

# 9 Ancillary Services

## LABORATORY

### HMO

Empire maintains a select laboratory network for members enrolled in HMO-based products (the “HMO Laboratory Network”). HMO-based products includes: (1) group HMO, POS and EPO products, such as HMO, Direct HMO, Direct POS, and DirectSharePOS, (2) Direct Pay Product HMO (also referred to as Network One) such as Direct Pay HMO and Direct Pay POS, and (3) Medicaid managed care, Child Health Plus and Healthy New York business. Under this arrangement, all outpatient diagnostic laboratory services for HMO members must be directed to a provider that participates in Empire’s HMO Laboratory Network. Claims for outpatient diagnostic laboratory services provided to HMO members by a laboratory other than Quest Diagnostics Incorporated or other select providers that participate in Empire’s HMO Laboratory Network will result in denial of payment. For a complete listing of all providers that participate in Empire’s HMO Laboratory Network, please visit [www.empireblue.com](http://www.empireblue.com) and use our “Find a Doctor” feature or call **1-800-992-2583** and follow the prompts for information and servicing.

The following exceptions apply:

- Specialized laboratory service providers outside of the Quest network are still available for service. Please verify the lab’s participation prior to sending your specimen.
- You will continue to be reimbursed for selected diagnostic laboratory services performed in your office for Empire HMO members. These allowed services are listed below on the Physician Office Lab (POL) list. Diagnostic laboratory services performed in your office that are not included on the POL list will be denied. Balance billing of the member will not be permitted.

If the primary service is diagnostic in nature, the use of a hospital-based laboratory not in QuestNet will no longer be permitted, except in cases of presurgical and preadmission testing.

### PPO/EPO

Empire will reimburse participating EPO and PPO network physicians only for those select laboratory services listed below, on the Physician Office Lab (POL) list, when performed in the physician’s office. For any lab services not included on the POL list, the member must be referred to a laboratory or hospital. Any claims submitted to Empire for laboratory services NOT on the attached POL list will be denied and the member cannot be balance billed.

PLEASE NOTE:

- PPO members may use any laboratory or hospital for lab services not on the POL list, although they are encouraged to stay in-network in order to maximize their medical benefits.
- EPO members must use an in-network laboratory or hospital for lab services not on the POL list.

## Physician Office Lab (POL) List\*

CPT Code	Description
10021	Fine needle aspiration; without imaging guidance
10022	Fine needle aspiration; with imaging guidance
38220	Bone marrow; aspiration only
38221	Bone marrow; biopsy, needle or trocar
80048	Basic Metabolic Panel
80053	Comprehensive Metabolic Panel
80500	Clinical pathology consultation; limited, without review of patient's history and medical records
80502	Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records
81000	Urinalysis, non-automated, with microscopy
81002	Urinalysis, non-automated, without microscopy
81025	Urine pregnancy test, by visual color comparison methods
82247	Bilirubin, total
82248	Bilirubin, direct
82270	Blood, occult, by peroxidase activity (e.g. guaiac); feces
82670	Estradiol
82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative
82803	Gases, blood, any combination of pH, pC02, p02, C02, HC03 (including calculated O2 saturation)
82805	Gases, blood, any combination of pH, pC02, p02, C02, HC03 (including calculated O2 saturation) with O2 saturation, by direct measurement, except pulse oximetry
82948	Glucose; blood, reagent strip
83002	Gonadotropin, Luteinizing Hormone (LH)
83013	Helicobacter pylori, analysis for urease activity (mass spectrometry)
83036	Glycated hemoglobin test
84144	Progesterone
85002	Bleeding time Hematology
85007	Blood count; manual differential WBC count
85013	Blood count; spun microhematocrit
85014	Hematocrit
85018	Hemoglobin
85025	Blood count; hemogram and platelet count, automated, and automated complete differential WBC count (CBC)
85027	Complete CBC, automated
85032	Manual cell count, each
85044	Blood count; reticulocyte count, manual
85060	Blood smear, peripheral, interpretation with written report
85097	Bone marrow; smear interpretation only, with or without differential cell count
85610	Prothrombin time
85651	Sedimentation rate, erythrocyte; non-automated

CPT Code	Description
86294	Immunoassay for tumor antigen, qualitative or semiquantitative (e.g., bladder tumor antigen)
86308	Heterophile antibodies, screening
86403	Particle agglutination; screen, each antibody
86485	Skin test; candida
86510	Skin test; histoplasmosis
86580	Skin test; tuberculosis, intradermal
86585	Skin test; tuberculosis, tine test
86586	Skin test; unlisted antigen, each
87205	Smear, primary source with interpretation; Gram or Giemsa stain
87210	Smear; wet mount for infectious agents (e.g., saline, India ink, KOH preps)
87220	Tissue examination by KOH slide
87430	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple strep method; streptococcus, Group A
87621	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique
87880	Streptococcus, group A
88142	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screen
88300	Level I — Surgical pathology, gross examination only
88302	Level II — Surgical pathology, gross and microscopic examination
88304	Level III — Surgical pathology, gross and microscopic examination
88305	Level IV — Surgical pathology, gross and microscopic examination
88307	Level V — Surgical pathology, gross and microscopic examination
88309	Level VI — Surgical pathology, gross and microscopic examination
88311	Decalcification procedure (list separately in addition to code for surgical pathology examination)
88312	Special Stains (list separately in addition to code for surgical pathology examination)
88313	Special Stains; Group II, all other, except immunocytochemistry and immunoperoxidase stains, each
88314	Histochemical staining with frozen section(s)
88318	Determinative histochemical to identify chemical components
88319	Determinative histochemical or cytochemistry to identify enzyme constituents, each
88321	Consultation and report on referred slides prepared elsewhere
88323	Consultation and report on referred material requiring preparation of slides
88325	Consultation, comprehensive, with review of records and specimens, with report on referred material
88329	Pathology consultation during surgery
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen
88332	Pathology consultation during surgery; each additional tissue block with frozen section(s)
88342	Immunocytochemistry (including tissue immunoperoxidase), each antibody
88346	Immunofluorescent study, each antibody; direct method
88347	Immunofluorescent study, each antibody; indirect method
88348	Electron microscopy; diagnostic

CPT Code	Description
88349	Electron microscopy; scanning
88355	Morphometric analysis; skeletal muscle
88356	Morphometric analysis; nerve
88358	Morphometric analysis; tumor
88362	Nerve teasing preparations
88365	Tissue in-situ hybridization, interpretation and report
88371	Protein analysis of tissue by Western Blot, with interpretation and report
88372	Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for brand identification, each
88400	Bilirubin total transcut
89060	Crystal identification by light microscopy with or without polarizing lens analysis
89100	Duodenal intubation and aspiration; single specimen
89105	Duodenal intubation and aspiration; multiple specimens w/stimulation pancreas/gallbladder
89135	Gastric intubation, aspiration, and fractional collections; 1 hour
89136	Gastric intubation, aspiration, and fractional collections; 2 hours
89140	Gastric intubation, aspiration, and fractional collections; 2 hours including gastric stimulation
89141	Gastric intubation, aspiration, and fractional collections; 3 hours including gastric stimulation
89250	Culture and fertilization of oocyte(s)
89251	Culture and fertilization of oocyte(s) with co-culture of embryos
89252	Assisted oocyte fertilization, microtechniques (any method)
89253	Assisted embryo hatching, microtechniques (any method)
89254	Oocyte identification, follicular fluid
89255	Preparation of embryo for transfer (any method)
89256	Preparation of cryopreserved embryos for transfer (includes thaw)
89257	Sperm identification, aspiration (other than seminal fluid)
89260	Sperm isolation; simple prep for insemination/diagnosis w/semen analysis
89261	Sperm isolation; complex prep for insemination/diagnosis w/semen analysis
89268	Insemination of oocytes
89272	Extended culture of oocyte(s)/embryo(s), 4 – 7 days
89300	Semen analysis; presence and/or motility of sperm including Huhner test (post-coital)
89310	Semen analysis; motility and count
89320	Semen analysis; complete (volume, count, motility and differential)
89325	Sperm antibodies
89330	Sperm evaluation; cervical mucus penetration test with or without spinnbarkeit test (PCT)
89360	Sweat collection, iontophoresis

\*Please note that the POL list is subject to change without prior notification.

Please contact Physician Services at 1-800-552-6630, 8:30 a.m. – 5:00 p.m. Monday – Friday, for any questions regarding the POL list.

# PHARMACY

## Formulary

Empire's Prescription Drug Formulary was developed by Empire's Pharmacy and Therapeutic (P&T) Committee. The Committee is composed of independent physicians from various medical specialties and clinical pharmacists who review the drugs in all therapeutic categories based on safety, efficacy and cost. The Committee will regularly review new and existing drugs to ensure the formulary remains responsive to the needs of our members and providers.

You may request that a drug be added to the formulary. Letters of request, indicating the advantage of the drug over current formulary drugs, should be sent to the following address:

Chief Clinical Pharmacist  
Empire Pharmacy Management  
PO Box 5099  
Middletown, NY 10941-9099

Empire's formulary covers thousands of drugs. Our P&T Committee regularly reviews it to ensure we are providing the broadest coverage possible to meet our members' and physicians' needs. You can now access the formulary online. Register or log in to Physician Online Services at [www.empireblue.com](http://www.empireblue.com) and click on "Pharmacy" to access the most up-to-date listing of formulary drugs.

At [www.empireblue.com](http://www.empireblue.com) you can

- search more than 40,000 prescription drugs by name or therapeutic class
- print a listing of formulary drugs\*
- download and print prior authorization forms and mail-order fax forms
- check for drug interactions
- view Empire's quantity limit list\*
- view Empire's prior authorization list\*
- view the CareMark Drug List\*
- search for a participating pharmacy\*

\*Subject to change anytime.

If you would like a copy of the formulary mailed to you, please call **1-800-839-8442**.

## Prescriptions for Non-Formulary Drugs

Physicians are encouraged to comply with the formulary when prescribing drugs for plan members. Prescriptions for non-preferred formulary drugs will result in higher co-payments or no benefits at all for the member according to the terms of his/her contract.

## Specialty Injectable Drugs

CareMark is Empire's Exclusive and Single Source Provider of specialty injectable drugs.

To order from CareMark

- contact CareMark for a referral form at **1-866-295-2779**, 8:00 a.m. – 6:00 p.m. EST, Monday – Friday.
- complete the form and fax it to 1-866-295-2778.

With CareMark, there's a lot less hassle because after you place an order, CareMark submits the claim for drug fees directly to Empire. You should still continue to submit claims for drug administration to Empire yourself.

For more information, call **1-866-295-2779**, 8:00 a.m. to 6:00 p.m. EST, Monday through Friday.

The abbreviated list below includes possible benefit exclusions:

- Prescription drugs dispensed at a non-participating or mail-order provider
- Drugs prescribed for cosmetic purposes only
- Prescription drugs when there is an over-the-counter (OTC) equivalent
- Appetite suppressants, except when prescribed by a physician to treat a medically necessary condition
- Injectable drugs other than self-administered injectables
- Cost of administration or injection of any drug
- Drugs not prescribed by a provider acting within the scope of his/her license
- Experimental, investigational, or unproven drugs or therapies
- Vitamins which by law do not require a prescription
- Drugs dispensed in a hospital or institution
- Drugs furnished by the local, state, or federal government (e.g., Medicare), except as otherwise noted by law
- Replacement prescription drugs resulting from loss, theft or breakage
- Oral contraceptives, based on the terms of the member's contract

Additional exclusions may apply under the terms of the member's contract.

Be sure to review Empire's specialty injectable drug list to be sure the non-self injectable drug you are requesting is on the list. Empire's list of injectable drugs can be found at [www.empireblue.com](http://www.empireblue.com).

## BEHAVIORAL HEALTHCARE

Empire's Behavioral Healthcare Management Program (BHCMP) reviews and authorizes behavioral health, alcoholism and substance abuse benefits for our members. The program is managed by Magellan Behavioral Health.

BHCMP, rather than the PCP, is responsible for authorizing referrals to behavioral health, alcoholism and substance abuse treatment providers. Please note that some accounts may have their behavioral health and substance abuse benefits administered by another company. This is usually indicated on the member's ID card.

### Authorization Procedures

To obtain referrals and preauthorization for treatment, the member, relative, PCP or treating provider should call BHCMP. BHCMP 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 BHCMP directly for a confidential clinical assessment and referral to an appropriate provider. A BHCMP 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 BHCMP 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 BHCMP 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.
- Regarding appeal and grievance resolution, procedures will be provided to members and providers when the BHCMP 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 BHCMP member benefits, call Empire's Physician Services at **1-800-552-6630**, 8:30 a.m. to 5:00 p.m. EST, Monday – Friday.