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Administrative updates

Take a look at what we’ve added to the Availity Payer Spaces Resources Page

Have you checked out the Empire BlueCross BlueShield (“Empire”) links and educational materials that were recently posted on the Resources page located on the Availity Web Portal’s Payer Spaces menu?

Take these steps to navigate to Resources from the Availity Web Portal’s home page:

- Select the Payer Spaces menu which made a short move to the left side of Availity’s top menu bar.
- Choose the Empire BlueCross BlueShield tile.
- From the Payer Spaces landing page select Resources.

Once you are on the Resources page you’ll find an alphabetical listing of important links and materials. You will see a number next to the Resources menu link indicating how many new items have been added in the last 30 days. New postings will be called out with the word NEW along with the date they were added to the Resources page. You can sort the list alphabetically or from newest to oldest postings. Scroll down to the bottom of the page and select Show All to see the entire list.

Resources is where you can locate some of the important links that you previously found on Availity’s More menu including links to Empire Services Registration, Secure Messaging, and AIM Specialty Health.

Additionally, we posted a great reference guide that will help new users navigate the Remittance Inquiry application. We will continue to add more educational materials so you can conveniently and quickly get the information and training you need regarding the new applications we continue to introduce on the Availity Web Portal.

Commercial HEDIS® 2017: Provider Incentive Winners Announced!

We have completed the HEDIS data collection for 2017 and want to thank all of our provider offices and their staff who assisted us. Your collaboration in this process allows us to strive for the best HEDIS results possible.

This is the 6th year for our incentive program to acknowledge some of our providers who either responded in a timely manner or went “Above & Beyond” to help make our HEDIS data collection successful. Any practices that responded within 5 business days of our initial request or who took additional steps to help us with data collection were entered in a drawing to receive a gift. In the event an office was not able to accept a tangible gift, a special written recognition was given. We are pleased to announce that our incentive winners are as follows:

<table>
<thead>
<tr>
<th>NY Winners - HEDIS Drawing</th>
<th>NY Winners – Above &amp; Beyond</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jacobi Medical Center</td>
<td>Weill Cornell Physician Organization</td>
</tr>
<tr>
<td>Ruth Kessler, MD</td>
<td>New York Presbyterian – Queens</td>
</tr>
<tr>
<td>Buenaventura Pelina, MD</td>
<td>ProHEALTH Care Associates</td>
</tr>
<tr>
<td>Faiza Ali, MD and David Heckler, MD</td>
<td>Columbia Doctors – GRM Document Management</td>
</tr>
<tr>
<td>Womens OB/GYN of Ramapo</td>
<td>Crystal Run Healthcare</td>
</tr>
</tbody>
</table>

Thanks again to all of our provider offices and their staff for assisting us in collecting HEDIS data. Our HEDIS results reflect the care you provide to our members. An overview of our HEDIS rates will be published in the 4th quarter provider.
We look forward to working with you next HEDIS season!

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

Clinical Practice and Preventive Health Guidelines Available online

As part of our commitment to provide you with the latest clinical information and educational materials, we have adopted nationally recognized medical, behavioral health, and preventive health guidelines, which are available to providers on our website. The guidelines, which are used for our Quality programs, are based on reasonable medical evidence, and are reviewed for content accuracy, current primary sources, the newest technological advances and recent medical research. All guidelines are reviewed annually, and updated as needed. The current guidelines are available on our website. To access the guidelines, go to the "Provider" home page at empireblue.com. From there, select "Provider & Facility" > Enter > Health & Wellness > Practice Guidelines.

Products & Programs

Reminder - Prior Authorization for Genetic Testing

Empire has transitioned the medical necessity review of all genetic testing services for local fully insured members to AIM Specialty Health®, a separate company, effective with dates of service on or after July 1, 2017. As a reminder these reviews are now taking place as a prior authorization.

As of July 1, 2017, please submit genetic testing prior authorization requests to AIM through one of the following ways:

- Access AIM ProviderPortal® directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web Portal at availity.com
- Call the AIM Contact Center toll-free number: 877-430-2288, Monday–Friday, 8:00 a.m.–6:00 p.m. ET.
- To find more information about genetic testing prior authorization at AIM please go to the following website: http://www.aimprovider.com/genetictesting/

The program applies to local Empire fully insured members only.
This program excludes the following: Medicare, Medicaid, FEP, Labor & Trust, National Accounts and Local ASO.

Empire HMO and POS members obtaining services through a capitated lab will not need to request prior authorization through this program.

In addition, in the following months AIM and Empire will begin collecting information about the genetic counseling services available in Empire-contracted facilities and provider offices. The data being requested will be available to ordering physicians during the prior authorization process. To learn more about the genetic testing program and the role of genetic counseling, please refer to the genetic testing provider microsite, which is located at http://www.aimprovider.com/genetictesting/
For further questions regarding prior authorization requirements please contact the provider service number on the back of your patient’s ID card.

**Imaging program expands to include level of care reviews – effective September 1, 2017**

New Radiology website for providers: AIM Specialty Health® has developed an educational website for its Radiology program, including the imaging clinical site of care review. Available on the microsite are instructions about registering your site in OptiNetSM, FAQs, and program resources. Visit aimproviders.com/radiology.

If you have additional questions, please contact your local Network Relations consultant.

**Empire will be expanding the Specialty Pharmacy Prior Authorization list effective November 1, 2017**

Listed below are specialty pharmacy codes from new or current Medical Policies or Clinical UM Guidelines that will be added to our existing Prior Authorization review process effective November 1, 2017.

Prior Authorization clinical review of these specialty pharmacy drugs will be managed by AIM Specialty Health® (AIM®), a separate company administering the program on behalf of Empire.

<table>
<thead>
<tr>
<th>Medical Policy or Clinical Guideline</th>
<th>Code</th>
<th>Drug</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRUG.00099</td>
<td>J3490, J3590</td>
<td>Brineura</td>
<td>New Drug Policy</td>
</tr>
<tr>
<td>DRUG.00101</td>
<td>J3490, J3590</td>
<td>Kevzara</td>
<td>New Drug Policy</td>
</tr>
<tr>
<td>DRUG.00103</td>
<td>J3490, J3590</td>
<td>Tymlos</td>
<td>New Drug Policy</td>
</tr>
<tr>
<td>DRUG.00107</td>
<td>J3490, J3590</td>
<td>Bavencio</td>
<td>New Drug Policy</td>
</tr>
<tr>
<td>DRUG.00108</td>
<td>J3490, J3590</td>
<td>Radicava</td>
<td>New Drug Policy</td>
</tr>
<tr>
<td>DRUG.00109</td>
<td>J3490, J3590</td>
<td>Imfinzi</td>
<td>New Drug Policy</td>
</tr>
<tr>
<td>DRUG.00002, CG-DRUG-64</td>
<td>Q5102</td>
<td>Renflexis</td>
<td>New Drug to Existing Policy</td>
</tr>
</tbody>
</table>

Ordering physicians should submit a Prior Authorization request for these additional requirements for services starting November 1, 2017 to AIM through the AIM ProviderPortalSM (available 24/7 to process orders in real-time), through the Availity Web Portal or by calling the AIM call center at 1-877-430-2288, 8:00 a.m. – 6:00 p.m. ET.

This program applies to local Empire members who have specialty pharmacy services medically managed by AIM Specialty Health. The expanded program does not apply to the following plans: Medicare Advantage, Medicaid, Medicare Supplement, and Federal Employee Program (FEP).

Determine if Prior Authorization is needed for an Empire member by clicking your state's “Medical Policy,” link at empireblue.com or by calling the precertification phone number printed on the back of the member’s ID card.

Note: Retrospective requests received more than 2 business days after the date of service will not be accepted by AIM for Prior Authorization review. Any post-service clinical review would be handled by Empire according to the terms of the applicable health benefit plan and/or provider agreement.

Update to AIM Diagnostic Imaging Clinical Appropriateness Guidelines

The following changes to AIM Diagnostic Imaging Clinical Appropriateness Guidelines will become effective with dates of service on or after November 20, 2017.

Criteria for imaging of pulmonary nodules are being updated based on new recommendations from the Fleischner Society. Key changes include:

- Guidance for follow up of multiple nodules
- Simplification of size categories
- Distinction between ground glass and part-solid nodules in terms of follow-up intervals
- No routine follow up for low risk patients with a single nodule under 6mm in diameter
- Guidance for imaging of nodules incidentally discovered on CT of abdomen or neck

Update to AIM Sleep Disorder Management Program Guidelines

On November 20, 2017, the following changes to AIM Sleep Disorder Management Program Guidelines will become effective:

- Clarifying language has been added to expand the range of home sleep testing devices which will be covered.
- Clarifying language has been added to define the following:
  - Obesity Hypoventilation Syndrome
  - Central sleep apnea
  - Technically suboptimal home sleep study
- Requirements have been added for documentation of conditions supporting a diagnosis of Periodic Limb Movement Disorder.
- Contraindications to Automatic Positive Airway Pressure (APAP) are expanded to include Obesity Hypoventilation Syndrome.
- In addition to current requirements for use of Bilevel Positive Airway Pressure (BPAP) with back-up rate, documentation that BPAP without backup rate has been attempted, but has not successfully treated episodes of desaturation.
- Restricted use of BPAP in patients with central sleep apnea and reduced left ventricular function (EF < 45%) has been amended and will apply only to BPAP when used in Adaptive Support Ventilation (ASV) mode.

These changes will be effective for dates of service on or after November 20, 2017.

Ordering and servicing providers may submit pre-certification requests to AIM in one of several ways:

- Access AIM’s ProviderPortalSM directly at www.providerportal.com, available 24/7 to process orders in real time.
- Access AIM’s portal via the Availity Web Portal

Network Update
Call the AIM Specialty Health Call Center at 877-430-2288, 8:00 a.m. – 5:00 p.m.


Determine if Prior Authorization is needed for an Empire member by clicking your state’s “Medical Policy,” link at empireblue.com or by calling the precertification phone number printed on the back of the member’s ID card.

This does not apply to the following plans: Medicare Advantage, Medicaid, Medicare Supplement, and Federal Employee Program (FEP).

If you have any questions or comments regarding these enhancements to the guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Click here to access and download a copy of the current guidelines.

Note: Retrospective requests received more than 2 business days after the date of service will not be accepted by AIM for Prior Authorization review. Any post-service clinical review would be handled by Empire according to the terms of the applicable health benefit plan and/provider agreement.

Formulary and reimbursement changes for Xeomin®

Attention: Neurologists, Physical and Rehabilitation Physicians, and any providers using Botulinum Toxin Agents

To ensure we are meeting the needs of our members, Empire continually reviews business processes and reimbursement levels to ensure we remain aligned with market conditions. As such, Empire reviewed reimbursement rates for agents within the botulism toxin class and determined that Xeomin (J0588) will be reimbursed at 15% above Medicare (ASP+6%+15%), effective July 1, 2017. This rate will continue to be adjusted quarterly as Average Sale Price rates fluctuate.

As noted in the December 2016 issue of our provider newsletter, Network Update, when prescribing botulism toxin agents, Xeomin is the preferred agent for use in the following medical indications: Upper limb spasticity, cervical dystonia and blepharospasm. Please refer to Empire’s Medical Policy for more information if Xeomin is suitable to your patient’s needs and plan of care by going here or by visiting empireblue.com > Provider & Facilities > Medical Policy > Medical Policies and Clinical UM Guidelines > Medical Policies & Clinical UM Guidelines Search > Enter Xeomin in the Search field.

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 www.anthem.com/pharmacyinformation.

Providers can also call the customer service number on the back of the member ID card to understand the prior authorization and step edits that apply.

Pharmacy information available on empireblue.com

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 [http://www.anthem.com/pharmacyinformation](http://www.anthem.com/pharmacyinformation). The drug list is reviewed and updates are posted to the website quarterly (the first of the month for January, April, July and October).

To locate “Marketplace Select Formulary” and pharmacy information, go to Customer Support, select your state, Download Forms and choose “Select Drug List.” For State-sponsored Business, visit [SSB Pharmacy Information](http://www.anthem.com/pharmacyinformation). Website links for the Federal Employee Program formulary Basic and Standard Options are:

- Basic Option: [https://www.caremark.com/portal/asset/z6500_drug_list807.pdf](https://www.caremark.com/portal/asset/z6500_drug_list807.pdf)
- Standard Option: [https://www.caremark.com/portal/asset/z6500_drug_list.pdf](https://www.caremark.com/portal/asset/z6500_drug_list.pdf)

This drug list is also reviewed and updated regularly as needed.

FEP Pharmacy Policy updates have been added to the FEP Medical Policy Manual and may be accessed at [www.fepblue.org](http://www.fepblue.org) > Benefit Plans > Brochures and Forms > Medical Policies.

**Member’s Access to behavioral health care**

As a participating provider please be reminded of your contractual obligation to help ensure our members have prompt access to behavioral health care:

- **Non-Life Threatening Emergency Needs** - must be seen, or have appropriate coverage directing the Member, within 6 hours. When the severity or nature of presenting symptoms is intolerable but not life threatening to the member.
- **Urgent Needs** - must be seen, or have appropriate coverage directing the Member, within 48 hours. Urgent calls concern members whose ability to contract for their own safety, or the safety of others may be time-limited, or in response to a catastrophic life event or indications of active substance use or threat of relapse. Urgent needs have the potential to escalate into an emergency without clinical intervention.
- **Routine office visit** - must be within 10 business days. Routine calls concern members who present no immediate distress and can wait to schedule an appointment without any adverse outcomes.

We use several methods to monitor adherence to these standards. Monitoring is accomplished by a) assessing the availability of appointments via phone calls by our staff or designated vendor to the provider’s office; b) analysis of member complaint data and c) analysis of member satisfaction. Providers are expected to make best efforts to meet these access standards for all members.

**Policy updates**

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

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

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

**Medical Policy Updates**

**New medical policies effective 04-11-2017**
(The policies listed below are new and determined to not have significant change.)
- DRUG.00094 - Dupilumab (Dupixent®)
- DRUG.00095 - Ocrelizumab (Ocrevus™)

**New medical policies effective 05-18-2017**
(The policies listed below are new and determined to not have significant change.)
- DRUG.00099 - Cerliponase Alfa (Brineura™)
- DRUG.00107 - Avelumab (Bavencio®)
- DRUG.00109 - Durvalumab (IMFINZI™)
- Revised Medical Policies Effective 05-18-2017
- (The following policies were revised to expand medical necessity indications or criteria.)
  - DRUG.00002 - Tumor Necrosis Factor Antagonists
  - DRUG.00038 - Bevacizumab (Avastin®) for Non-Ophthalmologic Indications
  - DRUG.00041 - Rituximab (Rituxan®) for Non-Oncologic Indications
  - DRUG.00047 - Brentuximab Vedotin (Adcetris®)
  - DRUG.00066 - Antithrombotic Factor and Clotting Factors
  - DRUG.00071 - Pembrolizumab (Keytruda®)
  - DRUG.00075 - Nivolumumab (Opdivo®)
  - DRUG.00083 - Elotuzumab (Empliciti™)
  - DRUG.00088 - Atezolizumab (Tecentriq®)
  - DRUG.00097 - Olaratumab (Lartruvo™)
  - DRUG.00104 - Nusinersen (SPINRAZA™)
  - GENE.00032 - Molecular Marker Evaluation of Thyroid Nodules
  - THER-RAD.00004 - External Beam Intraoperative Radiation Therapy
  - TRANS.00024 - Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome

**Revised Medical Policy Effective 05-18-2017**
(The following policy was reviewed and had no significant changes to the policy position or criteria.)
- GENE.00009 - Gene-Based Tests for Screening, Detection and Management of Prostate Cancer

**New medical policies effective 06-16-2017**
(The policy listed below is new and determined to not have significant change.)
- DRUG.00101 - Sarilumab (KEVZARA®)

**Revised Medical Policies Effective 06-16-2017**
(The following policies were revised to expand medical necessity indications or criteria.)
- DRUG.00071 – Pembrolizumab (Keytruda®)
- DRUG.00109 - Durvalumab (IMFINZI™)
New medical policies effective 06-28-2017
(The policies listed below are new and determined to not have significant change.)
- DRUG.00103 - Abaloparotide (Tymlos™) Injection
- DRUG.00108 - Edaravone (Radicava™)
- MED.00121 - Implantable Interstitial Glucose Sensors
- MED.00122 - Wilderness Programs
- SURG.00148 - Spectral Analysis of Prostate Tissue by Fluorescence Spectroscopy

Revised Medical Policies Effective 06-28-2017
(The following policies were revised to expand medical necessity indications or criteria.)
- DRUG.00036 - Cetuximab (Erbitux®)
- DRUG.00053 - Carfilzomib (Kyprolis®)
- DRUG.00062 - Obinutuzumab (Gazyva®)
- SURG.00121 - Transcatheter Heart Valve Procedures

Revised Medical Policy Effective 06-28-2017
(The following policy was revised and had no significant changes to the policy position or criteria.)
- GENE.00006 - Epidermal Growth Factor Receptor (EGFR) Testing

Revised Medical Policies Effective 06-28-2017
(The following policies were reviewed and had no significant changes to the policy position or criteria.)
- ANC.00008 - Cosmetic and Reconstructive Services of the Head and Neck
- DME.00022 - Functional Electrical Stimulation (FES); Threshold Electrical Stimulation (TES)
- DME.00032 - Automated External Defibrillators for Home Use
- DME.00035 - Electric Tumor Treatment Field (TTF)
- DRUG.00003 - Chelation Therapy
- DRUG.00006 - Botulinum Toxin
- DRUG.00028 - Intravitreal Treatment for Retinal Vascular Conditions
- DRUG.00032 - Intravitreal Corticosteroid Implants
- DRUG.00040 - Abatacept (Orencia®)
- DRUG.00049 - Belatacept (Nulojix®)
- DRUG.00052 - Pertuzumab (Perjeta®)
- DRUG.00055 - Denosumab (Prolia®, Xgeva®)
- DRUG.00056 - Ado-trastuzumab emtansine (Kadcyla®)
- DRUG.00059 - Romiplostim (Nplate®)
- DRUG.00067 - Ramucirumab (Cyramza®)
- DRUG.00072 - Alpha-1 Proteinase Inhibitor Therapy
- DRUG.00076 - Blinatumomab (Blinacyto®)
- DRUG.00077 - Monoclonal Antibodies to Interleukin-17A
- DRUG.00078 - Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors
- DRUG.00079 - Bendamustine Hydrochloride
- DRUG.00081 - Eteplirsen (Exondys 51™)
- DRUG.00084 - Interferon gamma-1b (Actimmune®)
- DRUG.00085 - Ixabepilone (Ixempra®)
- DRUG.00086 - Mecasermin (Increlex®)
- GENE.00003 - Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer’s Disease
- GENE.00005 - BCR-ABL Mutation Analysis
- GENE.00016 - Gene Expression Profiling for Colorectal Cancer
- GENE.00022 - In Vitro Companion Diagnostic Devices
- GENE.00023 - Gene Expression Profiling of Melanomas
- GENE.00038 - Genetic Testing for Statin-Induced Myopathy
- GENE.00045 - Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers
- LAB.00003 - In Vitro Chemosensitivity Assays and In Vitro Chemoresistance Assays
- LAB.00015 - Detection of Circulating Tumor Cells in the Blood as a Prognostic Factor for Cancer
- LAB.00020 - Skin Nerve Fiber Density Testing
- LAB.00025 - Topographic Genotyping
- MED.00004 - Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy and Ultrasonography)
- MED.00007 - Prolotherapy for Joint and Ligamentous Conditions
- MED.00011 - Sensory Stimulation for Brain-Injured Individuals in Coma or Vegetative State
- MED.00024 - Adoptive Immunotherapy and Cellular Therapy
- MED.00026 - Hyperthermia for Cancer Therapy
- MED.00032 - Treatment of Hyperhidrosis [Note: Position statement and all other language addressing treatment of hyperhidrosis with botulinum toxin was moved to DRUG.00006 Botulinum Toxin.]
- MED.00053 - Non-Invasive Measurement of Left Ventricular End Diastolic Pressure (LVEDP) in the Outpatient Setting
- MED.00059 - Idiopathic Environmental Illness (IEI)
- MED.00076 - Inhaled Nitric Oxide
- MED.00079 - Manipulation Under Anesthesia of the Spine and Joints other than the Knee
- MED.00087 - Imaging Techniques for Screening and Identification of Cervical Cancer
- MED.00101 - Physiologic Recording of Tremor using Accelerometer(s) and Gyroscope(s)
- MED.00102 - Ultrafiltration in Decompensated Heart Failure
- MED.00104 - Non-invasive Measurement of Advanced Glycation Endproducts (AGEs) in the Skin
- MED.00105 - Bioimpedance Spectroscopy Devices for the Detection and Management of Lymphedema
- MED.00111 - Intracardiac Ischemia Monitoring
- MED.00118 - Continuous Monitoring of Intraocular Pressure
- MED.00119 - High Intensity Focused Ultrasound (HIFU) for Oncologic Indications
- OR-PR.00004 - Partial-Hand Myoelectric Prosthesis
- RAD.00001 - Computed Tomography to Detect Coronary Artery Calcification
- RAD.00011 - Transcatheter Arterial Chemoembolization (TACE) and Transcatheter Arterial Embolization (TAE) for Treating Primary or Metastatic Liver Tumors
- RAD.00012 - Ultrasound for the Evaluation of the Paranasal Sinuses
- RAD.00022 - Magnetic Resonance Spectroscopy (MRS)
- RAD.00030 - Wireless Endoscopic Endoscopy for Gastrointestinal Imaging and the Patency Capsule
- RAD.00038 - Use of 3-D and 4-D Ultrasound in Maternity Care
- RAD.00040 - PET Scanning Using Gamma Cameras
- RAD.00044 - Magnetic Resonance Neurography
- RAD.00052 - Positional MRI
- RAD.00054 - MRI of the Bone Marrow
- RAD.00059 - Transcatheter Arterial Chemoembolization (TACE) and Transcatheter Arterial Embolization (TAE) for Malignant Lesions Outside the Liver except Central Nervous System (CNS) and Spinal Cord
- RAD.00066 - Multiparametric Magnetic Resonance Imaging Fusion Targeted Prostate Biopsy
- REHAB.00003 - Hippotherapy
- SURG.00001 - Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty
- SURG.00009 - Refractive Surgery
- SURG.00016 - Stereotactic Radiofrequency Pallidotomy
- SURG.00022 - Lung Volume Reduction Surgery
- SURG.00028 - Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions
- SURG.00033 - Cardioverter Defibrillators
- SURG.00037 - Treatment of Varicose Veins (Lower Extremity)
- SURG.00043 - Electrothermal Shrinkage of Joint Capsules, Ligaments, and Tendons
- SURG.00045 - Extracorporeal Shock Wave Therapy for Orthopedic Conditions
- SURG.00049 - Mandibular/Maxillary (Orthognathic) Surgery
- SURG.00053 - Unicondylar Interpositional Spacer
- SURG.00056 - Transanal Radiofrequency Treatment of Fecal Incontinence
- SURG.00059 - Recombinant Human Bone Morphogenetic Protein
- SURG.00061 - Presbyopia and Astigmatism-Correcting Intraocular Lenses
- SURG.00062 - Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome
- SURG.00065 - Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies
- SURG.00068 - Implantable Infusion Pumps
- SURG.00070 - Photocoagulation of Macular Drusen
- SURG.00072 - Lysis of Epidural Adhesions
- SURG.00073 - Epiduroscopy
- SURG.00075 - Intervertebral Stabilization Devices
- SURG.00079 - Nasal Valve Suspension
- SURG.00081 - Total Ankle Replacement
- SURG.00089 - Balloon and Self-Expanding Absorptive Sinus Ostial Dilation
- SURG.00096 - Surgical and Ablative Treatments for Chronic Headaches
- SURG.00098 - Mechanical Embolectomy for Treatment of Acute Stroke
- SURG.00100 - Cryoablation for Plantar Fasciitis and Plantar Fibroma
- SURG.00107 - Prostate Saturation Biopsy
- SURG.00110 - Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions
- SURG.00111 - Axial Lumbar Interbody Fusion
- SURG.00112 - Occipital Nerve Stimulation
- SURG.00113 - Artificial Retinal Devices
- SURG.00124 - Carotid Sinus Baroreceptor Stimulation Devices
- SURG.00137 - Focused Microwave Thermotherapy for Breast Cancer
- SURG.00139 - Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery with Radiofrequency Spectroscopy or Optical Coherence Tomography
- THER-RAD.00001 - Brachytherapy for Oncologic Indications
- THER-RAD.00003 - Intravascular Brachytherapy (Coronary and Non-Coronary)
- THER-RAD.00009 - Intraocular Epiretinal Brachytherapy
- THER-RAD.00010 - Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiotherapy (SBRT)
- TRANS.00008 - Liver Transplantation
- TRANS.00011 - Pancreas Transplantation and Pancreas Kidney Transplantation
- TRANS.00016 - Umbilical Cord Blood Progenitor Cell Collection, Storage and Transplantation
- TRANS.00025 - Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection
- TRANS.00030 - Hematopoietic Stem Cell Transplantation for Germ Cell Tumors
- TRANS.00031 - Hematopoietic Stem Cell Transplantation for Autoimmune Disease and Miscellaneous Solid Tumors
Revised Medical Policies Effective 10-01-2017
(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.)
- GENE.00001 - Genetic Testing for Cancer Susceptibility
- GENE.00002 - Preimplantation Genetic Diagnosis Testing
- GENE.00007 - Cardiac Ion Channel Genetic Testing
- GENE.00012 - Preconception or Prenatal Genetic Testing of a Parent or Prospective Parent
- GENE.00017 - Genetic Testing for Diagnosis and Management of Hereditary Cardiomyopathies (including ARVD/C)
- GENE.00026 - Cell-Free Fetal DNA-Based Prenatal Testing
- GENE.00028 - Genetic Testing for Colorectal Cancer Susceptibility
- GENE.00029 - Genetic Testing for Breast and/or Ovarian Cancer Syndrome
- GENE.00030 - Genetic Testing for Endocrine Gland Cancer Susceptibility
- GENE.00031 - Genetic Testing for PTEN Hamartoma Tumor Syndrome
- GENE.00035 - Genetic Testing for TP53 Mutations
- GENE.00040 - Genetic Testing for CHARGE Syndrome
- GENE.00043 - Genetic Testing of an Individual’s Genome for Inherited Diseases

Revised Medical Policies Effective 11-01-2017
(The policies below were revised and might result in services that were previously covered but may now be found to be either not medically necessary and/or investigational.)
- DRUG.00043 - Tocilizumab (Actemra®)
- DRUG.00062 - Obinutuzumab (Gazyva®)
- DRUG.00073 - Rilonacept (Arcalyst®)
- DRUG.00088 - Atezolizumab (Tecentriq®)
- THER-RAD.00002 - Proton Beam Radiation Therapy
- THER-RAD.00007 - Intensity Modulated Radiation Therapy (IMRT)

New Medical Policies Effective 11-11-2017
(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.)
- SURG.00149 - Percutaneous Ultrasonic Ablation of Soft Tissue
- SURG.00150 - Leadless Pacemakers

Revised Medical Policy Effective 11-11-2017
(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.)
- RAD.00043 - Computed Tomography Scans for Lung Cancer Screening

Clinical Guideline Updates
Revised Clinical Guideline Effective 05-18-2017
(The following adopted guideline was revised to expand medical necessity indications or criteria.)
- CG-DRUG-50 - Paclitaxel, protein-bound (Abraxane®)

Revised Clinical Guideline Effective 05-18-2017
(The following adopted guideline was reviewed and had no significant changes to the policy position or criteria.)
- CG-DRUG-09 - Immune Globulin (Ig) Therapy
Revised Clinical Guidelines Effective 06-28-2017
(The following adopted guidelines were reviewed and had no significant changes to the policy position or criteria.)
- CG-DRUG-08 - Enzyme Replacement Therapy for Gaucher Disease
- CG-DRUG-16 - White Blood Cell Growth Factors
- CG-DRUG-25 - Intravenous versus Oral Drug Administration in the Outpatient and Home Setting
- CG-DRUG-27 - Clostridial Collagenase Histolyticum Injection
- CG-DRUG-51 - Romidepsin (Istodax®)
- CG-DRUG-57 - Idursulfase (Elaprase®)
- CG-DRUG-62 - Fulvestrant (FASLODEX®)
- CG-MED-29 - Inpatient Subacute Care
- CG-MED-31 - Skilled Nursing Facility Services
- CG-MED-37 - Intensive Programs for Pediatric Feeding Disorders
- CG-REHAB-08 - Private Duty Nursing in the Home Setting
- CG-SURG-09 - Temporomandibular Disorders
- CG-SURG-18 - Septoplasty
- CG-SURG-30 - Tonsillectomy for Children with or without Adenoidectomy
- CG-SURG-33 - Lumbar Fusion and Lumbar Total Disc Arthroplasty (TDA)
- CG-SURG-42 - Cervical Fusion
- CG-SURG-53 - Elective Total Hip Arthroplasty
- CG-SURG-54 - Elective Total Knee Arthroplasty
- CG-THER-RAD-01 - Fractionation and Radiation Therapy in the Treatment of Specified Cancers

Revised Clinical Guideline Effective 11-01-2017
(The following adopted guideline was revised and might result in services that were previously covered but may now be
found to be not medically necessary.)
- CG-DRUG-49 - Doxorubicin Hydrochloride Liposome Injection

Professional Reimbursement Policy update

Assistant Surgeon
Effective July 1, 2017, Current Procedural Terminology (CPT®) has added a new Category III code, 0474T (insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space). The Health Plan has determined this procedure does not require the services of an assistant surgeon therefore we are adding 0474T to our “Assistant Surgeon Not Allowed” code list for dates of service on or after July 1, 2017.

Bundled Services and Supplies
Beginning with dates of service on or after November 1, 2017, breast pump replacement supplies (A4281, A4282, A4283, A4284, and A4285) will not be eligible for separate reimbursement when purchased on the same date of service with breast pumps (E0602, E0603, and E0604). The Health Plan considers this to be an overlap of services. Modifiers will not override the edit.

Bundled Services and Supplies and Modifiers 59, XE, XP, XS, & XU
Taking guidance from the Centers for Medicare & Medicaid Services (CMS) NCCI Policy Manual, the Health Plan considers either the shoulder or the elbow to be one anatomic structure. Therefore, beginning with dates of service on or after November 1, 2017, arthroscopic debridement of either the shoulder or the elbow will not be eligible for separate reimbursement when reported with arthroscopic surgery of the same joint regardless of whether the debridement is performed in the same compartment or a separate compartment of either the same shoulder or elbow. Modifiers will not
override these edits unless the services are reported on opposite joints and the proper site specific modifiers are also reported with the services. Please review our policies for additional coding information.

**Expenses Included in Facility Services**
For dates of service on or after August 1, 2017, we are implementing a new policy which outlines the expenses the Health Plan considers to be included with facility services. Please review the policy for additional information.

**Modifier Rules and Multiple and Bilateral Surgery Processing**
We are adding language to our policy to reflect our current process for multiple procedures when they are performed on a single date of service and one line includes a site specific modifier. The Health Plan requires in such a situation that all subsequent procedure codes also include a site specific modifier when applicable (e.g., procedures on the fingers or toes). When only one line is reported with a site specific modifier and subsequent lines are reported without a site specific modifier, the Health Plan may consider the additional procedure(s) to be same site as the modified procedure which may result in a procedure(s) being denied.

**Multiple and Bilateral Surgery Processing**
As part of our routine coding maintenance to document our current processes, we extended colonoscopy coding in our endoscopy code table to include CPT code 45398.

**Multiple Diagnostic Ophthalmology Services**
We have corrected information in our policy (section A. 2.), to reflect our current process in the determination of the primary service when multiple diagnostic ophthalmologic services that are subject to multiple diagnostic ophthalmology reimbursement rules are provided. The primary service is determined by the code with the highest RVU for the technical component, not the global service. Please review the policy for additional information.

**Review of Reimbursement policies**
The following professional reimbursement policies received a review and may have word changes or clarifications however they do not have significant changes to the policy position or criteria:
- After Hours
- Pharmaceutical Waste
- Urgent Care

**State & Federal Programs**

**Medicare Advantage**

**Include NPI on surgical procedure UB04 bills**
Per Centers for Medicare & Medicaid Services, when billing a surgical procedure code (within the range of 10021-69990 but excluding 10035, 10036, 15780-15783, 15786-15789, 15792, 15793, 20527, 20550-20553, 20555, 20612, 20615, 29581-29584, 36406, 36410, 36415, 36416, 44705, 47531, 47532, 50430, 50431, 59425, 59426, 59430, 62302-62305, 62320-62327, 62367-62370, 69209, 69210 ) or revenue code 036X (must include surgical procedure code) for an individual Medicare Advantage or Medicare-Medicaid Plan (MMP) member, identify the operating provider NPI in box 77 on the facility UB04 CMS 1450 claim form for outpatient services. If the NPI is required and not billed the claim may deny for missing NPI.
Empire follows CMS guidelines for clinical trial-related claims

While most clinical-trial related claims are paid by original Medicare, Medicare Advantage plans are responsible to pay for certain items and services associated with clinical trials designated by the Centers for Medicare & Medicaid Services. Per CMS guidelines, Empire Medicare Advantage and Medicare Medicaid Plans pay Clinical Trial related claims classified as Coverage with Evidence Development (CED) / Investigational Device Exemption (IDE) Studies for Cat B / Data Collections. Additional information will be available at [empireblue.com/medicareprovider](http://empireblue.com/medicareprovider) at Important Medicare Advantage Updates.

Request expedited organization determinations

Expedited organization determinations (per the CMS Manual Chapter 13, Section 50) can be requested by a provider or enrollee when the provider or enrollee believes that waiting for a determination under the standard organization determination timeframe (14 days) could place the enrollee’s life or health in jeopardy. Expedited organization determinations are valid only before the service is performed.

Per section 50.3, if the health plan denies the request for expedited organization determination, the health plan will automatically apply the standard organization determination time frame with prompt oral notice to the enrolled for doing so. Additional information is available here.

No copay benefit for diabetes retinal exam and HbA1c testing effective 1/1/2017

Effective Jan. 1, 2017, no copay is required for HbA1c testing for individual and some group-sponsored Medicare Advantage members diagnosed with diabetes. Individual Medicare Advantage members diagnosed with diabetes also can receive an annual dilated retinal exam at no out-of-pocket cost.

The annual retinal exam claim must include a line for measurement code 2022F to report the use of dilation during the exam for no copay to apply.

This is not applicable to Empire Special Needs Plans or Empire MediBlue Coordination Plus plans. Some group-sponsored plans may require a member copayment or coinsurance for these services.

Landmark in-home visits available to eligible individual Medicare Advantage members

Empire is collaborating with Landmark Health to bring in-home visits to individual Medicare Advantage members who are frail, have complex health issues and have difficulty leaving home. The Landmark in-home visit program is offered to eligible Medicare Advantage members in Queens, Kings, Nassau, Suffolk, Bronx, Albany, Rensselaer and Saratoga counties.

The Landmark in-home visits are designed to support your efforts to keep your most complex patients healthy at home; they do not replace your office-based care visits. The member’s benefits will not be affected in any way by participation in this program, and there is no member cost-share for these services. Additional information, including a recent member success story, is available at Important Medicare Advantage Updates at empireblue.com/medicareprovider.

The in-home visit program is administered by Landmark Health, an independent company.
Keep up with Medicare news

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

- Medication Reconciliation Post-Discharge (MRP): billing codes for reimbursement

67330MUPENMUB 06/05/2017

Medicaid

Beginning in April: Access Patient360 directly through the Availity Web Portal

In mid-April 2017, Empire BlueCross BlueShield HealthPlus (Empire) is making it easier for you to access Patient360 by giving you two navigation options within the Availity Web Portal. You’ll still be able to access Patient360 through our secure self-service website; however, we will also offer you the opportunity to easily access records for your Medicaid Managed Care (MMC) members when you are checking member eligibility and benefits in the Availity Web Portal.

About Patient360

Patient360 is a real-time dashboard that gives you a robust picture of your MMC patients' health and treatment history as well as helps 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.

Accessing Patient360 within the Availity Web Portal

You must first be assigned the Patient360 role in the Availity Web Portal; administrators can make this assignment within the Clinical Roles options. Then, navigate to Patient360 using one of the methods outlined below:

- Method one:
  - Select Patient Registration from the top menu bar in the Availity Web Portal.
  - Choose Eligibility and Benefits.
  - Complete the required fields on the Eligibility and Benefits screen.
  - Select the Patient360 link on the member's benefit screen.
  - Enter the member's information in the required fields.

- Method two:
  - Select Payer Spaces from the top menu bar in the Availity Web Portal.
  - Choose the Empire tile.
  - Select Patient360 located on the Applications page.
  - Enter the member's information in the required fields.

Registering for the Availity Web Portal

To gain access to the Availity Web Portal:

- Select Register.
- Select Get Started.
- Complete the online registration form.
Update to the ClaimsCheck® upgrade to ClaimsXten™

Earlier this year, Empire BlueCross BlueShield HealthPlus announced plans for an upgrade from ClaimsCheck to McKesson's next generation claim auditing software, ClaimsXten. Due to the complexity of the software conversion, along with the expansion of software functionality that is now available, the target effective date has been moved from April 30, 2017, to July 1, 2017.

With the new software functionality, edits will be applied with greater accuracy. The new software functionality will also allow for greater flexibility with rule development and configuration.

For additional details regarding this software update, please refer to the original communication posted at http://www.empireblue.com/nymedicaiddoc > Provider Support > Provider Education > Communications & Updates > Network Updates and Newsletters > 2016 > Past Issues of Empire News > 2016 Newsletters > August 2016.

Utilization Management affirmative statement

Empire BlueCross BlueShield HealthPlus (Empire), as a corporation and as individuals involved in Utilization Management (UM) decisions, is governed by the following statements:

- UM decision-making is based only on appropriateness of care and service and existence of coverage.
- Empire does not reward practitioners or other individuals for issuing denials of coverage or care.
- Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support or tend to support denials of benefits.
- Financial incentives for UM decision-makers do not encourage decisions that result in underutilization or create barriers to care and service.

Wheelchair component or accessory, not otherwise specified to require prior authorization

Effective October 1, 2017, Empire BlueCross BlueShield HealthPlus requires prior authorization (PA) for wheelchair components or accessories, not otherwise specified (NOS) for Medicaid Managed Care members. Federal and state law as well as state contract language including definitions and specific contract provisions/exclusions take precedence over these PA rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

PA requirements will be added to the following code:

- K0108 — wheelchair component or accessory, NOS

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

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

Detailed PA requirements are available to contracted providers by logging in to ProviderAccess using your Availity credentials. On the left-side navigation, select Services Requiring Prior Authorization. Noncontracted providers may call Provider Services at 1-800-450-8753 for PA requirements.
Medical Policies update

On February 2, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following Medical Policies applicable to Empire BlueCross BlueShield HealthPlus (Empire). These policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the below listing.

The Medical Policies were made publicly available on the Empire provider website on the effective date listed below. Visit www.empireblue.com/medicalpolicies/search.html to search for specific policies.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

<table>
<thead>
<tr>
<th>Effective date</th>
<th>Medical Policy number</th>
<th>Medical Policy title</th>
<th>New or revised</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/29/2017</td>
<td>LAB.00034</td>
<td>Serological Antibody Testing For Helicobacter Pylori</td>
<td>New</td>
</tr>
<tr>
<td>3/29/2017</td>
<td>SURG.00146</td>
<td>Extracorporeal Carbon Dioxide Removal</td>
<td>New</td>
</tr>
<tr>
<td>3/29/2017</td>
<td>SURG.00147</td>
<td>Synthetic Cartilage Implant for Metatarsophalangeal Joint Disorders</td>
<td>New</td>
</tr>
<tr>
<td>2/16/2017</td>
<td>DRUG.00068</td>
<td>Vedolizumab (Entyvio®)</td>
<td>Revised</td>
</tr>
<tr>
<td>2/16/2017</td>
<td>SURG.00103</td>
<td>Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)</td>
<td>Revised</td>
</tr>
</tbody>
</table>

Clinical Utilization Management Guidelines update

On February 2, 2017, the MPTAC approved the following Clinical Utilization Management (UM) Guidelines applicable to Empire. These clinical guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the following listing. This list represents the Clinical UM Guidelines adopted by the Medical Operations Committee for the Government Business Division on March 21, 2017.

On February 2, 2017, the clinical guidelines were made publicly available on the Empire Medical Policies and Clinical UM Guidelines subsidiary website. Visit www.empireblue.com/medicalpolicies/search.html to search for specific guidelines.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

<table>
<thead>
<tr>
<th>Effective date</th>
<th>Clinical UM Guideline number</th>
<th>Clinical UM Guideline title</th>
<th>New or revised</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/29/2017</td>
<td>CG-MED-56</td>
<td>Non-Obstetrical Transvaginal Ultrasonography</td>
<td>New</td>
</tr>
<tr>
<td>2/16/2017</td>
<td>CG-DME-38</td>
<td>Continuous Interstitial Glucose Monitoring</td>
<td>Revised</td>
</tr>
</tbody>
</table>
Access to Disease Management — helping you care for patients with chronic health care needs

Empire BlueCross BlueShield HealthPlus Disease Management programs are designed to assist PCPs and specialists in managing the care of Medicaid Managed Care members with chronic health care needs. Members are provided with care management and education by a team of highly qualified disease management professionals whose goal is to create a system of coordinated health care interventions and communications for enrolled members.

Case managers provide support to members with:
- Behavioral health conditions.
- Diabetes.
- Heart conditions.
- HIV/AIDS.
- Pulmonary conditions.
- Substance use disorder.

Additionally, in order to improve condition-specific outcomes, case managers use motivational interviewing to identify and address health risks such as tobacco use and obesity. Licensed nurse case managers are available Monday through Friday from 8:30 a.m. to 5:30 p.m., and our confidential voicemail is available 24/7. To contact our Disease Management team, call 1-888-830-4300.

Additional information about our Disease Management programs can be found on our provider website (www.empireblue.com/nymedicaiddoc > Provider Support > Helping Members > DMCCU). Members can obtain information about our Disease Management programs by visiting our member website or calling 1-888-830-4300.

Reimbursement Policy Updates

**Modifier 62: Co-Surgeons**
(Policy 06-027, effective 12/15/17)
Empire BlueCross BlueShield HealthPlus allows reimbursement of procedures eligible for co-surgeons when billed with Modifier 62. Each surgeon must bill the same procedure code(s) with Modifier 62. Reimbursement to each surgeon is based on 62.5% of the applicable fee schedule or contracted/negotiated rate. Co-surgeons must be from different specialties and performing surgical services during the same operative session. For more information, please refer to Modifier 62: Co-Surgeons Reimbursement Policy at www.empireblue.com/nymedicaiddoc.

**Modifier 22: Increased Procedural Service**
(Policy 07-020, effective 11/01/17)
Empire BlueCross BlueShield HealthPlus allows reimbursement for procedure codes appended with Modifier 22. Beginning November 1, 2017, reimbursement will be based on 100% of the fee schedule or contracted/negotiated rate when the procedure or service is greater than what is usually required for the listed procedure.

Maternity Services
(Policy 14-001, effective 11/01/17)
Empire BlueCross BlueShield HealthPlus (Empire) allows reimbursement for global obstetrical codes once per period of a pregnancy (defined as 279 days) when appropriately billed by a single provider or provider group reporting under the same federal Tax Identification Number (TIN). If a provider or provider group reporting under the same TIN does not provide all antepartum, delivery and postpartum services, global obstetrical codes may not be used and providers are to submit for reimbursement only the elements of the obstetric package that were actually provided. Empire will not reimburse for duplicate or otherwise overlapping services during the course of the pregnancy.

What's New?
We have updated the Maternity Services Reimbursement Policy to include outcome of delivery/weeks of gestation information. You are required to use the appropriate diagnosis code on professional delivery service claims to indicate the outcome of delivery. Diagnosis codes that indicate the applicable gestational weeks of pregnancy are required on all professional delivery service claims and are recommended for all other pregnancy-related claims. Failure to report the appropriate diagnosis code will result in denial of the claim.

For additional information, refer to the Maternity Services Reimbursement Policy at www.empireblue.com/nymedicaiddoc.

Federal Employee Program

Claim Submission for DME Providers
The Empire Federal Employee Program® strives to provide the best customer service to our providers and members, and we would like to send a reminder to the Durable Medical Equipment providers to submit their HCFA claims with the shipped from information in Box 32, Service Facility Location Information, of the claim form. The lack of information in this field is interfering with the claim processing correctly. We appreciate the effort and collaboration; if you have any questions please contact FEP customer service at 1-800-522-5566.

FEP® launches new automated telephone system
The Empire Federal Employee Program will be moving to a new automated telephone system in September. The FEP Customer Service telephone numbers will not change. This new and improved telephone system incorporates voice recognition features as well as touch tone options. You will be able to speak responses or enter responses using corresponding options on your telephone keypad. The system is more intuitive and will prompt for missing or incompatible information. Please listen carefully to the messages as many of our menu options have changed.

A Quick Reference Guide has been created to help you navigate the system and familiarize yourself with the capabilities. When the system is available, you can obtain a copy of the Quick Reference Guide by saying More Choices or Pressing 6 in the Main Menu then Saying IVR Quick Reference or Pressing 2 in the More Choices Menu.