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Interactive bilingual website taking action for patients' health

Published: Apr 1, 2021 - Products & Programs

Having the common goal of reaching all Latinos in the United States, 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. Healthcare 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 four-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-VA

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

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.

AMM - 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

FUH - 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

FUM - 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:** T39.92XA
- **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

FUA - 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

FUI – 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

Article Attachments

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

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>

1079-0421-PN-VA

URL: <https://providernews.anthem.com/virginia/article/the-health-of-millennials-trends-in-behavioral-health-conditions-2>

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 Provider News March 2021 edition](#) 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 Blue Cross and Blue Shield (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), a separate company.

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 [Coverage Guidelines 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 www.availity.com.
- Call the AIM Contact Center toll-free number: 866-789-0397, Monday – Friday, 8 a.m. to 5 p.m. Eastern time.

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-VA

URL: <https://providernews.anthem.com/virginia/article/update-site-of-care-medical-necessity-reviews-for-long-acting-colony-stimulating-factors-begin-august-1-2021-2>

Updates for specialty pharmacy are available

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.

The Health Plan requires that claims for injection services performed in the office setting must include the applicable HCPCS J-code, Q-code, or S-code, with the corresponding National Drug Code (NDC), for the injected substance. This requirement is consistent with CMS guidelines. A covered drug will not be eligible for reimbursement when the NDC is not reported on the same claim.

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

Access [Clinical Criteria information](#).

For Anthem Blue Cross and Blue Shield along with our affiliate HealthKeepers, Inc., prior authorization clinical review 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.

This applies to members with Preferred Provider Organization (PPO), HealthKeepers (HMO), POS AdvantageOne and Act Wise (CDH plans)

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. The Health Plan requires that claims for injection services performed in the office setting must include the applicable HCPCS J-code, Q-code, or S-code, with the corresponding National Drug Code (NDC), for the injected substance. This requirement is consistent with CMS guidelines. A covered drug will not be eligible for reimbursement when the NDC is not reported on the same claim.

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

Access [Clinical Criteria information](#).

For Anthem Blue Cross and Blue Shield and HealthKeepers, Inc., prior authorization clinical review 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.

This applies to members with Preferred Provider Organization (PPO), HealthKeepers (HMO), POS AdvantageOne, and Act Wise (CDH plans).

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-VA

URL: <https://providernews.anthem.com/virginia/article/updates-for-specialty-pharmacy-are-available-6>

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.

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 prior authorization by AIM Specialty Health® (AIM), a separate company. This applies to members with Preferred Provider Organization (PPO), Anthem HealthKeepers (HMO), POS AdvantageOne, and Act Wise (CDH plans).

Access the [Clinical Criteria document information](#).

- ING-CC-0028 Benlysta (belimumab)

1086-0421-PN-VA

URL: <https://providernews.anthem.com/virginia/article/anthem-clinical-criteria-updates-for-specialty-pharmacy-are-available-11>

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. We inadvertently included an incorrect link to the summary of changes.

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

We apologize for any inconvenience this situation may have caused.

1113-0421-PN-VA

URL: <https://providernews.anthem.com/virginia/article/correction-updated-formulary-lists-for-commercial-health-plan-pharmacy-benefit-effective-april-1-2021-3>

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

In Virginia 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.

Federal Employee Program (FEP) Pharmacy updates and other pharmacy related information may be accessed at www.fepblue.org > Pharmacy Benefits.

1037-0421-PN-VA

URL: <https://providernews.anthem.com/virginia/article/pharmacy-information-available-on-anthemcom-91>

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 Anthem representative 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.
- For a patient assessment in addition to a specimen collection it is appropriate to bill the applicable E&M service, CPT codes 99202-99215. Specimen collection is a component of the E&M service and not separately reimbursable.

- Effective April 1, 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.
- Testing for children.

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	https://www.ntd-eurofins.com/
Eurofins Viracor	(800) 305-5198	https://www.viracor-eurofins.com/test-menu/8300-coronavirus-covid-19-sars-cov-2-rt-pcr/
Eurofins Boston Heart	(877) 425-1252	https://bostonheartdiagnostics.com/
Fulgent Therapeutics	(626) 350-0537	https://www.fulgentgenetics.com/covid19
Invitae Corporation	(650) 466-7242	https://www.invitae.com/en/partners/
Gravity Diagnostics	(855) 841-7111	https://gravitydiagnostics.com/covid-19-coronavirus-testing-partners/
Mako Medical Laboratories	(919) 351-6256	https://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), for example 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 at the CDC's website regarding [COVID-19](#).

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-VA

URL: <https://providernews.anthem.com/virginia/article/maximizing-efficient-high-quality-covid-19-screenings-6>

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 Blue Cross and Blue Shield's (Anthem) 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. Email ADT_Intake@Anthem.com

1081-0421-PN-VA

URL: <https://providernews.anthem.com/virginia/article/attention-facilities-sending-admission-discharge-and-transfer-data-to-anthem-results-in-improved-care-management-for-patients-1>

Make the change to digital authorization/referral and hospital admission notifications using electronic data interchange

Published: Apr 1, 2021 - Administrative

Anthem Blue Cross and Blue Shield (Anthem) and Availity are excited to announce the Prior Authorization/Referrals 278 and Inpatient Admission and Discharge Notification 278N 5010 transactions functionality via electronic data interchange (EDI).

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's 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 1-800-Availity (1-800-282-4548), Monday through Friday 8 a.m. to 8 p.m. Eastern Time.

1082-0421-PN-VA

URL: <https://providernews.anthem.com/virginia/article/make-the-change-to-digital-authorizationreferral-and-hospital-admission-notifications-using-electronic-data-interchange>

Chat directly with a prior authorization specialist: The fast, easy way to have your questions answered

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

If you have questions about prior authorizations (PA), you now have a new option to have them answered quickly and easily. With Anthem Blue Cross and Blue Shield's 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 www.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-VA

URL: <https://providernews.anthem.com/virginia/article/chat-directly-with-a-prior-authorization-specialist-the-fast-easy-way-to-have-your-questions-answered>

Information Center replaces Education and Reference Center in Payer Spaces

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

Information Center – Access important policies, forms and helpful resources

We're changing!

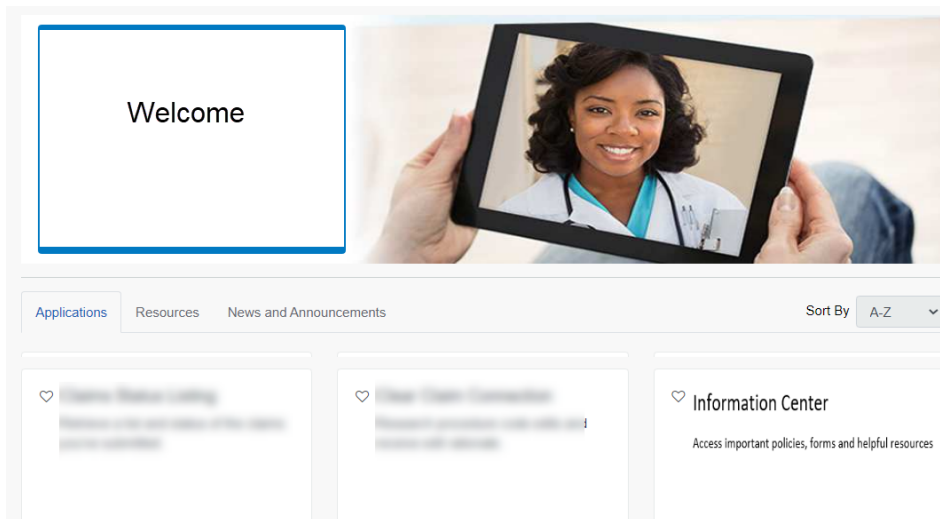
The **Information Center** is replacing the Education and Reference Center application in Payer Spaces on the **Availity Portal**. There you'll find important policies, forms and helpful resources.

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 transitioned 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

1060-0421-PN-VA

URL: <https://providernews.anthem.com/virginia/article/information-center-replaces-education-and-reference-center-in-payer-spaces>

Understanding Availity roles for electronic data interchange

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?

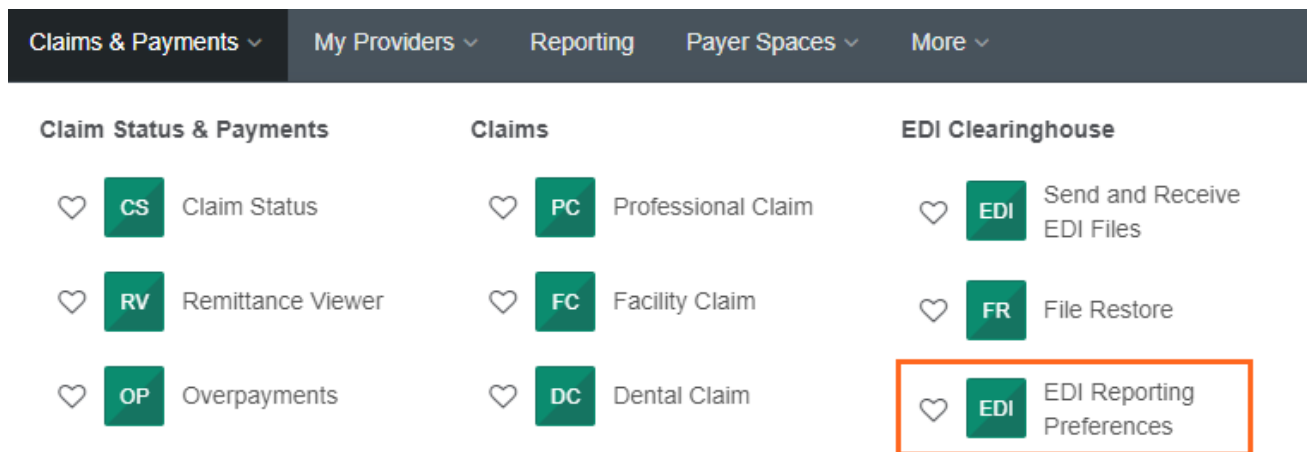
EDI Management – This role consists of the following permissions available under EDI File Management in the Availity menu:

- **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 **ReceiveFiles**

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

- Select **Help & Training > Availity Support** to:

Open a ticket to request support
Get support via Chat

1061-0421-PN-VA

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 and Prevention (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. Vaccine 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 re-emphasized the significance of delay and suggest that childhood immunizations are administered 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](https://www.anthem.com).

1080-0421-PN-VA

URL: <https://providernews.anthem.com/virginia/article/keeping-up-with-routine-vaccination-during-covid-19-well-child-visits-and-vaccinations-are-essential-services-2>

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 Provider Services if you have any questions.

1003-0421-PN-VA

URL: <https://providernews.anthem.com/virginia/article/does-your-practice-offer-telehealth-services-let-us-know-12>

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 9, 2021
4 p.m. – 5:30 p.m. Eastern; (1 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.

- U.S. physicians underestimate the pain level of Black patients 47% of the time versus 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.

*Motivo is an independent company providing a virtual forum on behalf of Anthem.

HIPAA – Health Insurance Portability and Accountability Act

1089-0421-PN-VA

URL: <https://providernews.anthem.com/virginia/article/join-anthem-in-talking-about-racism-and-its-impact-on-health-2>

Anthem's spring webinar scheduled for May 6, 2021; register now

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

On **May 6, 2021**, Anthem will offer a 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, hour-long sessions online to eliminate travel time and help minimize disruptions to your office or practice. The date for the spring webinar is:

- **Thursday, May 6, 2021, from 11 a.m. to noon ET**

Please take time to register now 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 stacey.marsh@anthem.com if you need to confirm your registration.

1039-0421-PN-VA

URL: <https://providernews.anthem.com/virginia/article/anthems-spring-webinar-scheduled-for-may-6-2021-register-now>

Article Attachments

[Anthem Webinar and Registration Form 2021.pdf](#)

application/pdf - 139.65 KB

Coverage guidelines effective July 1, 2021

Published: Apr 1, 2021 - **Guideline Updates** / Coverage and Clinical Guidelines

Anthem Blue Cross and Blue Shield in Virginia and our affiliate, HealthKeepers, Inc., will implement the following new and revised coverage guidelines effective **July 1, 2021**. These guidelines impact all our products – with the exception of Anthem HealthKeepers Plus (Medicaid), Medicare Advantage, the Commonwealth Coordinated Care Plus (Anthem CCC Plus) plan, and the Blue Cross and Blue Shield Service Benefit Plan (also called the Federal

The services addressed in these coverage guidelines here and in the attachment under "Article Attachments" on the right will require authorization for all of our HealthKeepers, Inc. products with the exception of Anthem HealthKeepers Plus (Medicaid), Medicare Advantage, and the Anthem CCC Plus plan. Please note that FEP is excluded from these requirements as well. A pre-determination can be requested for our PPO products.

If applicable, services related to specialty pharmacy drugs (non-cancer related) require a medical necessity review, which includes site of care criteria, as outlined in the applicable coverage or clinical UM guideline.

The guidelines addressed in this edition of *Provider News* are:

- Cosmetic and Reconstructive Services of the Head and Neck (ANC.00008)
- Gene Expression Profiling for Bladder Cancer (GENE.00056)
- Cell-free DNA Testing to Aid in the Monitoring of Kidney Transplants for Rejection (LAB.00038)
- Pooled Antibiotic Sensitivity Testing (LAB.00039)
- Focal Laser Ablation for the Treatment of Prostate Cancer (SURG.00159)
- Uterine Transplantation (TRANS.00037)

Article Attachments

- Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies (CG-SURG-78)

[Coverage guidelines effective July 1, 2021.pdf](#)
application/pdf - 147.3 KB

- Bone-Anchored and Bone Conduction Hearing Aids (CG-SURG-82)

1054-0421-PN-VA

URL: <https://providernews.anthem.com/virginia/article/coverage-guidelines-effective-july-1-2021>

MCG care guidelines 25th edition

Published: Apr 1, 2021 - **Guideline Updates** / Coverage and 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 Discectomy, 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.

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

1049-0421-PN-VA

URL: <https://providernews.anthem.com/virginia/article/mcg-care-guidelines-25th-edition-2>

UPDATE for commercial providers regarding AIM sleep program CPT Code E1399, NOC: Durable medical equipment, miscellaneous

Published: Apr 1, 2021 - **Guideline Updates** / Coverage and Clinical Guidelines

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**

Specialty Health's Sleep Therapy program as of April 1, 2021, and should not be submitted to AIM for review for CPAP/APAP/BiPAP.

1051-0421-PN-VA

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

Claims editing update for ICD-10-CM Excludes 1 notes

Published: Apr 1, 2021 - **Guideline Updates** / Reimbursement Policies

Beginning with dates of service on or after **April 1, 2021**, Anthem will be implementing revised claims editing logic tied to Excludes 1 notes from ICD-10-CM 2020 coding guidelines. To help ensure the accurate processing of claims, use ICD-10-CM coding guidelines when selecting the most appropriate diagnosis for member encounters. Please remember to code to the highest level of specificity. For example, if there is an indication at the category level that a code can be billed with another range of codes, it is imperative to look for Excludes 1 notes that may prohibit billing a specific code combination.

For assistance in determining proper coding guidance, the following site should be helpful: <https://www.cdc.gov/nchs/icd/icd10cm.htm>

One of the unique attributes of the ICD-10 code set and coding conventions is the concept of Excludes 1 notes. An Excludes 1 note indicates that the excluded code identified in the note should not be billed with the code or code range listed above the Excludes 1 note. These notes appear below the affected codes – if the note appears under the Category (first three characters of a code), it applies to the entire series of codes within that category. If the Excludes 1 note appears beneath a specific code (3, 4, 5, 6 or 7 characters in length) then it applies only to that specific code.

In ICD-10-CM, when a category includes an Excludes 1 note, it outlines what codes should NOT be billed together. Examples of this code scenario would include but are not limited to the following:

- Reporting Z01.419 with Z12.4

Z01.41X (encounter GYN exam w/out abnormal findings) has an Excludes 1 note below that includes Z12.4.

Z12.4 (encounter for screening malignant neoplasm cervix)

- Reporting Z79.891with F11.2X

Z79.891 (long-term use of Opiates) has an Excludes 1 note after it for F11.2X. F11.2X (Opioid dependence)

- Reporting M54.2 with M50.XX

M54.2 (Cervicalgia) has an Excludes 1 note below it for M50.XX (cervicalgia due to intervertebral disc disorder)

- Reporting M54.5 with S39.012X and/or M54.4x

M54.5 (low back pain) has an Excludes 1 note below it which includes; S93.012X (strain of muscle, fascia and tendon of lower back), M54.4X (low back pain) M51.2X (lumbago due to intervertebral disc disorder)

- Reporting J03.XX with J02.XX, J35.1, J36, J02.9

J03.- (Acute tonsillitis) has an Excludes 1 note below it which includes; J02.- (acute sore throat), J35.1 (hypertrophy of tonsils), J36 (Peritonsillar abscess)

- Reporting N89 with R87.62X, D07.2, R87.623, N76.XX, N95.2, A59.00

N89 (Other inflammatory disorders of the vagina) has an Excludes 1 note below the category for R87.62X(abnormal results from vaginal cytological exam), D07.2 (vaginal intraepithelial neoplasia),

R87.623(HGSIL of vagina), N76.XX inflammation of the vagina), N95.2 (senile [atrophic] vaginitis),

A59.00 (trichomonal leukorrhea)

Finally, if you believe an Excludes 1 note denial is incorrect, please consult the ICD-10-CM code book to verify appropriate use of the billed codes and provide supporting documentation through the normal dispute process as to why the billed diagnoses codes are appropriately used together.

1036-0421-PN-VA

URL: <https://providernews.anthem.com/virginia/article/claims-editing-update-for-icd-10-cm-excludes-1-notes-5>

HEDIS 2021 Federal Employee Program® medical record request requirements

Published: Apr 1, 2021 - **State & Federal** / Federal Employee Plan (FEP)

Reveleer is the contracted vendor to gather member medical records on behalf of the Blue Cross and Blue Shield Federal Employee Program or FEP. We value the relationship with our providers. We 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). 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.

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

1091-0421-PN-VA

URL: <https://providernews.anthem.com/virginia/article/hedis-2021-federal-employee-program-medical-record-request-requirements-3>

Please provide this information to your patients: Enrollment period for Anthem HealthKeepers Plus in Tidewater area is open through April 30, 2021

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

Please note, this communication applies to Anthem HealthKeepers Plus offered by HealthKeepers, Inc.

We're the brand Virginians have trusted for more than 25 years.

Enrollment for Tidewater area is open now through April 30, 2021.

It is now time to switch to the Anthem HealthKeepers Plus plan. Your patients still get all the Medicaid benefits they expect, such as doctor visits, prescriptions and a 24/7 NurseLine at no cost.

Being an Anthem HealthKeepers Plus member qualifies members to receive additional benefits, such as:

- Free rides to grocery stores, farmers markets and food banks.
- Free General Education Development (GED) testing.
- A \$25 gift card for high school and college students with A's and B's.
- Meals delivered to their home after a hospital stay — two meals a day for seven days.
- Free diapers, an umbrella, a stroller and children's books.

New incentives in 2021:

- Up to \$30 in baby food vouchers for going to well-child visits
- Free Chromebook for high school seniors with a 3.5 GPA

Provide this information to your patients so they can switch to the state's largest Medicaid plan now.

For more information, your patients can visit <https://virginiamanagedcare.com/>, <https://mediproviders.anthem.com/va> or call the Managed Care Helpline at **1-800-643-2273**.

AVA-NU-0352-21

Keep up with Medicaid news

Published: Apr 1, 2021 - **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 the topics we're addressing in this edition:

[Something new happening at HealthKeepers, Inc.: Improvements to platform for utilization review](#)

AVA-NU-0334-20

[Prior authorization updates for specialty pharmacy](#)

AVA-NU-0337-20

[Iron Infusion Medical Step Therapy Notice](#)

AVA-NU-0338-21

[Some HIV medication combinations requiring prior authorization](#)

AVA-NU-0339-21

[Prior authorization required for specialty pharmacy drugs](#)

AVA-NU-0340-21

[Clinical Criteria Updates Notification November 2020](#)

AVA-NU-0341-21

[Update to Physician Office Lab rates](#)

AVA-NU-0343-21

[Clinical Criteria Updates Notification December 2020](#)

AVA-NU-0345-21

Medical drug benefit Clinical Criteria updates effective March 26, 2021

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/virginia/article/medical-drug-benefit-clinical-criteria-updates-effective-march-26-2021>

Medical drug benefit Clinical Criteria updates effective April 8, 2021

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-gqqk)	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/virginia/article/medical-drug-benefit-clinical-criteria-updates-effective-april-8-2021>

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 <http://www.anthem.com> to locate the [Provider Maintenance Form](#). Please contact Provider Services if you have any questions.

ABSCRNU-0208-21

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URL: <https://providernews.anthem.com/virginia/article/notify-us-of-telehealth-services-2>

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 **1-877-751-9207**, Monday through Friday, from 8 a.m. to 7 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 **1-877-751-9207**, Monday through Friday, from 8 a.m. to 7 p.m. ET.

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 **1-877-751-9207**, Monday through Friday, from 8 a.m. to 7 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 **1-877-751-9207**, Monday through Friday, from 8 a.m. to 7 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/virginia/article/in-office-assessment-program-11>

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%. Visit the association's website for [HOPA recommendations](#).

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 <https://www.anthem.com/medicareprovider>.

Drug name	HCPCS code	Drug name	HCP code
Abraxane (paclitaxel protein-bound)	J9264	Istodax (romidepsin)	J9
Actimmune (interferon gamma-1B)	J9216	Ixempra (ixabepilone)	J9
Adcetris (brentuximab vedotin)	J9042	Jevtana (cabazitaxel)	J9
Alimta (pemetrexed)	J9305	Kadcyla (ado-trastuzumab emtansine)	J9
Asparlas (calaspargase pegol-mknl)	J9118	Keytruda (pembrolizumab)	J9
Avastin (bevacizumab)	J9035	Kyprolis (carfilzomib)	J9
Bendeka (bendamustine)	J9034	Lartruvo (olaratumab)	J9
Besponsa (inotuzumab ozogamicin)	J9229	Lumoxiti (moxetumomab pasudotox-tdfk)	J9
Blinicyto (blinatumomab)	J9039	Mylotarg (gemtuzumab ozogamicin)	J9
Cyramza (ramucirumab)	J9308	Neupogen (filgrastim)	J9
Darzalex (daratumumab)	J9145	Oncaspar (pegaspargase)	J9
Doxorubicin liposomal	Q2050	Opdivo (nivolumab)	J9
Elzonris (tagraxofusp-erzs)	J9269	Padcev (enfortumab vedotin-ejfv)	J9
Empliciti (elotuzumab)	J9176	Polivy (polatuzumab vedotin-piiq)	J9
Enhertu (fam-trastuzumab deruxtecan-nxki)	J9358	Rituxan (rituximab)	J9
Erbix (cetuximab)	J9055	Sarclisa (isatuximab-irfc)	J9
Erwinase (asparaginase)	J9019	Sylvant (siltuximab)	J9
Ethyol (amifostine)	J0207	Treanda (bendamustine)	J9
Granix (tbo-filgrastim)	J1447	Vectibix (panitumumab)	J9
Halaven (eribulin mesylate)	J9179	Yervoy (ipilimumab)	J9
Herceptin (trastuzumab)	J9355	Zaltrap (ziv-aflibercept)	J9
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/virginia/article/oncology-dose-reduction-program-beginning-july-1-2021-3>
