Heart Association Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults supports the use of moderate-intensity statin therapy in persons with diabetes 40 to 75 years of age to reduce the risks of atherosclerotic cardiovascular disease (ASCVD) events. High-intensity statin therapy is recommended if the patient has an estimated 10-year ASCVD risk ≥ 7.5 percent. For males 21-75 and females 40-75 years of age with clinical ASCVD, high-intensity statin therapy is recommended unless contraindicated. These guidelines recommend statin therapy in these scenarios regardless of what patient LDL values are. Please evaluate if your patients with diabetes and/or cardiovascular disease would be appropriate candidates for statin therapy.

Formulary agents are listed below:

Therapy intensity	Drug (brand)	Dose
Moderate-intensity statin therapy (formulary agents)	atorvastatin**	10 mg, 20 mg
	rosuvastatin*	5 mg, 10 mg
	simvastatin**	20 mg, 30 mg, 40 mg 40
	pravastatin**	mg, 80 mg
High-intensity statin therapy (formulary agents)	lovastatin**	40 mg
	atorvastatin**	40 mg, 80 mg
	rosuvastatin*	20 mg, 40 mg

*Rosuvastatin (Crestor) is a preferred brand medication on the Medicare formulary.

**Available for a \$0 co-pay for most plans in 2018

URL: <https://providernews.empireblue.com/article/please-evaluate-statin-use-for-ma-members-with-diabetes-cardiovascular-disease-3>

Medicare pharmacy and prescriber home starts January 2019

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

Per guidance established by the Comprehensive Addiction and Recovery Act of 2016, the Centers for Medicare & Medicaid Services has established provisions to develop a pharmacy and prescriber home program for opioid medications. Beginning January 1, 2019, Empire will work with beneficiaries and providers to help to reduce the risk of opioid dependency by streamlining access to opioid medications. If a beneficiary is exhibiting at-risk opioid medication utilization, the plan sponsor will work with the beneficiary and provider to select a pharmacy home and prescriber home for the beneficiary's opioid medications. At risk is defined by CMS as

Cumulative Morphine Milligram Equivalent (MME) > 90mg per day
Opioid prescribers > than three and opioid dispensing pharmacies > than three
Or Opioid prescribers > than five regardless the number of pharmacies

- Cancer, LTC and Hospice are exempt
- Beneficiaries will have the choice of which pharmacy or prescriber to select as their home.
- Plan sponsors will request agreement from the provider selected as the home.
- At this time, only opioid and benzodiazepine medications will be delegated to a home pharmacy or prescriber.

- Both beneficiaries and providers will receive letters to explain what is happening and how it will happen.
- Beneficiaries retain the right to request a coverage determination and may choose to change their Home pharmacy or prescriber at any time.

URL: <https://providernews.empireblue.com/article/medicare-pharmacy-and-prescriber-home-starts-january-2019-3>

Group sponsored Medicare Advantage plan members to receive new ID cards

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

Effective January 1, 2019, Empire BlueCross (EBC) and Empire BlueCross BlueShield (EBCBS) group-sponsored Medicare Advantage plan members will receive new ID Cards. Members will be assigned a new alpha prefix and group number. New ID cards will be mailed to members in December 2018.

Beginning January 1, 2019, EBC and EBCBS members enrolled in a group-sponsored HMO Medicare Advantage plan will have the alpha prefix of **AAN**. EBC and EBCBS members enrolled in a group-sponsored PPO Medicare Advantage plan will have the alpha prefix of **XLU**.

The provider services phone number is on the back of the member ID card. Providers should submit claims to their local Blue Cross and Blue Shield plan for processing.

URL: <https://providernews.empireblue.com/article/group-sponsored-medicare-advantage-plan-members-to-receive-new-id-cards>

Keep up with Medicare news

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

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

- [Prior authorization requirements for Part B drugs: Moxetumomab Pasudotox, Cemiplimab and Fulphila](#)
- [July Medicare Advantage reimbursement policy](#)