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Medicaid Children's Behavioral Health Services

Starting July 1, 2019, the EmblemHealth Enhanced Care plan will cover more behavioral health services for children and youth. See our Appointment Availability Standards for updates accounting for these new services.

Updated Behavioral Health Screening Tools Now Available

To help you identify behavioral health conditions in your EmblemHealth members, please use our updated behavioral health screening tools. If you refer a member to one of our behavioral health services programs, please reach out to coordinate care.

Reminder: EmblemHealth Prime Network Providers in New York are In-network for ConnectiCare Commercial Group Members

ConnectiCare, a regional insurance company based in Connecticut, is a subsidiary of EmblemHealth. All members with ConnectiCare commercial group plans can be seen in-network by EmblemHealth Prime Network providers in New York. This includes fully-insured and self-insured plans. These members will present ConnectiCare member ID cards with an EmblemHealth logo on the front or back of the cards. You can also sign in to ConnectiCare's provider website to check the members' benefits and eligibility. We have added a ConnectiCare link to the EmblemHealth provider website to make it easier for you to access the information.

Independent Living Solutions (ILS) Performs Health Risk Assessments for our Affinity Medicare Members

EmblemHealth is partnering with Independent Living Solutions (ILS) to perform Health Risk Assessments and provide care management for our Affinity Medicare members. ILS may contact you to:

- Coordinate care, including transitioning of care to other providers.
- Support your practice in managing various illnesses and life circumstances.

Please comply with their requests for information and patient care so we can better serve our Affinity Medicare members.

Check Member ID Card for Referral Requirements

EmblemHealth offers plans that do not require a referral. The member ID card will indicate if no referral is required.

Keep Your Information Current

Keeping directory information up to date, especially the phone number to be used for making appointments and set up for after-hours coverage, can make sure our members know how to contact you and have your correct address and phone number when making an appointment.

PHARMACY

Prescriptive Authority Claim Adjudication Changes Effective May 20, 2019

On May 20, 2019, Express Scripts, our pharmacy benefit manager, will enhance their prescription processing system to meet the requirements of the State Prescriptive Authority rules for our Medicare and Medicaid member prescriptions. If you need to prescribe controlled substances for your patients, you will need to take some important steps. Click **here** to learn more.

CLAIMS CORNER

The Claims Corner section of our provider website is a rich resource of information that helps your practice navigate EmblemHealth claims and billing processes.

Coding

Presumptive and Definitive Drug Testing
According to the National Correct Coding Initiative Policy Manual and CMS policy, presumptive drug testing may be reported with CPT codes 80305-80307. These codes differ based on the level of complexity of the testing methodology. Only one code from this code range may be reported per date of service.

Pilonidal Cyst Sinus Procedures
According to the AMA CPT Manual, Integumentary section, codes 10080-10081 (Incision and drainage of pilonidal cyst) or 11770-11772 (Excision of pilonidal cyst or sinus) must include an ICD-10 diagnosis code of Pilonidal Cyst or Pilonidal Sinus.

Frequency of Fundus Photography
According to CMS, the recommended frequency for Fundus Photography is no more than two times per 365 days except in unusual circumstances.

Duplicate Claims Policy: Non-Physician Practitioner
When EmblemHealth receives a claim from a Non-Physician Practitioner for the same services provided on the same date of service by another practitioner with the same tax ID and there is a match on the first three characters of the primary diagnosis code, it will be considered a duplicate regardless of provider ID and specialty.

Use of Modifier "QW" for tests granted waived status under Clinical Laboratory Improvement Amendment
CLIA waived tests are determined by the Food and Drug Administration (FDA) or Centers for Disease Control and Prevention (CDC) to be simple enough that there is little risk of error.According to CMS policy, modifier QW (CLIA waived test) can only be appended to procedures designated as CLIA waived tests on the clinical laboratory fee schedule. Refer to the CMS website for additional information.

Benefits

Change in Medicaid Coverage for Child Annual Wellness Visits
Medicaid members less than 21 years old are now covered for an annual wellness visit once every calendar year. Previously, child wellness visits were only covered once every 12 months. More

Policy

Payment Policy Updates - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
EmblemHealth has recently implemented changes to implement enhancements to our DME payment policies. Find a summary of these changes here.

Inpatient transfers between acute care hospitals/facilities
When a hospital or acute care facility does not have the services to ensure safe and/or quality care, it is the responsibility of the referring facility to contact the managing

entity for all patient transfer requests by calling or faxing the applicable organization. The accepting hospital/acute care facility is responsible for confirming the transfer is authorized and to obtain the case number from the transferring facility. To avoid claim denials, the accepting facility must include the case number on all associated claim submissions. More

Utilization Review

New Utilization Management Pre-authorization List for Elective Services Starting July 1, 2019
A supplemental pre-authorization list for HIP members based on the member's type of plan (Commercial and Medicaid) and the selected site of service is being introduced on July 1, 2019. More

CLINICAL CORNER
Medical Policy Updates

This month's update includes revisions to the following medical policies: **Ocular Photoscreening**, **Gene Expression Profiling**, **Genetic Testing for Colorectal Cancer/Lynch Syndrome**, **Insulin Delivery Devices and Continuous Glucose Monitoring Systems, Obstructive Sleep Apnea Diagnosis and Treatment**, **Otoacoustic Emissions Testing (OAE)** , and **Stereotactic Radiosurgery and Proton Beam Therapy (PBT)**.

Medical Technologies Database Updated May 2019

Medical Technologies Database
Updated May 2019

To see the latest updates, click **here**.

WEBINAR/TRAINING
Required SNP MOC training coming in June 2019

The annual training for Special Needs Plan (SNP) Model of Care (MOC) will launch soon. The training is required for providers who participate in the VIP Prime Network. Look for our notice to arrive via email, fax, and postal mail. The

communication will include the user ID and PIN number needed for this required training.

Join us on June 12 for our monthly webinar for practitioners and office staff

New to EmblemHealth or looking for an overview of 2019 networks and benefit plans? We offer monthly webinars where you can learn about our special utilization management programs and web-based tools and resources. Our next events are **June 12, 2019** 10 to 11 a.m. and 2 to 3 p.m. Space is limited, **Register today**.

Medicaid: New York State Medicaid Update

We are happy to share with you the newest issue of Medicaid Update (PDF), a monthly publication from the Office of Health Insurance Programs of the New York State Department of Health. This edition includes a pharmacy reminder about emergency contraception coverage, updates on the Medicaid program, offers guidance on policy and billing changes, and pharmacy reminders. If you missed a previous issue, or just want to review their archive, please visit the DOH Medicaid Update page.

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