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UPDATE for commercial providers regarding the AIM sleep therapy program CPT code E1399, NOC: durable medical equipment, miscellaneous.

Published: Apr 1, 2021 - Products & Programs

CPT Code E1399 is not an appropriate billable code for CPAP/APAP/BiPAP. When providers are requesting *CPAP/APAP/BIPAP*, please do **NOT** use a NOC code, use the *specific appropriate code for each of these devices*. **E1399 will no longer be part of AIM's sleep therapy program as of 4/1/21 and should not be submitted to AIM for review for CPAP/APAP/BiPAP.**

1051-0421-PN-GA

URL: <https://providernews.anthem.com/georgia/article/update-for-commercial-providers-regarding-the-aim-sleep-program-cpt-code-e1399-noc-durable-medical-equipment-miscellaneous>

Correction: updated formulary lists for commercial health plan pharmacy benefit effective April 1, 2021

Published: Apr 1, 2021 - Products & Programs / Pharmacy

In the [February 2021 edition](#) of *Provider News*, we announced updates to the formulary lists for commercial health plans effective April 1, 2021.

Be advised that this is the [link to the correct summary of formulary changes](#). Please disregard the list we published in the February article.

We apologize for any inconvenience this may have caused.

1113-0421-PN-GA

URL: <https://providernews.anthem.com/georgia/article/correction-updated-formulary-lists-for-commercial-health-plan-pharmacy-benefit-effective-april-1-2021>

Update: site of care medical necessity reviews for long-acting colony-stimulating factors begin August 1, 2021

Published: Apr 1, 2021 - Products & Programs / Pharmacy

This is an update to the [article](#) published in the [March 2021 edition](#) of *Provider News* regarding [site of care medical necessity reviews for long-acting colony-stimulating factors](#).

The effective date has been moved from June 1, 2021 to August 1, 2021. Please see below for the complete updated notice.

Effective with dates of service on or after August 1, 2021, medical necessity review of the site of care is required for the following long-acting colony-stimulating factors for oncology indications for Anthem commercial plan members.

- Neulasta® & Neulasta Onpro® (pegfilgrastim)
- Fulphila® (pegfilgrastim-jmdb)
- Udenyca® (pegfilgrastim-cbqv)
- Ziextenzo® (pegfilgrastim-bmez)
- Nyvepria™ (pegfilgrastim-apgf)

The review will be administered by AIM Specialty Health® (AIM).

AIM will evaluate the clinical information in the request to the CG-MED-083 policy, or *Site of Care: Specialty Pharmaceuticals*, to determine if the hospital-based outpatient setting is medically necessary for the medication administration. To see the policy and what clinical considerations are taken into account for determination, visit our [Medical Policies and Clinical Guidelines webpage](#). You may contact AIM to request a peer-to-peer discussion before or after the determination.

The site of care medical necessity review only applies to administration performed in an outpatient hospital setting. This does not apply to requests for review of medication administration performed in a non-hospital setting or as part of an inpatient stay. Reviews also do not apply when Anthem is the secondary payer.

Submit a request for review

Starting July 19, 2021, ordering providers may submit prior authorization requests for the hospital outpatient site of care for these medications for dates of service on or after August 1, 2021 to AIM in one of the following ways:

- Access AIM **ProviderPortal**_{SM} directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity web portal at availity.com
- Call the AIM contact center toll-free number: 866-714-1103, Monday–Friday, 8:00 a.m.–6:00 p.m. ET.

Please note, this review does not apply to the following plans: BlueCard[®], Federal Employee Program[®] (FEP[®]), Medicaid, Medicare Advantage, Medicare Supplemental plans. Providers can view prior authorization requirements for Anthem members on the [Clinical Criteria webpage](#).

Providers should continue to verify eligibility and benefits for all members prior to rendering services.

If you have questions, please call the provider service phone number on the member's ID card.

Note: In some plans “level of care” or another term such as “setting” or “place of service” may be the term used in benefit plans, provider contracts or other materials instead of or in addition to “site of care” and in some plans, these terms may be used interchangeably. For simplicity, we will hereafter use “site of care.”

1100-0421-PN-GA

URL: <https://providernews.anthem.com/georgia/article/update-site-of-care-medical-necessity-reviews-for-long-acting-colony-stimulating-factors-begin-august-1-2021>

Pharmacy information available on anthem.com

Published: Apr 1, 2021 - **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](https://www.anthem.com/pharmacyinformation). The commercial and marketplace drug lists are posted to the web site 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.” This drug list is also reviewed and updated regularly as needed.

FEP pharmacy updates and other pharmacy related information may be accessed at [fepblue.org](https://www.fepblue.org) > Pharmacy Benefits.

1037-0421-PN-GA

URL: <https://providernews.anthem.com/georgia/article/pharmacy-information-available-on-anthemcom-90>

Anthem clinical criteria updates for specialty pharmacy are available

Published: Apr 1, 2021 - **Products & Programs** / Pharmacy

Effective for dates of service on and after July 1, 2021, the following current clinical criteria were revised and might result in services that were previously covered but may now be found to be not medically necessary.

Access the [clinical criteria document information](#).

Anthem’s prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Anthem’s medical specialty drug review team. Drugs used for the treatment of oncology will be managed by AIM Specialty Health® (AIM), a separate company

- ING-CC-0028: Benlysta (belimumab)

1085-0421-PN-GA

Updates for specialty pharmacy are available (April 2021)

Published: Apr 1, 2021 - **Products & Programs** / Pharmacy

Prior authorization updates

Effective for dates of service on and after July 1, 2021, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our prior authorization review process.

Please note, inclusion of national drug code (NDC) code on your claim will help expedite claim processing of drugs billed with a not otherwise classified (NOC) code.

To access the clinical criteria information, click [here](#).

Prior authorization clinical review of non-oncology use of specialty pharmacy drugs is managed by the medical specialty drug review team. Review of specialty pharmacy drugs for oncology use is managed by AIM Specialty Health[®] (AIM).

Clinical criteria	HCPCS or CPT code(s)	Drug
*ING-CC-0027	J0897	Xgeva

* Non-oncology use is managed by the medical specialty drug review team.

** Oncology use is managed by AIM.

Quantity limit updates

Effective for dates of service on and after July 1, 2021, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our quantity limit review process.

Please note, inclusion of national drug code (NDC) code on your claim will help expedite claim processing of drugs billed with a not otherwise classified (NOC) code.

To access the clinical criteria information please click [here](#).

Prior authorization clinical review of non-oncology use of specialty pharmacy drugs is managed by the medical specialty drug review team. Review of specialty pharmacy drugs for oncology use is managed by AIM Specialty Health® (AIM).

Clinical criteria	HCPCS or CPT code(s)	Drug
*ING-CC-0027	J0897	Xgeva

* Non-oncology use is managed by the medical specialty drug review team.

** Oncology use is managed by AIM.

1090-0421-PN-GA

URL: <https://providernews.anthem.com/georgia/article/updates-for-specialty-pharmacy-are-available-april-2021>

Join Anthem in talking about racism and its impact on health

Published: Apr 1, 2021 - **Administrative**

Healthcare and mental healthcare professionals have a vital role in identifying, treating, and addressing racial trauma and injustice, moving our communities towards racial equity, and improving the health and wellbeing of all Americans.

We can impact the injustice of racism together.

Anthem has partnered with [Motivo*](#), the first HIPAA-compliant digital platform that connects mental health therapists and clinical supervisors, to take on the challenge of facilitating conversations on racial injustice, trauma, and inequality among our providers and associates.

We are hosting racial equity forums on a quarterly basis to keep the conversation going. Please register for the next forum, Deconstructing Bias, to learn more about the impact of racism on healthcare and the people we serve, and what we can do about it.

In Pursuit of Racial Equity: Deconstructing Bias

Wednesday, June 9th, 2021

4:00 p.m.–5:30 p.m. Eastern, (1:00 p.m.–2:30 p.m. Pacific)

[Register today!](#)

Our racial equity forums focus on:

- Exploring how racism takes shape in healthcare.
- Discussing how to identify racism in your practice and how to be an ally to your patients.
- Understanding the impact of prolonged exposure to racism on people of .
- Providing you with actionable resources to put an end to racism in your practice.

Since October 2020, Anthem has sponsored two virtual forums featuring healthcare professionals from Anthem and Motivo: [Racial Trauma in America](#) and [The Road to Allyship: Playing Your Part in Racial Equity](#).

We know we are on the right track because the racial equity forum participants say so.

- 90% received meaningful information about the influence that racism and white privilege may have on their perspectives and gained an understanding on what actions they can take to make a difference and be an ally.
- 86% obtained useful information and resources that will enhance their ability to serve patients.
- 75% agreed that the forum helped them understand a different perspective.
- 76% had some of their perspectives and beliefs challenged.

Systematic racism is a part of today's healthcare system.

- US physicians underestimate the pain level of Black patients 47% of the time vs. 33.5% of the time for white patients ([PNAS](#)).
- Black women die from pregnancy or childbirth 243% more often than white women ([CDC](#)).

The first step to addressing racism is to recognize its existence, subtle or otherwise. These conversations can be uncomfortable, but this is how you can do something about racial injustice now.

At Anthem, we are determined to reduce racism in our communities with your support and participation.

New billing requirements for provider data management system launching in April

Published: Apr 1, 2021 - Administrative

As [previously communicated](#) in the March edition of Anthem's *Provider News*, Anthem is replacing the current data management system for Georgia providers. Make sure you are familiar with new billing requirements and are prepared for the change by registering with Availity.

Critical billing requirements

Claims submitted with missing or incorrect billing national provider identifier (NPI) **will be denied**. Submitting claims with complete and correct data is critical to ensure Anthem is able to process your claims efficiently and accurately. All data fields on claims are used when building your claim record. Review your billing practices carefully to ensure provider tax identification number (TIN), billing national provider identifier (NPI) and servicing provider information (if applicable) are submitted in the appropriate fields.

Are you prepared?

If you are not already enrolled in Availity, it's important that you enroll right away. Go to Availity.com to register and to find other helpful information about using Availity.

System upgrades special notice reminder

As was [communicated in March](#), system upgrades will be implemented from April 10 through April 16, 2021. Any provider demographic updates submitted during this time will be processed after April 16, 2021. Providers should not see Anthem members prior to receiving notification that your update is finalized. As a reminder, if services are rendered to an Anthem member and claims are filed prior to the receipt of the completion date notification, Anthem is not obligated to adjust the affected claims nor are providers permitted to balance bill the member.

Next steps: integration with Availity PDM

The second phase of our system improvement will roll out in phases beginning in June. This will include integration with Availity Provider Data Management (PDM) functionality. Through this tool, providers can view, maintain, update, and attest provider demographic information is accurate for Anthem (and other health plans) in one easy-to-use portal. The PDM also features our simplified *quick verification* process, which enables providers to complete the required verifications online – eliminating the need to fax or email.

1108-0421-PN-GA

URL: <https://providernews.anthem.com/georgia/article/anthem-to-launch-new-provider-data-management-system>

Does your practice offer telehealth services? Let us know!

Published: Apr 1, 2021 - **Administrative**

Beginning in April 2021, our online directories will identify professional providers who offer telehealth services in their practice.

We encourage providers to utilize the online Provider Maintenance Form to notify us about your telehealth services and we will add a telehealth indicator to your online provider directory profile.

Visit [anthem.com](https://www.anthem.com) to locate the [Provider Maintenance Form](#). Please contact your [local provider consultant](#) if you have any questions.

1003-0421-PN-GA

URL: <https://providernews.anthem.com/georgia/article/does-your-practice-offer-telehealth-services-let-us-know>

Interactive bilingual website taking action for our health

Published: Apr 1, 2021 - **Administrative**

Having the common goal of reaching all Latinos in the US, Anthem, Inc., the Beckman

Research Institute of City of Hope, the National Hispanic Medical Association, and Pfizer, Inc., announce the launch of *Tomando Acción por Nuestra Salud/Taking Action for Our Health*, a free interactive bilingual website aimed at eliminating health disparities in the Latino community. The website encourages preventive health screenings for cancer, emotional health, heart health, and prediabetes. It also provides tools to help people care for the emotional health of their families and themselves in the language of their preference.

The interactive website highlights the importance of health screenings, addresses barriers and provides information on access to low and no cost healthcare services in the community. The easy to use website, guides participants through four programs where they can learn about risk factors, take action to get screened, monitor their progress, and share their results with their doctors, health care teams or family and friends to let them know they are taking steps to protect their health and help encourage others to participate as well.

The website is not exclusive for Anthem members. Health care providers are encouraged to share the website with all of their Latino patients.

The website identifies four major targets of undue poor health outcomes for Latinos. In response, *Tomando Acción por Nuestra Salud/Taking Action for Our Health* strives to help increase cancer screening, screening for depression/anxiety-risk, heart diseases and prediabetes and provides tools to address emotional health. The website includes a 4-part workshop series “Compartiendo el Café y el Chocolate/Coffee and Chocolate” to help people care for the emotional health of their family and themselves. This is a program, specifically for Hispanics, that uses a holistic approach to emotional stability. It builds on cultural strengths to balance four key items—community, body, mind, and spirit.

To access *Tomando Acción por Nuestra Salud/Taking Action for Our Health* visit: [Taking Action for Our Health](#).

1038-0421-PN-GA

URL: <https://providernews.anthem.com/georgia/article/interactive-bilingual-website-taking-action-for-our-health>

Payer Spaces: name change announcement (Availity)

Published: Apr 1, 2021 - Administrative

Information Center — Access important policies, forms and helpful resources

We're changing!

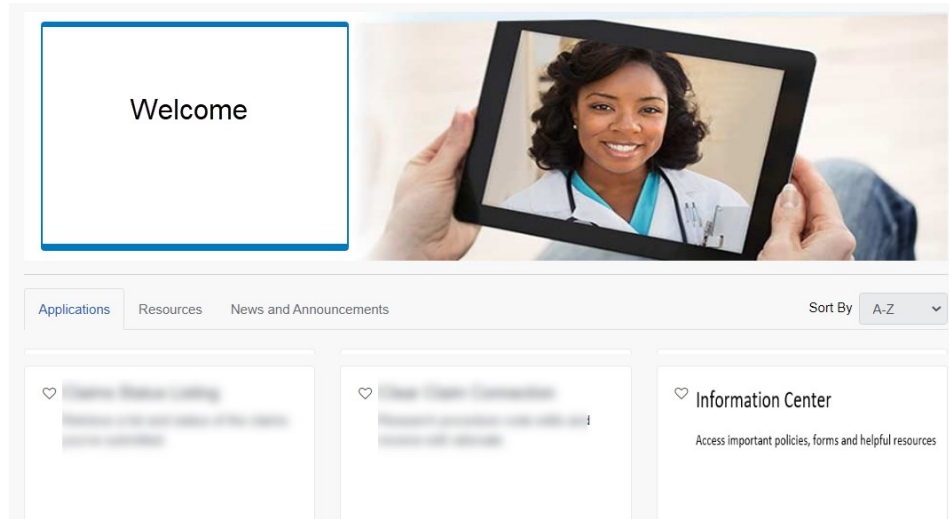
The **Information Center** is replacing the Education and Reference Center application in Payer Spaces on the **Availity Portal**. There you'll find important policies, forms and helpful resources.

If you're looking for specific education materials, we invite you to visit the Custom Learning Center in Availity, which was designed to offer education/training content and to be a learning environment. Content previously posted in the Communication & Education tab have now migrated there. Find the Custom Learning Center tool in Payer Spaces > Applications > Access the Custom Learning Center.

Locate the **Information Center** in Payer Spaces. Depending on your market, the **Information Center** contains a number of sections:

- Administrative support
- Behavioral health
- Clinical resources
- Medicaid
- Medicare
- Federal Employee Program (FEP)

To view content in both of these valuable tools, visit Payer Spaces today.



Article Attachments

[payer space image.jpg](#)
image/jpeg - 72.72 KB

1060-0421-PN-GA

URL: <https://providernews.anthem.com/georgia/article/payer-spaces-name-change-announcement-availability>

Understanding Availity roles for electronic data interchange (EDI)

Published: Apr 1, 2021 - Administrative

Did you know your Availity administrator for your organization is the key to opening doors to self-service transaction roles such as electronic data interchange (EDI)? A **role** is a group of job functions, also known as permissions. Each role consists of one or more permissions. Assigning roles is part of the process when you add a new Availity user with the **add user** feature.

What EDI roles do I need?

EDI management—This role consists of the following permissions available under EDI file management in the Availity menu:

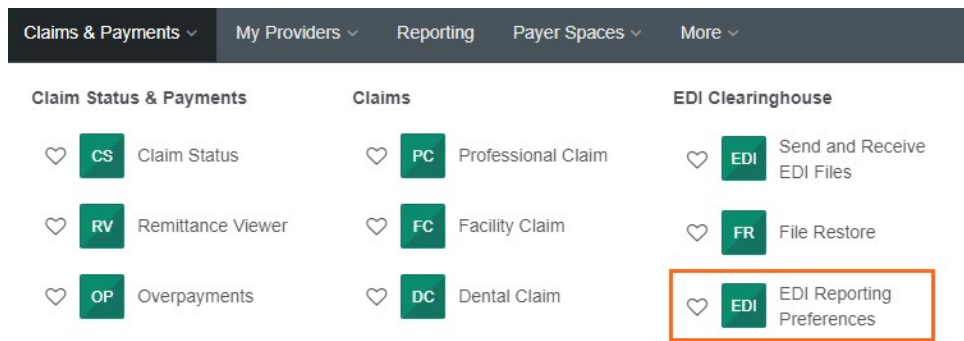
- **EDI reporting preferences**—Specify the EDI batch report files you want users at your organization to receive, along with file formats and other reporting preferences.
- **EDI send and receive files**—Review EDI batch report files for batch files submitted using Availity's EDI file management feature. In addition, review payer responses to

Availity web-based claim forms submitted to payers that process claims in batches.

- **File restore**—Restore archived EDI files to your **receive files**

Set up EDI reporting preferences

Availity's batch EDI processing generates response files for each batch file that you submit. The administrator for an organization can set reporting preferences that specify which response files are generated. In the Availity portal menu, click **claims & payments > EDI reporting preferences**.



Enroll for the direct data entry transaction

You must be assigned the claims role to submit professional claims or encounters. If you cannot access the claim form, contact your administrator to assign the claims role to you. Submit transactions through manual data entry in Availity portal. In the Availity portal menu, click **claims & payments > professional claim/facility claim/dental claim**. Confirm which organization and payer you would like to submit claims for and continue to complete the fields to be directed to the simple and time saving claim form to enter claim information.

Need more help?

The EDI Connection Services Startup Guide is a helpful resource to help you get started, set up your EDI reporting preferences and submit transactions through manual data entry in Availity portal.

Contact Availity

- Select **help & training > get trained** to display the Availity Learning Center (ALC) in a new browser tab. Search the catalog to locate and enroll in courses based on your needs.
- Select **help & training > find help** to display Availity help in a new browser window. Use contents to display topics. Depending on your needs, consider exploring these topics:

- Administrator
- Claim submission
- Electronic data interchange (EDI)
- Glossary

Article Attachments

[Availity roles image.jpg](#)
image/jpeg - 34.68 KB

- Select **help & training** > **Availity support** to:
- Open a ticket to request support
- Get support via chat

Call 800-AVAILITY (282-4548) to speak with an Availity client service representative for more support.

1061-0421-PN-GA

URL: <https://providernews.anthem.com/georgia/article/understanding-availity-roles-for-electronic-data-interchange-edi>

Keeping up with routine vaccination during COVID-19: well-child visits and vaccinations are essential services

Published: Apr 1, 2021 - **Administrative**

In May 2020, the Centers for Disease Control (CDC) released a [report](#) that showed a drop in routine childhood vaccinations as a result of COVID-19; a result of stay at home orders and concerns about infection during well-child visits. Both the American Academy of Pediatrics and the CDC recommend the continuation of routine childhood vaccinations during the COVID-19 pandemic, noting they are essential services.

To encourage well-visits and vaccinations, here are some extra steps you can take, if you haven't already, to make visits as safe as possible for both patients and staff. They include:

- Scheduling sick visits and well-child visits during different times of the day.
- Asking patients to remain outside until it's time for their appointment to reduce the number of people in waiting rooms.
- Offering sick visits and well-child visits in different locations.

It's important to identify those children who have missed immunizations and well-child visits to schedule these essential in-person appointments. To help, the CDC has published [vaccine catch-up guidance](#) on their website.

Important update from The National Committee for Quality Assurance (NCQA)

NCQA stressed the importance of getting childhood immunizations as soon as possible in a recent webinar, citing the impacts from the possible summer COVID-19 vaccine launch for children. Physicians are being advised that children should not receive any other vaccinations two weeks prior to or two weeks after receiving a COVID-19 vaccine. They reemphasized the significance of this delay and suggest that providers administer childhood immunizations as soon as needed through proactively scheduling and preplanning.

Helpful information for keeping babies and children healthy

Childhood Immunization Schedule (CIS) HEDIS® measures require that all children are immunized by the age of two:

- Four DTaP (diphtheria, tetanus and acellular pertussis)
- Three IPV (polio)
- One MMR (measles, mumps, rubella)
- Three HiB (H influenza type B)
- Three HepB (hepatitis B)
- One VZV (chicken pox)
- Four PCV (pneumococcal conjugate)
- One HepA (hepatitis A)
- Two or Three RV (rotavirus)
- Two Influenza (flu)

Billing codes:

- **MMR** CPT: 90707, 90710 ICD-10-CM: B05.0-4, B05.81, B05.89, B05.9
- **Mumps** ICD-10-CM: B26.0-3, B26.81-85, B26.89, B26.9
- **Rubella** ICD-10-CM: B06.00-02, B06.09, B06.81-82, B06.89, B06.9
- **Rubella** CPT: 90706
- **Rubella antibody** CPT: 86762
- **Hepatitis A (Hep A)** CPT: 90633 ICD-10-CM: B15.0, B15.9
- **Influenza** CPT: 90655, 90657, 90661, 90662, 90673, 90685, 90686, 90687, 90688, 90689
- HCPCS: G0008
- **Rotavirus vaccine (RV)** CPT: 90681 (two-dose) and 90680 (three-dose)

Children should be fully immunized by 13 years of age to meet the Immunization for Adolescents (IMA) HEDIS® measure:

- 1 Meningococcal vaccine (MCV) injection between 11 to 13 years of age
- 1 Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap/Td) between 10 to 13 years of age
- 2 or 3 HPV vaccines between 9 to 13 years of age

Billing codes:

- **Meningococcal** CPT: 90734
- **Tdap** CPT: 90715
- **HPV** CPT: 90649, 90650, 90651

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). For a complete list of HEDIS® measures, descriptions and coding tips, visit [anthem.com](#).
1080-0421-PN-GA

Attention facilities: sending admission, discharge and transfer data to Anthem results in improved care management for patients

Published: Apr 1, 2021 - Administrative

The Centers for Medicare & Medicaid Services (CMS) has issued [an Interoperability and Patient Access Policy](#) to reduce the burden of certain administrative processes. The CMS policy requires providers to implement Application Programming Interfaces (APIs) to improve the electronic exchange of healthcare data between patient, provider and payer. The policy reiterates, that in partnership with the Office of the National Coordinator for Health Information (ONC), CMS has identified Health Level 7[®] (HL7) as the foundational standard to support data exchange via secure API. Implementation of this CMS mandate is expected by July 1, 2021.

Anthem's clinical data acquisition group has integrated admission, discharge and transfer (ADT) data from facility providers, health information exchanges and third-party aggregators. ADT data exchange can help Anthem:

- Better support members with care coordination and discharge planning – leading to healthier outcomes for our members – your patients.
- Proactively manage care transitions to avoid waste.
- Close care gaps and educate members about appropriate care settings to better manage out-of-pocket expenses.

Anthem would like to digitally exchange HLT ADT messaging data for our members using secure data collection and transmission capabilities currently in use by facility systems. Facilities with network connections through vendors or health information exchanges can integrate ADT data with Anthem through these channels as well. Near real time HL7 ADT messaging data, or at least within 24-hours of admission, discharge or transfer, enables Anthem to most effectively manage care transitions.

Contact the clinical data and analytics team to get started today by emailing ADT_Intake@Anthem.com.

1081-0421-PN-GA

URL: <https://providernews.anthem.com/georgia/article/attention-facilities-sending-admission-discharge-and-transfer-data-to-anthem-results-in-improved-care-management-for-patients>

Make the change to digital authorization/referral and hospital admission notifications using EDI

Published: Apr 1, 2021 - **Administrative**

Anthem and Availity are excited to announce the prior authorization/referrals 278 and inpatient admission and discharge notification 278N 5010 transactions functionality.

Authorization and referral request (278)

Use this transaction to electronically submit authorization and referral requests. You have the option to transmit this transaction in real-time or batch mode, and you will receive confirmation numbers to validate receipt of request.

- An authorization is a review and approval of specific services
- A referral is used to refer a patient to a specialty provider

Hospital admission notification (278N)

Use this transaction to electronically submit **hospital admission notifications between your facility and health plan**. The EDI 278N is the easiest, most efficient way to communicate facility admissions. Just like the 278, you can also transmit in either batch or real-time format which includes the ability to update a previously submitted date.

What are your benefits for using these transactions?

- Streamline administrative tasks and increase productivity
- Reduce administrative costs through automation
- Increase data accuracy by reducing manual errors
- Confirm a notification of admission is on file in the form of a service reference number that is generated upon registration

- Submit notification of discharge
- Accomplish more with less – fewer phone calls, faxes or keying

Getting started

- If you use a clearinghouse or vendor work with them to ensure they have the capability to exchange these transactions.
- If you use practice management software have your Availity administrator use the following path to enroll:
 - **My providers > enrollment center > transaction enrollment**

Useful documents

- [Availity EDI Companion Guide](#) communicates Availity-specific requirements and other information that supplements requirements and information already provided in standard EDI and HIPAA communications.
- Anthem specific companion guide communicates requirements for submitting these transactions. These are located on the company website at [anthem.com/edi](https://www.anthem.com/edi).
- The [Availity Quick Start Guide](#) will assist you with any EDI connection questions you might have.

If you need assistance, contact Availity client services at 800-Availity (800-282-4548), Monday through Friday, 8:00 a.m. to 8:00 p.m. eastern time.

1082-0421-PN-GA

URL: <https://providernews.anthem.com/georgia/article/make-the-change-to-digital-authorizationreferral-and-hospital-admission-notifications-using-edi>

Chat directly with a prior authorization specialist

Published: Apr 1, 2021 - **Administrative**

The fast, easy way to have your questions answered

If you have questions about prior authorizations (PA), you now have a new option to have them answered quickly and easily. With Anthem chat, providers can have a real-time, online discussion with a PA specialist.

- Faster access to PA provider services experts
- Real-time answers to your questions about PA and live help for submissions, similar to the call experience
- Access to denial information and clinical team for resolution
- The same high level of safety and security you have come to expect with Anthem

Chat is one example of how Anthem is using digital technology to improve the healthcare experience, with a goal to save you valuable time. To start, access the service through *Payer Spaces* on [Availity](#).

To access chat: log on to Availity at [Availity.com](#). Select *Payer Spaces* then select the health plan. Once in *Payer Spaces*, select the *chat with payer* box from *applications*.

1092-0421-PN-GA

URL: <https://providernews.anthem.com/georgia/article/chat-directly-with-a-prior-authorization-specialist>

Maximizing efficient, high quality COVID-19 screenings

Published: Apr 1, 2021 - Administrative

Identifying the most appropriate COVID-19 testing codes, testing sites and type of test to use can be confusing. The guidance below can make it easier for you to refer your patients to high-quality, lower-cost COVID-19 testing sites, find Anthem contracted laboratories and identify the proper CPT codes to use.

Contact your [local Anthem consultant](#) if you need additional information or visit anthem.com/coronavirus/providers.

COVID-19 testing coding guidelines

- For a new or established patient, CPT code 99211 would be appropriate if patient is being seen for no other services besides a specimen collection.
- Effective 04/01/2021, CPT codes G2023 and G2024 are appropriate when billed by clinical laboratories only and are not appropriate for provider practices.

Refer patients to [anthem.com/coronavirus](https://www.anthem.com/coronavirus) to find convenient testing locations

If an Anthem member requests a COVID-19 test, you may refer them to [anthem.com](https://www.anthem.com) or the Sydney Health mobile app to find testing locations near them. Our test-site finder gives members important information about each site, including days and hours of operation, and if they offer:

- Appointments or walk-ins
- Drive through service
- Rapid test results
- Antibody testing

Send swab tests to Anthem contracted laboratories

When providing COVID-19 molecular testing services to our members, consider utilizing the following additional in-network, high-quality labs to assist in helping to ensure that our members are receiving high value health care.

In-network lab	Telephone	Website
Eurofins NTD	(888) 683-5227	ntd-eurofins.com/
Eurofins Viracor	(800) 305-5198	viracor-eurofins.com/test-menu/8300-coronavirus-covid-19-sars-cov-2-rt-pcr/
Eurofins Boston Heart	(877) 425-1252	bostonheartdiagnostics.com/
Fulgent Therapeutics	(626) 350-0537	fulgentgenetics.com/covid19
Invitae Corporation	(650) 466-7242	invitae.com/en/partners/
Gravity Diagnostics	(855) 841-7111	gravitydiagnostics.com/covid-19-coronavirus-testing-partners/
Mako Medical Laboratories	(919) 351-6256	makomedical.com/

Consider Antigen testing when rapid test results are needed

Antigen tests can be a quicker way to detect COVID-19 than nucleic acid amplification tests (NAAT), e.g. PCR. Antigen tests offer a reasonable and lower cost alternative when screening asymptomatic or low-risk patients and may be most useful for individuals within the first five to seven days of symptoms when virus replication is at its highest.

Antigen tests can be used to detect current infection, are relatively easy to use, and most can provide point-of-care testing results. The Centers for Disease Control and Prevention (CDC) notes that proper interpretation of antigen test results (and confirmatory testing with NAAT when indicated) is important for accurate clinical management of patients with suspected COVID-19; more information can be found [here](#).

The CDC notes that when molecular tests are unavailable or rapid turnaround time is needed, antigen tests can generally be used for diagnosis of COVID-19.

Antigen tests are typically less sensitive and clinicians should interpret negative results carefully. When symptoms are present or a high clinical suspicion exists, negative antigen tests should be confirmed with a molecular test.

When antigen tests are used in symptomatic patients, positive antigen tests can be interpreted as indicative of SARS-CoV-2 infection and do not usually require follow-up testing.

Consider using COVID-19 and flu combination testing when appropriate

According to the CDC, clinicians should consider testing for other causes of respiratory illness, including infections such as influenza, when clinically appropriate.

1099-0421-PN-GA

URL: <https://providernews.anthem.com/georgia/article/maximizing-efficient-high-quality-covid-19-screenings>

Medical policy and clinical guideline updates 4/1/2021

Published: Apr 1, 2021 - **Policy Updates** / Medical Policy & Clinical Guidelines

The Medical Policy and Technology Assessment Committee (MPTAC) adopted the attached new and/or revised medical policies and clinical guidelines. Some may have expanded rationales, medical necessity indications or criteria and some may involve changes to policy position statements that might result in services that previously were covered being found to be either not medically necessary or investigational/not medically necessary. Clinical guidelines adopted by Anthem Blue Cross and Blue Shield and all the [medical policies](#) are available on the [Anthem provider website](#). Please note our medical policies now include NOC (not otherwise classified) codes to expedite the process of determining services that may require medical review. If you don't have access to the internet, you may request a hard copy of a specific medical or behavioral health policy or clinical UM guideline by calling provider services at (800) 241-7475 Monday–Friday from 8:00 a.m. to 7:00 p.m. Or send written requests (specifying medical policy or guideline of interest, your name and address to where information should be sent) to:

Anthem Blue Cross and Blue Shield
Attention: Prior approval, mail code GAG009-0002
3350 Peachtree Road NE
Atlanta, GA 30326

NOTE: Any clinical guideline included in this standard MPTAC notification is only effective for GA if included on the GA standard adopted clinical guideline list unless there is a group-specific review requirement in which case it will be considered 'adopted' for that group only and for the specific type of review required. Additionally, as part of the pre-payment review program for commercial or Federal Employee Health Benefits Program (FEHBP) plans, clinical guidelines approved by MPTAC but not included in the GA standard adopted clinical guideline list may be used to review a provider's claims when a provider's billing practices are not consistent with other providers in terms of frequency or in some other manner or for provider education and are "adopted" for those purposes.

Article Attachments

[GA medical policy and clinical guideline updates 4.1.2021.pdf](#)
application/pdf - 874.26 KB

Open the attached document titled "**GA medical policy and clinical guideline updates 4.1.2021**" to view the new and/or revised medical policies and clinical guidelines adopted by the Medical Policy and Technology Assessment Committee.

To view medical policies and utilization management guidelines applicable to members enrolled in the Blue Cross and Blue Shield Service Benefit Plan (commonly referred to as the Federal Employee Program® (FEP®)), please visit fepblue.org > policies & guidelines.

1056-421-PN-GA

URL: <https://providernews.anthem.com/georgia/article/medical-policy-and-clinical-guideline-updates-412021>

MCG care guidelines 25th edition

Published: Apr 1, 2021 - **Policy Updates** / Medical Policy & Clinical Guidelines

Effective July 1, 2021, we will upgrade to the 25th edition of MCG care guidelines for the following modules: inpatient & surgical care (ISC), general recovery care (GRC), chronic care (CC), recovery facility care (RFC), and behavioral health care (BHC). The below tables highlight new guidelines and changes that may be considered more restrictive.

Goal length of stay (GLOS) for inpatient & surgical care (ISC)

Guideline	MCG code	24th Edition GLOS	25th Edition GLOS
Aortic coarctation, angioplasty	S-152	Ambulatory or 1 day postoperative	Ambulatory
Cardiac septal defect: Atrial, transcatheter closure	W0016	Ambulatory or 1 day postoperative	Ambulatory
Esophageal diverticulectomy, endoscopic	S-445	Ambulatory or 1 day postoperative	Ambulatory
Gastrectomy, partial - billroth I or II	S-510	4 or 6 days postoperative	5 days postoperative
Hernia repair (non-hiatal)	S-1305	Ambulatory or 1 day postoperative	Ambulatory
Pancreatectomy	S-1200	5 or 7 days postoperative	6 days postoperative
Pyloroplasty and vagotomy	S-990	4 or 6 days postoperative	4 days postoperative
Cervical laminectomy	W0097	2 days postoperative	Ambulatory or 2 days postoperative
Lumbar diskectomy, foraminotomy, or laminotomy	W0091	Ambulatory or 1 day postoperative	Ambulatory
Removal of posterior spinal instrumentation	S-530	1 day postoperative	Ambulatory or 1 day postoperative
Shoulder hemiarthroplasty	W0138	1 day postoperative	Ambulatory or 1 day postoperative
Spine, scoliosis, posterior instrumentation, pediatric	W0156	4 days postoperative	3 days postoperative

Bladder resection: Cystectomy with urinary diversion, conduit or continent	S-190	5 or 6 days postoperative	5 days postoperative
Prostatectomy, transurethral resection (TURP)	S-970	Ambulatory or 1 day postoperative	Ambulatory
Urethroplasty	S-1172	Ambulatory or 1 day postoperative	Ambulatory

New guidelines for behavioral health care (BHC) and recovery facility care (RFC)

Body system	Guideline title	MCG - code
Withdrawal management	Withdrawal management, adult: Inpatient Care	B-031-IP
Withdrawal management	Withdrawal management, adult: Intensive outpatient program	B-031-IOP
Withdrawal management	Withdrawal management, adult: Outpatient care	B-031-AOP
Withdrawal management	Withdrawal management, adult: Partial hospital program	B-031-PHP
Withdrawal management	Withdrawal management, adult: Residential care	B-031-RES
Cardiology	Hypertension	M-5197
Cardiology	Peripheral vascular disease (PVD)	M-7087
Nephrology	Rhabdomyolysis	M-7095
Nephrology	Encephalopathy	M-7100
Thoracic surgery	Rib fracture	M-5545

Anthem customizations to MCG care guideline 25th edition

Effective July 1, 2021, the following MCG care guideline 25th edition customizations will be implemented.

- Transcranial magnetic stimulation, W0174 (previously ORG: B-801-T) — revised clinical indications for procedure and added the following:
 - Need for acute TMS treatment, up to 6 weeks

- Acute treatment course needed as indicated by (a) Initial course of treatment for major depressive disorder (severe), or (b) relapse of symptoms after remission
- Continuation of acute treatment, up to 6 months
- TMS is considered not medically necessary for all other indications not listed above, including but not limited to, the following:
 - Maintenance TMS treatment
 - Continuation of acute TMS treatment for longer than 6 months
 - TMS treatment of conditions other than major depressive disorder (severe), including but not limited to, the following: Alzheimer's disease, anxiety disorders, bipolar depression, neurodevelopmental disorders, obsessive-compulsive disorder, peripartum depression, post-traumatic stress disorder, substance use disorders, Tourette's syndrome.

View a [detailed summary of customizations](#) (scroll down to other criteria section and select customizations to MCG care guidelines 25th edition) on [anthem.com](https://www.anthem.com).

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

1049-0421-PN-GA

URL: <https://providernews.anthem.com/georgia/article/mcg-care-guidelines-25th-edition>

Georgia Anthem preapproval list change notification 3/1/2021

Published: Apr 1, 2021 - **Policy Updates**

AIM Speciality Health®

AIM Specialty Health, a separate company, is a nationally recognized leader delivering specialty benefits management on behalf of Anthem for certain health plan members. Determine if preapproval is needed for a Georgia Anthem member by visiting the “[Medical Policy and Clinical UM Guidelines](#)” page on our [provider website](#) or by calling the preapproval phone number printed on the back of the member’s ID card. To submit your request for any of the services below, contact AIM online via AIM’s provider portal at [aimspecialtyhealth.com/goweb](#). From the drop-down menu, select GA. You may also call AIM toll-free at 866-714-1103, Monday–Friday, 8:00 a.m.–6:00 p.m. ET

AIM provides benefits management for the programs listed below:

- Imaging level of care
- Genetic testing
- Diagnostic imaging management
- Cardiovascular services
- Radiation therapy services
- Outpatient sleep testing and therapy services
- Cancer care quality program
- Musculoskeletal (for fully insured)
- Upper gastrointestinal endoscopy

For more details on these programs, please visit the AIM Specialty Health® site at [aimspecialtyhealth.com/marketing/guidelines/185/index.html](#). By clicking on the previous links, you will be directed to sites created and/or maintained by another, separate entity (“external site”). Upon linking you are subject to the terms of use, privacy, copyright and security policies of the external sites. We provide these links solely for your information and convenience. We encourage you to review the privacy practices of the external sites. The information contained on the external sites should not be interpreted as medical advice or treatment provided by us.

Eligibility and benefits

Eligibility and benefits can be verified by through [anthem.com/provider](https://www.anthem.com/provider) or by calling the number on the back of the member’s identification card. Service preapproval is based on member’s benefit plan/eligibility at the time the service is reviewed/approved. Benefit plans vary widely and are subject to change based on the contract effective dates. The provider is responsible for verification of member eligibility and covered benefits. Except in the case of an emergency, failure to obtain preapproval prior to rendering the designated services listed below will result in denial of reimbursement.

Add to preapproval		
GENE.00056 Gene expression profiling for bladder cancer	0012M, 0013M, 0016M	Added 7/1/2021
LAB.00038 Cell-free DNA testing to aid in the monitoring of kidney transplants for rejection	0118U	Added 7/1/2021
SURG.00159 Focal laser ablation for the treatment of prostate cancer	0655T	Added 7/1/2021
TRANS.00037 Uterine transplantation	0664T-0670T	Added 7/1/2021

Codes added to existing preapproval documents		
CG-GENE-14 Gene mutation testing for solid tumor cancer susceptibility and management	0229U, 81309, 0155U, 0177U; RAS 81275, 81276, 81311, 0111U; BRAF 81210	Added 4/1/2021. All moved from other MP/CGs.
GENE.00049 Circulating tumor DNA panel testing for cancer (liquid biopsy)	0242U	Added 4/1/2021
LAB.00033 Protein biomarkers for the screening, detection and management of prostate cancer	0228U	Added 5/1/2021
SURG.00121 Transcatheter heart valve procedures	0646T	Added 7/1/2021
CG-GENE-13 Genetic Testing for inherited diseases	81161, 0218U	Added 5/1/2021
GENE.00052 Whole genome sequencing, whole exome sequencing, gene panels, and molecular profiling	0244U	Added 4/1/2021
LAB.00011 Analysis of proteomic patterns	0247U	Added 4/1/2021
CG-GENE-04 Molecular marker evaluation of thyroid nodules	0245U	Added 4/1/2021

1088-0421-PN-GA

URL: <https://providernews.anthem.com/georgia/article/georgia-anthem-preapproval-list-change-notification-312021>

The health of millennials: trends in behavioral health conditions

Published: Apr 1, 2021 - Products & Programs / Behavioral Health

The Blue Cross Blue Shield Association recently [published an updated study](#)¹ that showed a downward trend in the physical health of millennials (those born between 1981 and 1996) driven largely by behavioral health conditions. There were notable increases in major depression (12%), alcohol use disorder (7%) and tobacco and substance use disorders (5%).

Millennials with behavioral health conditions were at twice the risk of having a chronic physical condition.

The study included the analysis of millennials' medical claims over a five year period. Those with ongoing behavioral health conditions were twice as likely to have a chronic physical condition as their peers without a behavioral health diagnosis.

Behavioral health conditions driving adverse health for millennials

Condition	Years of Healthy Life Lost	Prevalence Rate per 100, 2018	1-Year Change 2017-2018	5-Year Change 2014-2018
ADHD	1.8	6.9	1%	39%
Tobacco Use Disorder	0.7	5.9	5%	10%
Major Depression	7.8	5.6	12%	43%
Substance Use Disorder	10.2	2.1	5%	17%
Alcohol Use Disorder	10.0	1.6	7%	5%
Psychotic Disorders	15.4	0.9	0%	26%

Reprinted from Blue Cross Blue Shield Association's [2019 report on the Health of Millennials](#).

It's important to follow-up with your patients - millennial, gen X, gen Z or baby boomer, who are prescribed antidepressant medications or who have been hospitalized for mental illness or substance use disorders. Not only will patients have better behavioral health outcomes, their physical health could be significantly impacted as well. Follow these HEDIS® measures for additional guidance in closing the gaps in behavioral health conditions for all ages.

A note about telehealth

NCQA now accepts telehealth codes for behavioral health and some physical health measures. The modifiers 95 and GT are defined as telehealth services rendered via interactive audio and video telecommunications system. CPT Codes 90791-90792, 90832-90834, 90836-90838, 90845, 90847, 98960-98962, 99201-99205, 99212-99215, 99231-99233, 99241-99245, 99251-99255, 99307-99310, 99406-99409 and 99495-99496 may be used for reporting synchronous (real-time) telemedicine services when appended by modifier 95.

Antidepressant medication management (AMM): The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:

- **Effective acute phase treatment.** The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- **Effective continuation phase treatment.** The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

AIM billing codes:

- **BH outpatient CPT:** 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99510 HCPCS: G0155, G0176-G0177, G0409, G0463, H0002, H0004, H0031, H0034-H0037, H0039-H0040, H2000, H2001, H2010-H2011, M0064, T1015
- **Emergency department CPT:** 99281-99285 UB Rev: 0450-0452, 0456, 0459, 0981
- **Major depression ICD-10 CM:** F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9
- **Telephone visits CPT:** 98966-98968, 99441-99443
- **Telephone modifier value set:** 95 GT POS: 02
- **Telehealth:** 90791-90792, 90832-90834, 90836-90838, 90845, 90847, 99201-99205, 99212-99215, 99231-99233, 99241-99245, 99251-99255, 98960-98962
- **Telehealth modifier:** 95 or GT
- **Telehealth POS:** 02

Follow-up after hospitalization for mental illness (FUH): The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported:

- *The percentage of discharges for which the member received follow-up within **30 days after discharge**.*
- *The percentage of discharges for which the member received follow-up within **7 days after discharge**.*

The follow-up visits, within 7 days and 30 days after hospitalization can both be telehealth visits. Telephone visits alone do not meet this criterion.

FUH billing codes:

- **Follow-up visits CPT:** 90791-2, 90832-40, 90845, 90847, 90849, 90853, 90875-6, 98960-2, 98966-8, 99078, 99201-5, 99211-5, 99217-23, 99231-3, 99238-9, 99241-5, 99251-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99441-3, 99483, 99495-6, 99510 HCPCS: G0155, G0176-7, G0409, G0463, H0002, H0004, H0031, H0034, H0036-7, H0039-40, H2000, H2010-1, H2013-20, M0064, T1015
- **Mental illness diagnosis codes ICD-10:** F03.9x, F20-F25.xx, F28-F34.xx, F39-F45.xx, F48.xx, F50-F53.xx, F59-F60.xx, F63-F66.xx, F68-F69.xx, F80-F82.xx, F84.xx, F88-F93.xx, F95.xx, F98-F99.xx
- **Telehealth visits:** 90791-90792, 90832-90834, 90836-90838, 90845, 90847, 99201-99205, 99212-99215, 99231-99233, 99241-99245, 99251-99255, 98960-98962

Telehealth modifier: 95 or GT

Telehealth POS: 02

Follow-up after emergency department visit for mental illness (FUM): The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:

- *The percentage of ED visits for which the member received follow-up within **30 days of the ED visit (31 total days)**.*
- *The percentage of ED visits for which the member received follow-up within **7 days of the ED visit (8 total days)**.*

The follow-up visits, within 7 days and 30 days after hospitalization, can both be telehealth visits. Telephone visits alone do not meet this criterion.

FUM billing codes:

- **Outpatient follow-up visits CPT:** 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 98960-2, 98966-8, 99078, 99201-5, 99211-5, 99217-23, 99231-3, 99238-9, 99241-5, 99251-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99441-3, 99483, 99495-6, 99510
- **HCPCS:** G0155, G0176-7, G0409, G0463, H0002, H0004, H0031, H0034, H0036-7, H0039-40, H2000, H2010-1, H2013-20, M0064, T1015
- **Mental illness diagnosis codes ICD-10:**9x, F20-25.xx, F28-34. xx, F39-45.xx, F48.xx, F50-53.xx, F59-60.xx, F63-66.xx, F68-69.xx, F80-82.xx, F84.xx, F88-93.xx, F95.xx, F98-99.xx
- **Intentional self-harm diagnosis codes ICD-10 example:**92XA
- Other visits: 90791-90792, 90832-90834, 90836-90838, 90845, 90847, 99201-99205, 99212-99215, 99231-99233, 99241-99245, 99251-99255, 98960-98962
- **Telehealth modifier:** 95 or GT
- **Telehealth modifier POS:** 02

Follow-up after emergency department visit for alcohol and other drug abuse or dependence (FUA): The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. Two rates are reported:

- *The percentage of ED visits for which the member received follow-up within **30 days of the ED visit (31 total days).***
- *The percentage of ED visits for which the member received follow-up within **7 days of the ED visit (8 total days).***

The follow-up visits, within 7 days and 30 days after hospitalization, can both be telehealth visits. Telephone visits alone do not meet this criterion.

FUA billing codes:

- **Initiation, engagement and treatment follow-up visits CPT:** 98960-2, 99078, 99201-5, 99211-5, 99241-5, 99341-50, 99384-7, 99394-7, 99401-4, 99408-9 99411-2, 99483, 99510
- **Alcohol counseling or other follow-up visits CPT:** 99408-9 HCPCS: G0396-7, G0443, H0005, H0007, H0016, H0022, H0050, H2035-6, T1006, T1012 AOD

- **Medication treatment HCPCS:** G2067-77, G2080, G2086-7, H0020, H0033, J0570, J0571-5, J2315, Q9991-2, S0109
- **Substance use disorder diagnosis codes ICD-10:** F10-16.xx, F18-19.xx
- **Telehealth modifier:** 95 or GT
- **Telephone visits:** 98966 - 98968, 99441- 99443
- **Other visits:** 90791-90792, 90832-90834, 90836-90838, 90845, 90847, 99201-99205, 99212-99215, 99231-99233, 99241-99245, 99251-99255, 99408-99409, 98960-98962
- **Telehealth modifier POS:** 02

Follow-up after high-intensity care for substance use disorder (FUI): The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:

- *The percentage of visits or discharges for which the member received follow-up for substance use disorder within the **30 days after the visit or discharge.***
- *The percentage of visits or discharges for which the member received follow-up for substance use disorder within the **7 days after the visit or discharge.***

FUI billing codes:

- **Opioid abuse and dependence ICD-10:**10; F11.120; F11.121; F11.122; F11.129
- **Other drug abuse and dependence ICD-10:**10; F12.120; F12.121; F12.122; F12.129
- **Alcohol abuse and dependence ICD-10:**10; F10.120; F10.121; F10.14; F10.150
- **Telephone visits CPT:** 98966-98968; 99411-99443
- **Online assessments CPT:** 98969-98972; 99421-99423; 99444; 99458

- **IET stand-alone visits CPT: 98960-98962; 99201-99205; 99211-99215**

Article Attachments

[millennial image.jpg](#)
image/jpeg - 94.72 KB

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

1Millennial Health: Trends in Behavioral Health Conditions. <https://www.bcbs.com/the-health-of-america/reports/millennial-health-trends-behavioral-health-conditions>

1078-0421-PN-GA

URL: <https://providernews.anthem.com/georgia/article/the-health-of-millennials-trends-in-behavioral-health-conditions>

HEDIS 2021 Federal Employee Program® medical record request requirements

Published: Apr 1, 2021 - **State & Federal**

Reveleer is the contracted vendor to gather member 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. Reveleer 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, you can reach a Reveleer representative by calling 855-454-6182 or contact Ify Ifezulike with Blue Cross Blue Shield Federal Employee Program at (202) 626-4839.

1091-0421-PN-GA

URL: <https://providernews.anthem.com/georgia/article/hedis-2021-federal-employee-program-medical-record-request-requirements>

Medical drug benefit clinical criteria updates

Published: Apr 1, 2021 - **State & Federal / Medicare**

On June 18, 2020, August 21, 2020, and November 20, 2020, the pharmacy and therapeutics (P&T) committee approved the following *clinical criteria* applicable to the

medical drug benefit for Anthem Blue Cross and Blue Shield. These policies were developed, revised or reviewed to support clinical coding edits.

Visit [clinical criteria](#) to search for specific policies. If you have questions or would like additional information, use this [email](#).

Please see the explanation/definition for each category of *clinical criteria* below:

- New: newly published criteria
- Revised: addition or removal of medical necessity requirements, new document number
- Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive

Please share this notice with other members of your practice and office staff.

Please note: The *clinical criteria* listed below applies only to the medical drug benefits contained within the member's medical policy. This does not apply to pharmacy services.

Effective date	Document number	<i>Clinical criteria</i> title	New or revised
March 26, 2021	ING-CC-0183*	Sogroya (somapacitan-beco)	New
March 26, 2021	ING-CC-0148*	Agents for hemophilia B	Revised
March 26, 2021	ING-CC-0149*	Select clotting agents for bleeding disorders	Revised
March 26, 2021	ING-CC-0065	Agents for hemophilia A and von Willebrand disease	Revised
March 26, 2021	ING-CC-0125	Opdivo (nivolumab)	Revised
March 26, 2021	ING-CC-0119	Yervoy (ipilimumab)	Revised
March 26, 2021	ING-CC-0121*	Gazyva (obinutuzumab)	Revised
March 26, 2021	ING-CC-0048 *	Spinraza (nusinersen)	Revised
March 26, 2021	ING-CC-0002*	Colony stimulating factor agents	Revised
March 26, 2021	ING-CC-0034*	Hereditary angioedema agents	Revised
March 26, 2021	ING-CC-0041*	Complement inhibitors	Revised
March 26, 2021	ING-CC-0071*	Entyvio (vedolizumab)	Revised
March 26, 2021	ING-CC-0064*	Interleukin-1 inhibitors	Revised
March 26, 2021	ING-CC-0042*	Monoclonal antibodies to interleukin-17	Revised
March 26, 2021	ING-CC-0066*	Monoclonal antibodies to interleukin-6	Revised
March 26, 2021	ING-CC-0050*	Monoclonal antibodies to interleukin-23	Revised
March 26, 2021	ING-CC-0078*	Orencia (abatacept)	Revised

March 26, 2021	ING-CC-0063*	Stelara (ustekinumab)	Revised
March 26, 2021	ING-CC-0062*	Tumor necrosis factor antagonists	Revised
March 26, 2021	ING-CC-0003*	Immunoglobulins	Revised
March 26, 2021	ING-CC-0039*	GamaSTAN [immune globulin (human)]	Revised
March 26, 2021	ING-CC-0053	Injectable hydroxyprogesterone for prevention of preterm birth	Revised
March 26, 2021	ING-CC-0073*	Alpha-1 proteinase inhibitor therapy	Revised
March 26, 2021	ING-CC-0075	Rituximab agents for non-oncologic indications	Revised
March 26, 2021	ING-CC-0072	Selective vascular endothelial growth factor (VEGF) antagonists	Revised
March 26, 2021	ING-CC-0027*	Denosumab agents	Revised
March 26, 2021	ING-CC-0019*	Zoledronic acid agents (reclast, zometa)	Revised
March 26, 2021	ING-CC-0011*	Ocrevus (ocrelizumab)	Revised
March 26, 2021	*ING-CC-0174*	Kesimpta (ofatumumab)	Revised

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URL: <https://providernews.anthem.com/georgia/article/medical-drug-benefit-clinical-criteria-updates-101>

Notify us of telehealth services

Published: Apr 1, 2021 - **State & Federal** / Medicare

Does your practice offer telehealth services? Let us know!

Beginning in April 2021, our online directories will identify professional providers who offer telehealth services in their practice.

We encourage providers to use the online [Provider Maintenance Form](#) to notify us about your telehealth services, and we will add a telehealth indicator to your online provider directory profile.

Visit anthem.com to locate the [Provider Maintenance Form](#). Please contact provider services if you have any questions.

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URL: <https://providernews.anthem.com/georgia/article/notify-us-of-telehealth-services>

In-office assessment program

Published: Apr 1, 2021 - **State & Federal** / Medicare

Welcome to the 2021 in-office assessment (IOA) program. The IOA program is designed to help providers ensure that all active conditions are continuously being addressed and documented to the highest level of specificity for all Medicare Advantage plan patients of providers participating in the program. This program is designed to help improve all patient quality of care (preventive medicine screening, managing chronic illness and prescription management), as well as care for older adults when generated for a special needs plan member.

If you are interested in learning about the electronic modalities available, please contact your representative or the Optum* provider support center at 877-751-9207, Monday through Friday, from 8:00 a.m. to 7:00 p.m. eastern time.

Success stories

Below are some achievements that Anthem Blue Cross and Blue Shield (Anthem) was able to accomplish with provider groups through the IOA program:

- As a result of leveraging different types of resources offered by the IOA program (for example, technology), providers' offices were able to see an increase in staff productivity.

- Providers who have taken advantage of the IOA program resources have seen an increase in their documentation and coding accuracy.

COVID-19 update

Anthem knows this is a difficult time for everyone, as the situation continues to evolve each day. Anthem has considered the severity of the situation and is following CDC guidelines. For the IOA program, all nonessential personal are required to work with provider groups telephonically/electronically until further notice.

Anthem continues to evaluate the situation and guidelines, and will keep you notified of any changes. If you have any questions or concerns about the IOA program and COVID-19 updates, please call the Optum provider support center at 877-751-9207, Monday through Friday, from 8:00 a.m. to 7:00 p.m. eastern time.

Dates and tips to remember:

- To review their population as soon as possible, Anthem strongly encourages participating providers to deliver and continually maintain proper care management, as well as care coordination of their patient population. This will further ensure the current and active conditions that impact patient care, treatment and/or management are continually addressed.
- At the conclusion of each office visit with the patient, providers participating in the IOA program are asked to complete and return a patient assessment. The assessment should be completed based on information regarding the patient's health collected during the office visit. Participating providers may continue to use the 2021 version of the assessment for encounters that take place on or before December 31, 2021; Anthem will accept the 2021 version of the assessment for 2021 encounters until midnight January 31, 2022.
- If not already submitted, participating providers are required to submit an **account setup form**, W-9 and completed **direct deposit enrollment** by March 31, 2022. Participating providers should call the Optum provider support center at 877-751-9207, Monday through Friday, from 8:00 a.m. to 7:00 p.m. eastern time, if they have any questions regarding this requirement. Failure to comply with this requirement will result in forfeiture of the provider payment for submitted 2021 assessments, if applicable.

Questions

If you have questions about this communication or the IOA program, please contact your representative or the Optum provider support center at 877-751-9207, Monday through Friday, from 8:00 a.m. to 7:00 p.m. eastern time.

*Optum is an independent company providing care services on behalf of Anthem Blue Cross and Blue Shield.

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URL: <https://providernews.anthem.com/georgia/article/in-office-assessment-program-8>

Oncology dose reduction program beginning July 1, 2021

Published: Apr 1, 2021 - **State & Federal** / Medicare

Anthem Blue Cross and Blue Shield (Anthem) is committed to being a valued healthcare partner in identifying ways to achieve better health outcomes, lower costs and deliver access to better healthcare experiences for consumers.

Effective for dates of service on or after July 1, 2021, providers for our Medicare Advantage plan members covered by Anthem will be asked in selective circumstances to voluntarily reduce the requested dose to the nearest whole vial for over 40 oncology medications, listed below. Reviews for these oncology drugs will continue to be administered by the reviewing company, either AIM Specialty Health®* or IngenioRx.*

Providers will be asked whether or not they will accept the dose reduction at the initial review point in the prior authorization process. Within the provider portal, a pop-up question will appear related to dose reduction. If the patient is considered unable to have his or her dose reduced, then a second question will appear asking for the provider's clinical reasoning. For requests made outside of the provider portal (for example, called-in or faxed-in prior authorization requests), the same questions will be asked by the registered nurse or medical director who is reviewing the request. **Since this program is voluntary, the decision made regarding dose reduction will not affect the final decision on the prior authorization.**

The dose reduction questions will appear **only** if the originally requested dose is within 10% of the nearest whole vial. This threshold is based on current medical literature and recommendations from the Hematology and Oncology Pharmacists Association (HOPA) that it is appropriate to consider dose rounding within 10%. HOPA recommendations can be found [here](#).

The voluntary dose reduction program only applies to specific oncology drugs, listed below. Providers can view prior authorization requirements for Anthem members on the [medical policy and clinical utilization management guidelines](#) page at [anthem.com/medicareprovider](https://www.anthem.com/medicareprovider).

Drug name	HCPCS code	Drug name	HCPCS code
Abraxane (paclitaxel protein-bound)	J9264	Istodax (romidepsin)	J9315
Actimmune (interferon gamma-1B)	J9216	Ixempra (ixabepilone)	J9207
Adcetris (brentuximab vedotin)	J9042	Jevtana (cabazitaxel)	J9043
Alimta (pemetrexed)	J9305	Kadcyla (ado-trastuzumab emtansine)	J9354
Asparlas (calaspargase pegol-mknl)	J9118	Keytruda (pembrolizumab)	J9271
Avastin (bevacizumab)	J9035	Kyprolis (carfilzomib)	J9047
Bendeka (bendamustine)	J9034	Lartruvo (olaratumab)	J9285
Besponsa (inotuzumab ozogamicin)	J9229	Lumoxiti (moxetumomab pasudotox-tdfk)	J9313
Blinicyto (blinatumomab)	J9039	Mylotarg (gemtuzumab ozogamicin)	J9203
Cyramza (ramucirumab)	J9308	Neupogen (filgrastim)	J1442
Darzalex (daratumumab)	J9145	Oncaspar (pegaspargase)	J9266
Doxorubicin liposomal	Q2050	Opdivo (nivolumab)	J9299
Elzonris (tagraxofusp-erzs)	J9269	Padcev (enfortumab vedotin-ejfv)	J9177
Empliciti (elotuzumab)	J9176	Polivy (polatuzumab vedotin-piiq)	J9309
Enhertu (fam-trastuzumab deruxtecan-nxki)	J9358	Rituxan (rituximab)	J9312
Erbix (cetuximab)	J9055	Sarclisa (isatuximab-irfc)	J9999
Erwinase (asparginase)	J9019	Sylvant (siltuximab)	J2860

Ethylol (amifostine)	J0207	Treanda (bendamustine)	J9033
Granix (tbo-filgrastim)	J1447	Vectibix (panitumumab)	J9303
Halaven (eribulin mesylate)	J9179	Yervoy (ipilimumab)	J9228
Herceptin (trastuzumab)	J9355	Zaltrap (ziv-aflibercept)	J9400
Imfinzi (durvalumab)	J9173		

Providers should continue to verify eligibility and benefits for all members prior to rendering services.

If you have questions, please call the provider service phone number on the back of the member’s ID card.

Note: In some plans, *dose reduction to nearest whole vial* or *waste reduction* may be the term used in benefit plans, provider contracts or other materials instead of or in addition to *dose reduction to nearest whole vial*. In some plans, these terms may be used interchangeably. For simplicity, we have uses *dose reduction (to nearest whole vial)*.

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Anthem Blue Cross and Blue Shield. IngenioRx, Inc. is an independent company providing some utilization review services on behalf of Anthem Blue Cross and Blue Shield.

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URL: <https://providernews.anthem.com/georgia/article/oncology-dose-reduction-program-beginning-july-1-2021>

Medical drug benefit clinical criteria updates

Published: Apr 1, 2021 - **State & Federal** / Medicare

On December 18, 2020, and December 22, 2020, the pharmacy and therapeutics (P&T) committee approved the following *clinical criteria* applicable to the **medical drug benefit** for Anthem Blue Cross and Blue Shield. These policies were developed, revised or reviewed to support clinical coding edits.

Visit [clinical criteria](#) to search for specific policies. If you have questions or would like additional information, use this [email](#).

Please see the explanation/definition for each category of *clinical criteria* below:

- New: newly published criteria
- Revised: addition or removal of medical necessity requirements, new document number
- Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive

Please share this notice with other members of your practice and office staff.

Note: The *clinical criteria* listed below applies only to the medical drug benefits contained within the member's medical policy. This does not apply to pharmacy services.

Effective date	Document number	<i>Clinical criteria</i> title	New or revised
April 8, 2021	ING-CC-0185*	Oxlumo (lumasiran)	New
April 8, 2021	ING-CC-0184*	Danyelza (naxitamab-ggqk)	New
April 8, 2021	ING-CC-0154	Givlaari (givosiran)	Revised
April 8, 2021	ING-CC-0124	Keytruda (pembrolizumab)	Revised
April 8, 2021	ING-CC-0002	Colony stimulating factor agents	Revised
April 8, 2021	ING-CC-0032*	Botulinum toxin	Revised
April 8, 2021	ING-CC-0015	Infertility and HCG agents	Revised

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URL: <https://providernews.anthem.com/georgia/article/medical-drug-benefit-clinical-criteria-updates-102>
