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UPDATE: New AIM Rehabilitative Program will begin November 1, 2019

We announced [in July](#) that the AIM Rehabilitative Program for Empire BlueCross BlueShield's ("Empire") Commercial membership was delayed. The AIM Rehabilitative Program for prior authorization for physical, speech and occupational therapy services is scheduled to relaunch on November 1, 2019. *Prior authorization requests for dates of service on or after November 1 may be submitted beginning October 21 via the AIM **ProviderPortal**SM.*

Coverage for physical, speech and occupational therapy services with dates of service *July 1, 2019 through October 31, 2019 will not require prior authorization*; processes have been created to allow providers to continue to provide treatment and to allow claims to adjudicate for those dates of service without authorization. Claims that were denied for no authorization in error for dates of service after July 1, 2019 are being reprocessed. The OrthoNet program is no longer active in applicable markets.

We invite you to take advantage of an informational webinar that will introduce you to the Rehabilitative Program and the capabilities of the AIM **ProviderPortal**SM. Visit the [AIM Rehabilitation microsite](#) to register for an upcoming training session.

Empire specialty pharmacy medical step therapy drug list - clarification

In the February and May editions of *Provider News*, we shared that the following clinical criteria will be effective May 1, 2019 for the non-oncology uses of these drugs. We will now also begin the medical step therapy review process for **oncology** uses of these drugs starting October 1, 2019.

Colony Stimulating Factor Agents ING-CC-0002

Effective for dates of service on and after May 1, 2019, the following specialty pharmacy codes from new or current criteria will be included in our existing specialty pharmacy medical step therapy review process. Zarxio® will be the preferred short-acting colony stimulating factor (CSF) agent over Neupogen®, Granix®, and NivestymTM®.

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

Additional information regarding biosimilar drugs can be found by viewing the attached reference document, "[Biosimilar Drugs – What are they?](#)".

To access the clinical criteria information please click [here](#).

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Clinical Criteria	Status	Drug	HCPCS or CPT Code	NDC Code
ING-CC-0002	Preferred Agent	Zarxio®	Q5101	61314-0304-01 61314-0304-10 61314-0312-01 61314-0312-10 61314-0318-01 61314-0318-10 61314-0326-01 61314-0326-10
ING-CC-0002	Non-Preferred Agent	Neupogen®	J1442	55513-0530-01 55513-0530-10 55513-0546-01 55513-0546-10 55513-0924-01 55513-0924-10 55513-0924-91 55513-0209-01 55513-0209-10 55513-0209-91
ING-CC-0002	Non-Preferred Agent	Granix®	J1447	63459-0910-11 63459-0910-12 63459-0910-15 63459-0910-17 63459-0910-36 63459-0912-11 63459-0912-12 63459-0912-15 63459-0912-17 63459-0912-36
ING-CC-0002	Non-Preferred Agent	Nivestym™	Q5110	00069-0291-10 00069-0291-01 00069-0292-01 00069-0292-10

Important update to Empire's commercial drug lists

Effective with dates of service on and after October 1, 2019, and in accordance with Empire's Pharmacy and Therapeutic (P&T) process, Empire BlueCross BlueShield ("Empire") will update its commercial drug lists. Updates may include changes to drug tiers or the removal of a drug.

To help ensure a smooth transition and minimize member costs, providers should review

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these changes and consider prescribing a preferred drug to patients currently using a non-preferred drug, if appropriate.

Please note, this update does not apply to the Select Drug List or drugs lists utilized by the Federal Employee Program (FEP).

To view a summary of changes, click on the attachment.

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 empireblue.com/pharmacyinformation. The commercial and marketplace drug lists are posted to the web site quarterly (the first of the month for January, April, July and October).

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

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

Empire launches additional changes to empireblue.com/provider

Exciting new changes are on the horizon for the public provider site at empireblue.com. These next wave of updates include:

- A new Contact Us page that gives providers easy access to important contact information
- A redesigned Medicare Advantage page with an improved, effortless user experience
- A new Enhanced Personal Health Care (EPHC) page that provides a more prominent and easier access to information that communicates Empire's role in transforming health care. (EPHC is a program designed to advance and support a patient-centered approach to care delivery.)

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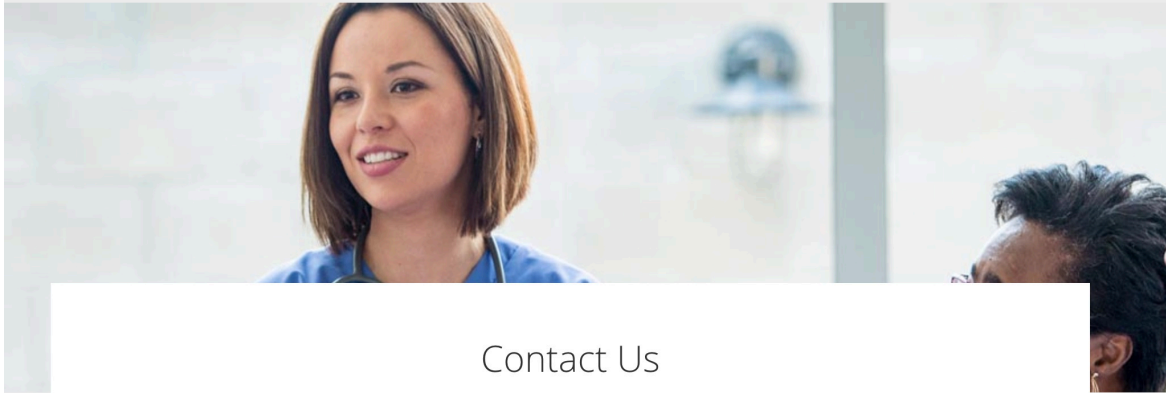
Search

[Medicare](#) [Individual & Family](#) [Employers](#) [Producers](#) [Providers](#) [Medicaid](#)

[Find a Doctor](#)

Information for New York

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Contact Us

Looking for help? Need to mail us a form? The resources below will direct you to the right place. For eligibility-related questions, call the number of the back of the member's ID card or dial (800) 676-BLUE (2583).

Additional Support

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The screenshot shows the Empire BlueCross BlueShield website. At the top left is the logo with the text "In Another Company". To the right is a search bar and a "Find a Doctor" link. Below the logo is a navigation menu with items: Medicare, Individual & Family, Employers, Producers, Providers, and Medicaid. The main content area is titled "Information for New York" and includes a "Change State" button. Below this is a large image of a healthcare provider smiling at an elderly patient. A white box is overlaid on the image with the text "Medicare Advantage Providers" and a sub-headline. Below the sub-headline is a paragraph: "Empire offers a variety of Medicare plans to support member needs. We also support our providers with access to information about our plans and member benefits, news and updates, training materials and guides and other helpful resources." At the bottom of the image, the text "Medicare Advantage Updates" is partially visible.

National Accounts 2020 Pre-certification list

The [National Accounts 2020 Pre-certification list](#) has been published. Please note, providers should continue to verify member eligibility and benefits prior to rendering services.

Empire CRA Reporting Update: Retrospective Program continues

Continuing our 2019 CRA updates, Empire BlueCross BlueShield (“Empire”) requests your assistance with respect to accurately reporting our member’s health status to CMS.

2019 Retrospective Chart Request

Retrospective medical chart collection begins in November and it is the most significant and largest volume of our requests. We appreciate your collaboration as we work through the requests and submit to your medical records department in a timely manner.

Electronic options for chart collections

We have 4 electronic options for chart collections to choose from: 1.) Remote/Direct Empire Access; 2.) Electronic Medical Record (EMR) Interoperability with 4 EMR systems; 3.) Inovalon virtual visit or onsite; 4.) Secure FTP. Submitting medical charts can be time consuming for your staff. Utilizing an electronic option can alleviate the constraints on your staff's resources and time.

The most efficient electronic option is to allow the Empire medical coder team to have direct connection access to your EMR system (Option 1), so that we may retrieve the records ourselves. Our team has collaborated with several Providers and Facilities to have direct access to their EMR systems to collect the charts. This allows for no vendor interventions and fewer handoffs of the records. *To address compliance concerns, please note that as a health plan, Empire is a covered entity under the HIPAA Privacy Rule and is bound to protect PHI.*

If you are interested in any of these electronic options, or you would like to grant Empire medical coders direct access to your EMR system, please contact our Commercial Risk Adjustment Representative : Alicia.Estrada@Empire.com

Thank you for your continued efforts with our CRA Program, and your help in expediting chart collection requests.

Empire engages Matrix to conduct mobile health clinics and in-home assessments for targeted members

Matrix Mobile Bus

As we continue our efforts to help ensure our members enrolled in Affordable Care Act (ACA) compliant plans have their chronic conditions assessed and documented each year, Empire is engaging Matrix to help encourage members - on our behalf - to schedule a mobile health clinic assessment. A vendor, Matrix operates the largest fleet of mobile medical centers nationwide and has conducted more than 1,000,000 patient assessments since 1998 - providing convenient access to comprehensive health assessments.

The mobile clinic provides members with additional options to help them close any gaps in care that they may have. In late July, Matrix began reaching out to members on our behalf by letter and phone. Our outreach efforts will continue until the end of this year.

Matrix works with hospitals and health plans like Empire BlueCross BlueShield ("Empire") to deliver preventive health testing to the communities Matrix serves. Each mobile clinic has a reception area and private screening rooms. Matrix also helps members with scheduling follow-up appointments with their PCPs at the end of the assessments and forwards the PCPs a copy of any results from the health assessment.

Matrix In-Home Assessments

Matrix will perform in-home assessments where possible. The in-home assessments offer a board-certified nurse practitioner (NP) to come to a member's home to provide a general exam, suggestions for important screenings or other tests, a full review of the medicines they take, answers to health-related questions & a personal health summary detailing their health information. A copy of the assessment will be sent to members' PCPs to ensure continuity of care.

The overall goals of the mobile clinic program and the in-home program are to provide convenient, comprehensive appointments that are designed to complement the care provided by our network of physicians. These mobile clinic or in-home visits do not replace any active treatment plans members currently have with their physicians and are not considered wellness visits or a substitute for members' annual physical examinations.

We're including information about the program in this edition of *Provider News* should patients contact you about the program. Please refer members directly to Matrix if they have questions or need more information:

Mobile Bus: 1-88-822-3247

In-Home: 1-855-403-0967

Reimbursement Policy update

Place of Service - Professional

Beginning with dates of service on or after January 1 2020, services reported by a professional provider with a place of service Telehealth (02) or School (03) will be eligible for non-office place of service reimbursement.

Federal Employee Program® Specialty Pharmacy Clinical Site-of-Care prior authorization review

The [July 2019 edition of *Provider News*](#) notified providers that certain Federal Employee Program® (FEP) plans (member IDs beginning with an "R") utilize a **prior approval** process for specific specialty drugs and site of care. The prior approval process identifies members who meet appropriate site-of-care criteria and encourages ordering providers and members to consider using a lower level of care option for specific specialty drugs. There is no claim penalty for site of care under the current prior approval process. FEP will continue to use this process through December 31, 2019.

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Effective with dates of service on or after January 1, 2020, Empire BlueCross BlueShield (“Empire”) FEP will implement a specialty pharmacy **prior authorization review** process for specific specialty drugs. The prior authorization review will include site-of-care criteria for outpatient hospital-based settings. **As a result of this change, services provided on and after January 1, 2020, without a prior authorization will be denied.**

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

What’s new beginning with dates of service on or after January 1, 2020?

- Prior to administering the drugs noted below in any setting, a prior authorization must be completed in order to evaluate if the drug meets clinical criteria. Empire FEP will begin accepting prior authorization requests on December 18, 2019 for dates of service on and after January 1, 2020. **Request prior authorization review by calling the Blue Cross and Blue Shield Federal Employee Program Service Benefit Plan at (800) 860-2156.**
- Outpatient hospital-based settings will require a site-of-care review for medical necessity as part of the prior authorization review.
 - A provider toolkit aligned to Empire’s clinical guideline (CG-Med83) will be provided to providers requiring a site-of-care review, either by fax or e-review. For outpatient hospital settings that do not meet clinical criteria, a dedicated clinical team will work with you to identify alternate lower level of care sites that can safely administer the drug.
 - In the event that there are no infusion centers within 30 miles of the member’s place of residence, or there are no home infusion providers able to service the member’s residence, the hospital-based setting will be approved.
- If the prior authorization is denied for either the drug not meeting medical necessity or the site-of-care not meeting medical necessity, providers should follow the disputed claim/service process. To obtain the current process, please contact the Blue Cross and Blue Shield Federal Employee Program Service Benefit Plan at (800) 860-2156.
- Services provided on or after January 1, 2020, without prior authorization will result in a denial of claims payment.

Drugs requiring medical necessity and site-of-care review:

Drug	Code	FEP Medical Policy
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(Orencia)	J0129	5.70.18
(Benlysta)	J0490	5.99.01
(Privigen)	J1459	5.20.03
(Cuvitru)	J1555	5.20.08
(Bivigam)	J1556	5.20.03
(Gammaplex)	J1557	5.20.03
(Hizentra)	J1559	5.20.08
(Gamunex-c/Gammaked)	J1561	5.20.03-IV
(Gamunex-c/Gammaked)	J1561	5.20.08-Subq
(Carimune)	J1566	5.20.03
(Octagam)	J1568	5.20.03
(Gammagard liquid)	J1569	5.20.03-IV
(Gammagard liquid)	J1569	5.20.08-Subq
(Flebogamma)	J1572	5.20.03
(HyQvia)	J1575	5.20.08
(Panzyga)	J1599	5.20.03
(Simponi Aria)	J1602	5.70.51
(Remicade)	J1745	5.50.02
(Tysabri)	J2323	5.60.13
(Entyvio)	J3380	5.50.12
(Inflixtra)	Q5103	5.50.02
(Renflexis)	Q5104	5.50.02
(Ixifi)	Q5109	5.50.02

These changes apply to Empire FEP members (member IDs beginning with an “R”) who are receiving the specialty drugs listed above through their medical benefits. **These changes do not impact the approval process for these specialty drugs obtained through pharmacy benefits.** For more information, such as clinical criteria for specialty drugs and level of care, please contact the Blue Cross and Blue Shield Federal Employee Program Service Benefit Plan at 1-800-860-2156.

Pre-certification information for the Federal Employee Program

The Empire BlueCross BlueShield (“Empire”) Service Benefit Plan®, also known as Federal Employee Program®, FEP®, would like to share information about the turnaround times for urgent or non-urgent precertification requests.

Empire FEP follows the National Committee for Quality Assurance (NCQA) standards for turnaround time for urgent or non-urgent precertification requests which are outlined below:

- Urgent concurrent - 24 hours (1 day)

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- Urgent preservice - 72 hours (3 days)
- Non-urgent preservice - 15 calendar days
- Post-service - 30 calendar days

In addition, Empire FEP offers an advanced benefit determination (ABD) for elective services.

- ABD - 15 calendar days

This precertification service is offered as a courtesy. If you would like more information regarding the ABD review process or have additional questions, please contact FEP Utilization Management at 800-860-2156, 8:00 a.m. - 7:00 p.m., Monday-Friday.

US Antibiotic Awareness Week is November 11-18, 2019

This is a one week observance that gives organizations and providers an opportunity to raise awareness on the appropriate use of antibiotics and reduce the threat of antibiotic resistance. The Centers for Disease Control and Prevention (CDC) has many tools for providers at <https://www.cdc.gov/antibiotic-use/week/toolkit.html>. Posters, prescriptions pads, social media posts, patient education pieces, sticker and counter clings, and more can be found on the CDC website.

During U.S. Antibiotic Awareness Week and throughout the year, the CDC promotes *Be Antibiotics Aware*, an educational effort to raise awareness about the importance of safe antibiotic prescribing and use. *Be Antibiotics Aware* has resources to help healthcare professionals (in outpatient and inpatient settings) educate patients and families about antibiotic use and risks for potential side effects. For more information visit: https://www.cdc.gov/antibiotic-use/?s_cid=NCEZID-AntibioticUse-005.

Aspire Telehealth Palliative Care program

Category: Medicare

Aspire Health* for Medicare members in need of telephonic palliative care

The Aspire Telehealth Palliative Care program provides an additional layer of telephonic support to patients facing a serious illness. The program is focused on:

- Helping patients understand their diagnosis.
- Facilitating conversations with patients and their families around their goals of care.
- Ensuring patients receive care aligned with their goals and values.

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The program begins with an initial 30 to 60 minute telephonic assessment by a specially trained Aspire Health social worker. The conversation in this initial call focuses on building rapport and completing a comprehensive assessment. This assessment includes understanding the patient's perception of their illness and current treatment plan. Follow-up calls occur every 2 to 4 weeks, typically lasting 15 to 45 minutes, with the exact frequency based on a patient's individual need. Aspire Health's social workers are supported by a full interdisciplinary team of board-certified palliative care physicians, nurses, and chaplains who provide additional telephonic support to patients and their families as needed. Patients enrolled in the telehealth program have access to 24/7 on-call support. The average patient is enrolled in the program for 6 to 8 months with some of the key goals being the ability for patients to *teach-back* their current medical situation, articulate their health and quality-of-life goals, and establish a future care plan through either the completion of advanced care planning documents and/or a transition to hospice when appropriate.

More information is available at www.aspirehealthcare.com or by calling the 24/7 Patient & Referral Hotline at **1-844-232-0500**.

* Aspire Health is an independent company providing telephonic palliative care on behalf of Empire BlueCross BlueShield.

EBSCRNU-0055-19 August 2019
503077MUPENMUB

Attention: updated physician lab fee schedules for Medicare Advantage products

Category: Medicare

Effective **January 1, 2020**, Empire BlueCross BlueShield will update our physician laboratory fee schedule rates to be consistent with existing Commercial lab fees, which is reflective of the enterprise lab fee schedule for New York. This change is applicable to providers who are reimbursed, either in whole or in part, based on the standard Medicare Advantage fee schedule rates.

The actual impact to any particular physician will depend on the codes most frequently billed by that physician.

The complete updated fee schedule will be available on the [Availity Portal](#) on the effective date of January 1, 2020.

EBSCRNU-0054-19 August 2019

503101NYPENMUB

Medical Policies and Clinical Utilization Management Guidelines update - June 2019

Category: Medicare

The [Medical Policies and Clinical Utilization Management \(UM\) Guidelines](#) were developed or revised to support clinical coding edits. Several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. **Please note:** The *Medical Policies* and *Clinical UM Guidelines* are followed in the absence of Medicare guidance.

Please share this notice with other members of your practice and office staff.

To view a guideline, visit the provider website at

www.empireblue.com/medicareprovider.

Notes/updates

Updates marked with an asterisk (*) denote that the criteria may be perceived as more restrictive:

- * DME.00037 — added devices that combine cooling and vibration to the investigational and not medically necessary statement
- * LAB.00027 — added Mediator Release Test to investigational and not medically necessary statement
- * LAB.00033 — clarified investigational and not medically necessary statement to include 4Kscore and AR-V7
- * OR-PR.00003:
 - Clarified medically necessary position statement criteria 2 through 4
 - Added statement that use of prosthetic devices that combine both a microprocessor controlled knee and foot-ankle prosthesis is considered investigational and not medically necessary for all indications
- * SURG.00011:
 - Added new medically necessary and investigational and not medically necessary statements addressing amniotic membrane-derived products for conjunctival and corneal indications, including KeraSys and Prokera
 - Added new products to investigational and not medically

- * SURG.00045: necessary statement
 - Added erectile dysfunction, Peyronie's disease and wound repair to the investigational and not medically necessary statement
 - Revised title
- * SURG.00121 — added investigational and not medically necessary statement to address use of transcatheter tricuspid valve repair or replacement for all indications
- The following AIM Specialty Health® updates were approved on June 6, 2019:
 - Advanced imaging:
 - Imaging of the heart
 - Oncologic imaging
 - Vascular imaging
 - Proton beam therapy
 - Rehabilitative therapies — physical therapy, occupational therapy and speech therapy (new)

EBSCRNU-0052-19 August 2019
502690MUPENMUB

Update: 2019 risk adjustment provider training

Category: Medicare

The Medicare Risk Adjustment Regulatory Compliance team Empire BlueCross BlueShield offers two provider training programs regarding Medicare risk adjustment guidelines. Information for each training is outlined below. The Medicare Risk Adjustment Regulatory Compliance team developed the following two provider trainings. This update outlines the training series:

Medicare risk adjustment and documentation guidance (general)

When — offered the first Wednesday of each month from December 5, 2018, to November 6, 2019 at 1 to 2 p.m. Eastern time

Learning objective — This training will provide an overview of Medicare Risk Adjustment, including the Risk Adjustment Factor and the Hierarchical Condition Category (HCC) Model, with guidance on medical record documentation and coding.

Credit — This activity has been reviewed and is acceptable for up to one prescribed credit by the American Academy of Family Physicians.

If you are interested in joining us to learn how providers play a critical role in facilitating the

risk adjustment process, register for one of the monthly training sessions at the link below: <https://antheminc.adobeconnect.com/admin/show-event-catalog?folder-id=38826374>.

Medicare risk adjustment, documentation and coding guidance (condition specific)

When — offered on the fourth Wednesday of every other month from January 23, 2019 to November 27, 2019 from noon to 1 p.m. Eastern time

Learning objective — This is a collaborative learning event with Enhanced Personal Health Care (EPHC) to provide in-depth disease information pertaining to specific conditions including an overview of their corresponding hierarchical condition categories (HCC), with guidance on documentation and coding.

Credit — This live series activity has been reviewed and is acceptable for credit by the American Academy of Family Physicians.

For those interested in joining us for this six-part training series, please see the list of topics and scheduled training dates below:

1. **Red flag HCCs, part one** — *Register for recording of live session.*

Training will cover HCCs most commonly reported in error as identified by CMS: chronic kidney disease (stage 5), ischemic or unspecified stroke, cerebral hemorrhage, aspiration and specified bacterial pneumonias, unstable angina and other acute ischemic heart disease, and end-stage liver disease. Recording will play upon registration.

<https://antheminc.cosocloud.com/e4i5k4h7cf3j/event/registration.html>.

1. **Red Flag HCCs, part two** — *Register for recording of live session.*

Training will cover HCCs most commonly reported in error as identified by CMS: atherosclerosis of the extremities with ulceration or gangrene, myasthenia gravis/myoneural disorders and Guillain-Barre syndrome, drug/alcohol psychosis, lung and other severe cancers, and diabetes with ophthalmologic or unspecified manifestation. Recording will play upon registration.

https://antheminc.cosocloud.com/enfndbyedd5g/event/event_info.html.

1. **Opioids and more: substance abuse and dependence** — Recording will play upon registration.

<https://antheminc.cosocloud.com/ekx3tooh22f7/event/registration.html>.

1. **Acute, chronic and status conditions** — Recording will play upon registration.

<https://antheminc.cosocloud.com/eeq7am1fht49/event/registration.html>.

1. **Diabetes mellitus and other metabolic disorders** — September 25, 2019
<https://antheminc.cosocloud.com/e9l4sxyzbd2lq/event/registration.html>.
1. **Behavioral health** — November 27, 2019
<https://antheminc.cosocloud.com/eatxsocnqf6h/event/registration.html>.

EBSCRNU-0052-19 August 2019
502690MUPENMUB

Medicare preferred continuous glucose monitors

Category: Medicare

On January 1, 2020, Empire BlueCross BlueShield (Empire) will implement a preferred edit on Medicare-eligible continuous glucose monitors (CGMs). Currently, there are two CGM systems covered by CMS under the Medicare Advantage Part D (MAPD) benefit; these are Dexcom and Freestyle Libre. The preferred CGM for Medicare Advantage Part D individual members covered by Empire will be Freestyle Libre. This edit will only affect members who are newly receiving a CGM system. Members will need to obtain their CGM system from a retail or mail order pharmacy – not a durable medical equipment (DME) facility. For Dexcom coverage requests, call **1-833-293-0661**.

EBSCRNU-0056-19 August 2019
503236MUPENMUB

Lowering health risks with no-cost statins

Category: Medicare

Statin medications can assist your patients in lowering their cholesterol levels, reducing cardiovascular risk and low-density lipoprotein (LDL) reduction.

When evaluating your patients as candidates for statin medications, implement treatment protocols based on the *American College of Cardiology/American Heart Association 2018 Guideline on the Management of Blood Cholesterol*:

- Cardiovascular risk reduction benefits of statin therapy go beyond cardiovascular risk and LDL reduction.

- Patients with an LDL-C less than 70 should have statin therapy evaluated and individualized based on other cardiovascular risk factors.
- Patients aged less than 75 years and at risk for cardiovascular disease are recommended to have a high-intensity statin. Moderate-intensity statin therapy is recommended if the patient has a contraindication or experienced statin-associated side effects.

Ensuring your patients adhere to their prescribed statin amounts

Several barriers, financial and physical, may prevent your patients from adhering to their prescribed statin use.

Remind your patients of the importance of using their prescribed medications. Communicate to your patients:

- The benefits of the medication.
- The potential for side effects:
 - Try a lower dose or a different statin to manage any experienced side effects.

Prescribe low-cost generics to eliminate cost as a barrier and inform patients of statin medications available for \$0 for up to a 90-day supply.

List of statin medications available for free with an up to 90-day supply

The following medications are available for free to your patients:

- Simvastatin
- Pravastatin
- Lovastatin
- Rosuvastatin
- Atorvastatin

EBSCRNU-0049-19 August 2019
502693MUPENMUB

Prior authorization requirements changes effective November 1, 2019

Category: Medicare

Effective **November 1, 2019**, prior authorization (PA) requirements will change for the following services. These services will require PA by Empire BlueCross for Medicare Advantage members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines (including definitions and specific contract

provisions/exclusions) take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following codes:

- **0026U** — Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result
- **0533T** — Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes setup, patient training, configuration
- **0534T** — Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; setup, patient training, configuration of monitor
- **0535T** — Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration
- **0536T** — Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report
- **0546T** — Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report
- **33270** — Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation
- **33271** — Insertion of subcutaneous implantable defibrillator electrode
- **77299** — Unlisted procedure, therapeutic radiology clinical treatment planning
- **81205** — BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (e.g., Maple syrup urine disease) gene analysis, common variants (e.g., R183P, G278S, E422X)
- **81219** — CALR (calreticulin) (e.g., myeloproliferative disorders), gene analysis, common variants in exon 9
- **81250** — G6PC (glucose-6-phosphatase, catalytic subunit) (e.g., Glycogen storage disease, Type 1a, von Gierke disease) gene analysis, common variants (e.g., R83C, Q347X)
- **81302** — MECP2 (methyl CpG binding protein 2) (e.g., Rett syndrome) gene analysis; full sequence analysis
- **81303** — MECP2 (methyl CpG binding protein 2) (e.g., Rett syndrome) gene analysis; known familial variant
- **81304** — MECP2 (methyl CpG binding protein 2) (e.g., Rett syndrome) gene analysis; duplication/deletion variants

- **81331** — SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (e.g., Prader-Willi syndrome and/or Angelman syndrome), methylation analysis
- **81332** — SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (e.g., Prader-Willi syndrome and/or Angelman syndrome), methylation analysis
- **81400** — Molecular pathology procedure, Level 1 (e.g., identification of single germline variant e.g., SNP by techniques such as restriction enzyme digestion or melt curve analysis) ACADM (acyl—CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (e.g., medium chain acyl dehydrogenase deficiency)
- **81401** — Molecular pathology procedure, Level 2 (e.g., 2-10 SNPs, 1 methylated variant, or 1 somatic variant typically using nonsequencing target variant analysis, or detection of a dynamic mutation disorder/triplet repeat) ABL (c-abl oncogene 1, receptor tyrosine kinase) (e.g., acquired imatinib resistance)
- **81402** — Molecular pathology procedure, Level 3 (e.g., >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants typically using nonsequencing target variant analysis, immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon) CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (e.g., congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (e.g., IVS2-13G, P30L, I172N, exon 6 mutation cluster I235N, V236E, M238K)
- **81402** — Molecular pathology procedure, Level 3 (e.g., >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants typically using nonsequencing target variant analysis, immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon) CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (e.g., congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (e.g., IVS2-13G, P30L, I172N, exon 6 mutation cluster I235N, V236E, M238K)
- **81407** — Molecular pathology procedure, Level 8 (e.g., analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) SCN1A (sodium channel, voltage-gated, type 1, alpha subunit) (e.g., generalized epilepsy with febrile seizures), full gene sequence
- **81408** — Molecular pathology procedure, Level 9 (e.g., analysis of >50 exons in a single gene by DNA sequence analysis) FBN1 (fibrillin 1) (e.g., Marfan syndrome), full gene sequence NF1 (neurofibromin 1) (e.g., neurofibromatosis, type 1), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (e.g., malignant hyperthermia), full gene sequence VWF (von Willebrand factor) (e.g., von Willebrand disease types 1 and 3), full gene sequence
- **97033** — Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
- **C9042** — Injection, bendamustine hcl (belrapzo), 1 mg

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- **C9043** — Injection, levoleucovorin, 1 mg
- **C9141** — Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl (jivi)
- **D9130** — Temporomandibular Joint Dysfunction - Non-Invasive Physical Therapies
- **D9920** — or management, by report
- **J9999** — Not otherwise classified, antineoplastic drugs
- **S3850** — Genetic testing for sickle cell anemia

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

- **Web:** <https://www.Availity.com>
- **Phone:** Call the Provider Services number on the back of the member's ID card for PA requirements.

Not all prior authorization requirements are listed here. Detailed prior authorization requirements are available to contracted providers by accessing the Provider Self-Service Tool at <https://www.Availity.com>. Contracted and noncontracted providers who are unable to access Availity may call the Provider Services number on the back of the member's ID card for PA requirements.

EBCCRNU-0044-19 August 2019
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Keep up with Medicare news

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

- [March 2019 Medical Policies and Clinical Utilization Management Guidelines update](#)
- [Clinical Laboratory Improvement Amendments](#)
- [Changes to PA requirements](#)
- [Assisting your patients in managing the Donut Hole](#)
- [Prior authorization requirements for continuous positive airway pressure supplies](#)
- [MCG Care Guidelines update and customizations](#)

Medical Policies and Clinical Utilization Management Guidelines update - March 2019

Category: Medicaid

October 2019 Empire Provider News

The [Medical Policies and Clinical Utilization Management \(UM\) Guidelines](#) were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.

Please share this notice with other members of your practice and office staff.

To view a guideline, visit https://www11.empireblue.com/ny_search.html.

Notes/updates:

- CG-DME-44 — Electric Tumor Treatment Field (TTF) was revised to add the use of enhanced computer treatment planning software (such as NovoTal) as not medically necessary (NMN) in all cases.
- CG-MED-72 — Hyperthermia for Cancer Therapy was revised to clarify medically necessary (MN) and NMN statements addressing frequency of treatment.
- CG-SURG-09 — Temporomandibular Disorders was revised to clarify MN and NMN criteria and removed requirement for FDA approval of prosthetic implants.
- CG-SURG-30 — Tonsillectomy for Children with or without Adenoidectomy was revised to:
 - Spell out number of episodes of throat infections in MN criteria (A1, A2, A3).
 - Clarify criterion addressing parapharyngeal abscess (B4) to say *two or more*.
 - Add “asthma” as potential condition improved by tonsillectomy in MN criteria (C1b).
- The following AIM Specialty Health® updates took effect on September 28, 2019:
 - Advanced Imaging
 - Imaging of the Brain
 - Imaging of the Extremities
 - Imaging of the Spine

NYE-NU-0160-19 August 2019

Medical Policies and Clinical Utilization Management Guidelines update - June 2019

Category: Medicaid

October 2019 Empire Provider News

The [Medical Policies and Clinical Utilization Management \(UM\) Guidelines](#) were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.

Please share this notice with other members of your practice and office staff.

To view a guideline, visit https://www11.empireblue.com/ny_search.html.

Notes/updates:

Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive.

- *DME.00037 — Added devices that combine cooling and vibration to the Investigational (INV) & not medically necessary (NMN) statement
- *LAB.00027 — Added Mediator Release Test to INV&NMN statement.
- *LAB.00033 — Clarified INV&NMN statement to include 4Kscore and AR-V7
- *OR-PR.00003:
 - Clarified medically necessary (MN) position statement criteria 2 to 4
 - Added statement that use of prosthetic devices that combine both a microprocessor controlled knee and foot-ankle prosthesis is considered INV&NMN for all indications
- *SURG.00011:
 - Added new MN and INV&NMN statements addressing amniotic membrane-derived products for conjunctival and corneal indications, including KeraSys and Prokera
 - Added new products to INV&NMN statement.
- *SURG.00045:
 - Added erectile dysfunction, Peyronie's disease and wound repair to the INV&NMN statement
 - Revised title
- *SURG.00121 — Added INV&NMN statement to address use of transcatheter tricuspid valve repair or replacement for all indications
- The following AIM Specialty Health® updates were approved on June 6, 2019:
 - Advanced Imaging:
 - Imaging of the Heart
 - Oncologic Imaging
 - Vascular Imaging
 - Proton Beam Therapy
 - Rehabilitative Therapies — Physical Therapy, Occupational

Therapy and Speech Therapy (New)

NYE-NU-0165-19 August 2019

New clinical guideline: pneumatic compression devices, effective December 1, 2019

Category: Medicaid

Empire BlueCross BlueShield HealthPlus will implement the following clinical guideline effective December 1, 2019, to support the review for unnecessary outpatient pneumatic compression devices (PCDs) postoperative orthopedic procedures.

Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these prior authorization rules and must be considered first when determining coverage.

Noncompliance with new requirements may result in denied claims.

CG-DME-46 Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Lower Limbs

PCDs are used in clinics or can be purchased or rented for home use for prevention and treatment of a number of conditions. PCD therapy involves the use of an inflatable garment and an electrical pneumatic pump. The garment is intermittently inflated and deflated with cycle times and pressures that vary between devices. This document only addresses the home use of PCDs postoperative outpatient orthopedic procedures for the prevention of deep vein thrombosis (DVT) of the lower limbs.

Note: This document addresses devices for the prevention of DVT only. Pneumatic devices used in the treatment or prevention of lymphedema, venous insufficiency and therapy for musculoskeletal injuries are **not** addressed in this document, nor are devices for prevention of DVT postmajor surgical procedures.

Not medically necessary

The home use of PCDs for prevention of thromboembolism of the lower limbs following outpatient orthopedic surgery is considered **not medically necessary** for all indications.

NYE-NU-0166-19 August 2019

Medical drug Clinical Criteria updates

Category: Medicaid

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

On February 22, 2019, and March 14, 2019, the Pharmacy and Therapeutics (P&T) Committee approved changes to *Clinical Criteria* applicable to the **medical drug benefit** for Empire. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the provider website, and the effective dates will be reflected in the [Clinical Criteria Q1 web posting](#). Visit [Clinical Criteria](#) to search for specific policies.

For questions or additional information, please use this [email](#).

NYE-NU-0155-19 August 2019
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Prior authorization requirements changes effective November 1, 2019

Category: Medicaid

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

Effective **November 1, 2019**, prior authorization (PA) requirements will change for the following services. These services will require PA by Empire for Medicaid and Medicare Advantage members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines (including definitions and specific contract provisions/exclusions) take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following codes:

- **0026U** — Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result
- **0533T** — Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes setup, patient

training, configuration

- **0534T** — Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; setup, patient training, configuration of monitor
- **0535T** — Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration
- **0536T** — Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report
- **0546T** — Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report
- **33270** — Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation
- **33271** — Insertion of subcutaneous implantable defibrillator electrode
- **77299** — Unlisted procedure, therapeutic radiology clinical treatment planning
- **81205** — BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (for example, Maple syrup urine disease) gene analysis, common variants (for example, R183P, G278S, E422X)
- **81219** — CALR (calreticulin) (for example, myeloproliferative disorders), gene analysis, common variants in exon 9
- **81250** — G6PC (glucose-6-phosphatase, catalytic subunit) (for example, Glycogen storage disease, Type 1a, von Gierke disease) gene analysis, common variants (for example, R83C, Q347X)
- **81302** — MECP2 (methyl CpG binding protein 2) (for example, Rett syndrome) gene analysis; full sequence analysis
- **81303** — MECP2 (methyl CpG binding protein 2) (for example, Rett syndrome) gene analysis; known familial variant
- **81304** — MECP2 (methyl CpG binding protein 2) (for example, Rett syndrome) gene analysis; duplication/deletion variants
- **81331** — SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (for example, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis
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- **81400** — Molecular pathology procedure, Level 1 (for example, identification of single germline variant for example, SNP by techniques such as restriction enzyme digestion or melt curve analysis)ACADM (acyl—CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (for example, medium chain acyl dehydrogenase deficiency)

- **81401** — Molecular pathology procedure, Level 2 (for example, 2-10 SNPs, 1 methylated variant, or 1 somatic variant typically using nonsequencing target variant analysis, or detection of a dynamic mutation disorder/triplet repeat) ABL (c-abl oncogene 1, receptor tyrosine kinase) (for example, acquired imatinib resistance)
- **81402** — Molecular pathology procedure, Level 3 (for example, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants typically using nonsequencing target variant analysis, immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon) CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (for example, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (for example, IVS2-13G, P30L, I172N, exon 6 mutation cluster I235N, V236E, M238K)
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- **81407** — Molecular pathology procedure, Level 8 (for example, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) SCN1A (sodium channel, voltage-gated, type 1, alpha subunit) (for example, generalized epilepsy with febrile seizures), full gene sequence
- **81408** — Molecular pathology procedure, Level 9 (for example, analysis of >50 exons in a single gene by DNA sequence analysis) FBN1 (fibrillin 1) (for example, Marfan syndrome), full gene sequence NF1 (neurofibromin 1) (for example, neurofibromatosis, type 1), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (for example, malignant hyperthermia), full gene sequence VWF (von Willebrand factor) (for example, von Willebrand disease types 1 and 3), full gene sequence
- **97033** — Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
- **C9042** — Injection, bendamustine hcl (belrapzo), 1 mg
- **C9043** — Injection, levoleucovorin, 1 mg
- **C9141** — Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl (jivi)
- **D9130** — Temporomandibular Joint Dysfunction - Non-Invasive Physical Therapies
- **D9920** — or management, by report
- **J9999** — Not otherwise classified, antineoplastic drugs
- **S3850** — Genetic testing for sickle cell anemia

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

- **Web:** <https://www.Availity.com>

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- **Fax: 1-800-964-3627**
- **Phone: 1-800-450-8753**

Not all prior authorization requirements are listed here. Detailed prior authorization requirements are available to contracted providers by accessing the Provider Self-Service Tool at <https://www.Availity.com>. Contracted and noncontracted providers who are unable to access Availity may call our Provider Services at **1-800-450-8753** for assistance with PA requirements. To reach Medicare Advantage Provider Services, call the number on the back of members' ID cards.

NYE-NU-0159-19 August 2019
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Keep up with Medicaid news

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

- [MCG Care Guidelines update and customizations](#)