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UPDATE--Site of Care medical necessity reviews for long-acting colony-stimulating factors begin August 1, 2021 (MAC)

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Material Adverse Change (MAC)

[UPDATE--Site of Care medical necessity reviews for long-acting colony-stimulating factors begin August 1, 2021](#)

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Article Attachments

[20210401-1100-0421-PN-CONV_MAC - SOC med nec reviews update CO rv 20210324 final.pdf](#)
application/pdf - 739.02 KB

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

Interactive bilingual website taking action for our health

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Exclusively developed for the Latino Community

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, which 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](#).

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URL: <https://providernews.anthem.com/colorado/article/interactive-bilingual-website-taking-action-for-our-health-2>

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

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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.



Fewer childhood vaccines have been given during the COVID-19 pandemic*

To avoid outbreaks of vaccine-preventable diseases and keep children protected, **vaccinations and well-child visits are essential**

*Compared with January-April, 2019

CDC.GOV bit.ly/MMWR5820 MMWR

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.

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

Article Attachments

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).

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URL: <https://providernews.anthem.com/colorado/article/keeping-up-with-routine-vaccination-during-covid-19-well-child-visits-and-vaccinations-are-essential-services-3>

The heath 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](#)¹that 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:** 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
- **IET Stand Alone Visits CPT:** 98960-98962; 99201-99205; 99211-99215

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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-CONV

URL: <https://providernews.anthem.com/colorado/article/the-health-of-millennials-trends-in-behavioral-health-conditions-4>

Anthem prior authorization updates for specialty pharmacy are available (MAC)

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Material Adverse Change (MAC)

[Anthem prior authorization updates for specialty pharmacy are available](#)

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Article Attachments

[20210401-1090-0421-PN-CONV_MAC - Anthem Prior Auth Update for Specialty Rx - CO rv 20210307 final.pdf](#)
application/pdf - 499.46 KB

URL: <https://providernews.anthem.com/colorado/article/anthem-prior-authorization-updates-for-specialty-pharmacy-are-available-mac-24>

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-CO

URL: <https://providernews.anthem.com/colorado/article/correction-updated-formulary-lists-for-commercial-health-plan-pharmacy-benefit-effective-april-1-2021-5>

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 www.fepblue.org > Pharmacy Benefits.

1037-0421-PN-CONV

URL: <https://providernews.anthem.com/colorado/article/pharmacy-information-available-on-anthemcom-93>

Change Notification to Provider and Facility Manual effective July 1, 2021 (MAC)

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

Material Adverse Change (MAC)

[Change Notification to Provider and Facility Manual effective July 1, 2021](#)

1077-0421-PN-CONV

Article Attachments

[20210401-1077-0421-PN-CONV_MAC - Pv Manual Notification eff 20210701 CO rv 20210324 final.pdf](#)
application/pdf - 793.6 KB

URL: <https://providernews.anthem.com/colorado/article/change-notification-to-provider-and-facility-manual-effective-july-1-2021-mac>

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](https://www.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 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.
- 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), 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-CONV

URL: <https://providernews.anthem.com/colorado/article/maximizing-efficient-high-quality-covid-19-screenings-7>

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-CONV

URL: <https://providernews.anthem.com/colorado/article/does-your-practice-offer-telehealth-services-let-us-know-13>

Working with Anthem Webinars -- April 2021 schedule: Enhanced claim question/issue resolution process

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

Our “Working with Anthem” webinars are focused on one topic each session, and designed to help our providers and their staff learn how to use the tools currently available to improve operational efficiency when working with Anthem Blue Cross and Blue Shield (Anthem).

2021 Subject Specific Webinars – April schedule

Topic:	Enhanced claim question/issue resolution process
Date/Time:	Thursday, April 29, 2021
Description:	<p>Learn the best way to get answers to your claim questions/issues:</p> <ul style="list-style-type: none"> • Resources available for claims questions/issue resolution. • The steps to access those resources. • The best time to contact the different teams and resources. • Process flow to help better understand when different resources are used to help expedite claims related questions or resolve issues.
Registration link:	https://anthem.webex.com/anthem/onstage/g.php?PRID=b6a696587e498199466cadc7231c908d

Webinars are offered using Cisco WebEx. There is no cost to attend. Access to the internet, an email address and telephone is all that's needed. **Attendance is limited, so please register today.**

Watch for additional topics and dates in future issues of our monthly provider newsletter throughout the year. We also will continue to offer our Fall Provider Seminars which will continue to cover a variety of topics in face-to-face and webinar options.

Recorded sessions:

Most sessions are recorded and playback versions are available on our Registration Page. The top portion of the page will show “**Upcoming Events**” and the bottom portion will show “**Event Recordings**”.

Note: Event Recordings will require a password. Please register for the event, even if you are unable to attend, to ensure you will be notified of the Event Recording and password once it is available.

1078-0421-PN-CO

URL: <https://providernews.anthem.com/colorado/article/working-with-anthem-webinars-april-2021-schedule-enhanced-claim-questionissue-resolution-process>

Payer Spaces: name change announcement

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

Information Center - Access important policies, forms and helpful resources

We're changing!

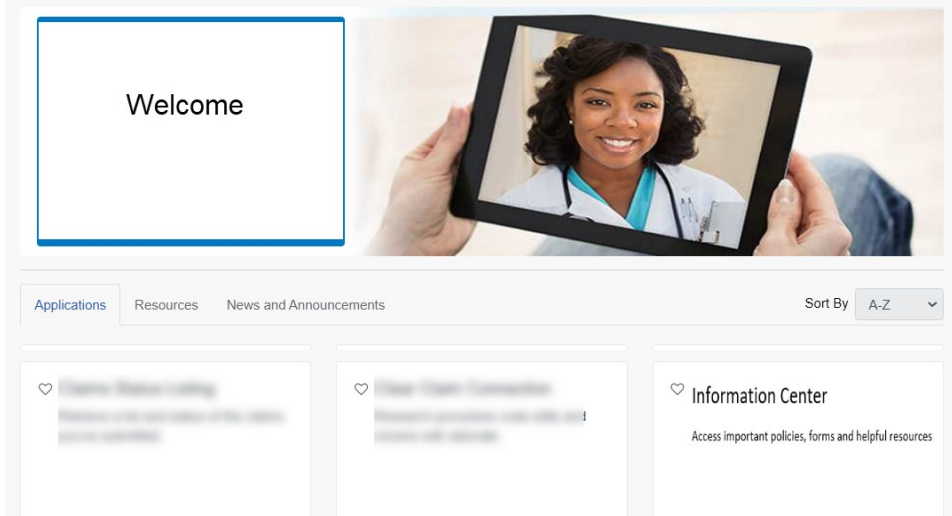
The **Information Center** is replacing the Education and Reference Center application in Payer Spaces on the [Availity](#) Portal. There you'll find important policies, forms and helpful resources.

If you're looking for Anthem 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 > Custom Learning Center**.

Locate the Information Center in **Payer Spaces > Applications > Information Center**. 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.



1060-0421-PN-CONV

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

Understanding Availity Roles for Electronic Data Interchange (EDI)

Published: Apr 1, 2021 - Administrative

Your Availity administrator for your organization is the key to opening doors to self-service transaction roles such as 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.

Availity Support

- 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-CONV

URL: <https://providernews.anthem.com/colorado/article/understanding-availity-roles-for-electronic-data-interchange-edi-3>

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

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.

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

1082-0421-PN-CONV

URL: <https://providernews.anthem.com/colorado/article/make-the-change-to-digital-authorization-referral-and-hospital-admission-notifications-using-edi-3>

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 (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. Email ADT_Intake@Anthem.com

1081-0421-PN-CONV

URL: <https://providernews.anthem.com/colorado/article/attention-facilities-sending-admission-discharge-and-transfer-data-to-anthem-results-in-improved-care-management-for-patients-2>

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'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**, select **Anthem**, and from *Applications* select **Chat with Payer**.

1092-0421-PN-CONV

URL: <https://providernews.anthem.com/colorado/article/chat-directly-with-a-prior-authorization-specialist-3>

UPDATE: For Commercial Providers regarding the AIM Sleep Therapy Program CPT Code E1399, NOC: Durable medical equipment, miscellaneous

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

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 *Not Otherwise Classified (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 April 1, 2021 and should not be submitted to AIM for review for CPAP/APAP/BiPAP.**

1051-0421-PN-CONV

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

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, Deconstructive 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 pm – 5:30 pm Eastern, (1:00 pm – 2:30 pm 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.

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

1089-0421-PN-CONV

URL: <https://providernews.anthem.com/colorado/article/join-anthem-in-talking-about-racism-and-its-impact-on-health-4>

Drug fee schedule update

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

CMS average sales price (ASP) second quarter fee schedule with an effective date of April 1, 2021 will go into effect with Anthem Blue Cross and Blue Shield (Anthem) on May 1, 2021. To view the ASP fee schedule, please visit the CMS website at <http://www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/>.

1030-0421-PN-CONV

URL: <https://providernews.anthem.com/colorado/article/drug-fee-schedule-update-10>

MCG Care Guidelines 25th Edition (MAC)

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

Material Adverse Change (MAC)

[MCG Care Guidelines 25th Edition](#)

1049-0421-PN-CONV

Article Attachments

[20210401-1049-0421-CONV-PN - MAC - MCG care guidelines 25th edition CO rv 20210307 final.pdf](#)
application/pdf - 588.85 KB

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

Clinic Charges (Facility Reimbursement Policy) -- New (MAC)

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

Material Adverse Change (MAC)

[Clinic Charges \(Facility Reimbursement Policy\) -- New](#)

1029-0421-PN-CONV

Article Attachments

[20210401-1029-0421-PN-CONV_MAC - Clinic Charges - Fac - CO rv 20210306 final.pdf](#)
application/pdf - 573.15 KB

URL: <https://providernews.anthem.com/colorado/article/clinic-charges-facility-reimbursement-policy-new-mac>

Newborn Inpatient Stays (Facility Reimbursement Policy) -- New (MAC)

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

Material Adverse Change (MAC)

[Newborn Inpatient Stays \(Facility Reimbursement Policy\) -- New](#)

1031-0421-PN-CONV

Article Attachments

[20210401-1031-0421-PN-CONV_MAC - Newborn IP Stays - Fac - CO rv 20210307 final.pdf](#)
application/pdf - 570.35 KB

URL: <https://providernews.anthem.com/colorado/article/newborn-inpatient-stays-facility-reimbursement-policy-new-mac>

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. 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 the Blue Cross Blue Shield Federal Employee Program at 202-626-4839.

1091-0421-PN-CONV

URL: <https://providernews.anthem.com/colorado/article/hedis-2021-federal-employee-program-medical-record-request-requirements-4>

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. 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 **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.

ABSCRNU-0210-21

URL: <https://providernews.anthem.com/colorado/article/in-office-assessment-program-12>

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 <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)*.

ABSCRNU-0211-21

URL: <https://providernews.anthem.com/colorado/article/oncology-dose-reduction-program-beginning-july-1-2021-4>

Clinical Criteria Updates Notification November 2020

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

ABSCRNU-0207-21

URL: <https://providernews.anthem.com/colorado/article/clinical-criteria-updates-notification-november-2020-1>

Clinical Criteria Updates Notification December 2020

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](#).

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- 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

ABSCRNU-0213-21

URL: <https://providernews.anthem.com/colorado/article/clinical-criteria-updates-notification-december-2020-1>

Does your practice offer telehealth services? Let us know!

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

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.

- [Colorado Provider Maintenance Form](#)

URL: <https://providernews.anthem.com/colorado/article/does-your-practice-offer-telehealth-services-let-us-know-18>

Keep up with Medicare news

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

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

URL: <https://providernews.anthem.com/colorado/article/keep-up-with-medicare-news-195>

Designated Specialty Pharmacy Network

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

Beginning June 1, 2021, Anthem Blue Cross and Blue Shield (Anthem) is implementing a designated network for select specialty pharmacy medications administered in the outpatient hospital setting (“Designated SRx Network”). This applies to all Anthem commercial members and claims priced by Anthem for commercial BlueCard Program members. This does not apply to Medicare Advantage, Medicaid, Medicare Supplement, or the Federal Employee Program.

Hospitals that are **not** in our Designated SRx Network will be required to acquire the select specialty pharmacy medications administered in the hospital outpatient setting through CVS Specialty Pharmacy. **For dates of service on or after June 1, 2021**, the prescribing provider for Anthem commercial members should continue to contact AIM Specialty Health or IngenioRx for prior authorization. During the authorization process, the prescribing provider will be notified of the requirement to utilize CVS Specialty as the dispensing provider for the specialty pharmacy medication when administered in the outpatient hospital setting. The failure to do so will result in claim denials and the member cannot be billed for these specialty medications. Hospitals may continue to submit a claim for administration of the specialty pharmacy medications in the outpatient hospital setting, which will be reimbursed at the current contracted rates.

If you wish to be included in the Designated SRx Network by agreeing to the terms/conditions, please contact your Anthem facility contract manager.

The list of specialty pharmacy medications subject to the above will be posted at [anthem.com](https://www.anthem.com) for reference and is subject to change. All specialty pharmacy prior authorization requirements will still apply and are the responsibility of the prescribing provider.

This will have no impact on how members obtain non-specialty pharmacy medications at retail pharmacies or by mail-order.

To access the current [Designated Medical Specialty Pharmacy Drug List](#), visit [anthem.com](https://www.anthem.com), select *Providers*, select the state Colorado (top right of page), select *Forms and Guides* (under the *Provider Resources* column). Scroll down and select *Pharmacy* in the Category drop down.

1076-0421-PN-CO

URL: <https://providernews.anthem.com/colorado/article/designated-specialty-pharmacy-network-4>
