

# 6 Precertification & Referrals

## NOTICE AND PRECERTIFICATION REQUIREMENTS

### Services Requiring Notice

Precertification is NOT required for the treatment of an “emergency condition.” An “emergency condition” is a medical or behavioral condition, of sudden onset, that manifests itself by symptoms of sufficient severity (including severe pain), that a prudent layperson, possessing an average knowledge of medicine and health could reasonably expect the absence of immediate medical attention to result in

- placing the health of the person afflicted with such condition in serious jeopardy, or in the case of a behavioral condition placing the health of such person or others in serious jeopardy;
- serious impairment to such person’s bodily functions;
- serious dysfunction of any bodily organ or part of such person; or
- serious disfigurement of such person.

However, Medical Management must be notified within 48 hours of an emergency or maternity admission by the admitting physician or PCP. As with all other admissions, emergency and maternity admissions must meet evidence-based, medical necessity criteria. Failure to call within these required time frames may result in a denial of payment for which the member cannot be balance billed.

### Services Requiring Precertification

The table listed on the next page details what services require precertification and who is responsible for obtaining precertification. This list is subject to change. You will be notified in writing in advance of any change.

## Responsibility for Obtaining Precertification

### HMO and POS Products

The responsibility for obtaining precertification for all planned admissions the services listed above starts with the member’s PCP for all of Empire’s HMO and POS products. Generally, the PCP must obtain precertification for all services listed on the next page, as well as for all referrals to nonparticipating providers. However, Specialists with a valid referral from the PCP may call the Medical Management Program in advance to preauthorize any of the services listed above related to the condition being treated by the specialist.

Please note that you may not bill an HMO or POS member if payment is denied because of your failure to preauthorize services within the required time frames.

### Other Products

Members must contact Empire’s Medical Management Program in advance to precertify the services listed above. The member’s failure to obtain precertification for the items listed on page 36 will result in a reduction in benefits. This will result in a reduction of our payment to you, although you may pursue payment of the penalty amount from the member.

You may wish to obtain the precertification on behalf of the member in order to avoid having to pursue the amount of any penalty from the member.

### How to Precertify

- **Physician Online Services** — You may access our website and submit a precertification request as well as search the status of your precertifications.
  - Log in to Physician Online Services at [www.empireblue.com](http://www.empireblue.com)
  - Input the member’s ID in the member search box and click SEARCH

## Services Requiring Precertification

Service	HMO/POS Members Call 1-800-441-2411	EPO/PPO Member Call 1-800-845-4741
Scheduled inpatient admissions	Physician	Member
Acute inpatient rehabilitation	Physician	Member
Ambulatory and outpatient surgery (only required for possible cosmetic/reconstructive, outpatient transplant and or ophthalmologic procedures).	Physician	Member
Home healthcare and home infusion therapy	Physician	Member
Private duty nursing	Physician	Member
Skilled Nursing facility	Physician	Member
Referrals to nonparticipating providers (HMO and POS Products only)	Physician	Member
Cardiac rehabilitation	Physician	Member
Maternity Care (during first trimester of pregnancy)	Physician	Member
Durable Medical Equipment	Physician	Member
Orthotics and Prosthetics	Physician	Member
Magnetic Resonance Imaging (MRA)/(MRI)	Physicians should call National Imaging Associates, Inc. at the number listed on the back of the member's ID card.	Members should call National Imaging Associates, Inc. at the number listed on the back of the member's ID card. (Beginning 3/1/05 Physicians will be responsible for precertification.)
Physical/occupational/speech/ therapies	Physicians should fax precertification requests to OrthoNet at 1-866-800-7485.	Members should fax precertification requests to OrthoNet at 1-866-800-7485.
Hospice care	Physician	Member
Transplants*	Physician	Member
Air ambulance transport service	Physician	Member
CT, PET, Nuclear Cardiology (HMO and POS products. Will be required for EPO/PPO products beginning 3/1/05.)	Physicians should call National Imaging Associates, Inc. at the number listed on the back of the member's ID card.	Members should call National Imaging Associates, Inc. at the number listed on the back of the member's ID card. (Beginning 3/1/05 Physicians will be responsible for precertification.)

\* For more information on Empire's Transplant Program please refer to Chapter 5: Health Services Programs.

- Add the member to the “Waiting Room” by clicking ADD next to the member's name
- Click on the member's name in the Waiting Room
- Click AUTHORIZATIONS
- Click CREATE PRECERTIFICATION
- Enter the applicable information
- Click REVIEW FOR SUBMISSION
- Fax Notification — You may use the Medical

Management Fax Authorization Request form provided in this Sourcebook. The fax form features a toll-free number for submitting your fax certification requests: 1-800-241-5308. (Please note that the obstetrical fax certification request form should be completed after the first prenatal visit.) After Medical Management reviews your precertification request, Empire will respond with an authorization or a

request for additional information. NOTE: It is essential that you provide your fax number on the request form. Medical Management will accept notification of timely precertification requests.

- Telephone — Empire’s Medical Management Program can be reached at 1-800-982-8089, 8:30 a.m. to 5:00 p.m. EST, Monday – Friday. Select the option for precertification on the telephone menu selections. During non-business hours you will have an option to leave a voicemail message, or for an emergency admissions, your call will be handled by our 24-hour Nurse Call Center.

For HMO, Direct HMO and POS plans, call 1-800-441-2411, 8:30 a.m. – 5:00 p.m. EST, Monday – Friday.

For Empire EPO and PPO plans, call 1-800-845-4741, 8:30 a.m. – 5:00 p.m. EST, Monday – Friday.

The Medical Management Program is staffed by a team of Managed Care Coordinators and registered nurses between the hours of 8:30 a.m. and 5:00 p.m. EST, Monday – Friday. Also, the Medical Management telephone lines are available outside of normal business hours through our 24-hour Nurse Call Center. If a PCP or Referral Specialist calls Medical Management during non-business hours, an option for notification of emergency admissions is provided.

Please Note: Empire requires notification of all inpatient emergency admissions within 48 hours of the admission. If Medical Management is not notified within the required time frames, Empire will deny the days of service prior to the date of notification. Medical Management will conduct a medical review only from the date of notification forward, if the patient is still in the hospital. If the patient already has been discharged at the time of the notification, Medical Management will not review the admission and the claim will be subject to full denial for lack of notification.

After-hours calls are handled through our 24-hour Nurse Call Center. If a PCP, treating practitioner or hospital calls Medical Management during non-business hours, an option for notification of emergency admissions will be provided.

## Special Rules for Precertification

### Behavioral Health and Substance Abuse Services

Empire’s behavioral healthcare vendor, rather than the PCP, is responsible for authorizing referrals to behavioral health, alcoholism and substance abuse treatment providers. For most Empire accounts, the vendor is Magellan Behavioral Health, but please note

that some accounts may have their behavioral health and substance abuse benefits administered by another company. This should be indicated on the member’s ID card.

Members must contact Magellan Behavioral Health in advance to precertify for:

- Behavioral healthcare — in/outpatient
- Alcohol or substance abuse detoxification — inpatient
- Alcohol or substance abuse treatment — outpatient

Failure to obtain precertification for the items listed above will result in a 50% reduction in benefits up to \$5,000 for each occurrence. The member is held financially accountable.

Magellan Behavioral Health mirrors Empire’s precertification and utilization management processes.

Empire’s goal is to facilitate continuous and appropriate medical and behavioral health services to members across all practitioner and provider sites. To achieve this goal, Empire monitors continuity and coordination of medical care and collaborates with our behavioral health vendor to monitor continuity and coordination of medical care with behavioral health care.

You can help ensure appropriate continuity and coordination of care by encouraging open communication and adhering to the requirements outlined in our Medical Record Documentation Standards in Chapter 10: Quality Management.

### Authorization Procedures

To obtain referrals and preauthorization for treatment, the member, relative, PCP or treating provider should call Magellan. Magellan is available to answer emergency calls 24 hours a day.

- For members with HMO coverage, call 1-800-635-6626 (8:30 a.m. to 5:00 p.m. EST, Monday – Friday).
- For members with POS, EPO or PPO coverage, call 1-800-626-3643 (8:30 a.m. to 5:00 p.m. EST, Monday – Friday).

A member may contact the Magellan directly for a confidential clinical assessment and referral to an appropriate provider. A Magellan clinician will consult with the provider to whom the member has been referred, review the patient’s clinical condition and determine along with the provider, the level of treatment that is medically necessary.

- If treatment is determined to be medically necessary, the Magellan clinician will authorize the treatment plan, which may include admission to an inpatient

facility, partial hospitalization or outpatient treatment.

- During the course of treatment the Magellan clinician will review the member's treatment with the physician on an ongoing basis. If treatment is determined to be medically necessary additional treatment will be authorized.
- Instructions regarding appeal and grievance resolution procedures will be provided to members and providers when the Magellan does not authorize treatment as medically necessary.

Claims for mental health, alcoholism and substance abuse benefits for HMO, POS and EPO/PPO members should be submitted to:

Empire BlueCross BlueShield  
PO Box 1407  
Church Street Station  
New York, NY 10008

For information on claims and behavioral health member benefits, call Empire's Physician Services at 1-800-552-6630 8:30 a.m. to 5:00 p.m. EST, Monday – Friday.

## THIRD PARTY UTILIZATION MANAGEMENT (UM) VENDORS

For members managed by a third party UM vendor outside of Empire, please contact them directly to obtain approval.

## IMAGING PRECERTIFICATION REQUIREMENTS —

Precertification is required for all Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Positron Emission Tomography (PET) Scans, Computerized Axial Tomography (CAT) Scans and Nuclear Cardiology services for all of Empire's managed members in the following products:

- HMO
- Senior Plan
- HMO/POS
- Direct Share POS
- Child Health Plus
- New Jersey HMO
- Healthy NY (MRI only)
- New Jersey PPO
- Direct Connection EPO
- Direct POS
- CDHP products
- Empire Deluxe PPO

Precertification requirements are handled by National Imaging Associates, Inc. (NIA). Please call the number on the back of the member's ID card to obtain authorization. Select the option for precertification/prior authorization and then the prompt for radiology precertification. Your call will be routed to NIA.

When calling to obtain authorization, you will be asked to provide the following information:

- Name and telephone number of ordering physician
- Name and date of birth of patient
- Patient's Empire member identification (ID) number
- Requested procedure or examination
- Name, address and telephone number of the rendering imaging provider
- Reason the service/procedure is being requested (i.e. further evaluation, rule out a disorder)
- Clinical indications for the requested study:
  - Symptoms and their duration
  - Conservative treatment options already completed (i.e. physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications)
  - Preliminary procedures already completed (i.e. X-rays, CT's, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation)
- Previous testing reports and associated clinical notes.

### Important Notes

- Radiology studies performed in an emergency room, observation and inpatient procedures do not require precertification. If an emergency clinical situation exists outside of a hospital emergency room, you should proceed with the examination and call within 48 hours to proceed with the normal review process.
- If you are a Primary Care Physician (PCP) or specialist ordering these services, please call for precertification if the services will be rendered in-network.
- If you are the provider rendering the service, be sure to verify that the necessary precertification has been obtained as failure to do so may result in non-payment of your claims.
- Ordering and rendering physicians can verify authorizations online at [www.radmd.com](http://www.radmd.com).

## DURABLE MEDICAL EQUIPMENT (DME)

The following list of items requires precertification from Medical Management prior to supplying these items to all Empire members. Failure to obtain precertification prior to providing services may result in non-payment of claims.

## DME Precertification List\*

CODE	MODIFIER	DESCRIPTION
E0193	RR	Powered Air Flotation Bed
E0194	RR	Air Fluidized Bed
E0196	RR	Gel Pressure Mattress
E0202	RR	Phototherapy (bilirubin) Light w/photometer; per day
E0250	NU or RR	Hospital Bed, fxd height w/any type side rails, w/mattress
E0251	NU or RR	Hospital Bed, fxd height w/any type side rails, w/o mattress
E0255	NU or RR	Hospital Bed, variable height, hi-lo, w/any type side rails, w/mattress
E0256	NU or RR	Hospital Bed, variable height, hi-lo, w/any type side rails, w/o mattress
E0260	NU or RR	Hospital Bed, semi-electric (head and foot adj), w/any type side rails w/mattress
E0261	NU or RR	Hospital Bed, semi-electric (head and foot adj), w/any type side rails w/o mattress
E0265	NU or RR	Hospital Bed, total electric (head and foot adj), w/any type side rails w/mattress
E0266	NU or RR	Hospital Bed, total electric (head and foot adj), w/any type side rails w/o mattress
E0277	RR	Powered Pressure-reducing air mattress per month
E0290	NU or RR	Hospital Bed — fxd height w/o side rails, w/mattress
E0291	NU or RR	Hospital Bed — fxd height w/o side rails, w/o mattress
E0292	NU or RR	Hospital Bed — variable height, hi-lo, w/o side rails, w/mattress
E0293	NU or RR	Hospital Bed — variable height, hi-lo, w/o side rails, w/o mattress
E0294	NU or RR	Hospital Bed — semi-electric (head and foot adj), w/o side rails, w/mattress
E0295	NU or RR	Hospital Bed — semi-electric (head and foot adj), w/o side rails, w/o mattress
E0296	NU or RR	Hospital Bed — total electric (head, foot and height adj), w/o side rails, w/mattress
E0297	NU or RR	Hospital Bed, Total Electric (Head, Foot and Height Adjustments), w/o Side Rails, w/o Mattress
E0371	NU or RR	Nonpowered Advanced Pressure for Mattress
E0372	NU or RR	Powered Air Overlay for Mattress
E0424	RR	Stationary Compressed Gaseous Oxygen System, includes contents
E0425	NU	Stationary Compressed Gas System includes regulator, flowmeter, mask, and tubing
E0430	NU	Portable Gaseous Oxygen System, Purchase, includes regulator, flowmeter
E0431	RR	Portable Gaseous Oxygen System, includes regulator, flowmeter, mask, and tubing
E0434	RR	Portable Liquid Oxygen System, Rental, includes portable container
E0435	NU	Portable Liquid Oxygen System, Purchase, includes portable container
E0439	RR	Stationary Liquid Oxygen System, Rental, includes contents
E0440	NU	Stationary Liquid Oxygen System, Purchase, includes contents
E0450	RR	Volume Ventilator — stationary
E0460	RR	Negative Pressure Ventilator — portable (e.g. Porta-Lung)
E0462	RR	Rocking Bed — with or without side rails
E0480	NU or RR	Percussor, electric or pneumatic, home model
E0481	RR	Intrapulmonary percussive ventilation system and related supplies
E0482	NU or RR	Cough stimulating device, alternating positive and negative airway pressure
E0500	RR	IPPB Machine — all types, w/built-in nebulization; manual or auto valves; internal or external power source

CODE	MODIFIER	DESCRIPTION
E0565	NU or RR	Compressor — air power source for equipment which is not self-contained or cylinder driven
E0600	RR	Suction Pump — home model, portable
E0601	NU or RR	Nasal Continuous Airway Pressure (CPAP) Device Excludes Accessories
E0617	RR	External Defibrillator or with integrated electrocardiogram analysis
E0650	NU or RR	Pneumatic Compressor — non-segmental home model (lymphedema pump)
E0651	NU or RR	Pneumatic Compressor — segmental home model (lymphedema pump) w/o calibrated gradient pressure
E0652	NU or RR	Pneumatic Compressor — segmental home model (lymphedema pump) w/calibrated gradient pressure
E0655	NU or RR	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm
E0660	NU or RR	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg
E0665	NU or RR	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm
E0666	NU or RR	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg
E0667	NU or RR	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0668	NU or RR	Segmental pneumatic appliance for use with pneumatic compressor, full arm
E0669	NU or RR	Segmental pneumatic appliance for use with pneumatic compressor, half leg
E0671	NU or RR	Segmental Gradient Pressure Pneumatic Appliance — full leg
E0672	NU or RR	Segmental Gradient Pressure Pneumatic — full arm
E0673	NU or RR	Segmental Gradient Pressure Pneumatic — half leg
E0690	NU or RR	Ultraviolet Cabinet — appropriate for home use
E0744	RR	Neuromuscular Stimulator — for scoliosis
E0745	RR	Neuromuscular Stimulator — electronics shock unit, non-clinical model
E0747	NU or RR	Osteogenesis Stimulator — non invasive
E0748	NU or RR	Osteogenic Stimulator, Electrical, Non-Invasive, Spinal Applications
E0758	RR	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
E0760	NU or RR	Osteogenesis Stimulator, Low Intensity, Ultra-Sound, Non-Invasive
E0781	RR	Ambulatory infusion pump, single or multiple channels, w/administrative equipment, worn by patient
E0791	RR	Parenteral infusion pump, stationary, single or multi-channel
E0855	RR	Cervical traction equipment not requiring additional stand or frame
E0935	RR	Passive Motion Exercise Device — rental; rate/per day (plus kit)
E0941	RR	Gravity Assisted Traction Device — any type
E1050	NU or RR	Fully reclining wheelchair-fixed full length arms, swing away detachable elevating leg rests
E1060	NU or RR	Fully reclining wheelchair — detachable arms, desk or full length, swing away, detachable elevating leg rests
E1065	NU or RR	Power Attachment
E1070	NU or RR	Fully Reclining Wheelchair — detachable arms; desk or full length; swing away DFR
E1083	NU or RR	Hemi-Wheelchair — fxd full length arms, swing away detachable elevating leg rest
E1084	NU or RR	Hemi-Wheelchair — detachable arms, desk or full length, swing away detachable elevating leg rests
E1085	NU or RR	Hemi-Wheelchair — fxd full length arms, swing away detachable foot rests
E1086	NU or RR	Hemi-Wheelchair - detachable arms, desk or full length, swing away detachable footrests
E1087	NU or RR	High Strength Light Weight Wheelchair — fxd full length arms, swing away detachable elevating leg rests
E1088	NU or RR	High Strength Light Weight Wheelchair — detachable arms, desk or full length, swing away detachable elevating leg rests

CODE	MODIFIER	DESCRIPTION
E1089	NU or RR	High Strength Light Weight Wheelchair — fxd length arms, swing away detachable footrest
E1090	NU or RR	High Strength Light Weight Wheelchair — detachable arms, desk or full length, swing away detachable footrests
E1091	RR	Youth Wheelchair — any type
E1092	NU or RR	Wide Heavy Duty Wheelchair; detachable arms, desk or full length, swing away detachable leg rests
E1093	NU or RR	Wide, Heavy Duty Wheelchair — detachable arms, desk or full length arms, swing away detachable footrests
E1100	NU or RR	Semi-Reclining Wheelchair — fxd full length arms, swing away detachable elevating leg rests
E1110	NU or RR	Semi-Reclining Wheelchair — detachable arms; desk or full length; elevating leg rests
E1130	NU or RR	Standard Wheelchair — fxd full length arms; fxd or swing away detachable footrests
E1140	NU or RR	Wheelchair — detachable arms, desk or full length, swing away detachable footrests
E1150	NU or RR	Wheelchair — detachable arms, desk or full length, swing away detachable elevating leg rests
E1160	NU or RR	Wheelchair — fxd full length arms, swing away detachable elevating leg rests
E1170	NU or RR	Amputee Wheelchair — fxd full length arms, swing away detachable elevating leg rests
E1171	NU or RR	Amputee Wheelchair — fxd full length arms, w/o footrests or leg rests
E1172	NU or RR	Amputee Wheelchair — detachable arms; desk or full length; w/o footrests or legrests
E1180	NU or RR	Amputee Wheelchair — detachable arms; desk or full length; swing away detachable footrests
E1190	NU or RR	Amputee Wheelchair — detachable arms; desk or full length; swing away detachable elevating legrests
E1195	NU or RR	Wheelchair, Heavy Duty — fxd full length arms, swing away detachable elevating legrests
E1200	NU or RR	Amputee Wheelchair — fxd full length arms, swing away detachable footrest
E1210	NU or RR	Motorized Wheelchair — fxd full length arms, swing away detachable elevating legrests
E1211	NU or RR	Motorized Wheelchair — detachable arms, desk or full length, swing away detachable elevating legrests
E1212	NU or RR	Motorized Wheelchair — fxd full length arms, swing away detachable footrests
E1213	NU or RR	Motorized Wheelchair — detachable arms, desk or full length, swing away detachable footrests
E1220	NU	Wheelchair; specially sized or constructed
E1221	NU or RR	Wheelchair with Fixed Arms
E1222	NU or RR	Wheelchair with Fixed Arms
E1223	NU or RR	Wheelchair with Detachable Arms
E1224	NU or RR	Wheelchair with Detachable Arms
E1230	NU or RR	Power-Operated Vehicle
E1240	NU or RR	Lightweight wheelchair — detachable arms, (desk or full length) swing away detachable, elevating leg rest
E1250	NU or RR	Lightweight wheelchair — fixed full length arms, swing away detachable footrest
E1260	NU or RR	Lightweight wheelchair — detachable arms (desk or full length) swing away detachable footrest
E1270	NU or RR	Lightweight wheelchair — fixed full length arms, swing away detachable elevating leg rests
E1280	NU or RR	Heavy duty wheelchair — detachable arms (desk or full length) elevating leg rests
E1285	NU or RR	Heavy duty wheelchair — fixed full length arms, swing away detachable foot rests
E1290	NU or RR	Heavy duty wheelchair — detachable arms (desk or full length) swing away detachable footrest fixed full legs, elevating leg rest
E1295	NU or RR	Heavy duty wheelchair — full length arms
E1390	RR	Oxygen concentrator, capable of delivering 85 percent or greater oxygen at the prescribed flow rate
E1399	NU or RR	Durable Medical Equipment, miscellaneous

CODE	MODIFIER	DESCRIPTION
E1405	RR	Oxygen and water vapor enriching system w/heated delivery
E1406	RR	Oxygen and water vapor enriching system w/o heated delivery
E1902	NU	Communication board, non-electronic augmentative or alternative communication device
K0001	NU or RR	Standard Wheelchair — fxd full length arms; fxd or swing away detachable footrests
K0002	NU or RR	Standard hemi (flow seat) wheelchair
K0003	NU or RR	Lightweight wheelchair
K0004	NU or RR	High strength, lightweight wheelchair
K0005	NU or RR	Ultralightweight wheelchair
K0006	NU or RR	Heavy duty wheelchair
K0007	NU or RR	Extra heavy duty wheelchair
K0009	NU or RR	Other manual wheelchair/base
K0010	NU or RR	Standard weight frame motorized/power wheelchair
K0011	NU or RR	Standard weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking
K0012	NU or RR	Lightweight portable motorized/power wheelchair
K0014	NU or RR	Other motorized/power wheelchair base
K0455	RR	Infusion pump used for uninterrupted administration of epoprostenol
K0460	NU	Power add-on, to convert manual wheelchair to motorized wheelchair, joystick control
K0461	NU	Power add-on, to convert manual wheelchair to power operated vehicle, tiller control
K0532	NU or RR	Respiratory assist device — bi-level pressure capability, without back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask
K0533	NU or RR	Respiratory assist device — bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask
K0534	NU or RR	Respiratory assist device — bi-level pressure capability, with back-up rate feature, used with invasive interface, e.g., tracheostomy tube
K0541	NU	Speech generating device — digitized speech using pre-corded messages, less than or equal to 8 minutes recording time
K0542	NU	Speech generating device — digitized speech using pre-recorded messages, greater than 8 minutes recording time
K0543	NU	Speech generating device — synthesized speech, requiring message formulation by spelling and access by physical contact with the device
K0544	NU	Speech generating device — synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
K0549	NU or RR	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 but less than or equal to 600 pounds, with any type side rails, with mattress
K0550	NU or RR	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 but less than or equal to 600 pounds, with any type side rails, with mattress

RR = DME that is rented.

NU = DME that is purchased.

\*List is subject to change without prior notification.

## ORTHOTICS AND PROSTHETICS (O & P)

The following list of items requires precertification from Medical Management prior to supplying these items to all Empire members. Failure to obtain precertification prior to providing services may result in non-payment of claims.

### O & P Precertification List\*

HCPCS Code	Description
L3000	Foot insert, removable, molded to patient model, "UCB" type, Berkeley shell, each
L3001	Foot insert, removable, molded to patient model, Spenco, each
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each
L3003	Foot insert, removable, molded to patient model, "UCB" type, Berkeley shell, each
L3010	Foot insert, removable, longitudinal arch support, each
L3020	Foot insert, removable, longitudinal/metatarsal support
L3030	Foot insert, removable, formed to patient, each
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device
L6920	Wrist Disarticulation, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock or Equal, Switch, Cables, Two Batteries and One Charger, Switch Control or Terminal Device
L6925	Wrist Disarticulation, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock or Equal, Electrodes, Cables, Two Batteries and One Charger, Myoelectronic Control of Terminal Device
L6930	Below Elbow, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock or Equal Switch, Cables, Two Batteries and One Charger, Switch Control of Terminal Device
L6935	Below Elbow, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock or Equal Electrodes, Cables, Two Batteries and One Charger, Myoelectronic Control of Terminal Device
L6940	Elbow Disarticulation, External Power, Molded Inner Socket, Removable Humeral Shell, Outside Locking Hinges, Forearm, Otto Bock or Equal Switch, Cables, Two Batteries and One Charger, Switch Control or Terminal Device
L6945	Elbow Disarticulation, External Power, Molded Inner Socket, Removable Humeral Shell, Outside Locking Hinges, Forearm, Otto Bock or Equal Electrodes, Cables, Two Batteries and One Charger, Myoelectronic Control or Terminal Device
L6950	Above Elbow, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock or Equal Electrodes, Cables, Two Batteries and One Charger, Myoelectronic Control of Terminal Device
L6955	Above Elbow, External Power, Molded Inner Socket, Removable Humeral Shell, Internal Locking Elbow, Forearm, Otto Bock or Equal Electrodes, Cables, Two Batteries and One Charger, Myoelectronic Control or Terminal Device
L6960	Shoulder Disarticulation External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock, Equal Switch, Cables, Two Batteries and One Charger, Switch Control Terminal Device
L6965	Shoulder Disarticulation External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock, Equal Electrodes, Cables, Two Batteries and One Charger Myoelectronic Control Terminal Device
L6970	Interscapular-Thoracic, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock, Equal Switch, Cables, Two Batteries and One Charger, Switch Control Terminal Device
L6975	Interscapular-Thoracic, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock, Equal Electrodes, Cables, Two Batteries and One Charger, Myoelectronic Control Device
L7010	Electronic Hand, Otto Bock, Steeper or Equal Switch Controlled
L7015	Electronic Hand, Otto Bock, Steeper or Equal Switch Controlled
L7020	Electronic Griever, Otto Bock or Equal, Switch
L7025	Electronic Hand, Otto Bock or Equal, Myoelectronically Controlled

HCPCS Code	Description
L7030	Electronic Hand System Teknik, Variety Village or Equal, Myoelectronically Controlled
L7035	Electronic Griever, Otto Bock or Equal, Myoelectronically Controlled
L7040	Prehensile Acuator, Actuator, Hosmer or Equal, Switch Controlled
L7045	Electronic hook, child, Michigan or equal, switch controlled
L7170	Electronic Elbow, Hosmer or Equal, Switch Controlled
L7180	Electronic Elbow, Boston, Utah or Equal, Myoelectronically Controlled
L7185	Electronic Elbow, Adolescent, Variety Village or Equal, Switch Controlled
L7186	Electronic Elbow, Child, Variety Village or Equal, Switch Controlled
L7190	Electronic Elbow, Adolescent, Variety Village or Equal, Myoelectronically Controlled
L7191	Electronic Elbow, Child, Variety Village or Equal, Myoelectronically Controlled
L7260	Electronic Wrist Rotator, Otto Book or Equal
L7261	Electronic Wrist Rotator, For Utah Arm
L7272	Analogue Control, UNB or Equal
L7274	Proportional Control, 6-12 Volt, Liberty, Utah or Equal
L7900	Vacuum Erection System

\*List is subject to change without prior notification.

## PHYSICAL AND OCCUPATIONAL THERAPY

All physical and occupational therapy services following initial evaluation require precertification, excluding chiropractic care. No precertification is required for the initial evaluation, but a referral must be obtained for those products utilizing a gatekeeper.

Empire has an agreement with OrthoNet, a musculoskeletal disease management company to provide these services to members enrolled in HMO, POS, PPO and EPO products including Empire's CDHP product, Empire Total Blue<sup>SM</sup>.

Authorization requests can be made by faxing the necessary documentation to OrthoNet at 1-866-800-7485.

For urgent requests or inquiries about clinical care, treatment plans, status and outcomes, you can speak with OrthoNet's Medical Management Department by calling 1-800-448-6152, 8:30 a.m. to 5:00 p.m. EST, Monday – Friday.

**PCPs** should refer the first therapy visit (CPT codes 97001 and 97003) to a participating physical or occupational therapist. No precertification is needed. Do not indicate the number of visits for which the member is approved, since that will be determined as part of the utilization review process.

**Please note:** Electronic referral receipts, which show the number of visits, cannot be used in lieu of the OrthoNet program. All visits beyond the initial evaluation must still be precertified with OrthoNet regardless of the number of visits that may be listed on the electronic referral receipt.

**Providers of physical and occupational therapy** should keep in mind that failure to comply with the medical management policy for therapy services after the initial evaluation may result in non-payment.

If you have any questions on how to get the necessary forms, please call OrthoNet's Provider Services Department at 1-800-448-6152, 8:30 a.m. to 5:00 p.m. EST, Monday – Friday.

## PHARMACY

### Drugs That Require Prior Authorization

Empire classifies certain drugs as "prior authorization required" (PAR) medications. Empire must approve the drug before the prescription is filled. A physician or pharmacist can request prior authorization by calling

- the toll-free member services phone number listed on the back of the member's ID card.
- Empire Pharmacy Provider Services at 1-800-839-8442, Monday – Friday, 9:00 a.m. to 4:00 p.m. EST.

- completing a precertification form which can be accessed online and then faxing it back to Empire at 1-845-695-3191 or 1-845-695-3579.

If the prescribing criteria comply with the P&T Committee guidelines, Empire will issue a prior authorization number. Empire will call you with authorization information and also mail you a letter with the authorization information.

To view Empire's list of drugs that require Prior Authorization visit [www.empireblue.com](http://www.empireblue.com).

Providers can now request prior authorization (PAR) over the telephone.

How to request prior authorization review by phone:

Please have the following information ready when requesting prior authorization:

- The member patient's name
- His/her Empire identification number
- His/her date of birth
- The official diagnosis
- The name of the Rx medication for which you are requesting clinical review

### Drugs that Have Quantity Limits

The Quantity Limits list details medications that have quantity limits (QL). A QL drug requires prior authorization only if a prescription is written for more than the monthly-allowed amount. To request this authorization:

Call Empire's Pharmacy Services at the phone number on the back of your patient's Empire identification card, 9:00 a.m. – 5:00 p.m. EST, Monday – Friday.

Complete a quantity limitation override request form which can be accessed online and then faxing it back to Empire.

If Empire approves the quantity, the prescription will be covered. For Empire's Quantity Limits list visit [www.empireblue.com](http://www.empireblue.com).

## REFERRALS

For members covered under HMO and POS plans that utilize a PCP gatekeeper, it is the responsibility of the PCP (or the specialty care coordinator, if applicable) to complete referral forms when authorizing services from participating referral specialists.

The PCP completes a referral form for participating referral specialists' services (physician and non-physician), including office-based procedures. Please note that the referral form cannot be used to refer members to nonparticipating providers. Instead, the PCP must call

Medical Management to request approval for referrals to a nonparticipating provider and any other service requiring precertification.

No referral form is required for:

- Participating laboratory and radiology services (including ultrasounds, mammograms, CT scans and amniocentesis)
- Pediatrician exams of well newborns
- Routine vision exams, eyeglass lenses and frames
- No referral from the PCP is required for OB/GYNs to provide the following:
  - Two semiannual Well-Woman office exams\*
  - Office-based care resulting from previous OB/GYN office exams
  - Treatment of acute gynecological conditions
  - Maternity Care

\*Well-Woman Care includes a pelvic examination, breast exam, collection and preparation of a Pap smear and laboratory and diagnostic services provided in evaluating the Pap smear.

For members covered under Empire HMO, the network physician or referral specialist must obtain any necessary preauthorization. However, the member may self-refer to network specialists without a written referral form.

Note: At the time of publication of this Sourcebook, the Empire products that utilized a PCP gatekeeper model were Empire HMO, Empire Direct Pay HMO, Empire Direct Pay POS, Child Health Plus, Healthy New York, and Senior Plan. Referrals are NOT required for DirectConnect<sup>SM</sup> HMO, Senior Plan Direct, Direct POS, or Direct Share POS. You will be advised in writing of any changes to these lists.

The Referral Form:

- should indicate the reason for the referral.
- is valid for 90 days from the effective date, unless otherwise noted. Referral may be written for up to 365 days at the discretion of the PCP.
- should indicate the number of visits authorized by the PCP.
- includes authorization for office-based procedures by the participating specialist (for covered and medically necessary services).

The referral form serves to introduce the patient to the specialist. It gives the specialist background information and the reason for the referral. The referral form also authorizes payment to the participating specialist, provided that the services are covered and medically necessary.

A referral form is valid for 90 days or a specific number of visits, whichever comes first, from the effective date of the referral unless otherwise indicated by the referring physician (PCP). Visits must take place within the authorization period. If additional visits are necessary after the authorization period, a new referral form is required. Services cannot be authorized retrospectively.

All covered services performed by a participating provider during an authorized visit and within the terms of the contract are automatically authorized for that provider. For example, the provider may draw blood or perform multiple office-based services when the services are directly related to the reason for referral. This includes services with 90000 series CPT codes.

A referral is valid for only one provider. Specialists may not refer patients to other physicians. In addition, if services are to be performed at a site other than the specialist's office (e.g., in the outpatient department of a hospital), a new referral form is required. (This does not apply to laboratory or X-ray facilities on the specialist's premises or in participating facilities.)

### **Submitting Electronic Referrals**

PCPs or specialty care coordinators can submit Real-Time Referral transactions to Empire and receive an immediate response. Providers are encouraged to submit referrals electronically because it is efficient and a great time saver.

Electronic Referrals can be submitted using a web-based product, WebMD Office. For contract and registration, please contact WebMD at 1-877-469-3263 or e-mail [Officesupport@webmd.net](mailto:Officesupport@webmd.net).

For the most up-to-date information visit our website, [www.empireblue.com](http://www.empireblue.com).