



An Anthem Company

# New York Provider News

September 2021 Newsletter

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## Register now for our September CME webinars!

Published: Sep 1, 2021 - Administrative



Article Attachments

Join us in a Continuing Medical Education (CME) webinar series as we share practices and success stories to overcoming barriers in achieving clinical quality goals, attaining better patient outcomes and improving STARs ratings.

### Program objectives:

- Learn strategies to help you and your healthcare team improve your performance across a range of clinical areas.
- Apply the knowledge you gain from the webinars to improve your organization's quality and STARs ratings.

*Attendees will receive one CME credit upon completion of a program evaluation at the conclusion of each webinar.*

**REGISTER HERE** for our upcoming clinical quality webinars!

1301-0921-PN-NY

**URL:** <https://providernews.empireblue.com/article/register-now-for-our-september-cme-webinars>

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## Statin therapy for patients with diabetes

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Adults 40–75 years of age with diabetes, who do or do not have clinical atherosclerotic

cardiovascular disease (ASCVD), should be started on a statin for primary and secondary prevention of ASCVD regardless of lipid status.<sup>1</sup>

Studies show that statin use reduces comorbidities and mortality from heart disease and non-adherence to statins may increase cardiovascular events and even death.<sup>2</sup>

Clinicians play a powerful role in ensuring their patients are adherent to their statin therapies. In fact, 90% of patients can be successfully adherent to statin therapy with a personalized approach.

We created [this video](#) to offer clinicians best practices in helping their patients remain adherent to their statin therapies.

**The following 7 strategies can help increase adherence to statin therapy in your patients:**

1. Initiate statin therapy for patients with diabetes or clinical ASCVD as appropriate
  - For diabetics without ASCVD, use MODERATE INTENSITY statin for primary prevention.<sup>2</sup>
  - For diabetics with ASCVD, use HIGH INTENSITY statin for secondary prevention.<sup>1</sup>
  - Low Intensity statins are not recommended unless unable to tolerate moderate or high intensity.<sup>4</sup>

| <b>Medications</b>   |   |
|--|---|
| One of the following medications must have been dispensed to satisfy the SUPD measure. |   |
| <b>Drug Category</b>   | <b>Medications</b>  |
| <b>Statin medication</b>   | <ul style="list-style-type: none"> <li>· Lovastatin</li> <li>· Fluvastatin</li> <li>· Pravastatin</li> <li>· Simvastatin</li> <li>· Rosuvastatin</li> <li>· Atorvastatin</li> <li>· Pitavastatin</li> </ul>   |
| <b>Statin combination products</b>   | <ul style="list-style-type: none"> <li>· Atorvastatin / amlodipine</li> <li>· Atorvastatin / ezetimibe</li> <li>· Lovastatin / niacin</li> <li>· Simvastatin / ezetimibe</li> <li>· Simvastatin / niacin</li> <li>· Simvastatin / sitagliptin</li> </ul>                        |
| <b>Timeframe</b>   | <b>Standard exclusion(s)</b>  |
| Any time during the measurement year   | <ul style="list-style-type: none"> <li>· End-stage renal disease</li> <li>· Hospice</li> <li>· Rhabdomyolysis or myopathy</li> <li>· Pregnancy, lactation, or fertility</li> <li>· Liver disease</li> <li>· Pre-diabetes</li> <li>· Polycystic ovary syndrome (PCOS)</li> </ul> |

1. If a statin is not suitable for a patient, document exclusion criteria with the appropriate ICD-10 code
2. Educate patients about the long-term cardiovascular benefits of statin therapy and potential side effects
3. Try a lower dose, different statin, or consider intermittent statin therapy if there were previous statin-associated side effects

| Intensity and Dose of Statin Therapy                      |   |  |
|---|---|--|
| High Intensity  | Moderate Intensity  | Low Intensity  |
| Daily dose lowers LDL-C on average by $\approx \geq 50\%$ | Daily dose lowers LDL-C on average by $\approx 30\%$ to $< 50\%$  | Daily dose lowers LDL-C on average by $< 30\%$   |
| Atorvastatin 40-80 mg<br>Rosuvastatin 20-40 mg            | Atorvastatin 10-20 mg<br>Rosuvastatin 5-10 mg<br>Simvastatin 20-40 mg<br>Pravastatin 40-80 mg<br>Lovastatin 40 mg<br>Fluvastatin XL 80 mg<br>Fluvastatin 40 mg bid<br>Pitavastatin 2-4 mg | Simvastatin 10 mg<br>Pravastatin 10-20 mg<br>Lovastatin 20 mg<br>Fluvastatin 20-40 mg<br>Pitavastatin 1 mg |

1. Inform patients that a significant number of generic statin medications are available for \$0 for a 90-day supply on most plans
2. Encourage patients to use their plan ID card to fill statin medications
3. Watch [this video](#) to learn best practices on helping improve statin therapy adherence and your organization's overall quality and STARS performance.

References:

<sup>1</sup> 2013 ACC/AHA Prevention Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults, A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2014;129:S1-S45, June 24, 2014. <https://www.ahajournals.org/doi/pdf/10.1161/01.cir.0000437738.63853.7a>

<sup>2</sup> American College of Cardiology, The New 2017 American Diabetes Statement on Standards of Medical Care in Diabetes: Reducing Cardiovascular Risk in Patients with Diabetes, May 22, 2017. <https://www.acc.org/latest-in-cardiology/articles/2017/05/22/11/00/new-2017-american-diabetes-statement-on-standards-of-medical-care-in-diabetes>

<sup>3</sup> CMS, 2019 Medicare-Medicaid Plan Performance Data Technical Notes. <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MMPPerformanceDataTechNotes.pdf>

<sup>4</sup> Cochrane Database Syst Rev. 2013:CD004816

1304-0921-PN-NY

URL: <https://providernews.empireblue.com/article/statin-therapy-for-patients-with-diabetes>

## 6 SIMPLE strategies to help increase medication adherence

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Did you know the cost impact of medication non-adherence is \$528 billion from non-optimized medication therapy?<sup>1</sup> That's equivalent to 16% of U.S. total health expenditures and contributes to 275,689 deaths per year.<sup>2</sup>

As a healthcare provider, you can motivate your patients to adhere to their medication regimens, which can contribute to improved outcomes and increased STARS performance.

We developed [this video](#) to offer best practices in boosting medication adherence among your patient population.

Use the 6 SIMPLE strategies below to help improve medication adherence among your patient population.

### S - Simplify the regimen

- Limit the # of doses and frequency
- Encourage adherence aids such as a pill box
- Utilize generic prescriptions if clinically appropriate
- Implement real-time pharmacy benefit to understand patient cost-share at the point of care

### I - Impart knowledge

- Assess patient's knowledge of medication regimen
- Provide clear medication instructions (written and verbal)
- Patient-provider shared decision-making

### M - Modify patient beliefs and behavior

- Ask open ended questions about impact of not taking medications
- Empower patients to self-manage their condition

### P - Provide communication and trust

- Provide emotional support
- Allow adequate time for the patient to ask question

## L - Leave the bias

- Understand patient's health literacy and how it affects outcomes
- Develop a patient-centered communication styles

## E - Evaluate Adherence

- Utilize motivational interviewing to confirm adherence
- Review pharmacy refill records, Rx bottles, lab testing
- Identify barriers to adherence
- Determine interventions and follow-up
- When appropriate, prescribe 90 day fills for chronic conditions

Watch [this video](#) to learn more best practices on helping improve medication adherence and your organization's overall quality and STARS performance.

### References:

<sup>1</sup> Lloyd J et al. How much does medication nonadherence cost the Medicare fee-for-service program? Med Care. 2019;00:1-7.

<sup>2</sup> Watannabe JE et al. Cost of prescription drug-related morbidity and mortality. Ann Pharmacother. 2018;52(9):829-837. DOI: 10.1177/1060028018765159

1305-0921-PN-NL

URL: <https://providernews.empireblue.com/article/6-simple-strategies-to-help-increase-medication-adherence>

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## Cure for the common cold: rest, fluids and this free prescription pad

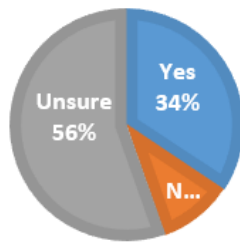
Published: Sep 1, 2021 - **Administrative**

A mother has a sick child and like all good mothers, wants comfort and care. And a prescription for antibiotics. BMJ Journals published a study that rated how many patients with upper respiratory infections (URI) prior to consultation with their physician expected a prescription for antibiotics:

Evidence-based data does not support the use of antibiotics in the treatment of the common cold because they do not improve symptoms or shorten the course of the illness. Instead of putting away the prescription pad, [use this one](#).



## EXPECTING ANTIBIOTICS PRECONSULTATION



Offered by the CDC's *Be Antibiotics Aware* campaign, the "Relief for common symptoms of colds and cough" prescription pad provides an alternative to unnecessary antibiotics. Get it through the CDC website [here](#).

## Relief for Common Symptoms of Colds and Cough



### GENERAL INSTRUCTIONS

- Drink extra water and fluids.
- Use a cool mist vaporizer or saline nasal spray to relieve congestion.
- For sore throats, suck on ice chips, popsicles, or lozenges. (Do not give lozenges to children younger than two years old.)
- Use honey to relieve cough for adults and children at least 12 months old or older.
- Other:

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### SPECIFIC MEDICINES

Fever or aches:

Ear pain:

Sore throat:

Nasal congestion:

Cough/chest congestion:

Use medicines according to the package instructions or as directed by your doctor or pharmacist. Stop the medication when the symptoms get better.

### FOR CHILDREN YOUNGER THAN 4 YEARS OLD

Do not use over-the-counter cough and cold medicine in children younger than 4 years old unless directed by your doctor. Overuse and misuse of these medicines can result in serious and potentially life-threatening side effects.

**To relieve a stuffy nose, parents can use:**

- A rubber suction bulb
- Nose saline drops
- A clean humidifier
- A cool mist vaporizer

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**Call your doctor if the illness has not improved in a few days or if symptoms are severe or unusual.**

To learn more about antibiotic prescribing and use, visit [www.cdc.gov/antibiotic-use](http://www.cdc.gov/antibiotic-use) or call 1-800-CDC-INFO.



## Measure up: HEDIS® guidelines for URI/Pharyngitis

URI measures the percentage of episodes for members 3 months of age and older with a URI diagnosis that did not result in an antibiotic dispensing event.

**Appropriate Testing for Pharyngitis (CWP)** evaluates members 3 years of age and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

### Records and Billing Codes

URI: In the patient's medical records, document results of all strep tests or refusal for testing. If antibiotics are prescribed for another condition, take care to associate the antibiotic with the appropriate diagnosis.

| Description        | CPT/HCPCS/ICD-10  |
|--------------------|---|
| Pharyngitis        | ICD10CM: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91                            |
| URI                | ICD10CM: J00, J06.0, J06.9  |
| Online assessments | CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457<br>HCPCS: G0071, G2010, G2012, G2061, G2062, G2063 |
| Telephone visits   | CPT: 98966, 98967, 98968, 99441, 99422, 99423   |

CWP: In the patient's medical records, document results of all strep tests or refusal for testing. If antibiotics are prescribed for another condition, take care to associate the antibiotic with the appropriate diagnosis.

| Description                 | CPT/HCPCS/ICD-10   |
|-----------------------------|--|
| Pharyngitis                 | ICD10CM: J02.0, J02.8, J02.9, J03.00, J03.01, J03.02, J03.81, J03.90, J03.91   |
| Group A streptococcal tests | CPT: 87070, 87071, 87081, 87430, 87650-87652<br>LOINC: 11268-0, 17656-8, 17898-8, 18481-2, 31971-5, 49610-9, 5036-9, 60626-2, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2 |
| Online assessments          | CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457<br>HCPCS: G0071, G0072, G2012, G2061, G2062, G2063  |
| Telephone visits            | CPT: 98966, 98967, 98968, 99441, 99422, 99423  |

Article Attachments

1 BMJ Journals. Medical management of acute upper respiratory infections in an urban primary care out of hours facility: cross-sectional study of patient presentation and expectations. <https://bmjopen.bmj.com/content/9/2/e025396>

2 NCBI. Upper Respiratory Tract Infection. <https://www.ncbi.nlm.nih.gov/books/NBK532961/>

1306-0921-PN-NY

URL: <https://providernews.empireblue.com/article/cure-for-the-common-cold-rest-fluids-and-this-free-prescription-pad>

## National Accounts 2022 Pre-certification list

Published: Sep 1, 2021 - Administrative

The [National Accounts 2022 Pre-certification list](#) has been published. Please note, providers should continue to verify member eligibility and benefits prior to rendering services.

1291-0921-PN-NY

URL: <https://providernews.empireblue.com/article/national-accounts-2022-pre-certification-list-1>

## HEDIS® medical record submission made easier with our Remote EMR Access Service

Published: Sep 1, 2021 - Administrative

Instead of faxing multiple pages of medical records for HEDIS® studies, use Empire BlueCross BlueShield's ("Empire") Remote EMR Access Service we offer to providers that allows us to access your EMR system directly to pull the documentation we need. Our Remote EMR Access Service helps reduce the time and costs associated with medical record retrieval while improving efficiency and lessening the impact on your office staff.

We have a centralized EMR team experienced with multiple EMR systems and extensively trained annually on HIPAA, EMR systems, and HEDIS® measure updates. We complete medical record retrieval based on minimum necessary guidelines:

- We only access medical records of members pulled into the HEDIS® sample using specific demographic data.
- We only retrieve the medical records that have evidence related to the HEDIS® measures.
- We only view face sheets when there are demographic discrepancies.
- We exclude data related to hospice, long-term care, inpatient, and palliative care.

**Let us help you! Getting started with Remote EMR Access is just one click away.**

[Download and complete this registration form](#) and email it to us at [Centralized\\_EMR\\_Team@anthem.com](mailto:Centralized_EMR_Team@anthem.com).

**To learn more about our Remote EMR Access Service, view the Frequently Asked Questions below.**

**1. How do you retrieve our medical records?**

2. We access your EMR using a secure portal and retrieve only the necessary documentation by printing to an electronic file we store internally, on our secure network drives.

**1. Is printing necessary?**

2. Yes. The NCQA audit requires print-to-file access.

**1. Is this process secure?**

2. Yes. We only use secure internal resources to access your EMR systems. All retrieved records are stored on Empire secure network drives.

**1. Why does Empire need full access to the entire medical record?**

2. There are several reasons we need to look at the entire medical record of a member:

- HEDIS® measures can include up to a 10-year look back at a member's information.
- Medical record data for HEDIS® compliance may come from several different areas of the EMR system, including labs, radiology, surgeries, inpatient stays, outpatient visits, and case management.
- Compliant data may be documented or housed in a non-standard format, such as an in-office lab slip scanned into miscellaneous documents

**1. What information do I need to submit to use your Remote EMR Access Service?**

2. Complete the registration form that requests the following information:

- Practice/facility demographic information (e.g., address, National Provider ID, taxpayer identification numbers, etc.)
- EMR system information (e.g., type of EMR system, required access forms, access type – web based or VPN-to-VPN connection, special requirements needed for access, etc.)
- List of current providers/locations or a website for accessing this list. Also, if applicable, a list of providers affiliated with the group that are not in the EMR System.

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

1313-0921-PN-NY

#### Article Attachments

[Remote EMR  
Access Service  
Registration  
Form\\_NY.pdf](#)  
application/pdf - 100.15  
KB

**URL:** <https://providernews.empireblue.com/article/hedis-medical-record-submission-made-easier-with-our-remote-emr-access-service>

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## Get your payments faster when you sign up for electronic funds transfer

Published: Sep 1, 2021 - **Administrative** / Digital Tools

Effective **November 1, 2021**, EnrollSafe will replace CAQH Enrollhub as the electronic funds transfer (EFT) enrollment portal for Empire BlueCross BlueShield (“Empire”) providers. As of November 1, 2021, CAQH Enrollhub will no longer offer EFT enrollment to new users.

When you sign up for EFT through EnrollSafe, the new enrollment portal, you’ll receive your payments up to seven days sooner than through the paper check method. Not only is receiving your payment more convenient, so is signing up for EFT. What’s more, it’s easier to reconcile your direct deposits.

### **EnrollSafe is safe, secure and available 24-hours a day.**

Beginning November 1, 2021, log onto the EnrollSafe enrollment hub at [enrollsafe.payeehub.org](https://enrollsafe.payeehub.org) to enroll in EFT. You’ll be directed through the EnrollSafe secure portal to the enrollment page, where you’ll provide the required information to receive direct payment deposits.

### **Already enrolled in EFT through CAQH Enrollhub?**

If you’re already enrolled in EFT through CAQH Enrollhub, no action is needed unless making changes. Your EFT enrollment information will not change as a result of the new enrollment hub.

If you have changes to make, after October 31, 2021, use EnrollSafe to update your account.

### **Electronic remittance advice (ERA) makes reconciling your EFT payment easy and paper-free.**

Now that you are enrolled in EFT, using the digital ERA is the very best way to reconcile your deposits – securely and safely. You'll be issued a trace number with your EFT deposit that matches up with your ERA on Availity.

ERAs can be retrieved directly from Availity. Log onto Availity and select **Claims and Payments > Send and Receive EDI Files > Received Files** folder. When using a clearinghouse or billing service, they will supply the 835 ERA for you. You also have the option to view or download a copy of the **Remittance Advice** under **Payer Spaces > Remittance Inquiry tool**.

1294-0921-PN-NY

**URL:** <https://providernews.empireblue.com/article/get-your-payments-faster-when-you-sign-up-for-electronic-funds-transfer>

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## **Updates for specialty pharmacy are available - September 2021**

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

### ***Material adverse change (MAC) notification***

#### **Prior authorization updates**

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

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

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



| Clinical Criteria | HCPCS or CPT Code(s) | Drug      |
|-------------------|----------------------|-----------|
| **ING-CC-0201     | J9999                | Rybrevant |

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

\*\* Oncology use is managed by AIM.

### Quantity limit updates

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

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

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

| Clinical Criteria | HCPCS or CPT Code(s) | Drug    |
|-------------------|----------------------|---------|
| *ING-CC-0050      | J3490, J3590         | Skyrizi |
| *ING-CC-0075      | Q5123                | Riabni  |

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

\*\* Oncology use is managed by AIM.

1295-0921-PN-NY

**URL:** <https://providernews.empireblue.com/article/updates-for-specialty-pharmacy-are-available-september-2021>

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## Clinical Criteria updates for specialty pharmacy

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

### ***Material adverse change (MAC) notification***

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

The following Clinical Criteria documents were endorsed at the June 24, 2021 Clinical Criteria meeting. To access the clinical criteria information please click [here](#).

### **New Clinical Criteria effective June 30, 2021**

The following clinical criteria is new.

- ING-CC-0201 Rybrevant (amivantamab-ymjw)

### **Revised Clinical Criteria effective June 30, 2021**

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

- ING-CC-0124 Keytruda (pembrolizumab)
- ING-CC-0125 Opdivo (nivolumab)

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

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

- ING-CC-0042 Monoclonal Antibodies to Interleukin-17
- ING-CC-0067 Prostacyclin Infusion and Inhalation Therapy
- ING-CC-0077 Palynziq (pegvaliase-pqpz)

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

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

- ING-CC-0031 Intravitreal Corticosteroid Implants
- ING-CC-0050 Monoclonal Antibodies to Interleukin-23
- ING-CC-0051 Enzyme Replacement Therapy for Gaucher Disease
- ING-CC-0076 Nulojix (belatacept)
- ING-CC-0136 Drug Dosage, Frequency, and Route of Administration
- ING-CC-0141 Off-Label Drug and Approved Orphan Drug Use
- ING-CC-0174 Kesimpta (ofatumumab)
- ING-CC-0182 Agents for Iron Deficiency Anemia

### **Revised Clinical Criteria effective August 23, 2021**

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

- ING-CC-0182 Agents for Iron Deficiency Anemia

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

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

- ING-CC-0077 Palynziq (pegvaliase-pqpz)

1302-0921-PN-NY

**URL:** <https://providernews.empireblue.com/article/clinical-criteria-updates-for-specialty-pharmacy-61>

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## **Reimbursement policy update: Sexually Transmitted Infections Testing (Professional)**

Published: Sep 1, 2021 - [Policy Updates](#) / [Reimbursement Policies](#)

### ***Material adverse change (MAC) notification***

Beginning with dates of service on or after December 1, 2021, Empire BlueCross BlueShield (“Empire”) will implement a new reimbursement policy titled Sexually Transmitted Infections Testing. Empire considers Sexually Transmitted Infection (STI) testing CPT® codes 87491, 87591, and 87661 to be part of a laboratory panel grouping. When two or more of single test laboratory procedure codes are reported on a claim by the same provider on the same date of service, the codes will be bundled into the comprehensive laboratory procedure code 87801. Empire will reimburse the more comprehensive, multiple organism CPT ®code 87801 when two or more single tests are billed separately by the same provider on the same date of service. Reimbursement will be made based on a single unit of CPT® code 87801 regardless of the units billed for a single code. The provider is required to bill for the applicable single STI CPT codes as rendered and the comprehensive CPT code will be reimbursed. Modifiers will not override this edit.

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

1307-0921-PN-NY

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

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## Reimbursement policy update: Drug Screen Testing (Professional)

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

### ***Material adverse change (MAC) notification***

Beginning with dates of service on or after December 1, 2021, Empire BlueCross BlueShield (“Empire”) will update the policy to indicate that separate reimbursement is not allowed for specimen validity testing when utilized for drug screening because it is included in the CPT and HCPCS code descriptions for presumptive and definitive drug testing. Modifiers will not override this edit; therefore, we have included this information in our Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU) reimbursement policy.

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

1309-0921-PN-NY

URL: <https://providernews.empireblue.com/article/reimbursement-policy-update-drug-screen-testing-professional-2>

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## Reimbursement policy reminder Professional Anesthesia Services (Professional)

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

As a reminder, anesthesia modifiers must be appended to the applicable procedure code to indicate the specific anesthesia service or to indicate who performed the service. Modifiers identifying who performed the anesthesia service must be billed in the primary modifier field to receive appropriate reimbursement.

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

1310-0921-PN-NY

URL: <https://providernews.empireblue.com/article/reimbursement-policy-reminder-professional-anesthesia-services-professional>

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## Federal Employee Program® AIM Radiology prior authorization review transition delayed until November

Published: Sep 1, 2021 - **State & Federal** / Federal Employee Plan (FEP)

In the [July 2021 edition of \*Provider News\*](#), Empire BlueCross BlueShield (“Empire”) announced that the Blue Cross and Blue Shield Service Benefit Plan (also called Federal Employee Program or FEP) will transition all reviews of diagnostic imaging services to AIM Specialty Health® (AIM) beginning October 1, 2021. In this edition, we are sharing that the effective date of this transition has changed to **November 1, 2021**. **These services will require prior authorization to determine medical necessity prior to rendering the service Empire federal employee members.**

Your practice can benefit from participation in several ways, including:

- Improving the clinical appropriateness of imaging services through the application of evidence-based guidelines in an efficient and effective review process. Empire Federal Employee Program (FEP) will be utilizing the FEP Medical Policy to review for medical necessity. In the absence of a controlling FEP Medical Policy, medical necessity determinations will be made using Empire Medical Policy, and/or AIM Clinical Guidelines.
- Maximizing a health plan's network value through a wide range of solutions including provider assessment tools, cost and quality transparency and reporting.
- Engaging consumers in understanding the range of choices they have in selecting imaging providers and increasing their ability to make informed decisions.

For services that are scheduled to begin on or after November 1, 2021, all providers must contact AIM to obtain pre-service review for the following non-emergency modalities:

- Nuclear imaging, including myocardial perfusion imaging, cardiac blood pool imaging, infarct imaging and Positron Emission Tomography (PET) myocardial imaging
- Computed Tomography (CT), including CT angiography, derived fractional flow reserve, structural CT and quantitative evaluation of coronary calcification
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)
- Magnetic Resonance Spectroscopy (MRS)
- Functional MRI (fMRI)
- Stress Echocardiography (SE)
- Resting Echocardiography (TTE)
- Transesophageal Echocardiography (TEE)

### **How to Submit a Request for Review:**

In the July 2021 edition of *Provider News*, it was also announced that providers could begin submitting requests for review on September 20, 2021. We are sharing that this date has now changed. Starting **October 18, 2021**, providers can begin submitting requests for review with dates of service on or after November 1, 2021, or can verify order numbers using one of the following methods as a registered AIM portal provider:

*How to register online:* The [AIM ProviderPortal<sup>SM</sup>](#) is available 24/7, fully interactive, and

processes requests in real-time using clinical criteria. To register, go to <https://aimspecialtyhealth.com/providerportal/>. Registration opens October 18, 2021.

*How to register by phone:* Call AIM Specialty Health toll-free at 866-789-0397, Monday through Friday between 7:00 a.m. to 7:00 p.m. CT.

**For more information about the Radiology Program and to help your practice get started** go to: <http://www.aimprovider.com/radiology>. This website can also help you learn more about provider access to useful information and tools such as order entry checklists and clinical guidelines.

Empire Federal Employee Program values your participation in our network, as well as the services you provide. We look forward to working with you to help improve the health of our members.

1321-0921-PN-NY

**URL:** <https://providernews.empireblue.com/article/federal-employee-program-aim-radiology-prior-authorization-review-transition-delayed-until-november>

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## Keep up with Medicaid news - September 2021

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

- [Clinical Criteria Updates Notification May 2021](#)
- [Iron Infusion Step Therapy](#)
- [Iron Infusion Prior Authorization Update](#)

## City of New York Offers NYC Medicare Advantage Plus Medicare Advantage Option

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

The City of New York has awarded their group retiree business to the Retiree Health Alliance, an alliance between Empire BlueCross BlueShield (Empire) and EmblemHealth. Effective January 1, 2022, approximately 240,000 Medicare eligible City of New York retirees will transition to Retiree Health Alliance's NYC Medicare Advantage Plus plan. The NYC Medicare Advantage Plus plan is a Medicare Advantage PPO plan that allows retirees to receive services from both in-network and out-of-network providers. Out-of-network providers must be eligible to receive Medicare payments to provide care to NYC retirees. Under this new plan, City of New York retirees will have no difference in cost share for both in-network and out-of-network services. NYC Medicare Advantage Plus offers the same hospital and medical benefits Medicare covers as well as additional benefits Medicare does not provide such as an annual routine physical exam, hearing, health and fitness tracker, LiveHealth Online\* and SilverSneakers.\*

Currently, City of New York retirees' claims are processed by Medicare as primary and then by Empire for facility services and EmblemHealth for professional services as supplemental coverage under the GHI/Empire Senior Care plan.

As of January 1, 2022, the network arrangement for the NYC Medicare Advantage Plus plan will be as follows:

- EmblemHealth participating professional providers including chiropractors, occupational therapists, physical therapists, and speech therapists
- Empire participating facilities and behavioral health facilities and professional providers
- Empire and EmblemHealth Network arrangement is applicable in New York, Bronx, Kings, Queens, Richmond, Nassau, Suffolk, Westchester, Orange, Rockland, Putnam, Dutchess and Sullivan counties
- BlueCross and BlueShield Medicare Advantage PPO professional and facility providers outside of the counties listed above will be considered participating NYC Medicare



Advantage Plus members have access to Medicare Advantage PPO providers contracted with Blue Cross Blue Shield Association plans across the nation. Member ID cards will also display the Medicare Advantage PPO suitcase logo.

Beginning January 1, 2022, under the NYC Medicare Advantage Plus plan, providers will change billing processes as follows:

- Providers will submit all claims (facility, professional and ancillary) to Empire and Empire BlueCross or local Blue plan depending on the service location
- Providers will not transmit any claims to Original Medicare or EmblemHealth
- Claims can be submitted electronically utilizing existing payer ID's already established for Empire and Empire BlueCross or paper submission (*UB-04* or *CMS-1500* form) to your local Blue plan

Additional information regarding the NYC Medicare Advantage Plus plan will be made available during focused provider webinar offerings during the months of November and December. Please have key staff register for one or more of the sessions once they are announced via Empire's Provider Newsletter. You will be given an opportunity to have questions addressed during each live session.

\* LiveHealth Online is the trade name of Health Management Corporation, an independent company, providing telehealth services on behalf of Empire BlueCross BlueShield.

\* Tivity Health, Inc. is an independent company providing the SilverSneakers fitness program on behalf of Empire BlueCross BlueShield.

EBSCRNU-0191-21 August 2021

**URL:** <https://providernews.empireblue.com/article/city-of-new-york-offers-nyc-medicare-advantage-plus-medicare-advantage-option>

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## **Reimbursement Policy Update: DRG Inpatient Facility Transfers (Effective 11/30/21)**

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

Effective 11/30/21, Empire BlueCross BlueShield claims for members who leave against medical advice and are admitted to another acute care facility on the same day are considered transfers and will follow the criteria detailed in the policy.

For additional information, please review the DRG Inpatient Facility Transfers reimbursement policy at <https://www.empireblue.com/provider/policies/reimbursement/> under the **Facilities** dropdown.

EBSCRNU-0175-21 July 2021  
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**URL:** <https://providernews.empireblue.com/article/reimbursement-policy-update-drg-inpatient-facility-transfers-effective-113021>

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## Utilization management authorization rule operations

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

On November 1, 2021, Empire BlueCross BlueShield (Empire) prior authorization (PA) requirements will change for L8702 covered by Empire. 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.

PA requirements will be added for the following code:

- L8702 — Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider website at

[https://www.empireblue.com/provider/news/archives/?](https://www.empireblue.com/provider/news/archives/?category=medicareadvantage&_ga=2.209275602.1765289005.1589318293-1890328679.1582138833)

[category=medicareadvantage&\\_ga=2.209275602.1765289005.1589318293-](https://www.empireblue.com/provider/news/archives/?category=medicareadvantage&_ga=2.209275602.1765289005.1589318293-1890328679.1582138833)

[1890328679.1582138833](https://www.empireblue.com/provider/news/archives/?category=medicareadvantage&_ga=2.209275602.1765289005.1589318293-1890328679.1582138833) > Login or by accessing Availity.\* Once logged in to Availity

(<http://availity.com>), select Patient Registration > Authorizations & Referrals, then choose

Authorizations or Auth/Referral Inquiry, as appropriate. Contracted and noncontracted

providers who are unable to access Availity may call our Provider Services at the number on the back of your patients' Empire ID card for assistance with PA requirements.

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

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URL: <https://providernews.empireblue.com/article/utilization-management-authorization-rule-operations>

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## Prior authorization/Precertification form notification

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The best way to ensure you're submitting everything needed for a prior authorization is to use the prior authorization/precertification form at <https://www.empireblue.com/medicareprovider> > Providers > Provider Resources > **Forms and Guides**. By filling out the form completely and with as much information as possible, you can be sure we have the information to process your request timely.

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URL: <https://providernews.empireblue.com/article/prior-authorizationprecertification-form-notification>

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## Keep up with Medicare news - September 2021

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

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

- [Clinical Criteria Updates Notification May 2021](#)

URL: <https://providernews.empireblue.com/article/keep-up-with-medicare-news-september-2021>

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