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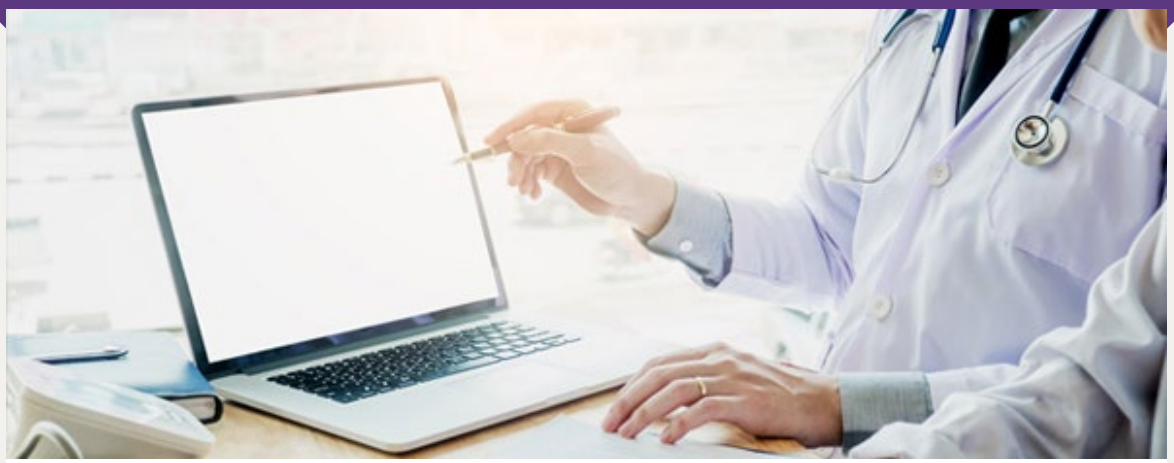
EmblemHealth

POLICY **UPDATES**

DECEMBER 28, 2018



More members move to new systems January 1, 2019

By January 1, 2019, our commercial HIP members, including City of New York HMO/POS members, will have 11-digit alphanumeric member IDs. The IDs start with the letter “K” followed by a unique 8-digit number. The final two digits distinguishes the subscriber from each dependent (01, 02, 03, etc.). Please ask your patients for their current member ID card at each appointment. Prior approval and referral numbers will change to include “F” as the second character. We will honor referrals and approvals issued under an old ID number. Please submit referrals, prior approval requests, and claims using the applicable member ID that is in effect on the date of service.

Medicaid provider registration and revalidation required

Federal law requires most Medicaid Managed Care, HARP, and CHP providers to enroll with State Medicaid programs. The Affordable Care Act mandates revalidation of enrollment in Medicaid programs every five years. **More**

New benefits for Medicaid-eligible children required

Starting January 1, 2019, three new Children and Family Treatment and Support Services (CFTSS) will be offered as part of the Children’s Health and Behavioral Health Services transition to Medicaid Managed Care: Other Licensed Practitioner (OLP); Psychosocial Rehabilitation (PSR); and Community Psychiatric Supports and Treatment (CPST).

A new gold standard for HIP HMO Preferred Plan members

EmblemHealth has partnered with the City of New York and its union leaders to create a new model for health and wellness coverage in our reimagined City of New York HMO Preferred Plan. It combines a curated health care experience and ease of use for City workers. **More**

CLAIMS CORNER

CODING

CPT Codes 69209, 69210, G0268

According to the AMA CPT and HCPCS Level II manuals, the **removal of impacted cerumen** (69209, 69210, G0268) is only medically necessary when reported with a diagnosis of impacted cerumen (ICD-10 codes H61.2–H61.23). Therefore, CPT codes 69209, 69210, and G0268 will be denied when reported with any other diagnosis.

Emergency Ground Ambulance Destination Modifier

According to CMS policy, **emergency (ground) ambulance services** (A0427, A0429, or A0433) are covered only for the destination of hospital (Modifier H), site of transfer (Modifier I), or intermediate stop at a physician's office on the way to a hospital (Modifier X). Therefore, A0427, A0429, or A0433 – billed without a destination modifier of H, I, or X – will be denied.

ICD-10-CM Excludes 1 Notes Policy

EmblemHealth will deny claim lines reported with mutually exclusive ICD-10-CM code combinations as defined by the Excludes 1 Notes guideline. Excludes 1 Notes show medical conditions that cannot occur together, e.g., congenital versus acquired form of the same condition. Because a patient cannot have both forms of the condition, a correctly coded claim cannot have both versions of the ICDs. The conditions are mutually exclusive and so should be the codes used on claims. **More**

ICD-10-CM Secondary Diagnosis Codes

According to ICD-10-CM guidelines, **a secondary diagnosis code** cannot be the only diagnosis billed on a claim. Services reported with a secondary diagnosis code as the only diagnosis on the claim will be denied.

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Privacy Policy

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