

Empire News

N E W Y O R K

In This Issue

Page

Administrative news

- NextRx replaces Caremark as Pharmacy Benefits Manager 2
- Empire will begin transition to standardized ID cards in October 2008..... 2
- Policy lifted to allow reimbursement for echocardiograms 2
- Introducing electronic health record system at reduced cost..... 2
- Anthem Blue Cross Blue Shield to implement new imaging management vendor in November 3
- Facilitate processing of your spinal surgery claims by obtaining a predetermination review 4
- Empire offers Voluntary Predetermination 5
- Empire will offer predeterminations for Specialty Pharmacy Medications..... 5
- Guidelines for NPI when billing 6
- Change in Behavioral Health Medical Necessity Criteria, effective 1/1/09..... 6
- What is Utilization Management?..... 6
- Part D vaccines must be billed under Member's Part D benefits..... 7
- CAQH Database Renamed..... 7

Pharmacy updates

- Third quarter pharmacy updates..... 8

Web news

- Access our Medical Policy library online..... 9
- Utilization Management criteria available to physicians online..... 9

EDI news

- Electronic Claim Submission helps reduce administrative expenses 10
- Receipt Reports confirm timely filing for electronic claims 10

Quality initiatives

- Document advance directives in your medical records..... 11

Health reminders

- Recommend annual chlamydia screening to your sexually active patients 11
- Free materials and programs educate smokers about risks and cessation..... 11

Medical policy updates..... 12

Letter from the Medical Director

Welcome to this edition of *Empire News*. We want to help you stay on top of the many changes in plans, policies and procedures that affect you and your business. Here's where you'll find information that's new:

- We'll tell you about important transitions, including:
 - NextRx replaces Caremark as Pharmacy Benefits Manager
 - Empire makes the move to standardized ID cards in November 2008
- You'll learn how the predetermination review facilitates processing of spinal surgery claims
- We'll remind you about the importance of encouraging sexually active patients to have a chlamydia screening.

And there's much more meaningful information to help you stay ahead of an ever-changing health care climate. Let us know how we're helping 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

NextRx replaces Caremark as Pharmacy Benefits Manager

On January 1, 2009 Empire's pharmacy benefits manager (currently Caremark) will transition to WellPoint, NextRx.

How will this transition impact you and your patients?

In general, this migration will appear seamless to your patients. One of the few changes they'll see is new prescription claim processing information on their ID cards. A limited number of members may be affected by the alignment of Empire's current drug list and utilization management structure with that of NextRx. As a result of this realignment, some drugs may be changing tiers and may be priced either higher or lower than with Caremark. Also, some drugs will no longer be covered under NextRx. You'll want to be prepared to discuss a generic alternative or a drug on a lower tier. Also, please be aware that there will be a new formulary and new forms as a result of this transition. Please be sure to look for additional information on this transition in the coming months. Visit empireblue.com for more info.

Empire will begin transition to standardized ID cards in November 2008

Empire will begin the transition to a new standardized format for our members' ID cards. As a result, you may begin to see the new formatted ID cards as early as November. We're making this change at the request of the Blue Cross and Blue Shield Association (BCBSA), the organization that governs all Blue Cross and Blue Shield plans nationwide.

The association has mandated the adoption of standardized ID cards across all Blue plans effective Jan. 1, 2009. This means that all Blue Cross and Blue Shield member ID cards — including those issued by Empire — will now have a consistent and uniform look and format.

However, new ID cards will only be first issued to:

- new members
- members who have a change in benefit status or
- members who need to replace a lost ID card.

The rest of the transition will be gradual and should be completed by 2011. Additionally, the familiar information that you've come to expect on our ID cards will be placed in a more organized and straightforward way.

Please ask your patients to present their most current ID cards each time they receive services. This will help ensure appropriate claims routing and processing. Your office should carefully review ID numbers on members' ID cards when filing claims, and should also file professional, facility and dental claims according to the instructions on the ID cards. As always, please submit claims with identification numbers exactly as they appear on members' ID cards,

including alpha prefixes and using letters and numbers appropriately.

Look for additional information and sample ID cards related to our transition in the next edition of this newsletter.

Policy lifted to allow reimbursement for echocardiograms

Echocardiograms no longer need to be read by providers with certain specialties and appropriate certification. In the past, Level 2 training certification was required for providers who did not have the cardiology specialty. If the provider was not certified or was not within the scope of a certain specialty, the claim for the procedure was denied.

Lifting this policy now allows for reimbursement for echocardiology and nuclear cardiology. This is a positive change for providers who perform the procedure and are not cardiologists — they'll now be reimbursed for this procedure.

If you have any questions, please call Empire Physician Services at **800-992-BLUE (2583)**.

Introducing electronic health record system at reduced cost

Empire has teamed with the New York City Department of Health and Mental Hygiene (DOHMH) to introduce an electronic health record (EHR) system into your office at a significantly reduced cost. As part of a \$27 million mayoral initiative to help improve the quality and efficiency of health care in New York City, DOHMH is subsidizing the implementation of the award-winning eClinical Works EHR system for our affiliated primary care provider offices. As part of this initiative, Empire has provided more than a half million dollars in funding through our parent company's Foundation.

To be eligible for this initiative, you must practice in a primary care field in New York City (including family medicine, pediatrics, internal medicine, HIV care, geriatrics and OB/GYN) and see Medicaid and uninsured patients. When your practice contributes \$4,000 per provider and commits to adopt health information technology, you'll receive a package which includes the following services valued at more than \$13,000 per provider:

- eClinicalWorks EHR applications and licenses
- Two years of 24-hour maintenance and support
- Extensive, onsite training for all levels of staff
- Lab and registry interfaces
- Project management
- NYC DOHMH Take Care New York customizations, encompassing public health functionalities
- A New York City office that answers questions and supplies dedicated support

If you have questions about this program and its benefits, contact Reena Samantaray at DOHMH by calling **212-341-2263**. You can also e-mail pcip@health.nyc.gov or visit nyc.gov/pcip to complete an online application form.

Anthem Blue Cross Blue Shield to implement new imaging management vendor in November 2008

For dates of service on or after November 1, 2008, our affiliate, Anthem Blue Cross and Blue Shield, will transition the administration of its radiology management program from National Imaging Associates (NIA) to American Imaging Management, Inc. (AIM), an affiliate of Anthem.

This transition will only affect your Anthem Blue Cross and Blue Shield patients as identified by their ID cards.

- To assist in the identification of those members primarily affected by this transition, the back of their ID card will indicate, "This Card is issued by Anthem Health Plans, Inc. in Connecticut." Note: This is a guide for your office staff.)
- Connecticut Medicare Advantage members (XGH prefix) will continue to be managed by NIA.
- The radiology management program for your Empire patients will remain NIA.
- Those Anthem Blue Cross and Blue Shield members unaffected by this change include (but are not limited to): Medicare (primary), Medicaid (SCHP) and FEP (Federal Employee Program).

For additional clarification, please contact the Customer Service phone number on the member's ID card or call AIM at **800-252-2021**. This change affects those New York providers who see Anthem Blue Cross and Blue Shield members (i.e., Connecticut Anthem Blue Cross and Blue Shield).

About AIM

With programs covering more than 22 million members, AIM is a nationally recognized leader in radiology benefit management with a strong reputation for promoting clinical excellence, innovation, and provider service. AIM's clinical content is derived from leading evidence-based guidelines and literature regarding the use of advanced diagnostic imaging procedures. In addition, AIM's Utilization Management program is accredited by both URAC and the National Committee for Quality Assurance (NCQA). Please visit www.americanimaging.net for additional information about AIM.

What this means to you for Anthem members you see in your practice:

AIM shall require prior authorization from the ordering provider for the services listed below:

- MRI
- MRA
- PET Scan
- CT/CAT (computed tomography/ computed axial tomography)
- Nuclear cardiology

Authorization can be obtained by calling AIM at **866-714-1107**.

No change in program guidelines

The move to AIM will not change the program guidelines. Prior authorization will be required for the same types of high-tech radiology imaging services that currently require prior authorization through NIA. Some members may incur a financial liability; therefore in order to ensure the members' maximum benefit, please continue to comply as you currently do by contacting AIM for those services requiring prior authorization.

Please note that it's business as usual for your Empire patients through NIA. If you see Anthem Blue Cross and Blue Shield patients in your practice and need further information, please contact the Customer Service phone number referenced on the member's ID card.

We appreciate your continued service to our members, your patients.

Facilitate processing of your spinal surgery claims by obtaining a predetermination review

Beginning January 1, 2009, in addition to reviewing the medical necessity of inpatient spine surgery, we will begin reviewing certain types of outpatient spine surgeries for medical necessity. The spine surgeries that will be reviewed include, but are not limited to, fusion, excision of disc, and decompression surgery. We will utilize Milliman Care Guidelines medical necessity criteria to determine the medical necessity of these procedures when done on an inpatient or outpatient basis.

When these services are provided on an inpatient basis, the medically necessary review will be part of the inpatient pre-certification process that is already being performed today. When these procedures are provided on an outpatient basis, we will offer a voluntary predetermination. The predetermination enables the member and provider to verify the service meets our medical necessity criteria before delivering the care. Although a predetermination is not required, we encourage providers to obtain one prior to performing any of these procedures. A predetermination denial may be appealed before or after performing the procedure.

When a predetermination is not obtained prior to the procedure, the claim for the service will be reviewed for medical necessity. Please be aware that records documenting the medical history and results of treatment and radiographic evaluations will be needed as part of this review whether done as a predetermination or as part of the claim submission.

The spine surgeries that will be reviewed encompass the following CPT and ICD-9-CM procedure codes:

ICD-9 Procedure Code

<i>Code</i>	<i>Description</i>
03.09	Spinal Canal Explore Nec
80.50	Exc/Dest Intvrt Disc Nos
80.51	Excision Intervert Disc
80.59	Oth Exc/Dest Intvrt Disc
81.0	Spinal Fusion
81.00	Spinal Fusion Nos
81.04	Dorsal/Dorsolum Fus Ant
81.05	Dorsal/Dorsolum Fus Post
81.06	Lumbar/Lumbosac Fus Ant
81.07	Lumbar/Lumbosac Fus Lat
81.08	Lumbar/Lumbosac Fus Post

CPT Codes

22558	Lumbar Spine Fusion
22612	Lumbar Spine Fusion
22630	Lumbar Spine Fusion
63005	Remove Spinal Lamina
63012	Remove Spinal Lamina
63017	Remove Spinal Lamina
63030	Low Back Disk Surgery
63042	Low Back Disk Surgery
63047	Remove Spinal Lamina
63056	Decompress Spinal Cord

The following groups and or product types are not included in the spinal surgery predetermination process at this time:

- FEP
- New York State BMP
- New York City
- Medi-gap
- Mediblu
- Medicare Primary and Empire Secondary
- Suffolk County
- Verizon Wireless

Please note: This review does not replace any existing medical policies currently in place for other types of spine surgery not listed above. For example, reviews for services such as artificial intervertebral disc or percutaneous disc decompression, for which medical policies currently exist, will continue to be reviewed using those medical policies whether done on an inpatient or outpatient basis.

Milliman Criteria is available upon request.

A predetermination can be obtained by calling Empire Medical Management at **800-982-8089**.

If you have any questions, please contact Empire Provider Services at **800-552-6630**.

Empire offers Voluntary Predetermination

Empire offers “Voluntary Predetermination” for selected services. A predetermination is a voluntary process for services where precertification is not required and you can confirm in advance of providing the service whether the service meets medical policy criteria. In cases when an adverse determination is issued, you and the member may access available appeal levels before delivery of the service.

Examples of services eligible for predetermination include high-cost medications such as:

J0882	Aranesp
J0881	Aranesp
J0886	Epogen/Procrit
J0885	Procrit
Q4081	Epogen/Procrit

A predetermination is not a review of payment policy or an opportunity to negotiate fees. PrecisionRx Specialty Pharmacy will review predetermination requests but in all instances, adverse predetermination decisions will be rendered by the plan.

Please follow the prior authorization process for all services that currently require prior authorization.

To determine if the service requires a predetermination:

- Search empireblue.com to identify applicable medical policy. If there's no on-line medical policy or active clinical guideline, the service is not eligible for a predetermination
- Call the number on the member's ID card to verify both the member's eligibility for coverage and the service's eligibility for a predetermination

Empire will offer a predetermination for certain specialty pharmacy medications, effective October 1, 2008

Predetermination will be offered for the following drugs: (note all polices are available online at empireblue.com)

<i>HCPCS Code</i>	<i>Drug Name</i>	<i>Applicable Policy</i>
J9055	Erbitux	Drug.00036
J9035	Avastin	Drug.00038 and Drug.00028
J2278	Prialt	Drug.00027
J9303	Vectibix	Drug.00035
J1745	Remicade	Drug.0002 and CG-Drug-12
J0696	Rocephin (for Lyme Disease Only)	Med.00013
J2315	Vivitrol	CG-Drug-21
J9355	Herceptin	Drug.00039

Pre-determination fax forms will be available for your use on our website empireblue.com.

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

Empire will offer predetermination for specialty pharmacy medications

Effective October 1, 2008, Empire will offer a predetermination for certain specialty pharmacy medications.

A pre-determination is a voluntary process for those services where pre-certification is not required which allows the provider to confirm in advance of providing the service whether the service meets medical policy criteria. In addition, when an adverse determination is issued, the member and provider may access available appeal levels prior to delivering the service. A pre-determination is not a review of payment policy, bundling, or an opportunity to negotiate fees.

Pre-determination will be offered for the following drugs: (note all policies are available on empireblue.com).

<i>HCPCS Code</i>	<i>Drug Name</i>	<i>Applicable Policy</i>
J9055	Erbitux	Drug.00036
J9035	Avastin	Drug.00038 and Drug.00028
J2278	Prialt	Drug.00027
J9303	Vectibix	Drug.00035
J1745	Remicade	Drug.0002 and CG-Drug-12
J0696	Rocephin (for Lyme Disease Only)	Med.00013
J2315	Vivitrol	CG-Drug-21
J9355	Herceptin	Drug.00039

Pre-determination fax forms will be available for your use on our website empireblue.com.

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

Guidelines for NPI when billing

It's essential that we all move to using the NPI on electronic and paper transactions as quickly as possible. Successful implementation of HIPAA standards should help reduce costs and administrative burdens for the entire health care industry. Having your correct NPI numbers on file helps ensure more accurate and timely claims processing. Once you obtain an NPI from CMS, we will be able to access this number through the NPPES system. However, while we wait to receive your NPI from CMS, you may take the opportunity to register your NPI(s) with Empire. To get a copy of our NPI Registration Form, visit empireblue.com.

How is a provider issued an NPI?

Providers can apply to NPPES for an NPI and must have an NPI by May 23, 2008, when exchanging electronic transactions. To apply for an NPI, providers can:

- Apply online by going to the NPPES website at <https://nppes.cms.hhs.gov/NPPES>.
- Download a CMS-10114 NPI application from the CMS website at: http://www.cms.hhs.gov/NationalProidentStand/03_apply.asp.
- Request a CMS-10114 NPI application from the NPI Enumerator.
 - Phone: **800-465-3203** or TTY **800-692-2326**
 - Email: customerservice@npienumerator.com
 - Mail: NPI Enumerator, P.O. BOX 6059, Fargo, ND 58108-6059

Providers need to supply adequate information to ensure that they can be identified uniquely by NPPES. Should any of that information change in the future, NPPES must be notified within 30 days.

Important information from our guides about NPI billing clarity:

Please note the following is a guide only and does not replace the American National Standards Institute (ANSI) X12N 837 professional implementation guides, companion documents or trading partner agreements.

- When submitting your claim to Empire, please make sure to use your individual NPI number at the Rendering Provider Claim Level 2310B. If the place of service is different from the address present in the Billing Provider Loop 2010AA use the Service Facility Location 2310D Loop. It is critical that you provide the correct address in 2310D N301 and N302 and 2310D Zip Code in N403.
- An Entity Type 1 NPI is assigned to individual physicians or non-physician practitioners. An Entity Type 2 NPI is assigned to an organization.
- If you're contracted with us as an individual, please use your Entity Type 1 NPI in the NM109 segment of the 2010AA (Billing Provider Loop) within the 837 electronic transactions.
- If you're contracted with us as an organization, use your Entity Type 2 NPI in the NM109 segment of the 2010AA (Billing Provider Loop) within the 837 electronic transactions.
- The 2310B Loop is required only when the rendering provider name and address is different from Loops 2010AA and you are contracted with Empire as an individual/Entity type 1 provider.

- Both of these scenarios must be met before the 2310B Loop is required.

Change in Behavioral Health Medical Necessity Criteria, effective 1/1/09.

Please note that Empire's Behavioral Health Medical Necessity Criteria (MNC) has been updated for an effective date of January 1, 2009. The updated MNC can be found on our website at empireblue.com. Go to the Provider/Facility tab and look under the "Spotlight" section for "Information on Empire's Behavioral Health." Please be sure to review it in advance of the effective date.

What is Utilization Management?

Utilization management (UM) is a review process that helps determine the medical necessity of some forms of outpatient care, a requested stay or a procedure. Our utilization management decisions are based on standards of appropriate care using medical policies, nationally recognized clinical guidelines and the applicable terms of your patient's health benefits contract.

Also, we don't reward our associates, consultants or others for denying care, nor do we use incentives to encourage a denial of care or service. For more information about the UM process and to answer your questions, please call **800-441-2411**, Monday thru Friday, from 8 a.m. to 5 p.m. During off hours, please leave a message on our confidential voicemail system. A member of Empire's UM team will return your call on the next business day.

Part D vaccines must be billed under Member’s Part D benefits

The Tax Relief and Health Care Act of 2006 (TRHCA) modified the definition of a Part D drug to include [Part D] vaccines administered on or after January 1, 2008. The Centers for Medicare & Medicaid Services (CMS) interprets this new statutory requirement to mean that the Part D vaccine administration costs are part of the negotiated price for a Part D-covered vaccine.

As of January 1, 2008, Medicare-covered Part D vaccinations and their administration must be billed under the Member’s Part D benefits administered through Empire’s pharmacy benefit manager. To be reimbursed, please submit the claim with the vaccine and administration charges to Caremark until 12/31/08. As of 1/1/09, please submit to NextRx. For more information on the transition to NextRx, please read the article on page 2 of this newsletter.

CAQH database renamed

As of 9/2008, The Universal Credentialing Datasource (CAQH) was renamed Universal Provider Datasource. With this change, there are new URLs for the site.

When in the process of credentialing/recredentialing with Empire, please access CAQH via the links below:

	<i>Old URL</i>	<i>New URL</i>
OAS	https://caqh.geoaccess.com/oas/	https://upd.caqh.org/oas/
PMM	https://caqh.geoaccess.com/pmm/	https://upd.caqh.org/pmm/

CAQH has a new support desk e-mail: caqh.updhelp@acsgrs.com. The toll-free phone number, **888-599-1771**, did not change.

Reminder — please update your CAQH profile timely in order to remain participating with us.

CORRECTION NOTICE

The summer 2008 issue of *Empire News* contained an error in the article on page 2 titled “Empire Prism EPO and PPO recently launched.” A statement in the article indicated that there are no claim forms to file for Empire Prism. *This is incorrect.* Please continue to submit claims as you normally would to Empire. We apologize for any confusion or inconvenience this may have caused.

Pharmacy updates

Third quarter pharmacy updates

Empire Pharmacy Management has implemented prior authorization for the following drugs:

Eligard - Effective 6/1/08	Supprelin LA - Effective 6/1/08	Trelstar Depot - Effective 6/1/08
Orencia - Effective 6/1/08	Synarel - Effective 6/1/08	Trelstar LA - Effective 6/1/08

Empire Pharmacy Management added the following drugs to the Precision Specialty List, these medications are to be dispensed, delivered, and managed by PrecisionRx Specialty Solutions*:

Alkeran inj	Lupron Depot	Pentam 300	Supprelin LA
Anzemet inj	Lupron Depot-Ped	Proleukin	Trelstar LA
Camptosar	Neulasta#	Revlimid	Trelstar Depot
Eligard	Neupogen#	Rituxan	Tykerb
Leukine	Nexavar	Sandostatin	Vivitrol
Leuprolide Acetate	Octreotide Acetate	Sandostatin Lar	Zenapax
Lupron	Oncaspar	Serostim	Zometa

*Member's obtaining these medications through their pharmacy benefit (for example when self-injected at home) will be required to use PrecisionRx for dispensing. A one time retail override is available upon request. When Physician's dispense these medications within the office as part of a physician service, claims should be directed to the medical benefit.

Empire has added the following drugs to the Precision Specialty List, these medications are to be dispensed, delivered, and managed by PrecisionRx Specialty Solutions>:

Euflexxa	OrthoVisc
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>These medications are not covered under the pharmacy benefit and even when used in the physician office, these drugs must be obtained from Precision Rx.

Empire Pharmacy Management will be implementing quantity limits for the following drugs:

Dilacor XR 120mg

Empire Pharmacy Management has added the following drugs to formulary:

Actonel	Actonel w/Calcium	Qvar
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Empire Pharmacy Management has added the following drugs to MediBlue formulary:

Actonel 150mg	Lialda	Oxycontin	Pristiq
Azor	Luvox CR	Plavix 300mg	Treanda

The following drugs were removed from the Formulary

Removed from formulary	Formulary alternative	
<i>Brand Name</i> <i>Non-formulary Co-payment applies</i>	<i>Brand Name</i> <i>Copayment applies</i>	<i>Generic</i> <i>Copayment applies</i>
Desoxyn 5mg	Concerta, Strattera	amphetamine/dextroamphetamine mixed salts, dexamethylphenidate immediate release, dextroamphetamine extended release, methylphenidate extended release, methylphenidate immediate release
Fosamax Tablets	Actonel, Actonel with Calcium, Fosamax Plus D	alendronate

Web news

Access our Medical Policy library online

To find out if a procedure is payable depending on how the code is billed (e.g., diagnosis, procedure) you can access our Medical Policy library online at empireblue.com.

Quick steps to access our Medical Policies

- Go to empireblue.com.
- Select the “Providers/Facility” tab.
- In the upper right-hand corner you’ll see “Medical Policies.”
- Select “Learn More.”
- You’ll then be on a page that’s titled “Medical Policies and Clinical UM Guidelines.”
- Please read the information on the page.
- Choose “Continue” to acknowledge that you’ve read the information.
- Selecting “Continue” will take you to a brief overview; then scroll to the bottom of the page.
- Search for “Medical Policies and Clinical UM Guidelines.”
- Select “Search” to look up the procedure in question.
- Type in the procedure description or procedure code.

Utilization Management criteria available to physicians online

You can request that Empire give you the specific criteria utilized to render a medical necessity determination. If you’d like a copy of specific UM or Behavioral Health criteria, you can call the Utilization Management department at **800-441-2411**.

You may also access our criteria at empireblue.com. For medical criteria, select the Provider/Facility tab, under Medical Policy, then click “Learn More.” For behavioral health criteria, click on the link called “information on Empire’s Behavioral Health, under the Spotlight section.

Physician reviewers will discuss utilization management decisions

Empire physician reviewers are available to discuss utilization determinations that result in a denial of benefits. To speak with a reviewer, call **800-441-2411**.

EDI news

Electronic Claim Submission helps reduce administrative expenses

Empire has teamed with MD On-Line, Inc., a leading national clearinghouse, to offer a free online service to professional provider practices — particularly smaller offices. If your office submits the CMS-1500 claim form, electronic claim submission is an innovative way to submit and receive secure transactions electronically while complying with requirements of the Health Insurance Portability and Accountability Act (HIPAA).

Take advantage of this free online service for providers who submit claims and other electronic transactions to Empire. All you need is a personal computer with Internet access to submit electronic transactions for all our lines of business including the Federal Employee Program (FEP) and the BlueCard® Program.

If you currently use Empire's secure web-based provider tool, Physician Online Services, you can continue to use it. The services offered by MD On-Line are added to our already robust suite of web-based solutions. They're just one more way we're working to help ease your administrative burden and give you more time for patient care.

Electronic submission saves time and money

- Eliminate time-consuming paperwork.
- Save postage and lower administrative costs.
- Receive faster payments; speed up cash flow.
- Correct mistakes faster, preventing delays in revenue cycle.

MD On-Line electronic transactions

- *Electronic Claim Submission Options* — Easy-to-use, web-based solutions available for providers with or without practice management software
- *Patient Eligibility Verification* — Secure inquiry access to current patient insurance eligibility information — all available at your fingertips
- *Claim Status Verification* — Extra level of information about claims submitted and entered in the carrier's processing system
- *Detailed Tracking and Reporting* — Tracks claims every step of the way, from MD On-Line to the carrier to final resolution and payment
- *Electronic Remittance Advice (ERA)* — Capability to electronically post the ERA to your practice management software; no need to manually enter payment information for a paper explanation of benefits (EOB)

MD On-Line registration and contact information

Visit the provider section of Empire's website at empireblue.com and select the link labeled "Web Claims Submission" under "Learn More" and then select the link to MD On-Line. You'll be routed to the disclaimer page about leaving the site and then to the MD On-Line website to complete the registration process. MD On-Line representatives will contact you to complete registration, answer questions and provide system training.

Contact information for MD On-Line, Inc. sales, support, administration and billing

- Phone registration: Call **888-499-5465** (mention "Empire promotion")
- Customer and Technical Support Representatives are available from 8:30 a.m. to 6 p.m. EST
 - Phone: **973-734-9900**
 - Fax: **973-734-9910**

- Mailing Address:
MD On-Line, Inc.
4 Campus Drive
Parsippany, NJ 07054

Receipt Reports confirm timely filing for electronic claims

Our goal is to give you accurate claims processing results and prompt payments. You can help us meet this goal by making sure all claims are completed in full with accurate information, and are received by Empire within the claim filing limits specified in your provider contract. We'll have to deny claims that are received outside of the timely filing guidelines.

Review EMC Receipt Reports after electronic transmission

To make sure we receive and consider electronic claims for processing within the timely filing limits, you'll want to review your EMC Receipt Report after each electronic transmission. The EMC Receipt Report is your confirmation of timely filing of electronic claims to Empire. EMC Receipt Reports are usually available to review within 24 to 48 hours after transmission to the submitter's electronic mailbox. The EMC Receipt Report provides a summary of all claims that are accepted, rejected and contain errors.

Accepted claims are passed to our internal claims processing system(s) for consideration. Rejected claims within the file appear individually on the report with the reject reason for you to correct. To be considered for further processing, claims with errors must first be corrected and then refiled electronically.

Vendor or direct submissions — you'll still receive a Receipt Report

If you file claims electronically via a clearinghouse and/or EDI vendor, you may receive reformatted Empire reports and you'll want to work with the vendors to make sure they have access to the Empire EMC Receipt Reports. If you submit claims directly to Empire and aren't receiving EMC Receipt Reports in your e-mail, please contact our EDI Help Desk for technical assistance by calling **866-889-7322**. You're responsible for archiving reports in case you need to show proof of timely filing.

FEP

FEP claims with other carrier codes of 02(Medicare & Workers Comp), 04(Medicare & COB),10 (Medicare & no Fault), 11(Government Programs savings) or 17(Medicare & Blue/Blue) are excluded from the provider and contractual timely filing guidelines.

Appealing a timely filing decision

If a claim is denied due to lack of timely submission, you can request an appeal by calling the provider inquiry phone number on the member's ID card.

Quality initiatives

Document advance directives in your medical records

Remember to document advance directives in a prominent part of your medical records and also document whether a patient has executed an advance directive and be sure to include a copy.

For more information, visit empireblue.com. Go to "Medical Record Standards," select the Provider/Facility tab and click on "Enter." Go to the "Health Information" section and then go to "Medical Records Standards."

Health reminders

Recommend annual chlamydia screening to your sexually active patients

As you know, chlamydia remains the most commonly reported infectious disease in the United States. Because chlamydia is most common among young women, the Centers for Disease Control (CDC) recommends annual chlamydia screening for all sexually active women under age 26, as well as for older women with risk factors such as new or multiple sex partners.

Unfortunately, many sexually active young women are not being tested for chlamydia. Increased prevention screening efforts are critical to prevent the serious health consequences of this infection, particularly infertility.

The CDC's 2006 STD Treatment Guidelines recommend that women be retested for chlamydia approximately three months after treatment. The guidelines also recommend having heterosexual patients deliver antibiotic therapy to their partners, if other strategies for reaching and treating partners are not likely to succeed.

The availability of urine tests for chlamydia is likely contributing to increased detection of the disease in men and, consequently, the rising rates of reported chlamydia among males in recent years.

To avoid missed opportunities to identify and treat chlamydia, routine testing should be provided for young women between 15 and 25 years old who are seeking care for any of the following reasons:

- Suspects pregnancy
- History of STD
- Seeks contraceptives
- Seeks Gynecological services
- Sexually abused or assaulted

- Indirectly indicates may have had sexual relations

After identifying an at-risk patient, you'll want to offer appropriate counseling and routine tests for chlamydia.

To view our Preventive Health Guidelines, go to empireblue.com. For additional information, please visit www.cdc.gov/nchstp/dstd/HEDIS.htm.

For the 2007 measurement year, HEDIS measured the percentage of females between the ages of 16 and 25 who were identified as sexually active and who had at least one test for chlamydia in 2007.

Free materials and programs educate smokers about risks and quitting

Let your patients know about the free educational materials that discuss the risks of smoking. The materials are available from national organizations such as the American Lung Association, The American Cancer Society, the Campaign for Tobacco Free Kids, Freedom From Smoking® Online and the Office of the Surgeon General (free downloadable toolkits for smokers).

You'll also want to direct your patients to free services that help them quit smoking, including the New York State Smokers' Quitline, which offers a free starter kit of nicotine patches, gum or lozenges for eligible New York State smokers. Trained Quitline Specialists offer help with quit plans and also provide taped messages and information on local stop smoking programs.

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 empireblue.com.

Medical Policies

Revised Medical Policies Effective 05-15-2008

(The following policy was revised to expand medical necessity indications or criteria.)

DRUG.00002	Tumor Necrosis Factor Antagonists
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Revised Medical Policies Effective 05-15-2008

(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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GENE.00008	Analysis of Fecal DNA for Colorectal Cancer Screening and Surveillance
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RAD.00029	CT Colonography (Virtual Colonoscopy) as a Screening or Diagnostic Test for Colorectal Cancer
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TRANS.00011	Pancreas Transplantation and Pancreas Kidney Transplantation
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TRANS.00013	Small Bowel and Multivisceral Transplant Including Small Bowel/Liver
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TRANS.00024	High-Dose Chemotherapy with Hematopoietic Stem Cell Transplantation for the Leukemias and Myelodysplastic Syndrome
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TRANS.00025	Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection
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TRANS.00027	High-Dose Chemotherapy with Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors
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TRANS.00029	High-Dose Chemotherapy with Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias
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TRANS.00031	High-Dose Chemotherapy with Hematopoietic Stem Cell Transplantation for Autoimmune Disease and Miscellaneous Solid Tumors
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New Medical Policies Effective 07-01-2008

RAD.00056	Intraocular Epiretinal Brachytherapy
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SURG.00103	Intraocular (Anterior Segment) Aqueous Drainage Implant/Shunt
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New Medical Policies Effective 07-09-2008

DRUG.00039	Trastuzumab (Herceptin) (Note: this was renumbered from CG-DRUG-02)
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DRUG.00040	Abatacept (Orencia)
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Revised Medical Policies Effective 07-09-2008

(The following policy was revised to expand medical necessity indications or criteria.)

GENE.00001	Genetic Testing for Cancer Susceptibility
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Revised Medical Policies Effective 07-09-2008

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

ANC.00009	Cosmetic and Reconstructive Services of the Trunk and Groin
BEH.00001	Opioid Antagonists Under Heavy Sedation or General Anesthesia as a Technique of Opioid Detoxification
BEH.00002	Transcranial Magnetic Stimulation as a Treatment of Depression and Other Neuropsychiatric Disorders
DME.00002	Phototherapy for the Treatment of Seasonal Affective Disorder
DME.00005	Glucose Monitoring and Related Supplies
DME.00011	Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices
DME.00014	Computerized Dynamic Posturography
DME.00025	Patient-Operated Spinal Unloading Devices
DME.00032	Automated External Defibrillators for Home Use
DRUG.00003	Chelation Therapy
DRUG.00017	Hyaluronan Injections for Musculoskeletal Conditions
DRUG.00026	Aerosolized Anti-Infective Therapy for Sinusitis
DRUG.00035	Panitumumab (Vectibix™)
DRUG.00036	Cetuximab (Erbix®)
DRUG.00037	Intravenous Ketamine and Intravenous Lidocaine for Chronic Pain Management
GENE.00003	Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer's Disease
GENE.00009	Gene-Based Tests for Screening, Detection and Management of Prostate Cancer
LAB.00002	Salivary Estradiol Testing for Preterm Labor
LAB.00003	In Vitro Chemotherapy Sensitivity and In Vitro Resistance Assays
LAB.00009	Pharmacogenomic and Metabolite Markers for Patients with Inflammatory Bowel Disease Treated with Azathioprine and 6-Mercaptopurine
LAB.00011	Analysis of Proteomic Patterns in Serum to Identify Ovarian Cancer
LAB.00012	Hyaluronan Binding Assay (HBA)
LAB.00015	Detection of Circulating Tumor Cells in the Blood as a Prognostic Factor in Patients with Metastatic Cancer
LAB.00020	Intraepidermal Nerve Fiber Density Testing
MED.00003	Thermography/Temperature Gradient Studies
MED.00004	Technologies for the Evaluation of Skin Lesions (including Dermoscopy, Epiluminescence Microscopy, Videomicroscopy and Ultrasonography)
MED.00007	Prolotherapy/ Sclerotherapy for Joint and Ligamentous Injections
MED.00010	Enhanced External Counterpulsation (EECP) in the Outpatient Setting
MED.00011	Sensory Stimulation for Brain-Injured Patients in Coma or Vegetative State

Revised Medical Polices Effective 07-09-2008 continued

MED.00012	Gait Analysis
MED.00014	Home Spirometry and Home Overnight Oximetry Services
MED.00024	Adoptive Immunotherapy and Cellular Therapy
MED.00026	Hyperthermia for Cancer Therapy
MED.00032	Treatment of Hyperhidrosis
MED.00034	Noninvasive Measurements of Cardiac Output in the Outpatient Setting including Thoracic Electrical Bioimpedance and Inert Gas Rebreathing
MED.00043	Low Level Laser Therapy
MED.00044	Electrical Impedance Scanning of the Breast
MED.00046	Electrical Stimulation and Electromagnetic Therapy for Wound Healing
MED.00050	Skin Contact Monochromatic Infrared Energy Therapy (MIRE)
MED.00053	Non-Invasive Measurement of Left Ventricular End Diastolic Pressure (LVEDP) in the Outpatient Setting
MED.00056	Techniques for the Measurement of Body Composition
MED.00057	MRI Guided High Intensity Focused Ultrasound Ablation of Uterine Fibroids
MED.00058	Ocular Photoscreening
MED.00059	Idiopathic Environmental Illness (IEI)
MED.00060	End Diastolic Pneumatic Compression Boot
MED.00061	Biofeedback for Fecal Incontinence
MED.00062	Biofeedback for Muscle Re-education and Chronic Pain
MED.00063	Treatment of Acne Vulgaris Using Pulsed Dye Laser or Photodynamic Therapy
MED.00066	Cooling Devices and Combined Cooling/Heating Devices in the Outpatient Setting
MED.00087	Imaging Techniques for Screening and Identification of Cervical Cancer
MED.00093	Corneal Hysterisis
MED.00094	Electrocardiographic (ECG) Body Surface Mapping
OR-PR.00003	Microprocessor Controlled Lower Limb Prosthesis
RAD.00001	Computed Tomography to Detect Coronary Artery Calcification
RAD.00002	Positron Emission Tomography (PET) and PET/CT Fusion
RAD.00012	Ultrasound for the Evaluation of Paranasal Sinuses
RAD.00016	Intravascular Brachytherapy (Coronary and Non-Coronary)
RAD.00019	Magnetic Source Imaging and Magnetoencephalography
RAD.00022	Magnetic Resonance Spectroscopy
RAD.00031	Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy

Revised Medical Polices Effective 07-09-2008 continued

RAD.00036	MRI of the Breast
RAD.00038	Use of 3-D and 4-D Ultrasound in Maternity Care
RAD.00040	PET Scanning Using Gamma Cameras
RAD.00044	Magnetic Resonance Neurography
RAD.00052	Positional MRI
REHAB.00003	Hippotherapy
SURG.00009	Refractive Surgery
SURG.00014	Cochlear Implants and Auditory Brainstem Implants
SURG.00016	Stereotactic Radiofrequency Pallidotomy
SURG.00017	Stereotactic Radiosurgery
SURG.00022	Lung Volume Reduction Surgery
SURG.00026	Deep Brain Stimulation
SURG.00036	Fetal Surgery for Prenatally Diagnosed Malformations
SURG.00043	Electrothermal Capsular Shrinkage
SURG.00045	Extracorporeal Shock Wave Therapy for Orthopedic Conditions
SURG.00047	Transendoscopic Therapy for Gastroesophageal Reflux Disease
SURG.00053	Unicondylar Interpositional Spacer
SURG.00054	Endovascular/ Endoluminal Repair of Aortic Aneurysms
SURG.00056	Transanal Radiofrequency Treatment of Fecal Incontinence
SURG.00057	Focused Microwave Phase Array Thermotherapy for Breast Cancer
SURG.00058	Prophylactic Bilateral Oophorectomy and Prophylactic Hysterectomy
SURG.00059	Recombinant Human Bone Morphogenetic Protein
SURG.00061	Presbyopia-Correcting Intraocular Lenses
SURG.00062	Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome
SURG.00069	Transpupillary Thermotherapy
SURG.00070	Photocoagulation of Macular Drusen
SURG.00072	Lysis of Epidural Adhesions Using Hypertonic Solutions
SURG.00073	Epiduroscopy
SURG.00075	Intervertebral Stabilization Devices (Dynesys® Spinal System, SATELLITE™ Spinal System)
SURG.00079	Nasal Valve Suspension
SURG.00100	Cryoablation for Plantar Fasciitis and Plantar Fibroma

Archived Medical Policy Effective 07-09-2008

DME.00020 Non-Contact Normothermic Wound Therapy

Revised Medical Policies Effective 07-18-2008

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

RAD.00011 Transcatheter Arterial Chemoembolization (TACE)

RAD.00014 Brachytherapy

SURG.00028 Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia and Other Genitourinary Conditions

Revised Medical Policies Effective 07-18-2008

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

MED.00002 Diagnosis of Sleep Disorders

Revised Medical Policies Effective 07-29-2008

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

BEH.00004 Treatment of Autism, Asperger Syndrome, Rett Syndrome, Childhood Disintegrative Disorder and Pervasive Development Disorder

Revised Medical Policies Effective 08-15-2008

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

LAB.00018 Serum Tumor Markers

MED.00005 Hyperbaric Oxygen Therapy (Systemic/Topical)

New Medical Policies Effective 01-23-2009

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

LAB.00022 Breast Lymph Node (BLN) Assay

LAB.00024 Immune Cell Function Assay for the Management of Organ Transplant Rejection

LAB.00025 Topographic Genotyping (PathFinderTG Test)

Revised Medical Policies Effective 01-23-2009

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

DME.00019 Continuous Passive Motion Devices (Note: Applies to MediBlue members only –
Consistent with CMS, continuous passive motion devices will be allowed only following knee replacement surgery.)

DME.00027 Ultrasonic Bone Growth Stimulation

DRUG.00002 Tumor Necrosis Factor Antagonists

DRUG.00013 Intravenous Immunoglobulin as a Treatment of Recurrent Spontaneous Abortion and Associated Laboratory Tests

GENE.00005 BCR-ABL Mutation Analysis (Note: BCR-ABL testing reported with modifier 2B for diagnoses 205.10-205.11 will be considered investigational)

RAD.00014 Brachytherapy (Note: CPT 67218 will be reviewed against the defined criteria when reported for ICD9 dx 190.0 or 190.6)

SURG.00066 Percutaneous Thermal Neurolysis for Chronic Back Pain

SURG.00067 Percutaneous Vertebroplasty and Percutaneous Kyphoplasty

SURG.00068 Implantable infusion Pumps (Note: HCPCS E0782 and E0783 will be reviewed against the defined criteria when reported for any diagnosis not listed in the policy).

Clinical Guidelines

New Clinical Guideline Effective 07-09-2008

(The following guideline was renumbered and reviewed and had no significant changes to the policy position or criteria.)

CG.LAB.05	Lipoprotein-Associated Phospholipase A2 (Note this guideline was renumbered from CG-MED-11).
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Revised Clinical Guideline Effective 07-09-2008

(The following guideline was revised to expand medical necessity indications or criteria.)

CG.DRUG.05	Recombinant Erythropoietin Products
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Revised Clinical Guidelines Effective 07-09-2008

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

CG.DME.24	Manual Wheeled Mobility Devices
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CG.DME.31	Power Wheeled Mobility Assistive Devices
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CG.DRUG.08	Pharmacotherapy for Gaucher Disease
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CG.DRUG.12	Biologics for Psoriasis and Psoriatic Arthritis
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CG.DRUG.21	Naltrexone (Vivitrol®) Injections for the Treatment of Alcohol Dependence
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CG.MED.29	Inpatient Subacute Care
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CG.RAD.14	CT/MRI of the Spine (Cervical, Lumbar, Thoracic)
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CG.REHAB.01	Vestibular Rehabilitation and Canalith Repositioning
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CG.REHAB.02	Cardiac Rehabilitation (Outpatient)
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CG.SURG.17	Trigger Point Injections
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Revised Clinical Guideline Effective 07-29-2008

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

CG.DRUG.01	Off-Label Drug and Approved Orphan Drug Use
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New Clinical Guideline Effective 10-24-2008

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

CG.DRUG.25	IV vs. Oral Drug Administration in the Outpatient and Home Setting
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Revised Clinical Guideline Effective 01-23-2009

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

CG.DRUG.21	Naltrexone (Vivitrol®) Injections for the Treatment of Alcohol Dependence
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Reference Source Update

The approved sources for drug reference have been updated to include Thompson's Drug Points. This information can be found at thomsonhc.com. Future updates on the reference source website will not be specifically included in subsequent newsletters.

Screening Colonoscopy Reminder

When a screening colonoscopy is performed and a polyp or tumor is discovered and removed report ICD9 dx code V76.51 to identify that the colonoscopy was done for screening purposes. This will facilitate proper coverage for members with preventive medicine benefits.

Injectable Drug Updates

In addition to current policy the following updates and processing changes will be applied:

- a. Adriamycin[®], Doxorubicin, Doxorubicin Liposomal (Doxil[®]), Rubex[®] (J9001) — The following diagnoses will be reviewed for criteria: 183.2-183.9.
- b. Aldurazyme[®], Laronidase (J1931) — Considered medically necessary for diagnosis code 277.5.
- c. Aredia[®], Pamidronate Disodium (J2430) — The following diagnoses are considered not medically necessary: 252.00-252.08, 259.3 and 588.81.
- d. Camptosar[®], CPT-11, Irinotecan HCL (J9206) — The following diagnoses will be reviewed for criteria: 154.2-154.8 and 162.0.
- e. Carboplatin, Paraplatin[®], Paraplatin-AQ[®] (J9045) — The following diagnoses will be reviewed for criteria: 158.8, 158.9, 183.2-183.9, 192.3, 194.6-194.9 and 197.6.
- f. Cisplatin, Platinol[®], Platinol-AQ[®], CDDP, Cisplatinum (J9060, J9062) — The following diagnoses will be reviewed for criteria: 158.8, 158.9, 183.2-183.9, 192.3, 194.6-194.9 & 197.6 and the following diagnoses will deny as not medically necessary: 203.10-203.81.
- g. Docetaxel, Taxotere[®] (J9170) — The following diagnoses will be reviewed for criteria: 154.2-154.8, 183.2, 183.3, 183.4, 183.5, 183.8, and 183.9.
- h. Faslodex (Fulvestrant) (J9395) — The following diagnoses will be reviewed for criteria: 175.0 – 175.9
- i. Gemcitabine, Gemzar[®] (J9201) — The following diagnoses will be reviewed for criteria: 162.2, 183.2-183.9 and the following diagnosis will deny as not medically necessary: 230.8.
- j. Granisetron HCl, Kytril[®] (J1626) — The following diagnoses will deny as not medically necessary: 210-229.9, 235.0-239.9, 643.10, 643.11, 643.13, V58.12, V66.1, and V66.2.
- k. Mecermin, Increlex[™] (J2170) — The following diagnoses are considered medically necessary: 253.3 and 253.4.
- l. Naglazyme[™], Galsufase (J1458) — The following diagnosis are considered medically necessary: 277.5 (for adults and children (5 years and older).
- m. Neumega[®], IL-11, Oprelvekin (J2355) — The following diagnoses will deny as not medically necessary: 287.3, 287.4 and 287.5.
- n. Paclitaxel ,Taxol[®] (J9265) — The following diagnoses will be reviewed for criteria: 230.3 and 230.4.

Reimbursement Policy Updates

The following reimbursement policy will be effective for all claims processed on or after January 23, 2009, regardless of the date of service.

Bone Conduction Hearing Aid

Implantable bone conduction hearing aid, also know as BAHA[®] will be allowed only if the member's benefits include coverage for hearing aids. When the member's contract excludes hearing aids both the device and the implant procedure will not be covered.

Developmental Testing (96110)

The administration and scoring of the standardized tool is considered an integral component of the preventive evaluation and management service. Procedure 96110 will not be reimbursed separately

Global Surgery

Consistent with CPT and CMS appropriate submission of modifier 25 is applicable to report significant and separately identifiable E&M services with surgery and other procedures, including chemotherapy and osteopathic manipulation.

Laparoscopic Hernia Repair (S2075, S2076)

Claims reporting laparoscopic hernia repair for diagnoses other than 550.12, 551.2-551.29, 552.1, 552.2-552.29, 553.01, 553.1, 553.2-553.29, 560.81, 575.9, 789.30, 789.53 will be reviewed for potential cosmetic determination. Consistent with the CPT and HCPCS coding references mesh codes (49568 and S2077) should be reported separately. Reporting of the hernia repair and the mesh under an unlisted code may adversely affect and/or delay processing. NOTE: HCPCS codes S2075, S2076 and S2077 are not to be used for MediBlue members. These codes are not acceptable under CMS coding.

Modifier Updates

- a. 24 – Unrelated E&M During the Postoperative Period
Diagnosis codes reported with the E&M that match the first 3 digits of the diagnosis on the surgery claim will be considered to be part of the global surgical period whether modifier 24 is submitted or not. E&M submitted during the post-operative period without modifier 24 will be considered part of the global surgical period.
- b. 47 – Anesthesia by Surgeon
No additional reimbursement will be allowed for anesthesia reported by the provider performing the procedure. Please note that modifier 47 should be reported with the base surgery code and not with the service identifying the method of anesthesia, such as a nerve block.
- c. 52 – Reduced Services
Services reported with modifier 52 will continue to be reimbursed at 50% of the allowed amount.

- d. 53 – Discontinued Procedures
Services reported with modifier 53 will continue to be reimbursed at 50% of the allowed amount.
- e. 78 – Return to Operating Room
Procedures reported with modifier 78 will be reimbursed at 70% of the allowed amount. The global period applicable to the primary surgery will continue to apply.

Split Surgical Care

Reimbursement for split surgical care will be revised to allow 20% of the allowed amount when modifier 55 (postoperative management only) is reported and 10% of the allowed amount when modifier 56 (preoperative management only) is reported. 70% of the allowed amount will continue to be reimbursed when modifier 54 (surgical care only) is reported. Please remember to submit the surgical procedure code with the appropriate modifier to identify split surgical care. Submission of E&M codes may result in delays or denials.

Precert Changes

Effective August 2008, precert is no longer required for CPAP and BiPAP devices (E0601, E0470, E0471)

Empire BlueCross BlueShield
One Liberty Plaza
165 Broadway
New York, NY 10006
empireblue.com



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