

Administrative:

Information from Anthem for Care Providers about COVID-19 3

Anthem continues focus on updates to our public provider website 3

Register today for Anthem’s spring webinar scheduled for May 13 4

Guideline Updates:

MCG Care Guidelines, 24th edition 5

Anthem customizations to MCG Care Guidelines, 24th Edition 7

Products & Programs:

Provider transparency update 8

Behavioral Health:

Anthem acquires Beacon Health Options 9

Pharmacy:

Anthem to delay most April 1 formulary list updates for commercial health plan pharmacy benefit 10

Anthem prior authorization updates for specialty pharmacy are available 11

Pharmacy information available on anthem.com 14

Federal Employee Plan (FEP):

Anthem Blue Cross Blue Shield Federal Employee Program® admission review process 15

Transition to Interactive Care Reviewer as the exclusive online prior authorization tool for FEP membership delayed until late second quarter 16

HEDIS 2020 Federal Employee Program® medical record request requirements 17

Medicaid:

Provider enrollment with the Department of Medical Assistance 18

Services required

Provider manual excerpt: Claim payment disputes 18

Disease Management can help you care for patients with 19

chronic health care needs

Prior authorization requirements: New 2020 codes for coverage 21

and precertification

Medicaid patients can make the switch to Anthem 24

HealthKeepers Plus plan

Medical drug benefit Clinical Criteria updates 25

Medical drug benefit Clinical Criteria updates 26

Virginia Vaccines for Children 26

Change to durable medical equipment incontinence quantity. 27

limits

Use of imaging studies for low back pain (LBP) 28

Keep up with Medicaid news 29

Medicare:

2020 Medicare risk adjustment provider training 30

Medical drug benefit Clinical Criteria updates 33

Medical drug benefit Clinical Criteria updates 33

Keep up with Medicare News 34

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Information from Anthem for Care Providers about COVID-19

Published: Apr 1, 2020 - **Administrative**

For the most up-to-date information from Anthem Blue Cross and Blue Shield in Virginia about COVID-19, please bookmark [Provider News Home](#) and check back often.

URL: <https://providernews.anthem.com/virginia/article/information-from-anthem-for-care-providers-about-covid-19-12>

Anthem continues focus on updates to our public provider website

Published: Apr 1, 2020 - **Administrative**

At Anthem Blue Cross and Blue Shield, we continue to make changes to our public provider website to make it easier for you to find the information you need. The end of Q1 brings a few updates for the site at anthem.com:

- Information has been added to our website regarding Patient-Centered Specialty Care (PCSC) – Anthem’s value-based payment program for cardiology, endocrinology and obstetrics/gynecology providers. You can find this information online as an extension of our broader patient-centered, value-based care program – Enhanced Personal Health Care (EPHC).
- Documents listed on the Prior Authorization page can be conveniently accessed via online links.
- Medicare Advantage will be live in the coming days. You will be able to view updated Medicare Advantage pages on the commercial public sites.

- Coverage guidelines and Clinical Utilization Management Guidelines (CUMG) now display on our newly designed Web pages.

- A new Point of Care (POC) page was released for Virginia. The page provides easier access for organizations to enroll in Point of Care or change current information.

If you have any questions, please contact Michelle Fraser at michelle.fraser@anthem.com or Nick Kizirnis at nick.kirzinis@anthem.com .

URL: <https://providernews.anthem.com/virginia/article/anthem-continues-focus-on-updates-to-our-public-provider-website-1>

Register today for Anthem's spring webinar scheduled for May 13

Published: Apr 1, 2020 - **Administrative**

On **May 13, 2020**, Anthem will offer a spring provider education webinar. Designed for our network-participating providers, the webinar addresses Anthem business updates and billing guidelines that impact your business interactions with us.

For your convenience, we offer these informative, hourly sessions online to eliminate travel time and help minimize disruptions to your office or practice. The date for the spring webinar is:

- **Wednesday, May 13, 2020, from 10:30 a.m. to 11:30 a.m. ET**

Please take time to **register today** for the webinar using the registration form to the right under the “Article Attachments” section. If you have already registered for the May webinar, please ensure you have received a fax confirmation or a confirmation from an Anthem representative to ensure we’ve received your registration form. Contact janice.madison@anthem.com if you need to confirm your registration.

Article Attachments

[Anthem Webinar and Registration Form.pdf](#)

application/pdf - 292.45

KB

URL: <https://providernews.anthem.com/virginia/article/register-today-for-anthems-spring-webinar-scheduled-for-may-13>

MCG Care Guidelines, 24th edition

Published: Apr 1, 2020 - **Guideline Updates**

Effective **July 1, 2020**, Anthem Blue Cross and Blue Shield will upgrade to the 24th edition of MCG care guidelines for the following modules:

- Inpatient & Surgical Care (ISC)
- General Recovery Care (GRC)
- Chronic Care (CC)
- Recovery Facility Care (RFC)
- Behavioral Health Care (BHC)

The tables below highlight new guidelines and changes that may be considered more restrictive.

Goal Length of Stay (GLOS) changes for Inpatient and Surgical Care (ISC) and Behavioral Health Care (BHC)

Guideline	MCG Code	24th Edition GLOS	23rd Edition GLOS
Aortic Valve Replacement, Transcatheter	S-1320	2 days postoperative	3 days postoperative
Appendectomy, with Abscess or Peritonitis, by Laparoscopy	S-185	Ambulatory or 2 days postoperative	2 days postoperative
Appendectomy, without Abscess or Peritonitis, by Laparoscopy	S-175	Ambulatory postoperative	Ambulatory or 1 day postoperative
Repair of Pelvic Organ Prolapse	S-1020	Ambulatory postoperative	Ambulatory or 1 day postoperative
Urethral Suspension Procedures	S-850	Ambulatory postoperative	Ambulatory or 1 day postoperative
Appendectomy, with Abscess or Peritonitis, by Laparoscopy, Pediatric	P-30	Ambulatory or 2 days postoperative	2 or 3 days postoperative
Appendectomy, without Abscess or Peritonitis, by Laparoscopy, Pediatric	P-20	Ambulatory postoperative	Ambulatory or 1 day postoperative
Tibial Osteotomy, Child or Adolescent	S-1131	Ambulatory or 1 day postoperative	1 day postoperative
Schizophrenia Spectrum Disorders, Adult: Inpatient Care	B-014-IP	5 days	6 days
Schizophrenia Spectrum Disorders, Child or Adolescent: Inpatient Care	B-027-IP	5 days	6 days
Transcranial Magnetic Stimulation	B-801-T	Utilize B-801-T for Clinical Indications for procedure	Refer to BEH.00002 for Clinical Indications for procedure

New Optimal Recovery Guidelines (ORGs) for Inpatient & Surgical Care (ISC) and New Behavioral Health Care (BHC) New Guidelines

Body System	Guideline Title	MCG - Code
Pediatrics	Appendectomy, with Abscess or Peritonitis, Pediatric	P-35
Pediatrics	Appendectomy, without Abscess or Peritonitis, Pediatric	P-25
Home Care Behavioral Health	Attention-Deficit and Disruptive Behavior Disorders	B-003-HC
Home Care Behavioral Health	Autism Spectrum Disorders	B-012-HC

URL: <https://providernews.anthem.com/virginia/article/mcg-care-guidelines-24th-edition-1>

Anthem customizations to MCG Care Guidelines, 24th Edition

Published: Apr 1, 2020 - **Guideline Updates**

Effective **July 1, 2020**, the following MCG care guideline 24th edition customizations will be implemented:

- Carotid Artery Stenting (W0165) – Clinical Indications were customized to reference CG-SURG-76 Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty
- Deep Brain Stimulation (W0164) – Clinical Indications were customized to refer to SURG.00026 Deep Brain, Cortical, and Cerebellar Stimulation.
- Vagus Nerve Stimulation, Implantable (W0166) – Clinical Indications were customized to refer to SURG.00007 Vagus Nerve Stimulation.

View a detailed summary of the [MCG customizations](#) and scroll down to other criteria section. Select Customizations to MCG Care Guidelines 24th Edition .

For questions, please contact the provider service number on the back of the member's ID card.

URL: <https://providernews.anthem.com/virginia/article/anthem-customizations-to-mcg-care-guidelines-24th-edition>

Provider transparency update

Published: Apr 1, 2020 - **Products & Programs**

A key goal of Anthem's provider transparency initiatives is to improve quality while managing health care costs. One of the ways is through Anthem's value-based programs such as *Enhanced Personal Health Care, Bundled Payment Programs, Oncology Medical Home, and so on* – called the "Programs." Certain providers ("Value-Based Program Providers" also known as "Payment Innovation Providers") in Anthem's various value-based programs receive quality, utilization and/or cost data, reports, and information about the health care providers ("Referral Providers") to whom the Value-Based Program Providers may refer their patients covered under the Programs. If a Referral Provider is higher quality and/or lower cost, this component of the Programs should result in the provider getting more referrals from Value-Based Program Providers. The converse should be true if Referral Providers are lower quality and/or higher cost.

Providing this type of data, including comparative cost information, to Value-Based Program Providers helps them make more informed decisions about managing health care costs and maintaining and improving quality of care. It also helps them succeed under the terms of the Programs.

Additionally, employers and group health plans (or their representatives or vendors) may also be given quality/cost/utilization information about Value-Based Program Providers and Referral Providers so that they can better understand how their health care dollars are being spent and how their health benefits plans are being administered. This will, among other things, give them the opportunity to educate their employees and plan members about the benefits of using higher quality and/or lower cost health care providers.

Upon request, Anthem will share data on which we relied in making these quality/cost/utilization evaluations and will discuss with Referral Providers – including any opportunities for improvement. For questions or support, please refer to your local market representative or care consultant.

URL: <https://providernews.anthem.com/virginia/article/provider-transparency-update-22>

Anthem acquires Beacon Health Options

Published: Apr 1, 2020 - **Products & Programs** / Behavioral Health

Anthem completed our acquisition of Beacon Health Options, a large behavioral health organization that serves more than 36 million people across the country. The company will operate as a wholly owned subsidiary of Anthem.

Bringing together our existing solid behavioral health business with Beacon's successful model and support services creates one of the most comprehensive behavioral health networks in the country. It's also an opportunity to offer best-in-class behavioral health capabilities and whole person care solutions in new and meaningful ways to help people live their best lives.

From the standpoint of our customers and providers at this time, it's business as usual:

- Members should continue to call the customer service number on the back of their membership card or access their health plan's website for online self-service.
- Providers should continue to use the provider service contact information, websites and online self-service portals as part of their agreement with either Anthem or Beacon.
- There will be no immediate changes to the way Anthem or Beacon manage their respective provider networks, contracts and fee arrangements. Anthem and Beacon provider networks, contracts and fee arrangements will remain separate at this time.

We know our providers continue to expect more of their health care partner, and at Anthem, we aim to deliver more in return.

For more details, please see the [press release](#).

URL: <https://providernews.anthem.com/virginia/article/anthem-acquires-beacon-health-options-8>

Anthem to delay most April 1 formulary list updates for commercial health plan pharmacy benefit

Published: Apr 1, 2020 - **Products & Programs** / Pharmacy

In light of the current situation with COVID-19, we have decided to delay the implementation of many of the previously communicated formulary changes scheduled for **April 1, 2020**.

The changes listed below will still go into effect on April 1, 2020:

	National/Preferred Drug List	Traditional Open Drug List	Essential Drug List
Antihistamines			
carbinoxamine 6mg	Tier 1 -> NF	Tier 1 -> Tier 3	Tier 1 -> NF
Topical Anesthetics			
Lidocaine 7%-Tetracaine 7% cream	Tier 3/NF -> NF	Tier 3 (No Change)	NF (No Change)
Pliaglis cream	Tier 3/NF -> NF	Tier 3 (No Change)	NF (No Change)

Please note, this update does not apply to the Select Drug List and does not impact Medicaid and Medicare plans.

Anthem prior authorization updates for specialty pharmacy are available

Published: Apr 1, 2020 - **Products & Programs** / Pharmacy

Prior authorization updates

Effective for dates of service on and after **July 1, 2020**, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our prior authorization process.

Please note, inclusion of the National Drug Code (NDC) on your claim will shorten the claim processing time of drugs billed with a Not Otherwise Classified (NOC) code.

Access the [clinical criteria document](#).

For Anthem Blue Cross and Blue Shield and affiliate HealthKeepers, Inc., prior authorization of these specialty pharmacy drugs will be managed by Anthem. Drugs used for the treatment of Oncology will still require pre-service clinical review by AIM Specialty Health® (AIM), a separate company.

Clinical Criteria	HCPCS or CPT Code(s)	Drug
*ING-CC-0003	C9399 J3490 J3590	Xembify
ING-CC-0062	J3590	Eticovo
ING-CC-0062	J3490	Hadlima
ING-CC-0072	J0179	Bevou
ING-CC-0152	J3490	Vyondys 53
ING-CC-0153	C9399 J3490 J3590	Adakveo
ING-CC-0154	C9399 J3490 J3590	Givlaari

* Non-oncology use is managed by Anthem’s medical specialty drug review team; *oncology use is managed by AIM.*

Step-therapy updates

Effective for dates of service on and after **July 1, 2020**, the following specialty pharmacy codes from new or current clinical criteria will be included in our existing specialty pharmacy medical step-therapy review process.

Orencia will be the non-preferred agent for rheumatoid arthritis, polyarticular juvenile idiopathic arthritis and psoriatic arthritis. The table below will assist you in identifying the applicable preferred agents and clinical criteria.

Access the [clinical criteria document](#).

Rheumatoid Arthritis (RA)					
Clinical Criteria	HCPCS or CPT Code	Preferred Agents	Clinical Criteria	HCPCS or CPT Code	Non-Preferred Agent
ING-CC-0062	J1438	Enbrel	ING-CC-0078	J0129	Orencia
ING-CC-0062	J0135	Humira			
ING-CC-0062	J3590	Simponi			
ING-CC-0062	J1602	Simponi Aria			
ING-CC-0062	J1745	Remicade			

Polyarticular Juvenile Idiopathic Arthritis (PJIA)					
Clinical Criteria	HCPCS or CPT Code	Preferred Agents	Clinical Criteria	HCPCS or CPT Code	Non-Preferred Agent
ING-CC-0062	J1438	Enbrel	ING-CC-0078	J0129	Orencia
ING-CC-0062	J0135	Humira			

Psoriatic Arthritis (PsA)					
Clinical Criteria	HCPCS or CPT Code	Preferred Agents	Clinical Criteria	HCPCS or CPT Code	Non-Preferred Agent
ING-CC-0042	C9399 J3490 J3590	Cosentyx	ING-CC-0078	J0129	Orencia
ING-CC-0062	J1438	Enbrel			
ING-CC-0062	J0135	Humira			
ING-CC-0062	J3590	Simponi			
ING-CC-0062	J1602	Simponi Aria			
ING-CC-0062	J1745	Remicade			
ING-CC-0063	J3357	Stelara			

URL: <https://providernews.anthem.com/virginia/article/anthem-prior-authorization-updates-for-specialty-pharmacy-are-available-1>

Pharmacy information available on anthem.com

Published: Apr 1, 2020 - **Products & Programs** / Pharmacy

For more information on copayment/coinsurance requirements and their applicable drug classes, drug lists and changes, prior authorization criteria, procedures for generic substitution, therapeutic interchange, step therapy or other management methods subject to prescribing decisions, and any other requirements, restrictions, or limitations that apply to using certain drugs, visit anthem.com/pharmacyinformation. The commercial Virginia and marketplace drug lists are posted to the website quarterly (the first of the month for January, April, July and October).

To locate “Marketplace Select Formulary” and pharmacy information, scroll down to “Select Drug Lists.” *For State-sponsored Business, visit anthem.com, select Medicaid, select your state and then select Pharmacy. This drug list is also reviewed and updated regularly as needed.*

Pharmacy updates and other pharmacy related information for the Blue Cross and Blue Shield Service Benefit Plan (commonly called the Federal Employee Program® or FEP) may be accessed at www.fepblue.org > Pharmacy Benefits.

URL: <https://providernews.anthem.com/virginia/article/pharmacy-information-available-on-anthemcom-60>

Anthem Blue Cross Blue Shield Federal Employee Program® admission review process

Published: Apr 1, 2020 - **State & Federal** / Federal Employee Plan (FEP)

We all want to reduce unnecessary contacts and coordinate excellent quality of care for all of our patients. In order to expedite claims payment, you will need to have all the patient’s days of care certified. We will also need to assist you in discharge planning/case management services, in order to provide optimal patient outcomes.

So how do we accomplish those activities balancing your time and our time?

Initial admission review process

Contact us by phone (**1-800-860-2156**) or electronically through Anthem’s online inpatient review system for providers.

Regardless of whether you call or electronically submit information to Anthem’s FEP Medical Management Department to report an inpatient admission, once we certify the admission, an initial length of stay will be given to you. At this time, we would also request the discharge planner’s name and phone number in order to help facilitate discharge planning/case management as soon as possible.

Next steps after initial admission approval

After you receive initial admission approval, you will need to call:

- With a discharge date if it falls on the initial length of stay period **OR**
- If the patient stays a day or longer than the initial length of stay approved, we require updated clinical for review and for approval of any subsequent length of stay decisions.
- We will also need an update on any discharge plans.

Working together

The Anthem FEP Medical Management Department is committed to work with you and look for opportunities to coordinate the patient's benefits and discharge plans. Please feel free to contact the Anthem FEP UM team members for assistance at **1-800-860-2156**.

URL: <https://providernews.anthem.com/virginia/article/anthem-blue-cross-blue-shield-federal-employee-program-admission-review-process>

Transition to Interactive Care Reviewer as the exclusive online prior authorization tool for FEP membership delayed until late second quarter

Published: Apr 1, 2020 - **State & Federal** / Federal Employee Plan (FEP)

In this edition of *Provider News*, we are notifying you of our decision to delay the transition from Point of Care (POC) to the **Interactive Care Reviewer (ICR)** as the exclusive online prior authorization tool for services members receive who are enrolled in the Blue Cross and Blue Shield Service Benefit Plan (commonly referred to as the Federal Employee Program® or FEP). We are delaying the implementation to ICR until late second quarter. ICR is Anthem's online authorization tool that you will use to request and check the status of medical and behavioral health inpatient and outpatient procedures for FEP members. When ICR becomes available, you will no longer be able to use Point of Care to perform online

Provider News and the POC website.

You will access ICR through the Availity Portal so to be prepared, ask your Availity administrator to grant you the required ICR role assignment.

Do you create and submit prior authorization requests?

Authorization and Referral Request role assignment

Do you check the status of the case or results of the authorization request?

Authorization and Referral Inquiry role assignment

ICR training is offered monthly

Register for one of our free webinars created to familiarize new users with ICR features and navigation. April's webinar is taking place on April 23 at 1 p.m. ET. [Register here](#)

URL: <https://providernews.anthem.com/virginia/article/transition-to-interactive-care-reviewer-as-the-exclusive-online-prior-authorization-tool-for-fep-membership-delayed-until-late-second-quarter>

HEDIS 2020 Federal Employee Program® medical record request requirements

Published: Apr 1, 2020 - **State & Federal** / Federal Employee Plan (FEP)

Centauri Health Solutions is the contracted vendor to gather members' medical records on behalf of the Blue Cross and Blue Shield Federal Employee Program. We value the relationship with our providers, and ask that you respond to the detailed requests in support of risk adjustment, HEDIS® and other government required activities within the requested timeframe. Centauri Health will work with you to obtain records via fax, mail, remote electronic medical record (EMR) access, or onsite scanning/EMR download (as necessary). We ask that you please promptly comply within **five (5) business days** of the record requests. If you have any questions, please contact Ify Ifezulike with Blue Cross Blue Shield Federal Employee Program at **1-202-626-4839** or Mary Kay Sander with Centauri at **1-636-333-9145**.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Provider enrollment with the Department of Medical Assistance Services required

Published: Apr 1, 2020 - **State & Federal** / Medicaid

Effective December 1, 2019, all Anthem HealthKeepers Plus providers must be enrolled with the Department of Medical Assistance Services (DMAS) in order to remain in the provider network for HealthKeepers, Inc., pursuant to *42 CFR 438.602(b)(1)* and *(b)(2)*, *42 CFR § 438.608(b)*, *42 CFR § 455.100-106*, *42 CFR § 455.400-470*, and *Section 5005(b)(2)* of the *21st Century Cures Act*.

For information about the DMAS provider enrollment process, go to <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderEnrollment>.

Please note that the current DMAS enrollment process will be migrating to a new *wizard* process later this year. If you are already enrolled with DMAS, no action is needed.

If you have any questions about this communication, call Provider Services at **1-800-901-0020** or Anthem CCC Plus Provider Services at **1-855-323-4687**.

AVA-NU-0181-19

Provider manual excerpt: Claim payment disputes

Published: Apr 1, 2020 - **State & Federal** / Medicaid

Visit us on the Web to review an important excerpt about claim payment disputes in the

Anthem HealthKeepers Plus Provider Manual. We appreciate your dedication to understanding the claims payment dispute process.

If you have any questions about this process, call Provider Services at **1-800-901-0020** or Anthem CCC Plus Provider Services at **1-855-323-4687**.

For additional information, select: [Claim Payment Disputes – Provider Manual Excerpt](#)

AVA-NU-0220-20

URL: <https://providernews.anthem.com/virginia/article/provider-manual-excerpt-claim-payment-disputes>

Disease Management can help you care for patients with chronic health care needs

Published: Apr 1, 2020 - **State & Federal** / Medicaid

The Disease Management programs at HealthKeepers, Inc. are designed to assist PCPs and specialists in caring for Anthem HealthKeepers Plus members with chronic health care needs. We provide members with continuous education on self-management, assistance in connecting to community resources, and coordination of care by a team of highly qualified professionals whose goal is to create a system of seamless health care interventions and communications for members.

Who is eligible?

Disease Management case managers provide support to members with:

- Behavioral health conditions such as depression, schizophrenia, bipolar disorder and substance use disorder.

- Diabetes.

- Heart conditions such as congestive heart failure, coronary artery disease and hypertension.
- HIV/AIDS.
- Pulmonary conditions such as asthma and chronic obstructive pulmonary disease.

Our case managers use member-centric motivational interviewing to identify and address health risks such as tobacco use and obesity to improve condition-specific outcomes. Interventions are rooted in evidence-based clinical practice guidelines from recognized sources. We implement continuous improvement strategies to increase evaluation, management and health outcomes.

We welcome your referrals. To refer a member to Disease Management:

- Call **1-888-830-4300** to speak directly to one of our team members.
- Fill out the Disease Management Referral Form located on the provider website and fax it to **1-888-762-3199** or submit electronically via the Availity Portal.

Your input and partnership are valued. Once your patient is enrolled, you will be notified by the assigned Disease Management case manager. You can also access your patient's Disease Management care plan, goals and progress at any time via the Availity Portal through Patient360.

We are happy to answer any questions. Our registered nurse case managers are available Monday to Friday from 8:30 a.m. to 5:30 p.m. local time, and our confidential voicemail is available 24 hours a day, 7 days a week.

AVA-NU-0221-20

Prior authorization requirements: New 2020 codes for coverage and precertification

Published: Apr 1, 2020 - **State & Federal** / Medicaid

Effective **June 1, 2020**, prior authorization (PA) requirements will change for the following services to be covered by HealthKeepers, Inc. for Anthem HealthKeepers Plus members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following codes:

- **0156U** — Copy number (for example, intellectual disability, dysmorphism), sequence analysis
- **0157U** — APC (APC regulator of WNT signaling pathway) (for example, familial adenomatous polyposis [FAP]) mRNA sequence analysis (list separately in addition to code for primary procedure)
- **0158U** — MLH1 (mutL homolog 1) (for example, hereditary nonpolyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (list separately in addition to code for primary procedure)
- **0159U** — MSH2 (mutS homolog 2) (for example, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (list separately in addition to code for primary procedure)

- **0160U** — MSH6 (mutS homolog 6) (for example, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (list separately in addition to code for primary procedure)
- **0161U** — PMS2 (PMS1 homolog 2, mismatch repair system component) (for example, hereditary nonpolyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (list separately in addition to code for primary procedure)
- **0569T** — Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis
- **0570T** — Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (list separately in addition to code for primary procedure)
- **0571T** — Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed
- **0572T** — Insertion of substernal implantable defibrillator electrode
- **0587T** — Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve

- **0588T** — Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve
- **64624** — Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed
- **81277** — Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities
- **E0787** — External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing
- **E2398** — Wheelchair accessory, dynamic positioning hardware for back
- **J0179** — Injection, brolocizumab- dbll, 1 mg

To request PA, you may use one of the following methods:

- **Web:** <https://www.availity.com>
- **Fax:** 1-800-964-3627

- **Phone:**

Anthem HealthKeepers Plus: **1-800-901-0020**

Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus): **1-855-323-4687**

Not all PA requirements are listed here. PA requirements are available to contracted providers by accessing the Provider Self-Service Tool at <https://www.availity.com> by visiting <https://mediproviders.anthem.com/va> > Login.

Contracted and noncontracted providers who are unable to access Availity* may call Provider Services at **1-800-901-0020** or Anthem CCC Plus Provider Services at **1-855-323-4687** for PA requirements.

AVA-NU-0223-20

URL: <https://providernews.anthem.com/virginia/article/prior-authorization-requirements-new-2020-codes-for-coverage-and-precertification>

Medicaid patients can make the switch to Anthem HealthKeepers Plus plan

Published: Apr 1, 2020 - **State & Federal** / Medicaid

HealthKeepers, Inc. is the brand Virginians have trusted for more than 20 years.

Open enrollment for your region is **February 19 to April 30, 2020**. Your Medicaid patients receive all the same Medallion Medicaid or FAMIS benefits, like doctor visits, prescriptions and our 24/7 NurseLine at no cost.

Anthem HealthKeepers Plus members also receive:

- No-cost GED testing.

- Rides to grocery stores and farmers' markets.
- Weight Watchers® membership.
- Boys & Girls Club of America® memberships (where available).

Now including dental benefits for adults ages 21 to 64 — one cleaning, one exam and one bitewing X-ray per year.

Assist your patients in switching enrollment to the state's largest Medicaid plan now

For more information, your patients can visit <https://coverva.org>, download the Virginia Medallion mobile app or call the Managed Care Helpline at **1-800-643-2273 (TTY 711)** to switch to the Anthem HealthKeepers Plus.

AVA-NU-0224-20

URL: <https://providernews.anthem.com/virginia/article/medicaid-patients-can-make-the-switch-to-anthem-healthkeepers-plus-plan>

Medical drug benefit Clinical Criteria updates

Published: Apr 1, 2020 - **State & Federal** / Medicaid

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AVA-NU-0225-20

URL: <https://providernews.anthem.com/virginia/article/medical-drug-benefit-clinical-criteria-updates-17>

Medical drug benefit Clinical Criteria updates

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AVA-NU-0230-20

URL: <https://providernews.anthem.com/virginia/article/medical-drug-benefit-clinical-criteria-updates-18>

Virginia Vaccines for Children

Published: Apr 1, 2020 - **State & Federal** / Medicaid

Effective **May 1, 2020**, providers administering vaccines in a facility setting to members

If you have any questions about this communication, call Provider Services at **1-800-901-0020** or Anthem CCC Plus Provider Services at **1-855-323-4687**.

AVA-NU-0232-20

URL: <https://providernews.anthem.com/virginia/article/virginia-vaccines-for-children>

Change to durable medical equipment incontinence quantity limits

Published: Apr 1, 2020 - **State & Federal** / Medicaid

Effective **May 1, 2020**, HealthKeepers, Inc. will change its reimbursement policy and related claims processing rules associated with all incontinence supplies for Anthem HealthKeepers Plus members.

HealthKeepers, Inc. will no longer reimburse for any amount of incontinence supplies that exceeds the Department of Medical Assistance Services' benefit limits for Anthem HealthKeepers Plus members who are 21 years or older.

For all members younger than 21 years, HealthKeepers, Inc. will reimburse providers for quantities prescribed by a physician and documented on a *Certificate of Medical Necessity* at <https://dmas.kepro.com/content/forms.aspx>. HealthKeepers, Inc. will perform periodic, random audits of all incontinence services to ensure that Anthem HealthKeepers Plus members are receiving the appropriate supplies.

Providers can follow the claims payment disputes process and submit medical records, which will be reviewed on a post-services basis. We recommend that providers visit the online provider manual to review all appeals and reconsideration processes at <https://mediproviders.anthem.com/va>.

If you have any questions about this communication, call Provider Services at **1-800-901-0020** or Anthem CCC Plus Provider Services at **1-855-323-4687**.

AVA-NU-0233-20

Use of imaging studies for low back pain (LBP)

Published: Apr 1, 2020 - **State & Federal** / Medicaid

The following information pertains to Anthem HealthKeepers Plus members.

The HEDIS® measure, Use of Imaging Studies for Low Back Pain (LBP), analyzes the percentage of patients 18 to 50 years of age during the measurement year with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. The measure is used to determine whether imaging studies are overused to evaluate members with low back pain. The measure is an inverted rate. A higher score indicates appropriate treatment of low back pain.

Clinical guidelines for treating patients with acute low back pain recommend against the use of imaging in the absence of red flags (in other words, indications of a serious underlying pathology such as a fracture or tumor). Unnecessary or routine imaging is problematic because it is not associated with improved outcomes and exposes patients to unnecessary harms such as radiation exposure and further unnecessary treatment.

Measure exclusions:

Cancer	HIV
Recent trauma	Spinal infection
Intravenous drug abuse	Major organ transplant
Neurological impairment	Prolonged use of corticosteroids

Helpful tips:

[Hold off on doing imaging for low back pain within the first six weeks, unless red flags are present.](#)

Consider alternative treatment options prior to ordering diagnostic imaging studies, such as:

- Nonsteroidal anti-inflammatory drugs.

- Nonpharmacologic treatment, such as heat and massage.
- Exercise to strengthen the core and low back or physical therapy.

Other available resources:

- National Committee for Quality Assurance — **NCQA.org**
- Choosing Wisely — **Choosingwisely.org**
- American Academy of Family Physicians — **AAFP.org**

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

AVAPEC-2327-19

URL: <https://providernews.anthem.com/virginia/article/use-of-imaging-studies-for-low-back-pain-lbp-4>

Keep up with Medicaid news

Published: Apr 1, 2020 - **State & Federal** / Medicaid

Please continue to check our website <https://mediproviders.anthem.com> for the latest Medicaid information for members enrolled in HealthKeepers, Inc.'s Anthem HealthKeepers Plus and the Commonwealth Coordinated Care Plus (Anthem CCC Plus) benefit plans. Here are topics we're addressing in this edition:

[Coverage Guidelines and Clinical Utilization Management Guidelines update](#)

[New value-added benefit for Anthem HealthKeepers Plus members \(Vision\)](#)

URL: <https://providernews.anthem.com/virginia/article/keep-up-with-medicaid-news-26>

2020 Medicare risk adjustment provider training

Published: Apr 1, 2020 - **State & Federal** / Medicare

The Medicare Risk Adjustment Regulatory Compliance team at Anthem Blue Cross and Blue Shield offers two provider training programs regarding Medicare risk adjustment and documentation guidelines. Information for each training is outlined below.

Medicare Risk Adjustment and Documentation Guidance (General)

- **When:** The trainings will be offered the first Wednesday of each month from 1 p.m. to 2 p.m. ET (from January 8, 2020, to December 2, 2020).
- **Learning objective:** This onboarding training will provide an overview of Medicare risk adjustment, including the Risk Adjustment Factor and the Hierarchical Condition Category (HCC) model, with guidance on medical record documentation and coding.
- **Credits:** This live activity has been reviewed and is acceptable for up to 1 prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For those interested in joining us to learn how providers play a critical role in facilitating the risk adjustment process, register for one of the monthly training sessions at the link below:

Medicare Risk Adjustment and Documentation Guidance (General)

Note: Dates may be modified due to holiday scheduling.

Medicare Risk Adjustment, Documentation and Coding Guidance (Condition Specific)

- **When:** The trainings will be offered on the third Wednesday of every other month from noon to 1 p.m. ET (from January 15, 2020, to November 18, 2020).
- **Learning objective:** This is a collaborative learning event to provide in-depth disease information pertaining to specific conditions including an overview of their corresponding HCC, with guidance on documentation and coding.
- **Credits:** This live series activity has been reviewed and is acceptable for credit by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity

For those interested in joining us for this **six-part** training series, please see the list of topics and scheduled training dates below:

Part	Description
1	<p>Red Flag HCCs Part 1 (January 15, 2020) — register for a recording of the session: Training will cover HCCs most commonly reported in error as identified by CMS (Chronic Kidney Disease Stage 5, Ischemic or Unspecified Stroke, Cerebral Hemorrhage, Aspiration and Specified Bacterial Pneumonias, Unstable Angina and Other Acute Ischemic Heart Disease, End-Stage Liver Disease).</p> <p>Link: Red Flag Hierarchical Condition Categories (HCCs), part one</p>
2	<p>Red Flag HCCs Part 2 (March 18, 2020): Training will cover HCCs most commonly reported in error as identified by CMS (Atherosclerosis of the Extremities with Ulceration or Gangrene, Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome, Drug/Alcohol Psychosis, Lung and Other Severe Cancers, Diabetes with Ophthalmologic or Unspecified Manifestation)</p> <p>Link: Medicare Risk Adjustment Documentation and Coding Guidance: Red Flag HCC's Part 2</p>
3	<p>Neoplasms (May 20, 2020)</p> <p>Link: Neoplasms</p>
4	<p>Acute, Chronic and Status Conditions (July 15, 2020)</p> <p>Link: Acute, Chronic and Status Conditions</p>
5	<p>Diabetes Mellitus and Other Metabolic Disorders (September 16, 2020)</p> <p>Link: Diabetes Mellitus and Other Metabolic Disorders</p>
6	<p>TBD — This Medicare risk adjustment webinar will cover the critical topics and updates that surface during the year (November 18, 2020):</p> <p>Link: Topic TBD</p>

ABSCRNU-0125-20 507941MUPENMUB

URL: <https://providernews.anthem.com/virginia/article/2020-medicare-risk-adjustment-provider-trainings-8>

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ABSCRNU-0130-20 508037MUPENMUB

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ABSCRNU-0124-20 507833MUPENMUB

URL: <https://providernews.anthem.com/virginia/article/medical-drug-benefit-clinical-criteria-updates-20>

Keep up with Medicare News

Published: Apr 1, 2020 - **State & Federal** / Medicare

Please continue to check [Important Medicare Advantage Updates](#) at anthem.com/medicareprovider for the latest Medicare Advantage information, including:

[COVID-19 Virus Talking Points](#)

ABSCARE-0434-20 508967MUPENMUB

[Coding tip for psychological and neuropsychological testing](#)

ABSCRNU-0106-19 507670MUPENMUB

[New MA Opioid Treatment Program benefit](#)

ABSCRNU-0126-20 507882MUPENMUB

[Medical Policies and Clinical Utilization Management Guidelines update](#)

ABSCRNU-0122-20 507896MUPENMUB

[Prior authorization requirements: New 2020 codes for coverage and precertification](#)

ABSCRNU-0120-20 507916MUPENMUB

URL: <https://providernews.anthem.com/virginia/article/keep-up-with-medicare-news-126>
