

Empire News

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Letter from the Medical Director

Welcome to this edition of EmpireNews, where our goal is to keep you up to date on changes in plans, policies and procedures that affect you and your business. In this issue, we'd like to offer you the latest need-to-know news including:

- Learn about the launch of two new products: Empire Prism EPO and Empire Prism PPO
- Find out how the nation's leading fitness program for seniors can benefit your older adult patients
- Explore helpful tips on how to select the right vendor for your electronic claim submissions
- Read about Custom Care Connection and why you'll want to join to help your senior patients
- Review changes to childhood immunization documentation
- Get the latest formulary changes

And there's much more! In this time of change for the health care industry, you need meaningful and profitable information to stay ahead. We want to meet your need with EmpireNews, so let us know how we're succeeding and what we can do to improve. Please don't hesitate to contact us or visit us online at empireblue.com.

Sincerely,

John F. Whitney, M.D.
Regional Vice President, Medical Affairs and Pharmacy

Administrative news

Empire Prism EPO and PPO recently launched

Empire Prism EPO and Empire Prism PPO are new products that were launched in early 2008. They offer preventive care that's covered 100 percent with no copay and in-network coverage, and there are no primary care physicians or claim forms to file. Prism EPO and PPO are part of the BlueCard® network, and the in-network reimbursement methodology is the same for the Prism EPO as it is for the Direct EPO, and the same for Prism PPO as it is for Deluxe PPO.

Empire Prism ID card:



For further information on Empire Prism, please call Empire Physician Services at **800-992-BLUE (2583)**, Monday – Friday, 8:30 a.m. – 5 p.m.

Reminder: Send NPI only on electronic HIPAA transactions

Empire's NPI contingency period formally ended on May 23, 2008. At this time, further guidance has not been provided by Centers for Medicare and Medicaid Services to allow for an extended contingency period). Empire is continues to process NPI-only claims and encourages all providers to move to NPI-only submission on HIPAA transactions. If you are currently submitting with dual identifiers, we also encourage you to use NPI-only identifiers. As the formal contingency period has ended, we will work with you and your contracted vendors to maintain current business operations, while supporting your efforts to comply with the requirements of HIPAA's NPI Rule.

Impact to providers

After May 23, 2008, any provider who submits an electronic transaction with a provider identifier other than the NPI (even if the NPI is also on the transaction) risks rejected claims and payment delays. (Note: this does not apply to providers who are exempt from submitting NPIs.) These claims may generate rejects (Failed Claims) on submitters' Level 2 Status reports. Previously assigned Empire Provider Identification Numbers (EPINs) may be considered invalid; therefore, claims should not be submitted with those numbers.

If you have any questions, please contact Empire Physician Services at **800-992-BLUE (2583)**, Monday – Friday, 8:30 a.m. – 5 p.m.

Conveniently e-mail your claim status through BlueCard®

We're excited to announce that you can now e-mail your claims status inquiries to the BlueCard Service Center at **EmpireHost-sm@wellpoint.com**. We'll review your information and send you a reply via e-mail. To help us best respond to your claims status question, remember to include the following important data when you submit your electronic inquiry:

- Your name
- Provider of service
- Tax ID or provider number
- Patient's membership number including the 3 letter prefix
- Patient's name
- Patient's date of birth
- Date of service
- Claim number (if available)
- Charge

To protect our members' health information, we require all providers who use this e-mail service to set up an account through Empire Secure e-Mail. Empire's Secure e-Mail is easy to use. To register to use Empire's Secure e-Mail, go to **empireblue.com** and look under the Spotlight section for further information or go directly to **https://messages.wellpointsecuremail.com/s/login?b=anthem-n**. If you need technical assistance using Empire Secure e-Mail, call **866-755-2680**.

Please note: All replies from Empire will routinely be sent through Empire Secure e-Mail and it will be necessary for you to retrieve your responses by signing into the Message Center.

You can avoid submitting duplicate paper claims

When you review your Medicare Explanation of Benefits (EOMB), please look for secondary processing instructions. EOMBs that state “if the claim has been forwarded on to a secondary carrier,” should not be submitted directly to Empire. By not submitting additional paper claims, you help Empire minimize duplicate claims and also help reduce your own administrative expenses.

Recommend the Quest Diagnostics Appointment Scheduling System to your patients

Please be sure to remind your Empire member patients that they can now use the Quest Diagnostics website to schedule an appointment for their next visit to a Quest Diagnostics PSC. Direct them to www.questdiagnostics.com/appointment or they may dial the interactive voice response system at **888 277-8772**.

The Quest Diagnostics Appointment Scheduling System reminds your patients to bring required insurance verification and your physician orders, and also advises your patients to follow the fasting schedule you recommend.

UM determinations to be made under the name Anthem Utilization Management Services, Inc.

After July 1, 2008, Empire will begin to review utilization management (UM) determinations through Anthem Utilization Management Services, Inc. (AUMSI), an affiliated company. We'll use AUMSI UM policies and procedures together with Empire's current existing medical policy and UM clinical guidelines to make UM determinations.

These are administrative changes with no impact on providers. You'll continue to use all the same processes in place today for all medical management certifications provided by Empire. We simply wanted you to be aware that you'll see the AUMSI name change on correspondence or other documents we send, including letters of UM determination.

Pharmacy news

Second quarter pharmacy changes

Certain drugs will require prior authorization.

Empire will implement prior authorization for the Proton Pump Inhibitors (PPI) Class:

- For formulary agents such as Nexium, and Prevacid the member will have to demonstrate failure, intolerance or contraindication to Omeprazole or pantoprazole.
- For non-formulary agents such as Protonix, Prilosec 40mg, Zegerid and AcipHex, the member will have to demonstrate failure, intolerance or contraindication to Omeprazole or pantoprazole and Nexium or Prevacid.

Empire will implement prior authorization for HMG-CoA Reductase Inhibitor Class:

- For non-formulary agents such as Crestor, Lescol, Lescol XL, Altoprev and Advicor, the member will have to demonstrate failure, intolerance or contraindication to Lipitor and Simvastatin or Vytorin.

Empire will be implementing prior authorization for Erythropoietin Stimulating Agents (ESA) Class (excludes Mediblue enrollees):

- Aranesp, Epogen and Procrit will require Prior Authorization and be mandated to specialty.
- Specialty vendor is PrecisionRX (800-870-6419)

Empire will be implementing prior authorization for the following drugs:

- Lyrica – effective April 1, 2008
- Epogen* – effective April 1, 2008
- Procrit* – effective April 1, 2008
- Aranesp* – effective April 1, 2008
- Lupron – effective April 1, 2008
- Lupron Depot – effective April 1, 2008
- Quaaliquin – effective April 1, 2008
- Exjade – effective April 1, 2008
- Xeloda – effective third quarter
- Vfend – effective third quarter
- Neupogen – effective third quarter
- Neumega – effective third quarter
- Leukine – effective third quarter
- Gleevec – effective third quarter

* = mandated to specialty (Precision RX)

Empire will be implementing quantity limits for the following drugs:

Azmacort	2 inhaler per 30 days
Factive	7 tablets per 30 days
Rhinocort Aqua	2 inhaler per 30 days
Fluvoxamine 25mg, 50mg	30 tablets every 30 days
Fluvoxamine 100mg	90 tablets every 30 days
Plendil 2.5mg, 5mg	30 tablets every 30 days
Quaaliquin	42 capsules per yr
Procardia XL 30mg	30 tablets every 30 days

Empire has added the following drugs to formulary:

- Nutropin/Nutropin AQ (PAR)

Empire has removed the following drugs from formulary:

- Gonal F
- Menopur
- Cetrotide
- Ovidrel
- Crinone
- Lupron Depot

<i>REMOVED FROM FORMULARY</i>	<i>FORMULARY ALTERNATIVE</i>	
<i>Brand Name Non-formulary Copayment applies</i>	<i>Brand Name Copayment applies</i>	<i>Generic Copayment applies</i>
Aygestin	N/A	medroxyprogesterone, norethindrone acetate
Bactrim	N/A	sulfamethoxazole/trimethoprim
Cleocin	N/A	clindamycin
Depo-Medrol Injection	N/A	methylprednisolone acetate injection
Duragesic-12 Patch	N/A	fentanyl TD patch
Epogen	N/A	N/A
Erygel	N/A	erythromycin gel
Estrostep FE	Ortho Tri-Cyclen Lo	aranelle, leena, necon 7/7/7, Nortrel 7/7/7, tilia FE, tri-legest FE, trinessa, tri-previfem, tri-sprintec
Floxin Otic	Ciprodex	ofloxacin otic solution
Lupron Depot	N/A	N/A
Luride	N/A	ethedent, fluor-a-day, fluoride, fluoritab, sodium fluoride chewable, sodium fluoride solution
Macrochantin	N/A	nitrofurantoin macrocrystalline
Maxitrol triple antibiotic ointment 0.1%,	N/A	dexasporin, methadex, neomycin/polymyxin/dexamethasone 0.1% ointment & suspension, poly-dex,
Medrol Pak 4mg	N/A	methylprednisolone 4mg dose pack
Medrol Tablet 16mg	N/A	methylprednisolone tablet
Nizoral Shampoo	N/A	ketconazole shampoo 2%
Prelone Syrup	N/A	prednisolone sodium phosphate oral solution, prednisolone syrup
Procrit	N/A	N/A
Pyridium plus	N/A	phenazopyridine hcl, phenazopyridine/butabarbital/hyoscyamine, pyrelle H.B., trillium plus, urelief
Rifadin	N/A	rifampin
Septra Suspension	N/A	sulfamethoxazole/trimethoprim (smz-tmp)
Silvadene Cream	N/A	silver sulfadiazine, SSD, SSD AF, thermazene
Solu-Medrol Injection	N/A	a-methapred, methylprednisolone sodium succinate for injection
Tessalon	N/A	benzonatate
Zithromax Injection, Powder & Suspension	N/A	azithromycin

In response to your inquires, the Generic Options chart below is provided as a quick reference guide of our most prescribed brand name medications with appropriate dosage.

<i>For the Treatment of: *</i>	<i>Generic Options **</i>	<i>Brand Name ***</i>	<i>Approved Oral Doses ****</i>
Allergic Rhinitis	fexofenadine	Allegra	30 mg, 60mg, 180 mg
	fluticasone propionate nasal spray	Flonase	50 mcg
Depression and/or Anxiety	alprazolam	Xanax	0.25 mg, 0.5 mg, 1 mg, 2mg
	citalopram	Celexa	10 mg, 20 mg, 40 mg
	fluoxetine	Prozac	10 mg, 20 mg, 40 mg
	lorazepam	Ativan	0.5 mg, 1 mg, 2 mg
	paroxetine	Paxil	10 mg, 20 mg, 30 mg, 40 mg
	sertraline	Zoloft	25 mg, 50 mg, 100mg
Diabetes	glimepiride	Amaryl	1 mg, 2 mg, 4 mg
	glipizide	Glucotrol	5 mg, 10 mg
	glipizide extended release	Glucotrol XL	2.5 mg, 5 mg, 10 mg
	metformin	Glucophage	500 mg, 850 mg 1,000 mg
	metformin extended release	Glucophage XR	500 mg, 750mg
Hypercholesterolemia	lovastatin	Mevacor	20 mg, 40mg
	pravastatin	Pravachol	10 mg, 20 mg, 40 mg, 80 mg
	simvastatin	Zocor	5 mg, 10 mg, 20 mg, 40 mg, 80 mg
Hypertension or Heart Failure	amlodipine	Norvasc	2.5 mg, 5 mg, 10 mg
	amlodipine/benazepril	Lotrel	2.5 mg/10 mg, 5 mg/10mg, 5 mg/20 mg, 10 mg/20 mg
	lisinopril	Prinivil, Zestril	2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg
	lisinopril/hydrochlorothiazide	Prinizide, Zestoretic	10 mg/12.5 mg, 20 mg/12.5 mg, 20 mg/25 mg
	quinapril	Accupril	5 mg, 10 mg, 20 mg, 40 mg
	quinapril/hydrochlorothiazide	Accuretic	10 mg/12.5 mg, 20 mg/12.5 mg, 20 mg/25 mg
Infectious Disease	amoxicillin/clavulanate potassium	Augmentin	200 mg/28.5 mg, 250 mg/125 mg, 400 mg/57 mg, 500 mg/125 mg, 875 mg/125 mg
	azithromycin	Zithromax	250 mg, 500 mg, 600 mg
	cephalexin	Keflex	250 mg, 500 mg
	ciprofloxacin	Cipro	100 mg, 250 mg, 500 mg , 750 mg
	clidamycin	Cleocin	75 mg, 150 mg, 300 mg
Pain	hydrocodone/acetaminophen	Anexsia, Lortab, Vicodin,	5 mg/325 mg, 5 mg/500 mg,
		Vicodin Es, Vicodin HP	7.5 mg/ 325 mg, 7.5 mg/650 mg 7.5 mg/750 mg, 10 mg/500 mg 10 mg/660 mg
	oxycodone/acetaminophen	Percocet	5 mg/325 mg, 7.5 mg/325 mg, 7.5 mg/500 mg, 10 mg/325 mg, 10 mg/650 mg
Sleep Disorders	zolpidem	Ambien	5 mg, 10 mg

Web news

Updated Preventive Health Guidelines are now available

Empire's Preventive Health Guidelines have been updated and are now available on empireblue.com. To access them, select the "Provider & Facilities" tab, then "Enter." From there, choose "Health Information" then "Preventive Health Guidelines."

Please remind your patients about the importance of preventive care and make sure they're up to date with appropriate screenings. To get a hard copy of the Guidelines, please call Empire Physician Services at **800-992-BLUE (2583)**, Mon – Fri, 8:30 a.m. – 5 p.m.

EDI news

Consider these tips when choosing a vendor for electronic claim submission

In our ongoing efforts to make it easier for you to do business with Empire, the following tips may help if you're thinking about implementing electronic claim submission. Every practice must manage its own unique set of marketplace requirements, operational needs and system capabilities. An efficient e-billing process increases cash flow and improves claim acceptance rates.

Determine your needs.

- Does your office require billing for multiple practices or locations?
- Would it help to quickly resolve claim errors and reduce reimbursement times?

- Does your practice management software include electronic claim submission capability? Are there fees involved in adding software components?
- Determine the number and type of claims submitted each month.
- Which insurance companies receive the highest number of your claims?
- Does the local payer offer claim submission options at no charge?
- Is there a need to perform other transactions electronically (i.e., electronic remittance advices, eligibility and claims status)?
- Is there staff to assist with the submission and reconciliation of electronic submissions?

Ask the right questions.

- Can the vendor provide a product demo and a written list of references and/or provider referrals?
- What are the fees associated with electronic filing? For example, does the vendor charge a monthly or per claim fee?
- Is the vendor's system functional for your provider specialty?
- Is the system compatible with your current practice management system?
- In terms of support and training, what does the vendor offer? Is there an extra fee for such services?
- What are the terms of the service level agreement such as support, training, call response and issue resolution?
- What mechanisms are in place to ensure that current and valid codes such as CPT, HCPCS, CDT, ICD-9-CM and national drug codes NDC are submitted and updated as appropriate?

- Are the vendor's systems compliant with Health Insurance Portability and Accountability Act (HIPAA) requirements?
- Does the vendor's product offer an online claim validation that prevents the submission of invalid, incomplete or inaccurate information?
- Is there a mechanism such as online claim validation that prevents the submission of invalid, incomplete or inaccurate information?
- Does the vendor offer easy-to-use reports with audit trails to reconcile electronic submissions from the EDI vendor to the payer?
- Is it permitted to file electronic claims for all claim types to Medicare and private insurance companies?
- Does the vendor offer follow-up with the ability to correct, and re-submit claims electronically?
- Is there a capability to receive and forward important vendor and/or payer communications?
- Does the vendor offer accounts receivable management that will automate posting the electronic remittance advice?
- Is there an option to access payer eligibility and/or claim transactions?
- How are system upgrades handled? Are there costs involved?
- Will there be any claims that the vendor sends to the payer on paper?

Make an informed decision.

- Talk with other providers about their methods of electronic submission.
- Compare the costs and benefits of electronic filing versus paper submission.
- Check out at least two or three different companies who offer electronic filing services.

- Evaluate the different types of submissions options and select the method that best suites your needs.
 - Clearinghouse
 - Billing Agency
 - Direct submission to the payer
 - Web submission service

How much would it be worth if you could easily identify claim errors, correct them prior to submission, have confirmation that each payer received your claims and speed claims payments?

To learn more about choosing electronic submission and the options available with Empire, visit our website at empireblue.com for a list of clearinghouses, software vendors and billing agencies who submit electronic transactions to Empire.

EDI site can help save time and money with electronic filing

Empire is working to make sure you have clear and accurate information – how and when you want it. Our easy-to-use business tools are one way we help simplify processes for you. You can save time and improve office efficiencies while receiving guidance on electronic issues, and you'll also get information to share with your clearinghouse, software vendor or billing agency.

Providers and trading partners can navigate to our EDI site at empireblue.com by selecting “Physician HIPAA” or “Facility HIPAA.”

Look for this information on Empire’s EDI site:

- EDI registration information and forms
- Current information on the benefits and cost savings of electronic filing

- EDI contacts and support information
- National Provider Identifier (NPI) registration information and electronic filing instructions
- Empire Companion Guides with complete information on submitting electronic transactions
- Current EDI communications and electronic submission tips
- Access to Empire report descriptions, electronic error listings and resolutions
- List of clearinghouses, software vendors and billing agencies
- Answers to frequently asked questions about electronic transactions
- Web addresses for information and publications regarding the Health Insurance Portability and Accountability Act (HIPAA)
- Complete instructions for filing secondary/coordination of benefits, claims requiring supporting documentation and adjustments

For more information on EDI, please contact Empire’s EDI HelpDesk at **866-889-7322**, Mon. – Fri., 8:30 a.m. – 4:30 p.m.

MediBlue news

SilverSneakers® Fitness Program can help your MediBlueSM patients manage their health conditions

Many of your senior patients can benefit from the nation’s leading fitness program, SilverSneakers, which is designed exclusively for older adults and offered at no additional cost to eligible MediBlue* members.* In addition to helping them stay physically healthy, SilverSneakers engages members and helps keep

them motivated to improve their own health and well-being. It’s also a great way for older adults to socialize, meet new friends and have fun.

The program is offered to MediBlueSM HMO, PPO and Medicare Supplement members, at no additional cost, and is designed to address chronic conditions in the older adult population, including diabetes, hypertension, depression, congestive heart failure, osteoporosis and osteoarthritis.

The SilverSneakers Fitness Program can offer your MediBlue patients:

- Basic fitness membership at a conveniently located participating site
- Classes that are easy on joints, help improve balance and muscle strength, and are led by experienced, caring instructors certified in older-adult fitness programming
- Exercise options for members of all levels of fitness
- A non-intimidating environment where members can meet new people who share their health goals, participate in social activities and receive health education
- Senior AdvisorsSM who serve as members’ contacts for information and personalized, friendly service
- More than 2,800 participating locations

Refer your MediBlueSM patients to the SilverSneakers Fitness Program at a participating location in their area. To locate a participating SilverSneakers Fitness Program location in your area, call **888-423-4632**, Mon. – Fri., 8 a.m. – 8 p.m. ET or visit silversneakers.com.

*SilverSneakers, an independent company, is not offered to MediBlueSM Total Solutions (SNP) plan members

Join the C3 team to give senior patients a customized care management program

According to the U.S. government, 20 percent of Medicare beneficiaries have five or more chronic conditions. That's why Empire has launched Custom Care Connection (C3). This comprehensive geriatric care management program is designed to help Medicare beneficiaries and their caregivers better manage their health today and prepare for their health care needs tomorrow.

Based on their health history, MediBlue members are identified by Empire or you to participate in C3. The program helps Medicare beneficiaries who are coping with multiple health conditions, medications and providers, and it includes a number of components that are relevant to America's aging population. C3 features trained nurse care managers who are assigned to follow and coordinate the member's care, wellness programs, predictive modeling tools to help members prepare for future risks and at home-care, and end of life planning for members and their caregivers. The program also helps older Americans navigate an often complex and confusing health care system.

This is a value added benefit to your MediBlue patients. We encourage you to participate in C3 and be a part of the team that brings coordinated, custom health care to members you think will benefit from the program. If you have any questions, please call **866-611-4287**.

Quality initiatives

Changes to childhood immunization documentation

In the past, the National Committee for Quality Assurance (NCQA) considered diphtheria/tetanus/pertussis documentation to be compliant despite the use of a common immunization form with an ambiguous DTaP/ DTP/DT column.

Going forward, in order to be considered compliant for the DTP numerator, practitioners must indicate that the appropriate antigen was given. Because of the variety of immunization forms in use, we suggest simply circling DTaP on the form. According to NCQA, a child should receive four diphtheria, tetanus and acellular pertussis (DTaP) vaccines by the second birthday. To confirm that the appropriate vaccine was given, physicians' documentation must clearly indicate that a DTaP was given. If the form you use does not provide an opportunity to select the antigen, please clarify by noting that the DTaP vaccine was given and add your signature. As a general reminder, for any combination vaccine that requires more than one antigen, the specific antigen needs to be identified on the immunization form. Thank you for your cooperation in this matter.

If you have any questions, please contact Empire Physician Services at **800-992-BLUE (2583)**, Mon. – Fri., 8:30 a.m. – 5 p.m.

Screening for Chlamydia infection

Chlamydia infection is most prevalent among sexually active women and men aged twenty-six years or younger.

The most sensitive and specific testing for the diagnosis of Chlamydia infection is the nucleic acid amplification tests or NAATs, which can be performed using cervical, urethral, urine and vaginal specimens. NAATs are also expensive and are recommended for the screening of asymptomatic members who do not require a pelvic exam or urethral swab.¹

Other screening technologies include:

- Cell culture
- Direct fluorescent antibody
- Enzyme immunoassay
- Nucleic acid probes

The American College of Obstetricians and Gynecologists (ACOG) recommends "that Chlamydia screening be offered to all sexually active adolescents and women younger than twenty-six (26) years, regardless of other sexual behavior risk factors."²

1 City Health Information – Chlamydia Testing and Treatment, October 2006.

2 International Medical News Group: new guidelines may alter practice: many gynecologists fail to offer Chlamydia screening. July 2004.

Medical policy updates

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

Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and Clinical Guidelines (and Medical Policy takes precedence over Clinical Guidelines) and must be considered first in determining eligibility for coverage. The member must be eligible for coverage and membership must be active at the time services are rendered. This document supplements previous Medical Policy and Clinical Guideline Updates. Please place this update with your Sourcebook for future reference. The medical policy and clinical guideline details can be found at www.empireblue.com.

Medical Policies

Revised Medical Policies Effective 02-21-2008

(The following policies were reviewed and had no significant changes to the policy position or criteria.)

ADMIN.00006	Medically Necessary and Investigational/Not Medically Necessary (in absence of policy or guideline)
TRANS.00009	Lung and Lobar Transplantation
TRANS.00010	Autologous and Allogeneic Islet Cell Transplant
TRANS.00013	Small Bowel and Multivisceral Transplant Including Small Bowel/Liver
TRANS.00026	Heart-Lung Transplantation
TRANS.00033	Heart Transplantation

Revised Medical Policies Effective 03-03-2008

(The following policies were reviewed and had no significant changes to the policy position or criteria.)

ADMIN.00002	Preventive Health Guidelines
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Revised Medical Policies Effective 03-10-2008

(The following policies were revised to expand medical necessity indications or criteria.)

GENE.00011	Gene Expression Profiling for Managing Breast Cancer Treatment
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New Medical Policies Effective 04-16-2008

LAB.00023	Fecal Calprotectin for the Diagnosis and Management of Inflammatory Bowel Disease
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Revised Medical Policies Effective 04-16-2008

(The following policies were revised to expand medical necessity indications or criteria.)

DME.00005	Glucose Monitoring and Related Supplies
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Revised Medical Policies Effective 04-16-2008

(The following policies were reviewed and had no significant changes to the policy position or criteria.)

DME.00010	Premature Labor Therapies
DME.00012	Oscillatory Devices for Airway Clearance including High Frequency Chest Compression (Vest™ Airway Clearance System) and Intrapulmonary Percussive Ventilation (IPV)
DRUG.00004	Prostacyclin Infusion Therapy for Treatment of Pulmonary Hypertension
DRUG.00027	Ziconotide Intrathecal Infusion (Prialt) for Severe Chronic Pain
GENE.00001	Genetic Testing for Cancer Susceptibility (Note information from this policy has been split to new policies GENE.00012 and GENE.00013)
GENE.00008	Analysis of Fecal DNA for Colorectal Cancer Screening and Surveillance
GENE.00010	Genotype testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status
LAB.00019	Combination of Serum Markers for Liver Fibrosis in the Evaluation and Monitoring of Patients with Chronic Liver Disease
MED.00001	Allergy Immunotherapy
MED.00015	Allergy Testing
MED.00023	Biofeedback Therapy
MED.00029	Photopheresis, Extracorporeal Photochemotherapy
MED.00031	Pheresis (Plasmapheresis, Plasma Exchange, Therapeutic Pheresis, Lipid Pheresis and Protein A Column Pheresis)
MED.00047	Exhaled Nitric Oxide and Breath Condensate pH Measurement for Respiratory Disorders
MED.00048	Surface Electromyography (SEMG) and Spinoscopy
MED.00074	Signal-Averaged Electrocardiography (SAECG)
MED.00091	Rhinophototherapy
MED.00092	Automated Nerve Conduction Testing
RAD.00001	Computed Tomography to Detect Coronary Artery Calcification
RAD.00029	CT Colonography (Virtual Colonoscopy) as a Screening or Diagnostic Test for Colorectal Cancer
RAD.00031	Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy
RAD.00035	Coronary Artery Imaging: Contrast Enhanced Computed Tomography Angioplasty (CTA) and Cardiac Magnetic Resonance Angiography (MRA)
RAD.00037	Whole Body CT Scanning
RAD.00049	Low Field and Conventional Magnetic Resonance Imaging (MRI) for Screening, Diagnosing and Monitoring
RAD.00051	Functional Magnetic Resonance Imaging (MRI)
REHAB.00002	Sensory Integration Therapy, Auditory Integration Training, Facilitated Communication
SURG.00019	Transmyocardial Revascularization
SURG.00024	Surgery for Clinically Severe Obesity
SURG.00028	Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)
SURG.00032	Transcatheter Closure of Cardiovascular Defects

Revised Medical Policies Effective 04-16-2008 continued

(The following policies were reviewed and had no significant changes to the policy position or criteria.)

SURG.00046	Gastric Electrical Stimulation
SURG.00048	Panniculectomy, Abdominoplasty
SURG.00052	Intradiscal Decompression Procedures (Percutaneous Intradiscal Electrothermal Coagulation (IDET) and Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT)
SURG.00060	Implanted Spinal Cord Stimulators (SCS)
SURG.00063	Prophylactic Mastectomy
SURG.00064	Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of Heart Failure
SURG.00087	Transciliary Fistulization for the Treatment of Glaucoma
SURG.00088	Coblation Use for Musculoskeletal Conditions
SURG.00089	Balloon Sinuplasty
SURG.00094	High Intensity Focused Ultrasound (HIFU) for the Treatment of Prostate Cancer
SURG.00095	Canaloplasty
SURG.00096	Surgical Treatment of Migraine Headaches
SURG.00097	Vertebral Body Stapling for the Treatment of Adolescent Idiopathic Scoliosis
SURG.00098	Mechanical Embolectomy for Treatment of Acute Stroke
SURG.00099	Convection Enhanced Delivery of Intraparenchymal Agents to the Brain
TRANS.00004	Cell Transplantation (Adrenal-Brain, Fetal Mesencephalic and Fetal Xenograft)
TRANS.00015	Meniscal Allograft Transplantation of the Knee
TRANS.00022	Autologous Cell Therapy for the Treatment of Damaged Myocardium

Revised Medical Policies Effective 04-25-2008

(The following policies were revised to expand medical necessity indications or criteria.)

DRUG.00002 - Tumor Necrosis Factor Antagonists

New Medical Policies Effective 07-18-08

(The following policy was split from an existing policy with no significant changes to position or criteria.)

GENE.00012	Preconceptional or Prenatal Genetic Testing of a Parent or Prospective Parent (previously part of GENE.00001)
GENE.00013	Diagnostic Genetic Testing of a Potentially Affected Patient (Adult or Child) (previously part of GENE.00001)

Revised Medical Policies Effective 07-18-2008

(The following policies were revised to either expand medical necessity indications or criteria or there were no significant changes.)

MED.00013	Parenteral Antibiotics for the Treatment of Lyme Disease
MED.00051	Real-Time Remote Heart Monitors

New Medical Policies Effective 10-24-2008

(Some of the policies below might result in services that were previously covered found to be either not medically necessary and/or investigational.)

MED.00097	Neural Therapy
RAD.00053	Cervical and Thoracic Discography
RAD.00054	MRI of the Bone Marrow
RAD.00055	MR Angiography (MRA) of the Spinal Canal

Revised Medical Policies Effective 10/24/08

(The policies listed below might result in services that were previously covered found to be either not medically necessary and/or investigational.)

GENE.00007	Cardiac Ion Channel Genetic Testing
OR-PR.00002	Adjustable Cranial Orthosis for Synostotic or Non-Synostotic Indications
SURG.00010	Treatment of Urinary Incontinence, Urinary Retention and Sacral Nerve Stimulation
SURG.00011	Wound Healing; Tissue Engineered Skin Substitutes and Growth Factors
SURG.00025	Cryosurgical Ablation of Solid Tumors Outside the Liver
SURG.00050	Radiofrequency Ablation to Treat Tumors Outside the Liver
SURG.00065	Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies (i.e., Surgical Excision, Cryosurgical Ablation, Radiofrequency Ablation or Percutaneous Ethanol Injection)

Note: for SURG.00025, SURG.00050 and SURG.00065 procedures 76940, 77013 and 77022 will deny for diagnoses not specified in the policies.

Clinical Guidelines

Revised Clinical Guidelines Effective 04-16-2008

(The following guidelines were revised to expand medical necessity indications or criteria.)

CG.RAD.16	Cardiac Radionuclide Imaging
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Revised Clinical Guidelines Effective 04-25-2008

(The following guidelines were revised to expand medical necessity indications or criteria.)

CG.DRUG.12	Biologics for Psoriasis and Psoriatic Arthritis
CG.DRUG.17	Natalizumab (Tysabri)
CG.MED.36	Ambulatory Blood Pressure Monitoring

Revised Clinical Guidelines Effective 04-16-2008

(The following guidelines were reviewed and had no significant changes to the policy position or criteria.)

CG.DME.10	Durable Medical Equipment
CG.DME.19	Therapeutic Shoes, Inserts or Modifications for Individuals with Diabetes
CG.DME.28	Myoelectrical Upper Extremity Prosthetic Devices
CG.DME.30	Prothrombin Time Self-Monitoring Devices
CG.DRUG.14	Dihydroergotamine (DHE) for the Treatment of Migraine or Cluster Headaches
CG.DRUG.19	Progesterone Therapy as a Technique to Prevent Preterm Delivery in High-Risk Women
CG.LAB.02	Salivary Hormone Tests

Revised Clinical Guidelines Effective 04-16-2008 continued

(The following guidelines were reviewed and had no significant changes to the policy position or criteria.)

CG.MED.19	Custodial Care
CG.MED.24	Electromyography and Nerve Conduction Studies (EMG/NCS)
CG.MED.35	Retinal Telescreening
CG.RAD.07	CT/MRI Shoulder, Elbow, Wrist, Hand
CG.RAD.08	CTA/MRA-Brain and Neck
CG.RAD.09	CTA/MRA- Thorax, Abdomen and Extremities
CG.RAD.10	CT/MRI Abdomen, Pelvis and Kidney
CG.RAD.11	CT/MRI Brain and Head
CG.RAD.12	CT/MRI Face, Orbits, Sinuses, Temporomandibular Joint and Neck Soft Tissue
CG.RAD.13	CT/MRI Hips, Pelvic Bones, Knee, Ankle and Foot
CG.RAD.15	CT/MRI Thoracic Cavity
CG.REHAB.06	Speech-Language Pathology
CG.REHAB.07	Skilled Nursing and Skilled Rehabilitation Services
CG.REHAB.08	Private Duty Nursing in the Home Setting (Outpatient)
CG.SURG.03	Blepharoplasty, Blepharoptosis Repair, and Brow Lift
CG.SURG.28	Transcatheter Uterine Artery Embolization

Revised Clinical Guidelines Effective 04-25-2008

(The following guidelines were reviewed and had no significant changes to the policy position or criteria.)

CG.DRUG.09	Intravenous Immune Globulin Therapy (IVIg)
CG.SURG.18	Septoplasty

Archived Clinical Guideline Effective 06-02-2008

CG.MED.30	Long Term Acute Care
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New Clinical Guidelines Effective 10-24-2008

(Some of the guidelines below might result in services that were previously covered found to be either not medically necessary and/or investigational.)

CG.DME.09	Local Delivery of Analgesia to Operative Sites
CG.DRUG.24	Repository Corticotropin Injection (H.P.Acthar Gel)

Revised Clinical Guidelines Effective 10-24-08

(The guidelines listed below might result in services that were previously covered found to be either not medically necessary and/or investigational.)

CG.DME.32	Continuous Positive Airway Pressure (CPAP) and Related Devices for the Treatment of Obstructive Sleep Apnea in Adults. NOTE: For MediBlue members only, the revised CMS criteria for HCPCS code E0601 will be applied. Initial approval will be for 12 weeks and continued approval only when the member shows improvement.
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Drug Coverage Update

Effective 10/24/08, the following ICD9 diagnoses will no longer be considered medically appropriate for Interferon: 202.30-202.38, 202.50-202.78.

Correction of Spring Newsletter

In the Spring 2008 newsletter we advised that treatment block code 77332 will be considered incidental to IMRT code 77301. Codes 77333 and 77334 will also be considered incidental to 77301. This is consistent with CCI.

Reminders of previous communications

Multiple Inpatient Consultations

As we notified you in the March 29, 2007 newsletter, multiple inpatient consultations (99251-99255) will be denied when reported with inpatient medical visits during the same admission. Once care of the patient is assumed by the consultant it is not appropriate to report the consultation. Effective 07/28/08, the consultation procedures will be denied

Modifiers A1-A9

As we notified you in the Winter 2006 newsletter, Modifiers A1-A9 should be reported only with codes A4450, A4452, A4462, A4465, A4649, A6010-A6011, A6021-A6025, A6154, A6196-A6224, A6228-A6248, A6250-A6262, A6266, A6402-A6404, A6407, A6410-A6412, A6441-A6456. Claims reporting codes A6010-A6011, A6021-A6025, A6196-A6224, A6228-A6248, A6250-A6262, A6266, A6402-A6404, A6407, A6441-A6456 without modifiers A1-A9 will be denied. Modifiers A1-A9 identify cumulative wounds. Only the single code and modifier appropriate for the total number of wounds should be reported. Effective 07/28/08, claims reporting the inappropriate use of modifiers A1-A9 will be denied.

Reimbursement policy updates

Fetal Non-Stress Test (59025)

Effective 7/18/08, separate reimbursement will be made when multiple fetuses are tested. Each test will be reimbursed at 100% of the allowed amount for the first fetus and 50% of the allowed amount for each subsequent fetus.

The following reimbursement policy will be effective for all claims processed on or after August 29, 2008, regardless of the date of service.

1. Consistent with instructions in the American Medical Association CPT book, hydration (90760-90761), injections (90772-90779) and infusion (90765-90771) procedures are not intended for use by the provider in the facility setting. The provider's work predominantly involves affirmation of the treatment and direct supervision of staff. Hydration, injection and infusion codes reported by the provider in the facility setting will be denied.

The following reimbursement policies will be effective for all claims processed on or after October 24, 2008, regardless of the date of service.

1. Direct measure of LDL cholesterol (83721) will be denied as a component of the lipid panel code (80061). The lipid panel generates both a total cholesterol measure and HDL cholesterol measure. With these two measures the LDL can be calculated. If the provider has the equipment to perform the direct measure modifier 59 should be reported. Please note: participating providers must continue to follow the requirements to send lab specimens to the outside lab. Both 80061 and 87321 are not on the POL (Physician Office Lab) procedures list.

2. Separate reimbursement will not be available for the procedures listed below. The services will be considered inclusive to patient care. A number of these procedures are considered status B by CMS.
 - a. 94005 — home ventilator management care plan oversight.
 - b. 94760-94761 — pulse oximetry.
 - c. 98966-98968 — telephone assessment.
 - d. 99002 — specimen handling.
 - e. 99070 — supplies — please use the appropriate HCPCS procedure code.
 - f. 99339-99340 — physician supervision — patient not present.
 - g. 99358-99359 — prolonged service before or after patient care.
 - h. 99371-99380 — care plan oversight. Note 99374 will continue to be allowed for oversight of home cancer chemotherapy.
 - i. 99441-99443 — telephone evaluation and management service.
 - j. 0174T-0175T — computer aided detection — chest x-ray.
 - k. A4262 — temporary lacrimal duct implant.
 - l. A4270 — disposable endoscope sheath.
 - m. A4300 — implantable access catheter.
 - n. J1642 — heparin lock flush.
 - o. Q0092 — set-up portable X-ray equipment.
 - p. S2900 — robotic surgical system.
 - q. S8110 — peak expiratory flow rate.

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