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New York Provider News

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Site of Care medical necessity reviews for a wide range of surgical procedures beginning January 1, 2021

Published: Oct 1, 2020 - Products & Programs

Empire BlueCross BlueShield (“Empire”) is committed to being a valued health care partner in identifying ways to achieve better health outcomes, lower costs and deliver access to a better healthcare experience for consumers.

Members enrolled in Empire commercial plans will require a medical necessity review of the site of care* for numerous surgical procedures performed in an outpatient hospital setting with dates of service on or after January 1, 2021. Clinical guideline [CG-SURG-52](#), Site of Care: Hospital-Based Ambulatory Surgical Procedures and Endoscopic Services will apply to the review process. AIM Specialty Health® (AIM) will administer the review.

The site of care review will apply to a wide range of surgical procedures, including but not limited to the following specialty categories:

- Auditory system
- Digestive/Gastrointestinal system
- Eye/ocular adnexa system
- Female genital system
- Hemic and lymphatic system
- Integumentary system
- Male genital system
- Musculoskeletal system
- Nervous system
- Respiratory system
- Urinary system

For a complete list of procedures included in this site of care review, Frequently Asked Question and additional information, visit aimproviders.com/surgicalprocedures/resources.

AIM will use [CG-SURG-52](#) to evaluate the clinical information in the request and determine if the procedure requested requires a hospital-based outpatient setting. Providers may contact AIM to request a peer-to-peer discussion before or after the review is complete.

The site of care review only applies to procedures performed in an outpatient hospital setting. The site of care review does not apply to procedures performed in a non-hospital setting or as part of an inpatient stay, nor when Empire is the secondary payer.

Submit a request for review to AIM

Starting December 23, 2020, ordering providers may submit prior authorization requests for the hospital outpatient site of care for the applicable procedures for dates of service on or after **January 1, 2021** to AIM in one of the following ways:

- Access AIM's **ProviderPortal_{SM}** at [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 [com](#).
- Call the AIM Contact Center toll-free at 877-430-2288, Monday–Friday, 8:00 a.m.–6:00 p.m. ET.

Beginning in December, AIM will offer webinars to provide information on navigating the AIM **ProviderPortal**. To register for a webinar visit [aimproviders.com/surgical_procedures](#).

This review applies to local fully insured Empire members and members covered under self-insured (ASO) benefit plans with services medically managed by AIM. They do not apply to BlueCard®, Medicare Advantage, Medicaid, Medicare Supplement, Federal Employee Program® (FEP®). Providers can view specific guidelines and prior authorization requirements for Empire members on the [Prior Authorization](#) page of our [empireblue.com/provider](#).

Providers should continue to verify eligibility and benefits for all members prior to rendering services.

If you have questions, please call the Provider Service phone number on the back of the member's ID card.

* In some plans, "level of care," "site of service" or another term such as "setting" or "place of service" may be the term used in benefit plans, provider contracts, or other materials instead of or in addition to "site of care" and, in some plans, these terms may be used interchangeably. For simplicity, Empire will hereafter use "site of care".

654-1020-PN-NY

REMINDER: Expansion of AIM Musculoskeletal Program Effective November 1, 2020

Published: Oct 1, 2020 - **Products & Programs**

As recently communicated in the [August 2020 edition](#) of Empire BlueCross BlueShield (“Empire”) Provider News, AIM Specialty Health® (AIM), a specialty health benefits company, will expand the AIM Musculoskeletal program to perform medical necessity reviews for certain elective surgeries of the small joints for Empire Blue Cross members effective November 1, 2020. Replacement and revision surgeries for procedures such as total joint of ankle, correction of Hallux Valgus, hammertoe repair are included.

The AIM Musculoskeletal Program follows the Empire Clinical Guidelines that state the services must be delivered by a qualified provider within the scope of their licensure. Qualified providers acting within the scope of their license, including podiatrists, who intend to perform certain elective surgeries of the small joints procedures should request prior-authorization for those services through AIM.

AIM will begin accepting prior authorization requests on October 26, 2020 for dates of service on and after November 1, 2020 and after. Prior authorization requests may be submitted via the *AIM ProviderPortal* or by calling AIM 1-877-430-2288, Monday–Friday, 8:00 a.m.–6:00 p.m. ET.

Empire invites you to take advantage of upcoming training sessions that will introduce you to the program and the robust capabilities of the AIM *ProviderPortal*_{SM}. You can register for the 1 hour training sessions: [AIM MSK Small Joint Expansion Training Session 1](#) on Friday, October 23, 2020, 11am CT or [AIM MSK Small Joint Expansion Training Session 2](#) on Monday, October 26, 2020, 12am CT.

We value your participation in our network and look forward to working with you to help improve the health of our members.

649-1020-PN-NY

Empire updates formulary lists for commercial health plan pharmacy benefit

Published: Oct 1, 2020 - **Products & Programs** / Pharmacy

Effective with dates of service on and after October 1, 2020, and in accordance with the IngenioRx Pharmacy and Therapeutics (P&T) process, Empire BlueCross BlueShield (“Empire”) updated drug lists that support commercial health plans. Updates include changes to drug tiers and the removal of medications from the formulary.

As certain brand and generic drugs will no longer be covered, providers are encouraged to determine if a covered alternative drug is appropriate for their patients whose current medication will no longer be covered. Communications to providers and their patients affected by the changes went out in early August.

Please note, this update does not apply to the Select Drug List and does not impact Medicaid and Medicare plans.

To ensure a smooth member transition and minimize costs, providers should review these changes and consider prescribing a drug on formulary or on a lower tier, if appropriate.

View a summary of changes [here](#).

IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Empire.

661-1020-PN-NY

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

Designated Specialty Pharmacies in 2021

Published: Oct 1, 2020 - **Products & Programs** / Pharmacy

Empire BlueCross BlueShield (Empire) is developing a designated group of pharmacies to provide specialty medications in support of our insured members' benefits in 2021. The designated specialty pharmacies will supply only specialty drugs covered under the member benefit plan. This process will have no impact on how members obtain non-specialty pharmacy drugs at retail pharmacies or by mail-order. Our designated specialty pharmacy providers will fulfill and distribute specialty pharmaceuticals more efficiently by alleviating the "buy and bill" process that sometimes applies to specialty medications provided in the outpatient facility setting.

To comply with member benefit terms, hospitals will be required to obtain select specialty pharmacy medications to be administered in the outpatient setting through CVS Specialty for all service dates on and after January 1, 2021. Failure to obtain medications through the designated specialty pharmacy network may result in claim denials.

The specialty pharmacy drugs required to be obtained from a designated specialty pharmacy will be posted at www.empireblue.com for reference and is subject to change. Any authorizations and UM support will continue to be managed through the member's medical carrier.

If your hospital is interested in becoming a designated specialty pharmacy, please contact your Empire provider contracting team for more details.

730-1020-PN-NY

URL: <https://providernews.empireblue.com/article/designated-specialty-pharmacies-in-2021>

National Drug Code requirement on outpatient claims

Published: Oct 1, 2020 - **Products & Programs** / Pharmacy

Empire BlueCross BlueShield ("Empire") values the quality and commitment with which you serve your patients and our members. In this edition of *Provider News*, we are notifying you about a National Drug Code (NDC) requirement for drugs administered in a physician's office or outpatient facility setting for Local Plan and BlueCard member claims only. This notice EXCLUDES claims for members enrolled in the Blue Cross and Blue Shield Service Benefit Plan (also called the Federal Employee Program or FEP) and Coordination of Benefits/secondary claims.

For dates of service on and after December 11, 2020, all providers are required to supply the 11-digit NDC – along with the information below – when billing for injections and other drug items on the CMS-1500 and UB-04 claim forms as well as on 837 electronic transactions.

1. The applicable HCPCS code or CPT code
2. Number of HCPCS code or CPT code units
3. The 11-digit NDC(s), including the **N4 qualifier**
4. Dosage Unit of Measurement (F2, GR, ML, UN, ME)
5. Number of NDC Units dispensed (must be greater than 0)

To ensure accurate and timely claims payments, it is important that you provide the NDC information as outlined above when filing claims to us. **Empire will reject any line items on claims with dates of service on and after December 11, 2020, when the above information is not included regarding drugs.**

If you have further questions, please contact the telephone number on the back of the member's ID card.

652-1020-PN-NY

URL: <https://providernews.empireblue.com/article/national-drug-code-requirement-on-outpatient-claims-4>

Prior authorization updates for specialty pharmacy are available

Published: Oct 1, 2020 - **Products & Programs** / Pharmacy

Prior authorization updates

Effective for dates of service on and after January 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 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 please click [here](#).

Empire BlueCross BlueShield's ("Empire") prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Empire's medical specialty drug review team. *Review of specialty pharmacy drugs for oncology indications will be managed by AIM Specialty Health® (AIM), a separate company and are shown in italics in the table below.*

Clinical Criteria	HCPCS or CPT Code(s)	Drug
ING-CC-0170	J3590, C9399	Uplizna
ING-CC-0172	J3490, J3590, C9399	Viltepro
ING-CC-0173	J3490, J3590	Enspryng
ING-CC-0174	J3490, J3590, C9399	Kesimpta
ING-CC-0168	J3590, J9999, J3490	Tecartus
<i>*ING-CC-0171</i>	<i>J3490, J3590, J9999</i>	<i>Zepzelca</i>
<i>*ING-CC-0169</i>	<i>J3490, J3590, J9999, C9399</i>	<i>Phesgo</i>
<i>*ING-CC-0175</i>	<i>J9015</i>	<i>Proleukin</i>
<i>*ING-CC-0176</i>	<i>J9032</i>	<i>Beleodaq</i>
<i>*ING-CC-0178</i>	<i>J9262</i>	<i>Synribo</i>
<i>*ING-CC-0177</i>	<i>J3304</i>	<i>Zilretta</i>
ING-CC-0015	J3490	Milprosa Vaginal System
<i>*ING-CC-0100</i>	<i>C9065</i>	<i>Istodax</i>
ING-CC-0038	J3110	Forteo
<i>*ING-CC-0002</i>	<i>J3590</i>	<i>Nyvepria</i>

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

Step therapy updates

Effective for dates of service on and after January 1, 2021, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our existing specialty pharmacy medical step therapy review process.

To access the Clinical Criteria information related to Step Therapy, please click [here](#).

Empire's prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Empire's medical specialty drug review team. *Review of specialty pharmacy drugs for oncology indications will be managed by AIM Specialty Health® (AIM), a separate company and are shown in italics in the table below.*

Clinical Criteria	Status	Drug(s)	HCPCS Code(s)
<i>*ING-CC-0002</i>	<i>Preferred</i>	<i>Neulasta</i>	<i>J2505</i>
<i>*ING-CC-0002</i>	<i>Preferred</i>	<i>Udenyca</i>	<i>Q5111</i>
<i>*ING-CC-0002</i>	<i>Non-preferred</i>	<i>Fulphila</i>	<i>Q5108</i>
<i>*ING-CC-0002</i>	<i>Non-preferred</i>	<i>Ziextenzo</i>	<i>Q5120</i>
<i>*ING-CC-0002</i>	<i>Non-preferred</i>	<i>Nyvepria</i>	<i>J3590</i>

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

676-1020-PN-NY

URL: <https://providernews.empireblue.com/article/prior-authorization-updates-for-specialty-pharmacy-are-available-4>

Updated Coverage for Breast Cancer prevention medications

Published: Oct 1, 2020 - **Products & Programs** / Pharmacy

Beginning October 1, 2020, most of Empire BlueCross BlueShield's ACA-complaint non-grandfathered health plans will cover generic aromatase inhibitors at 100%, no member cost share for members who are prescribed these drugs for prevention of breast cancer and use an in-network pharmacy. Prior authorization will be required; providers will need to complete a questionnaire and submit to IngenioRx for consideration. Women must be 35 years or older and have no history of breast cancer.

This coverage change aligns with the updated [USPSTF “B” recommendation regarding Breast Cancer: Medication Use to Reduce Risk](#). This updated recommendation now includes aromatase inhibitors among medications that can reduce risk of breast cancer (in addition to tamoxifen or raloxifene). The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects.

Providers can contact the provider service number on the back of the member ID card to determine if a member’s plan includes this benefit.

644-1020-PN-NY

URL: <https://providernews.empireblue.com/article/updated-coverage-for-breast-cancer-prevention-medications-3>

FDA approvals and expedited pathways used - New Molecular Entities (NMEs)

Published: Oct 1, 2020 - **Products & Programs** / Pharmacy

Empire BlueCross BlueShield (“Empire”) reviews the activities of the Food and Drug Administration (FDA)’s approval of drugs and biologics on a regular basis to understand the potential effects for both our providers and members.

The FDA approves new drugs/biologics using various pathways of approval. Recent studies on the effectiveness of drugs/biologics going through these different FDA pathways illustrates the importance of clinicians being aware of the clinical data behind a drug or biologic approval in making informed decisions.

Here is a list of the approval pathways the FDA uses for drugs/biologics:

- **Standard Review** – The Standard review process follows well-established paths to make sure drugs/biologics are safe and effective when they reach the public. From concept to approval and beyond, FDA performs these steps: reviews research data and information about drugs and biologics before they become available to the public; watches for problems once drugs and biologics are available to the public; monitors drug/biologic information and advertising; and protects drug/biologic quality. [To learn more about the Standard Review process, click here.](#)

- **Fast Track** – Fast Track is a process designed to facilitate the development, and expedite the review of drugs/biologics to treat serious conditions and fill an unmet medical need. [To learn more about the Fast Track process, click here.](#)
- **Priority Review** – A Priority Review designation means FDA’s goal is to take action on an application within 6 months. [To learn more about the Priority Review process, click here.](#)
- **Breakthrough Therapy** – A process designed to expedite the development and review of drugs/biologics which may demonstrate substantial improvement over available therapy. [To learn more about the Breakthrough Therapy process, click here.](#)
- **Orphan Review** – Orphan Review is the evaluation and development of drugs/biologics that demonstrate promise for the diagnosis and/or treatment of rare diseases or conditions. [To learn more about the Orphan Review process, click here.](#)
- **Accelerated Approval** – These regulations allowed drugs/biologics for serious conditions that filled an unmet medical need to be approved based on a surrogate endpoint. [To learn more about the Accelerated Approval process, click here.](#)

Article Attachments

[NME.pdf](#)
application/pdf - 108.96 KB

New Molecular Entities Approvals: Jan- Aug 2020

Certain drugs/biologics are classified as new molecular entities (“NMEs”) for purposes of FDA review. Many of these products contain active ingredients that have not been approved by FDA previously, either as a single ingredient drug or as part of a combination product; these products frequently provide important new therapies for patients.

Empire reviews the FDA-approved NMEs on a regular basis. To facilitate the decision-making process, [attached is a list of NMEs approved from January to August 2020](#) along with the FDA approval pathway utilized.

650-1020-PN-NY

URL: <https://providernews.empireblue.com/article/fda-approvals-and-expedited-pathways-used-new-molecular-entities-nmes-3>

Pharmacy information available on empireblue.com

Published: Oct 1, 2020 - **Products & Programs** / Pharmacy

For more information on copayment/coinsurance requirements and their applicable drug classes, drug lists and changes, prior authorization criteria, procedures for generic substitution, therapeutic interchange, step therapy or other management methods subject to prescribing decisions, and any other requirements, restrictions, or limitations that apply to using certain drugs, visit [empireblue.com/pharmacyinformation](https://www.empireblue.com/pharmacyinformation). The commercial and marketplace drug lists are posted to the web site quarterly (the first of the month for January, April, July and October).

To locate Marketplace scroll down to “Select Drug Lists.” This drug list is also reviewed and updated regularly as needed.

FEP Pharmacy updates and other pharmacy related information may be accessed at www.fepblue.org > Pharmacy Benefits.

659-1020-PN-NY

URL: <https://providernews.empireblue.com/article/pharmacy-information-available-on-empirebluecom-15>

Keep up with important news from Empire and receive notifications by email

Published: Oct 1, 2020 - **Administrative**

In the past Empire BlueCross BlueShield (“Empire”) sent you postcards to make you aware that the monthly Provider Newsletter was posted. To be more ecologically aware we have made the decision to stop printing and mailing reminder postcards, effective immediately.

Provider News is posted the first day of each month – regardless of weekends or holidays. You will receive an email notification when new editions are posted. These email notifications will inform you regarding which articles contain material adverse changes. Please be sure to add empireprovidercommunications@empireblue.com to your safe sender/recipient list and inform Empire of any updates to your email address.

You can download single articles or entire editions as a PDF and save to your computer – providing paperless convenience and easy access to pertinent information you may need.

New Digital Provider Enrollment tool added to Availity for New York

Published: Oct 1, 2020 - **Administrative**

In September, Empire BlueCross BlueShield (“Empire”) added new functionality to New York’s provider enrollment tool hosted on the Availity Portal to further automate and improve your online enrollment experience.

Who can use this new tool?

Professional providers, whose organizations do not have a credentialing delegation agreement with Empire. *(Note: Providers who submit via roster or have delegated agreements will continue to use the process in place.)*

What does the tool provide?

- Add new providers to an already existing group
- Apply and request a contract.

After review, a contract can be sent back to you digitally for an electronic signature. This eliminates the need for paper applications or paper contracts.

- Enroll a new group of providers.
- Enroll as an individual/solo provider.

- A dashboard for real time status on the submitted applications.
- Streamlined complete data submission.

Here’s a review of how the online enrollment application works:

The system automatically accesses CAQH to pull in all updated information you've already included in your CAQH application. The CAQH information automatically populates the information Empire needs to complete the enrollment process – including credentialing and loading your new provider to our database. Please ensure that your provider information on CAQH is updated and is in a complete or re-attested status.

Availity's online application will guide you throughout the enrollment process, providing status updates using a dashboard. As a result, you know where each provider is in the process without having to call or email for a status.

Please note: For any **changes** to your practice profile and demographics, continue to use the new online provider maintenance form that allows you to electronically submit to Empire any changes to your practice profile and demographics. Availity administrators and assistant administrators can access the form on Availity>Payer Spaces>Resources.

Accessing the provider enrollment application

Log on to the Availity Portal and select **Payer Spaces > Empire>Applications>Provider Enrollment** to begin the enrollment process.

If your organization is not currently registered for the Availity Portal, the person in your organization designated as the Availity administrator should go to www.availity.com and select **Register**.

For organizations already using the Availity Portal, your organization's Availity administrator should go to **My Account Dashboard** from the Availity home page to register new users and update or unlock accounts for existing users. Staff who need access to the provider enrollment tool need to be granted the role of "Provider Enrollment."

(Availity administrators and User Administrators will automatically be granted access to provider enrollment.)

If you are using Availity today and need access to provider enrollment, please work with your organization's administrator to update your Availity role. To determine who your administrator is, you can go to **My Account Dashboard > My Administrators**.

Need assistance with registering for the Availity Portal? Contact Availity Client Services at 1-800-availity (1-800-282-4548).

643-1020-PN-NY

New Blue HPN® network included in plans available for employee open enrollment Fall 2020

Published: Oct 1, 2020 - **Administrative**

As employers across the country host open enrollment periods for their employees, many will offer a new option this fall: plans built around a Blue High Performance Network (Blue HPN).

Blue HPN® plans offer access to providers with a record of delivering high-quality, efficient care. Blue HPN networks will go live January 1, 2021 in more than 50 cities across the country. Blue HPN is a national network designed from our local market expertise, deep data and strong provider relationships, and aligned with local networks across the country. These local networks are then connected to the national chassis to form a national Blue HPN network.

In New York, Empire BlueCross BlueShield (“Empire”) is offering large and small group employer plans access to the Blue HPN network, utilizing the existing Connection network as the New York HPN entry.

Beginning January 1, you may see patients accessing the Blue HPN/Connection Network through new products. These will be EPO plans or HSA plans with an EPO network. Under these plans, out of network benefits are limited to emergency or urgent care. Members must select a primary care provider, but PCP referrals are not required for specialty care.

If you are not sure whether your practice is part of the Blue HPN/Connection Network, ask your office manager or business office, or contact your Empire Provider Relations Representative. Blue HPN participation will be displayed in provider profiles in our online provider directory January 1, 2021.

693-1020-PN-NY

Charges for Personal Protective Equipment by Participating Providers

Published: Oct 1, 2020 - **Administrative**

The New York Department of Financial Services (“DFS”) recently issued a circulator letter, “Charges for Personal Protective Equipment by Participating Providers”. In support with the letter, Empire BlueCross BlueShield (“Empire”) is sharing with participating providers their responsibilities and working with providers to report the findings to DFS.

Participating providers are contractually prohibited from charging additional fees for personal protective equipment (PPE) to Empire members as part of their in-person visits. Providers can only charge members for services covered in the policies and/or contracts. Members are not responsible for any charges received from a participating provider beyond their applicable deductible, copayment, or coinsurance, including any fees charged for PPE.

If participating providers charged an Empire member for PPE, they should issue a refund to members immediately and contact your Empire Network Services representative to report the following:

- Member(s) impacted
- Total refunded to member(s)
- The refund process

You can find the full notification from the New York Department of Financial Services (“DFS”) here: https://www.dfs.ny.gov/industry_guidance/circular_letters/cl2020_14

655-1020-PN-NY

URL: <https://providernews.empireblue.com/article/charges-for-personal-protective-equipment-by-participating-providers>

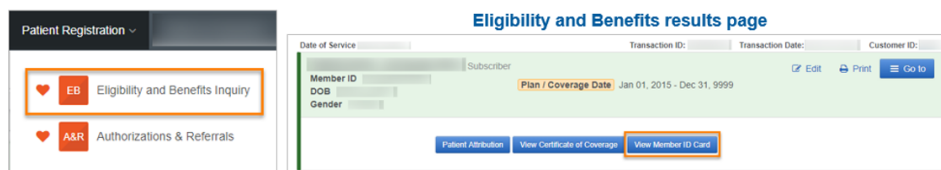
Electronic member ID cards available on the Availity Portal

Published: Oct 1, 2020 - Administrative

Empire BlueCross BlueShield (“Empire”) offers you the ability to have a copy of the member’s ID card without having to physically handle the member’s card. This easy, low-touch access to view a member’s ID card is available from the Availity Portal.

Article Attachments

When conducting an eligibility and benefits inquiry for Empire members, simply select **View Member ID Card** on the *Eligibility and Benefits results page*. Note: the Availity Portal requires you to enter the member’s ID number as well as a date of birth **or** the member’s first and last name into the search options in order to submit an E&B inquiry.



Images of both the front and back of the member ID card are available, allowing you to get all of the pertinent information without the need to make a phone call. The images can be saved directly to your practice management system as PDF files.

Another option available is to access the member’s digital version of their ID card as many members have transitioned to using a digital card instead of a paper card. Members are able to fax or email a copy of the electronic ID card from their phone/app.

We encourage you to integrate these options into your workflow now.

677-1020-PN-NY

URL: <https://providernews.empireblue.com/article/electronic-member-id-cards-available-on-the-availability-portal-3>

Empire Chat: A fast, easy way to have your questions answered

Published: Oct 1, 2020 - Administrative

If you have questions, you now have a new option to have them answered quickly and easily. With Empire Chat, providers can have a real-time, online discussion through a new digital service, **available through Payer Spaces on [Availity](#)**.

- Faster access to provider services for all questions
- Real-time answers to your questions about prior authorization, appeals status, claims, benefits, eligibility, and more
- A platform that is easy to use making it simpler to receive help
- The same high level of safety and security you have come to expect with Empire

Chat is one example of how Empire BlueCross BlueShield (“Empire”) is using digital technology to improve the health care experience, with a goal to save you valuable time. To start, access the service through Payer Spaces on [Availity](#).

Use Provider Chat: Select **Payer Spaces > Empire >** from *Applications* select **Chat**.

684-1020-PN-NY

URL: <https://providernews.empireblue.com/article/empire-chat-a-fast-easy-way-to-have-your-questions-answered>

Interactive Care Reviewer adds outpatient medical authorization requests for Empire local, State and City plans

Published: Oct 1, 2020 - Administrative

We are pleased to announce that Interactive Care Reviewer (ICR) is now available to submit outpatient medical authorization requests for Empire BlueCross BlueShield (“Empire”) members enrolled in New York Local, State and City plans.

You can now use ICR as your exclusive online self-service digital tool for a majority of your Empire medical and behavioral health authorization requests. This additional capability in ICR will further streamline and boost the efficiency of your organization's authorization workflow process.

If you are new to ICR here are directions to help you get started:

Access to the ICR tool is through the Availity Portal, so you will need to be registered on Availity and have a unique Availity user ID and password. Ask your organization's Availity administrator to grant you the required ICR role assignment.

- **Do you create and submit prior authorization requests?**

Authorization and Referral Request role assignment

- **Do you check the status of the case or results of the authorization request?**

Authorization and Referral Inquiry role assignment

Once you have the appropriate role assignment you can begin using ICR right away.

- Select Patient Registration from Availity's home page
- Select Authorizations & Referrals
- Select Authorizations (for requests) | Select Auth/Referral Inquiry (for inquiries)

Are you new to ICR or need a refresher?

We offer training every month to familiarize new users with ICR features and navigation of the tool. Our next webinar is taking place on October 8 at 11:00 a.m. ET. [Register Here](#)

Additional ICR resources are available through the Custom Learning Center

Follow the steps outlined below to access self-paced videos located on the Custom Learning Center. From Availity's home page, select **Payer Spaces | Anthem tile | Applications | Custom Learning Center**

- Select Catalog from the menu located on the upper left corner of the Custom Learning Center screen
- Use the catalog filter and select **Interactive Care Reviewer-Online Authorizations** or **Authorizations** from the **Category** menu

- Click **Apply** then enroll for the courses (videos) you want to view.

Illustrated reference guides that you can print are located on **Custom Learning Center Resources**. Select **Resources** from the menu located on the upper left corner of the screen. Use the catalog filter and select **Authorizations or Interactive Care Reviewer-Online Authorizations** from the **Category** menu. Select **Download** to view and/or print the reference guide.

695-1020-PN-NY

URL: <https://providernews.empireblue.com/article/interactive-care-reviewer-adds-outpatient-medical-authorization-requests-for-empire-local-state-and-city-plans>

Request referrals for Empire Individual Network Plan through Interactive Care Reviewer

Published: Oct 1, 2020 - **Administrative**

Referrals that are required for Empire members enrolled in the **Individual Network plan (prefixes VFG or VJD)** can now be submitted through Interactive Care Reviewer (ICR), Empire's online self-service authorization tool. Managing your referral requests using ICR will save you time, and reduce your practice's paperwork since there is no longer a need to fax.

ICR is accessed through the Availity Portal so you will need to be registered on Availity and have a unique Availity user ID and password.

To request a referral your Availity administrator needs to grant you the **Authorization and Referral Request** role assignment.

Once you have the appropriate role assignment you can begin using ICR right away.

- Select **Patient Registration** from Availity's home page
- Select **Authorizations & Referrals**
- Select **Referrals** or select **Authorizations**

The ICR tool will guide you through the steps to complete your request.

- Patient information; including the member ID, dates of service and number of visits
- Diagnosis and procedure codes
- Requesting and servicing provider information

After submitting the referral request you will get this immediate response: **Referral Accepted - No Further Action Required.**

This information will be saved on your organization's ICR dashboard, and you will also be able to print the referral details.

ICR Training

We offer training every month to familiarize new users with ICR features and navigation of the tool. Our next webinar is taking place on October 8 at 11:00 a.m. ET. [Register Here](#)

Additional ICR resources are available through the Custom Learning Center

Follow the steps outlined below to access self-paced videos located on the Custom Learning Center. From Availity's home page, select **Payer Spaces | Anthem tile | Applications | Custom Learning Center**

- Select Catalog from the menu located on the upper left corner of the Custom Learning Center screen
- Use the catalog filter and select **Interactive Care Reviewer-Online Authorizations or Authorizations** from the **Category** menu
- Click **Apply** then enroll for the courses (videos) you want to view.

Illustrated reference guides that you can print are located on **Custom Learning Center Resources**. Select **Resources** from the menu located on the upper left corner of the screen. Use the catalog filter and select **Authorizations or Interactive Care Reviewer-Online Authorizations** from the **Category** menu. Select **Download** to view and/or print the reference guide.

697-1020-PN-NY

URL: <https://providernews.empireblue.com/article/request-referrals-for-empire-individual-network-plan-through-interactive-care-reviewer>

New Medical Claim Attachment Webinars: Register Today

Published: Oct 1, 2020 - **Administrative**

Empire BlueCross BlueShield (“Empire”) providers may now learn how to use Availity's attachment tools to submit and track supporting documentation electronically by attending one of the upcoming live webinars hosted by Availity.

The attachments application is a multi-payer, multi-workflow feature. It allows inclusion of multiple records across a variety of workflows and request types to support different business processes for payers.

By attending one of the upcoming webinars, attendees will learn both the digital and electronic processes that include:

- How your organization gets set up
- Demonstrations of the tools used to submit attachments via Availity Portal
- Navigating the Attachments dashboard
- View electronic records of your submissions

As part of the session, we will answer questions and provide handouts and a job aid for you to reference later.

Register for an upcoming webinar session

1. In Availity Portal, select **Help & Training > Get Trained**.
2. The Availity Learning Center opens in a new browser tab.
3. Search for and enroll in a session using one of these options.
 - In the Catalog, search by webinar title or keyword (***medattach***).
 - Select the **Sessions** tab to scroll the live session calendar.
4. After you enroll, you will receive emails with instructions to join the session.

October/November Dates

Date	Day	Time
10/07/2020	Wednesday	4:00 p.m. – 5:00 p.m. ET
10/20/2020	Tuesday	11:00 a.m. – 12:00 p.m. ET
11/04/2020	Wednesday	4:00 p.m. – 5:00 p.m. ET
11/17/2020	Tuesday	2:00 p.m. – 3:00 noon ET

Where can you find more help?

Select **Help & Training** > **Find Help** to display Availity Help in a new browser window. Use **Contents** to display topics.

Depending on your needs, consider exploring these topics:

- Claim Submission
- Attachments (new)
- Medical Attachments (legacy)

702-1020-PN-NY

URL: <https://providernews.empireblue.com/article/new-medical-claim-attachment-webinars-register-today-3>

National Accounts 2021 Pre-certification list

Published: Oct 1, 2020 - **Administrative**

The [National Accounts 2021 Pre-certification list](#) is now available for your reference. Please be sure to continue to verify member eligibility and benefits prior to rendering services.

660-1020-PN-NY

URL: <https://providernews.empireblue.com/article/national-accounts-2021-pre-certification-list-4>

CRA Reporting Update: New guidance on telephone-only service CPT codes for Risk Adjustment Program

Published: Oct 1, 2020 - **Administrative**

As providers, you are committed to providing the best care for your patients – our members. That care may now include telehealth visits. Recognizing the continuing increased need for telephone and virtual services during the COVID-19 public health emergency, the U.S. Department of Health and Human Services (HHS) has given additional consideration to the treatment of telephone-only services in the HHS-operated Risk Adjustment Program. HHS has clarified that telephone-only service CPT codes (98966-98968 and 99441-99443) are valid for the Risk Adjustment Program. Telephone-only visits may benefit your patients who have not participated in, or felt comfortable using, a telehealth video visit. Thank you for your continued commitment to assessing your patients' health and closing possible gaps in care.

Please contact the Commercial Risk Adjustment Network Education Representative if you have any questions: Alicia.Estrada@anthem.com.

658-1020-PN-NY

URL: <https://providernews.empireblue.com/article/cra-reporting-update-new-guidance-on-telephone-only-service-cpt-codes-for-risk-adjustment-program>

What Matters Most: Improving the Patient Experience

Published: Oct 1, 2020 - **Administrative**

The *What Matters Most* online training course for providers and office staff addresses gaps in care and offers approaches to communication with patients. This course is available at no cost and is eligible for one CME credit by the American Academy of Family Physicians.

The What Matters Most training can be accessed at: www.patientexptraining.com

653-1020-PN-NY

URL: <https://providernews.empireblue.com/article/what-matters-most-improving-the-patient-experience-5>

Medical Policy & Clinical Guideline updates

Published: Oct 1, 2020 - **Policy Updates** / Medical Policy & Clinical Guidelines

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

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

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

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

Medical Policy Updates

Revised Medical Policy Effective 09-01-2020

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

- GENE.00052 - Whole Genome Sequencing, Exome Sequencing, Gene Panels, and Molecular Profiling

Revised Medical Policy Effective 09-01-2020

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

- GENE.00033 - Genetic Testing for Inherited Peripheral Neuropathies

Revised Medical Policies Effective 10-01-2020

(The following policies were updated with new CPT/HCPCS/ICD-10-PCS procedure codes and/or ICD-10-CM diagnosis codes.)

- GENE.00037 - Genetic Testing for Macular Degeneration
- OR-PR.00005 - Upper Extremity Myoelectric Orthoses
- OR-PR.00006 - Powered Robotic Lower Body Exoskeleton Devices
- SURG.00011 - Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting
- SURG.00047 - Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis
- SURG.00096 - Surgical and Ablative Treatments for Chronic Headaches
- SURG.00127 - Sacroiliac Joint Fusion
- SURG.00142 - Genicular Nerve Blocks and Ablation for Chronic Knee Pain
- TRANS.00031 - Hematopoietic Stem Cell Transplantation for Autoimmune Disease and Miscellaneous Solid Tumors
- TRANS.00035 - Other Stem Cell Therapy

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- **Revised Medical Policies Effective 10-01-2020**

- (The following policies were reviewed and had no significant changes to the policy position or criteria.)
- SURG.00131 - Lower Esophageal Sphincter Augmentation Devices for the Treatment of Gastroesophageal Reflux Disease (GERD)
- SURG.00144 - Occipital Nerve Block Therapy for the Treatment of Headache and Occipital Neuralgia

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- **Revised Medical Policies Effective 10-07-2020**

- (The following policies were reviewed and had no significant changes to the policy position or criteria.)
- ADMIN.00001 - Medical Policy Formation
- ADMIN.00006 - Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy or Clinical Utilization Management (UM) Guideline
- DME.00012 - Intrapulmonary Percussive Ventilation Devices for Airway Clearance

- DME.00025 - Self-Operated Spinal Unloading Devices
- GENE.00018 - Gene Expression Profiling for Cancers of Unknown Primary Site
- GENE.00020 - Gene Expression Profile Tests for Multiple Myeloma
- GENE.00023 - Gene Expression Profiling of Melanomas
- GENE.00024 - DNA-Based Testing for Adolescent Idiopathic Scoliosis
- GENE.00034 - SensiGene® Fetal RhD Genotyping Test
- GENE.00046 - Prothrombin (Factor II) Genetic Testing
- GENE.00047 - Methylenetetra-hydrofolate Reductase Mutation Testing
- LAB.00011 - Analysis of Proteomic Patterns
- LAB.00019 - Serum Markers for Liver Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease
- LAB.00028 - Serum Biomarker Tests for Multiple Sclerosis
- LAB.00029 - Rupture of Membranes Testing in Pregnancy
- LAB.00030 - Measurement of Serum Concentrations of Monoclonal Antibody Drugs and Antibodies to Monoclonal Antibody Drugs
- LAB.00036 - Multiplex Autoantigen Microarray Testing for Systemic Lupus Erythematosus
- MED.00013 - Parenteral Antibiotics for the Treatment of Lyme Disease
- MED.00055 - Wearable Cardioverter Defibrillators
- MED.00082 - Quantitative Sensory Testing
- MED.00085 - Antineoplaston Therapy
- MED.00089 - Quantitative Muscle Testing Devices
- MED.00095 - Anterior Segment Optical Coherence Tomography
- MED.00096 - Low-Frequency Ultrasound Therapy for Wound Management
- MED.00099 - Electromagnetic Navigational Bronchoscopy
- OR-PR.00003 - Microprocessor Controlled Lower Limb Prostheses
- RAD.00037 - Whole Body Computed Tomography Scanning
- RAD.00057 - Near-Infrared Coronary Imaging and Near-Infrared Intravascular Ultrasound Coronary Imaging
- RAD.00061 - PET/MRI
- RAD.00064 - Myocardial Sympathetic Innervation Imaging with or without Single-Photon Emission Computed Tomography (SPECT)
- SURG.00008 - Mechanized Spinal Distraction Therapy
- SURG.00052 - Percutaneous Vertebral Disc and Vertebral Endplate Procedures

- SURG.00082 - Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures of the Appendicular System
- SURG.00088 - Coblation® Therapies for Musculoskeletal Conditions
- SURG.00092 - Implanted Devices for Spinal Stenosis
- SURG.00095 - Viscocanalostomy and Canaloplasty
- SURG.00101 - Suprachoroidal Injection of a Pharmacologic Agent
- SURG.00104 - Extraosseous Subtalar Joint Implantation and Subtalar Arthroereisis
- SURG.00114 - Facet Joint Allograft Implants for Facet Disease
- SURG.00119 - Endobronchial Valve Devices
- SURG.00128 - Implantable Left Atrial Hemodynamic Monitor
- SURG.00135 - Radiofrequency Ablation of the Renal Sympathetic Nerves
- SURG.00153 - Cardiac Contractility Modulation Therapy
- TRANS.00004 - Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal Xenograft)

Archived Medical Policy Effective 10-07-2020

(The following policy has been archived)

- RAD.00062 - Intravascular Optical Coherence Tomography (OCT)

Revised Medical Policy Effective 01-01-2021

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

- GENE.00052 - Whole Genome Sequencing, Exome Sequencing, Gene Panels, and Molecular Profiling

New Medical Policies Effective 01-16-2021

(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.)

- MED.00134 - Non-invasive Heart Failure and Arrhythmia Management and Monitoring System
- SURG.00156 - Implanted Artificial Iris Devices

- SURG.00157 - Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis

Revised Medical Policies Effective 01-16-2021

(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.)

- MED.00103 - Automated Evacuation of Meibomian Gland
- SURG.00077 - Uterine Fibroid Ablation: Laparoscopic, Percutaneous or Transcervical Image Guided Techniques
- SURG.00112 - Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices
- SURG.00129 - Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring

Clinical Guideline Updates

Revised Clinical Guidelines Effective 08-20-2020

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

- CG-GENE-03 - BRAF Mutation Analysis
- CG-SURG-83 - Bariatric Surgery and Other Treatments for Clinically Severe Obesity

Revised Clinical Guidelines Effective 08-20-2020

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

- CG-MED-55 - Site of Care: Advanced Radiologic Imaging
- CG-MED-83 - Site of Care: Specialty Pharmaceuticals

Revised Clinical Guidelines Effective 10-01-2020

(The following adopted guidelines were updated with new CPT/HCPCS/ICD-10-PCS procedure codes and/or ICD-10-CM diagnosis codes.)

- CG-GENE-10 - Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies
- CG-MED-68 - Therapeutic Apheresis
- CG-MED-76 - Magnetic Source Imaging and Magnetoencephalography
- CG-MED-87 - Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications
- CG-SURG-09 - Temporomandibular Disorders
- CG-SURG-72 - Endothelial Keratoplasty
- CG-SURG-92 - Paraesophageal Hernia Repair
- CG-SURG-95 - Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention

Revised Clinical Guideline Effective 10-01-2020

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

- CG-DME-41 - Ultraviolet Light Therapy Delivery Devices for Home Use

Revised Clinical Guidelines Effective 10-07-2020

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

- CG-DME-10 - Durable Medical Equipment
- CG-DME-44 - Electric Tumor Treatment Field (TTF)
- CG-MED-63 - Treatment of Hyperhidrosis
- CG-MED-65 - Manipulation Under Anesthesia
- CG-MED-66 - Cryopreservation of Oocytes or Ovarian Tissue
- CG-MED-69 - Inhaled Nitric Oxide
- CG-REHAB-07 - Skilled Nursing and Skilled Rehabilitation Services (Outpatient)
- CG-REHAB-08 - Private Duty Nursing in the Home Setting
- CG-SURG-49 - Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities

- CG-SURG-63 - Cardiac Resynchronization Therapy with or without an Implantable Cardioverter Defibrillator for the Treatment of Heart Failure
- CG-SURG-79 - Implantable Infusion Pumps

Unadopted Clinical Guideline Effective 11-01-2020

(The following adopted guideline has been unadopted and has been replaced by AIM guidelines.)

- CG-SURG-74 - Total Ankle Replacement

Adopted Clinical Guideline Effective 01-01-2021

(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-104 - Intraoperative Neurophysiological Monitoring

Revised Clinical Guideline Effective 01-16-2021

(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-SURG-28 - Transcatheter Uterine Artery Embolization

Coding Updates

As a result of coding updates in the claims system, the claim system edits for the clinical guideline listed below will be revised. This will result in the review of claims for certain diagnoses before processing occurs to determine whether the service meets medical necessity criteria. As a result, these coding updates may result in a not medically necessary determination.

Effective January 16, 2021, we will be implementing coding updates in the claims system for the following clinical guideline listed below which may result in not medically necessary determinations for certain services.

- CG-MED-63 - [Treatment of Hyperhidrosis](#)

Clinical Criteria updates for specialty pharmacy are available

Published: Oct 1, 2020 - **Policy Updates** / Medical Policy & Clinical Guidelines

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 document was endorsed at the August 13, 2020 Clinical Criteria meeting. To access the clinical criteria information please click [here](#).

Revised Clinical Criteria effective January 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-0048 Spinraza (nusinersen)

The following Clinical Criteria documents were endorsed at the August 21, 2020 Clinical Criteria meeting. To access the clinical criteria information please click [here](#).

New Clinical Criteria effective September 1, 2020

The following clinical criteria are new.

- ING-CC-0169 Phesgo (pertuzumab/trastuzumab/hyaluronidase-zzxf)
- ING-CC-0172 Viltepso (viltolarsen)
- ING-CC-0173 Enspryng (satralizumab-mwge)

Revised Clinical Criteria effective September 1, 2020

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

- ING-CC-0124 Keytruda (pembrolizumab)
- ING-CC-0125 Opdivo (nivolumab)
- ING-CC-0129 Bavencio (avelumab) injection

Revised Clinical Criteria effective October 1, 2020

The following clinical criteria were updated with new procedure and/or diagnosis codes.

- ING-CC-0094 Alimta (pemetrexed disodium)
- ING-CC-0100 Istodax (romidepsin)
- ING-CC-0127 Darzalex (daratumumab) and Darzalex Faspro (daratumumab and hyaluronidase-fihj)
- ING-CC-0140 Zulresso (brexanolone)
- ING-CC-0160 Vyepti (eptinezumab-jjmr)
- ING-CC-0161 Sarclisa (isatuximab-irfc)
- ING-CC-0162 Tepezza (teprotumumab-trbw)
- ING-CC-0163 Durysta (bimatoprost implant)
- ING-CC-0165 Trodelvy (sacituzumab govitecan)

Revised Clinical Criteria effective January 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-0094 Alimta (pemetrexed disodium)
- ING-CC-0119 Yervoy (ipilimumab)
- ING-CC-0125 Opdivo (nivolumab)

New Clinical Criteria effective January 1, 2021

- The following clinical criteria are new.
- ING-CC-0168 Tecartus (brexucabtagene autoleucel)
- ING-CC-0170 Uplizna (inebilizumab-cdon)
- ING-CC-0171 Zepzelca (lurbinectedin)

Coding Updates

As a result of coding updates in the claims system, the claim system edits for the Clinical Criteria document listed below will be revised. This will result in the review of claims for certain diagnoses before processing occurs to determine whether the service meets medical necessity criteria. As a result, these coding updates may result in a not medically necessary determination.

Effective January 1, 2021, we will be implementing coding updates in the claims system for the following Clinical Criteria document listed below which may result in not medically necessary determinations for certain services.

- ING-CC-0086 Spravato (esketamine) Nasal Spray

671-1020-PN-NY

URL: <https://providernews.empireblue.com/article/clinical-criteria-updates-for-specialty-pharmacy-are-available-9>

Transition to AIM Rehabilitative Service Clinical Appropriateness Guidelines

Published: Oct 1, 2020 - **Policy Updates** / Medical Policy & Clinical Guidelines

Empire BlueCross BlueShield (“Empire”) previously communicated in the [June 2020 edition](#) of Provider News that AIM Specialty Health® (AIM), a separate company, would transition the clinical criteria for medical necessity review of certain rehabilitative services to AIM Rehabilitative Service Clinical Appropriateness Guidelines as part of the AIM Rehabilitation Program beginning October 1, 2020.

Please be aware that this transition has been delayed. The new transition date will be December 1, 2020.

674-1020-PN-NY

URL: <https://providernews.empireblue.com/article/transition-to-aim-rehabilitative-service-clinical-appropriateness-guidelines-1>

Reimbursement Policy Update: Emergency Department: Leveling of Evaluation and Management Services (Facility)

Published: Oct 1, 2020 - **Policy Updates** / Reimbursement Policies

Effective January 1, 2021, Empire BlueCross BlueShield (“Empire”) classifies with an Evaluation and Management (E&M) code level the intensity/complexity of emergency department (ED) interventions a facility utilizes to furnish all services indicated on the claim. E&M services will be reimbursed based on this classification. Facilities must utilize appropriate HIPAA compliant codes for all services rendered during the ED encounter. If the E&M code level submitted is higher than the E&M code level supported on the claim, we reserve the right to perform one of the following:

- Deny the claim and request resubmission at the appropriate level or request the provider submit documentation supporting the level billed
- Adjust reimbursement to reflect the lower ED E&M classification
- Recover and/or recoup monies previously paid on the claim in excess of the E&M code level supported

Please refer to the Emergency Department: Level of Evaluation and Management Services reimbursement policy for additional details at empireblue.com. Please include this update with your [Provider Manual](#) for future reference.

Facilities that believe their medical record documentation supports reimbursement for the originally submitted level for the E&M service will be able to follow the dispute resolution process in accordance with the terms of their contract. Claims disputes require a statement providing the reason the intensity/complexity would require a different level of reimbursement and the medical records which should clearly document the facility interventions performed and referenced in that statement.

692-1020-PN-NY

URL: <https://providernews.empireblue.com/article/reimbursement-policy-update-emergency-department-leveling-of-evaluation-and-management-services-facility-3>

Reimbursement Policy Update: Laboratory and Venipuncture (Professional)

Published: Oct 1, 2020 - **Policy Updates** / Reimbursement Policies

Beginning with dates of service on or after January 1, 2021, Empire BlueCross BlueShield (“Empire”) will update the policy language to indicate Modifier 90 will not allow reimbursement when reported in a Place of Service Office (11).

Modifier 90 is defined as **Reference (Outside) Laboratory**: When laboratory procedures are performed by a party other than the treating or reporting physician or other qualified health care professional, the procedure may be identified by adding modifier 90 to the usual procedure number.

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

696-1020-PN-NY

URL: <https://providernews.empireblue.com/article/reimbursement-policy-update-laboratory-and-venipuncture-professional-3>

Federal Employee Program® Expands Specialty Pharmacy Prior Authorization List

Published: Oct 1, 2020 - **State & Federal** / Federal Employee Plan (FEP)

Effective with dates of service on or after January 1, 2021, the following pharmacy codes will be included in the Empire BlueCross BlueShield (“Empire”) Federal Employee® (FEP) plans (member IDs beginning with an “R”) **prior authorization review** process for specific specialty drugs. The prior authorization review includes review of site-of-care criteria for outpatient hospital-based settings. **As a result of this change, services provided on and after January 1, 2021, for any of the additional drugs without a prior authorization will be denied.**

FEP will continue to review Federal Employee Program medical policy criteria for medical necessity, and Empire’s clinical guideline, Level of Care: Specialty Pharmaceuticals (CG-MED-83) will be utilized to review site-of-care criteria.

What's new beginning with dates of service on or after January 1, 2021 for the "new" drugs listed below?

- Prior to administering the drugs in any setting, a prior authorization must be completed in order to evaluate if the drug meets clinical criteria. Empire FEP will begin accepting prior authorization requests for these specialty drugs on December 14, 2020 for dates of service on and after January 1, 2021. **Request prior authorization review by calling the Blue Cross and Blue Shield Federal Employee Program Service Benefit Plan at (800) 860-2156.**
- Outpatient hospital-based settings will require a site-of-care review for medical necessity as part of the prior authorization review. Hospital-based facilities contracted with Empire for lower drug and administration costs, non-hospital infusion clinics, provider offices, and home infusion providers will not require a site-of-care review.
 - A provider toolkit aligned to Empire's clinical guideline (CG-Med83) will be provided to providers requiring a site-of-care review, either by fax or e-review. For outpatient hospital settings that do not meet clinical criteria, a dedicated clinical team will work with you to identify alternate lower level of care sites that can safely administer the drug.
 - In the event that there are no infusion centers within 30 miles of the member's place of residence, or there are no home infusion providers able to service the member's residence, the hospital-based setting will be approved.
- If the prior authorization is denied for either the drug not meeting medical necessity or the site-of-care not meeting medical necessity, providers should follow the disputed claim/service process. To obtain the current process, please contact the Blue Cross and Blue Shield Federal Employee Program Service Benefit Plan at (800) 860-2156.
- Services provided on or after January 1, 2021, without prior authorization will result in a denial of claims payment.

Additional Drugs requiring medical necessity and site-of-care review as of 1/1/2021:

Drug	Code	FEP Medical Policy
Actemra [®]	J3262	5.70.12
Aralast [®]	J0256	5.45.09
Fabrazyme [®]	J0180	5.30.35
Fasenra [®]	J0517	5.45.07
Glassia [®]	J0257	5.45.09
Ilaris [®]	J1300	5.70.09
Nucala [®]	J2182	5.45.07
Ocrevus [®]	J2350	5.60.28
Prolastin [®]	J1303	5.45.09
Ultomiris [®]	J0256	5.85.33
Xolair [®]	J2357	5.45.02
Zemaira [®]	J0256	5.45.09

These changes apply to Empire FEP members (member IDs beginning with an “R”) who are receiving the specialty drugs listed above through their medical benefits. **These changes do not impact the approval process for these specialty drugs obtained through pharmacy benefits.** For more information, such as clinical criteria for specialty drugs and level of care, please contact the Blue Cross and Blue Shield Federal Employee Program Service Benefit Plan at (800) 860-2156.

647-1020-PN-NY

URL: <https://providernews.empireblue.com/article/federal-employee-program-expands-specialty-pharmacy-prior-authorization-list-4>

Update: Notice of changes to the AIM Musculoskeletal Program prior authorization requirements and setting determinations

Published: Oct 1, 2020 - State & Federal / Medicaid

As you know, AIM Specialty Health[®] (AIM)* administers the Musculoskeletal Program, which includes the medical necessity review of certain surgeries of the spine and joints and interventional pain treatment. For certain surgeries, the review also includes a consideration of the level of care.

Effective November 1, 2020, according to the AIM Level of Care guideline, it is generally appropriate to perform joint codes (CPT[®] codes 27130, 29871, 29892) and four spine codes (CPT codes 22633, 22634, 63265 and 63267) in a hospital outpatient setting. To avoid additional clinical review for these procedures, providers requesting prior authorization should either choose *hospital observation* admission as the site of service or Hospital Outpatient Department (HOPD). If the provider determines that an inpatient stay is necessary due to postoperative care requirements, they can initiate a concurrent review request for inpatient admission with the health plan by contacting the number on the back of the member ID card.

We will review requests for inpatient admission and will require the provider to substantiate the medical necessity of the inpatient setting with proper medical documentation that demonstrates one of the following:

- Current postoperative care requirements are of such an intensity and/or duration that they cannot be met in an observation or outpatient surgical setting.
- Anticipated postoperative care requirements cannot be met, even initially, in an observational surgical setting due to the complexity, duration or extent of the planned procedure and/or substantial preoperative patient risk.

Peer-to-peer conversations are available to a provider at any time to discuss the applicable clinical criteria and to provide information about the circumstances of a specific member.

Providers should continue to submit pre-service review requests to AIM using one of the following ways:

- Access AIM *ProviderPortal*_{SM} directly at <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 Portal* at <https://www.availity.com>.
- Call the AIM toll-free number at **1-800-714-0040** Monday through Friday 8:30 a.m. to 7 p.m. ET.

If you have questions, please contact provider services at **1-800-450-8753**.

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

URL: <https://providernews.empireblue.com/article/update-notice-of-changes-to-the-aim-musculoskeletal-program-prior-authorization-requirements-and-setting-determinations-7>

SOMOS to manage delegated functions effective October 1, 2020

Published: Oct 1, 2020 - **State & Federal** / Medicaid

We are pleased to announce that Empire BlueCross BlueShield HealthPlus (Empire) has expanded its collaborative partnership with SOMOS IPA, LLC and its affiliates (SOMOS). This new agreement aligns incentives between the plan and SOMOS to deliver the highest possible quality care to our Medicaid Managed Care (MMC), Health and Recovery Plan (HARP), Child Health Plus (CHPlus) and Essential Plan members in New York.

Effective October 1, 2020, for MMC, HARP, CHPlus and Essential Plan members in New York assigned to a SOMOS PCP, SOMOS will assume administrative functions including but not limited to: credentialing, population health management/transitional care management, utilization management and claims processing.

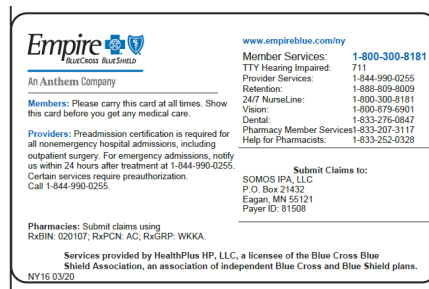
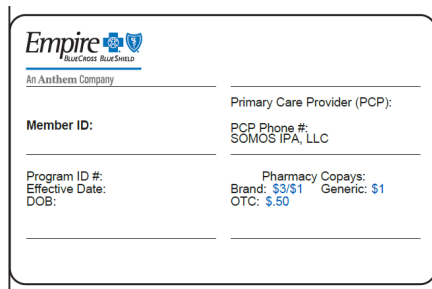
Prior authorization requests

Providers should contact SOMOS for prior authorizations at **1-844-990-0255**.

Medical management

To obtain authorization or to verify member eligibility, benefits and account information, please call the telephone numbers listed on the back of the member's ID card.

There are few different ID card layouts. Below is an example of one the ID cards. Other member's ID cards may vary slightly from example below.



Article Attachments

Claims processing

SOMOS encourages all claims to be submitted electronically using the below payer ID #s

SOMOS	81508
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Paper claims submitted should be submitted to the following:

Attn: SOMOS IPA, LLC
PO Box 21432
Eagan, MN 55121

Please note:

- SOMOS participating network** providers must follow the claims protocols established by SOMOS as referenced in the provider’s participating provider agreement with SOMOS IPA.
- Non-SOMOS participating network** providers must continue to submit claims directly to Empire so that we may process the claims in accordance with your Empire contract.

Credentialing process

IPA providers: SOMOS will handle all credentialing for its participating providers. This includes submission of any demographic changes or terminations.

Non-IPA providers: Providers who are not contracted with the IPA must continue to follow the Empire processes.

If you have any questions, please contact Empire’s Provider Services department at **1-844-990-0255**.

NYE-NU-0205-20 September 2020

Prior authorization requirements for E0482

Published: Oct 1, 2020 - **State & Federal** / Medicaid

Effective **November 1, 2020**, prior authorization (PA) requirements will change for E0482. The medical codes listed below will require PA by Empire BlueCross BlueShield HealthPlus. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following:

- E0482 — Cough stimulating device, alternating positive and negative airway pressure

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

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

Not all PA requirements are listed here. PA requirements are available to contracted providers by accessing the Provider Self-Service Tool at <https://www.availability.com> by visiting www.empireblue.com/nymedicaidoc > Login. Contracted and noncontracted providers who are unable to access Availability* may call Provider Services at **1-800-450-8753** for PA requirements.

* Availability, LLC is an independent company providing administrative support services on behalf of Empire BlueCross BlueShield HealthPlus.

NYE-NU-0243-20 August 2020

Asthma controller medications

Published: Oct 1, 2020 - **State & Federal** / Medicaid

Empire BlueCross BlueShield HealthPlus (Empire) is introducing a program to help ensure members are able to receive necessary asthma controller medications. When a controller inhaler is prescribed and denied at the pharmacy because it is not on our formulary, a pharmacist from Empire will contact the provider's office to provide formulary alternatives and prior authorization instructions if needed. The goal of this program is to ease the burden on providers in navigating formulary options, as well as to ensure members are able to access necessary medications to control their asthma.

NYE-NU-0250-20 August 2020

URL: <https://providernews.empireblue.com/article/asthma-controller-medications>

Patient360 enhancement for medical providers

Published: Oct 1, 2020 - **State & Federal** / Medicaid

Patient360 is a real-time dashboard you can access through the Availity Portal* that gives you a full 360° view of your Empire patients' health and treatment history and will help you facilitate care coordination. You can drill down to specific items in a patient's medical record to retrieve demographic information, care summaries, claims details, authorization details, pharmacy information and care management-related activities.

What's new: Medical providers now have the option to include feedback for Empire patients who have gaps in care. Your practice can locate these care gaps in the Active Alerts section on the Member Care Summary page of the Patient360 application.

Once you have completed all the required fields on the Availity Portal to access Patient360 you will land on the Member Summary page of the application. To provide feedback, select the **Clinical Rules Engine (CRE)** within the *Active Alerts* section. This will open the *Care Gap Alert Feedback Entry* window. You can choose the feedback menu option that applies to your patient's care gap.

Are you using Patient360 for the first time? You can easily access Patient360 on the Availity Portal.

First, you need to be assigned to a Patient360 role, which your Availity administrators can locate within the *Clinical Roles* options.

Once you have the Availity role assignment, navigate to Patient360 through the Availity Portal by selecting the application on Empire Payer Spaces or by choosing the Patient360 link located on the patient's benefits screen.

Do you need a job aid to help you get started?

The **Patient360 Navigation Overview** illustrates the steps to access Patient360 through the Availity Portal and offers instructions on how to provide feedback for your patients who are displaying a Care Gap Alert. This reference is available for you to access online through the **Custom Learning Center**.

From the Availity home page, select Payer Spaces > Empire payer tile > Applications > Custom Learning Center

- Select **Resources** from the menu located on the upper left corner of the page

(To use the catalog filter to narrow the results, select **Payer Spaces** from the **Category** menu.)

- Select **Download** to view and/or print the reference guide

NYE-NU-0238-20/ EBCCRNU-0127-20 August 2020
512477MUPENMUB

URL: <https://providernews.empireblue.com/article/patient360-enhancement-for-medical-providers-12>

Coding spotlight: providers guide to coding for behavioral health disorders

Published: Oct 1, 2020 - State & Federal / Medicaid

Behavioral health disorders are classified in Chapter 5 of the ICD-10-CM

Behavioral health disorders are commonly underreported on claims. Many Empire BlueCross BlueShield HealthPlus members may have behavioral health disorders that are not properly managed. Health care providers can assist by taking detailed histories and coding behavioral health issues properly on claims. Below are the ICD-10-CM coding guidelines for behavioral health conditions.

When documenting behavioral disorders, the following descriptors apply:

- **Type:** Depressive, manic, or bipolar disorder
- **Episode:** Single or recurrent
- **Status:** Partial or full remission; identify most recent episode as manic, depressed, or mixed
- **Severity:** Mild, moderate, severe, or with psychotic elements.

Schizophrenic related disorders

Schizophrenic related disorders are classified in category F20, with a fourth character indicating the type of schizophrenia as follows:

Code	Description
F20.0	Paranoid schizophrenia
F20.1	Disorganized schizophrenia
F20.2	Catatonic schizophrenia
F20.3	Undifferentiated schizophrenia
F20.5	Residual schizophrenia
F20.8	Other schizophrenia This subcategory is further subdivided as follows: <ul style="list-style-type: none">• F20.81 Schizophreniform disorder• F20.89 Other schizophrenia
F20.9	Schizophrenia, unspecified

Major depressive disorder (MDD)

Major depressive disorder (MDD) is classified in ICD-10-CM to categories:

- F32.- Major depressive disorder, single episode
- F33.- Major depressive disorder, recurrent.

Categories F32 and F33 are further subdivided with fourth characters, and sometimes fifth characters, to provide information about the current severity of the disorders, as follows:

- 0 Mild
- 1 Moderate
- 2 Severe, without psychotic features
- 3 Severe with psychotic features
- 4 In remission
- 5 In full remission
- 8 Other
- 9 Unspecified.

Fourth characters 1 through 8 are assigned only when provider documentation of severity is included in the medical record.

Manic episodes and bipolar disorders

The table below outlines the ICD-10-CM classification for bipolar disorders. Manic/mania also falls within this code category. The codes in these categories require fourth and/or fifth digits to identify the severity of the current episode and whether or not psychotic symptoms are involved.

Category	Description	
F30.-	Manic episode (includes bipolar disorder, single manic episode, and mixed affective episode)	Select appropriate fourth and fifth digits to identify the severity of the current episode to indicate whether psychotic symptoms are involved
F31.-	Bipolar disorder (includes manic-depressive illness, manic-depressive psychosis, and manic-depressive reaction)	Select appropriate fourth and fifth digits to specify the severity of the current episode and whether the current episode is hypomanic, manic, depressed or mixed, and with or without psychotic features.
F34.-	Persistent mood affective disorders (includes cyclothymic disorder and dysthymic disorder)	Includes, cyclothymic, dysthymic, and other specified mood disorders.
F39	Unspecified mood affective disorder (includes affective psychosis not otherwise specified)	Include affective psychosis when not otherwise specified

Anxiety disorders

Anxiety disorders are classified in ICD-10-CM under the following categories:

- F40 Phobic anxiety disorders
- F41 Other anxiety disorders
- F42 Obsessive-compulsive disorder.

Dissociative and conversion disorders

ICD-10-CM classifies dissociative and conversion disorders to category F44.

Dissociative disorders:

Code	Description
F44.0	Dissociative amnesia
F44.1	Dissociative fugue
F44.2	Dissociative stupor
F44.81	Dissociative identity disorder

Conversion disorders:

Code	Description
F44.4	Conversion disorder with motor symptom or deficit
F44.5	Conversion disorder with seizures or convulsions
F44.6	Conversion disorder with sensory symptom or deficit
F44.7	Conversion disorder with mixed symptom presentation

Behavioral syndromes associated with physiological disturbances and physical factors

Categories F50 through F59 grouping includes the following conditions:

Category/ code	Description
F50.0-	Eating disorders (such as anorexia nervosa and bulimia nervosa)
F51.-	Sleep disorders not due to a substance or known physiological condition
F52.-	Sexual dysfunction not due to a substance or known physiological condition
F53.-	Mental and behavioral disorders associated with the puerperium, not elsewhere classified
F54	Psychological and behavioral factors associated with disorders or diseases classified elsewhere
F55.-	Abuse of non-psychoactive substances
F59	Unspecified behavioral syndromes associated with physiological disturbances and physical factors

Disorders of adult personality and behavior

Categories F60 through F69 include disorders of adult personality and behavior:

Category code	Description
F60.0-	Specific personality disorders
F63.-	Impulse disorders
F64.-	Gender identity disorders
F65.-	Paraphilias
F66.-	Other sexual disorders
F68.-	Other disorders of adult personality and behavior

Psychosocial circumstances and encounters

ICD-10-CM provides codes for behaviors that have not yet been classified to behavioral disorders, but that may contribute to the need for further treatment or study. The table below shows some examples:

Code	Description
R41.0	Disorientation, unspecified
R41.82	Altered mental status, unspecified
R41.840	Attention and concentration deficit
R44.3	Hallucinations, unspecified
R45.83	Excessive crying of child, adolescent or adult
R45.84	Anhedonia
R45.86	Emotional lability
R45.87	Impulsiveness
R46.0	Very low level of personal hygiene
R46.2	Strange and inexplicable behavior
R46.81	Obsessive-compulsive behavior

For behavioral health disorders that resolve and do not require continued treatment, it is appropriate to report code Z86.59, *Personal history of other mental and behavioral disorders*.

Resources:

1. ICD-10-CM Expert for Physicians. The complete official code set. Optum360, LLC. 2019.
2. ICD-10-CM/PCS Coding. Theory and practice. 2019/2020 Edition. Elsevier.

URL: <https://providernews.empireblue.com/article/coding-spotlight-providers-guide-to-coding-for-behavioral-health-disorders-2>

Keep up with Medicaid news

Published: Oct 1, 2020 - **State & Federal** / Medicaid

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

- [Mail order pharmacy reminder](#)

URL: <https://providernews.empireblue.com/article/keep-up-with-medicaid-news-42>

Prior authorization requirements for the below codes (December 1, 2020)

Published: Oct 1, 2020 - **State & Federal** / Medicare

On December 1, 2020, Empire BlueCross BlueShield prior authorization (PA) requirements will change for codes below. Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions take precedence over these precertification rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

[See attached for a list of prior authorization requirements that will be added.](#)

Not all prior authorization requirements are listed here. Prior authorization requirements are available to contracted providers by accessing the Provider Self-Service Tool at www.availability.com at <https://www.empireblue.com/medicareprovider> > Login. Contracted and noncontracted providers who are unable to access Availability* may call the number on the back of the member's ID card.

EBSCRNU-0133-20 August 2020
512805MUPENMUB

Article Attachments

[PA_Dec 2020.pdf](#)
application/pdf - 115.58
KB

URL: <https://providernews.empireblue.com/article/prior-authorization-requirements-for-the-below-codes-december-1-2020>

Prior authorization requirements for the below codes (January 1, 2021)

Published: Oct 1, 2020 - **State & Federal** / Medicare

On **January 1, 2021**, Empire BlueCross BlueShield prior authorization (PA) requirements changed for codes below. Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions take precedence over these precertification rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

Article Attachments

[PA_Jan 2021.pdf](#)
application/pdf - 492.51
KB

See [attached for a list of prior authorization requirements](#) that will be added.

Not all prior authorization requirements are listed here. Prior authorization requirements are available to contracted providers by accessing the Provider Self-Service Tool at www.availity.com at <https://www.empireblue.com/medicareprovider> > Login. Contracted and non-contracted providers who are unable to access Availity* may call the number on the back of the member's ID card.

EBSCRNU-0131-20 August 2020
512499MUPENMUB

URL: <https://providernews.empireblue.com/article/prior-authorization-requirements-for-the-below-codes-january-1-2021>

Patient360 enhancement for medical providers

Published: Oct 1, 2020 - **State & Federal** / Medicare

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1. Select **Resources** from the menu located on the upper left corner of the page

(To use the catalog filter to narrow the results, select **Payer Spaces** from the **Category** menu.)

1. Select **Download** to view and/or print the reference guide

NYE-NU-0238-20 August 2020
512477MUPENMUB

URL: <https://providernews.empireblue.com/article/patient360-enhancement-for-medical-providers-13>

Social determinants of health support expanding with GroundGame Health

Published: Oct 1, 2020 - **State & Federal** / Medicare

Effective October 1, 2020, Empire BlueCross BlueShield (Empire) will integrate community health workers (CHWs) used by GroundGame Health (GGH)* into our current care management program. Referrals into the program are completed via provider direct referrals or ad hoc referrals from the Empire Case Management team. Provider direct referrals will include members with the following situations:

- Identified social determinants of health needs including, but not limited to:
 - Living environment
 - Transportation
 - Food insecurity issues
 - Financial issues
 - Social isolation, etc.
- Hospital readmissions
- A readmission risk score of more than 24

GGH provides an extra layer of support by using CHWs as an extension of care management to help members navigate the complex health care system. PCHP makes an initial outreach to identified members to determine the appropriate level of services a member may need, but they do not provide any clinical services, replace case management from Empire, or replace the care and care management provided by PCPs and specialists. Note: There is no requirement that members participate in this program, and members have the opportunity to opt out of the program as they choose.

A GGH CHW may reach out to your practice to introduce themselves and establish a relationship with the physician(s) at your practice based on referrals received. CHWs may also discuss developing a mechanism by which to share information regarding patients who have been identified for complex care services.

The CHW may also broaden the impact of case management by focusing on action plan developments in various ways, such as helping members fill prescriptions, scheduling appointments and arranging rides to the doctor. CHWs can even accompany members to appointments when appropriate and provide connections to meal delivery services that may be available to them.

To learn more about GGH, please visit <https://groundgamehealth.org>. If you have questions regarding GGH, CHWs and complex care services, please call **1-866-739-6323** or email physicianreferral@preferredchp.com.

EBSCARE-0416-20 August 2020
512479MUPENMUB

URL: <https://providernews.empireblue.com/article/social-determinants-of-health-support-expanding-with-groundgame-health-2>

Evaluation and management services correct coding

Published: Oct 1, 2020 - **State & Federal** / Medicare

Empire BlueCross BlueShield (Empire) continues to be dedicated to delivering access to quality care for our members, providing higher value to our customers and helping improve the health of our communities. In an ongoing effort to promote accurate claims processing and payment, Empire is taking additional steps to assess selected claims for evaluation and management (E/M) services submitted by professional providers. Beginning on December 1,

2020, we will be using an analytic solution to facilitate a review of whether coding on these claims is aligned with national industry coding standards.

Providers should report E/M services in accordance with the American Medical Association (AMA) CPT[®] manual and CMS guidelines for billing E/M service codes: *Documentation Guidelines for Evaluation and Management*. The appropriate level of service is based primarily on the documented medical history, examination and medical decision-making. Counseling, coordination of care, the nature of the presenting problem and face-to-face time are considered contributing factors. The coded service should reflect and not exceed that needed to manage the member's condition(s).

Claims will be selected from providers who are identified as coding at a higher E/M level as compared to their peers with similar risk-adjusted members. Prior to payment, Empire may review E/M claims to determine, in accordance with correct coding requirements and/or reimbursement policy as applicable, whether the E/M code level submitted is higher than the E/M code level supported on the claim. If the E/M code level submitted is higher than the E/M code level supported on the claim, Empire reserves the right to:

- Deny the claim and request resubmission of the claim with the appropriate E/M level;
- Pend the claim and request documentation supporting the E/M level billed; and/or
- Adjust reimbursement to reflect the lower E/M level supported by the claim.

The maximum level of service for E/M codes will be based on the complexity of the medical decision-making, and reimbursed at the supported E/M code level and fee schedule rate.

This initiative will not impact every level four or five E/M claim. Providers whose coding patterns improve and are no longer identified as an outlier are eligible to be removed from the program.

Providers that believe their medical record documentation supports reimbursement for the originally submitted level for the E/M service will be able to follow the dispute resolution process (including submission of such documentation with the dispute).

If you have questions regarding this program, contact your contract manager or Network Relations.

EBSCRNU-0127-20 August 2020
512766MUPENMUB

Provider transparency update

Published: Oct 1, 2020 - **State & Federal** / Medicare

A key goal in our provider transparency initiative is to improve quality while managing health care costs. One of the ways we do that is by offering value-based programs including Freestanding Patient Centered Care (FPCC), Medicare Advantage Enhanced Personal Health Care Essentials and so on (known as the Programs).

Value-based program providers (also known as payment innovation providers) in our programs receive quality, utilization and/or cost data, reports, and information about the health care providers (referral providers) to whom the providers may refer their Empire BlueCross BlueShield (Empire) patients. If a referral provider is higher quality and/or lower cost, this component of the Programs should result in the provider receiving more referrals from value-based program providers. The converse should be true if referral providers are lower quality and/or higher cost.

Providing this type of data to value-based program providers (including comparative cost information) helps them make more informed decisions about managing health care costs, maintain/improve quality of care and succeed under the terms of the Programs.

Additionally, employers and group health plans (or their representative/vendors) may also be given data about value-based program providers or referral providers to better understand how their health care dollars are being spent and how their health benefits plans are being administered. This will give them the opportunity to educate their employees and plan members about the benefits of using higher quality and/or lower cost health care providers.

Upon request, Empire will share the data used to make these quality/cost/utilization evaluations and will discuss it with referral providers, including any opportunities for improvement.

If you have questions or need support, contact your local Market Representative or Care Consultant.

EBSCRNU-0132-20 August 2020
512772MUPENMUB

URL: <https://providernews.empireblue.com/article/provider-transparency-update-31>

Medical drug benefit Clinical Criteria updates

Published: Oct 1, 2020 - **State & Federal** / Medicare

On February 21, 2020, May 15, 2020, and June 18, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the **medical drug benefit** for Empire BlueCross BlueShield. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the provider websites, and the effective dates will be reflected in the ***Clinical Criteria Web Posting June 2020***. Visit [Clinical Criteria](#) to search for specific policies.

If you have questions or would like additional information, use this [email](#).

EBSCRNU-0134-20 August 2020
512909MUPENMUB

URL: <https://providernews.empireblue.com/article/medical-drug-benefit-clinical-criteria-updates-62>

Keep up with Medicare news

Published: Oct 1, 2020 - **State & Federal** / Medicare

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

- [Medical Policies and Clinical Utilization Management Guidelines update](#)

URL: <https://providernews.empireblue.com/article/keep-up-with-medicare-news-160>
