



Colorado Provider News

August 2021 Anthem Provider News and Important Updates -
Colorado

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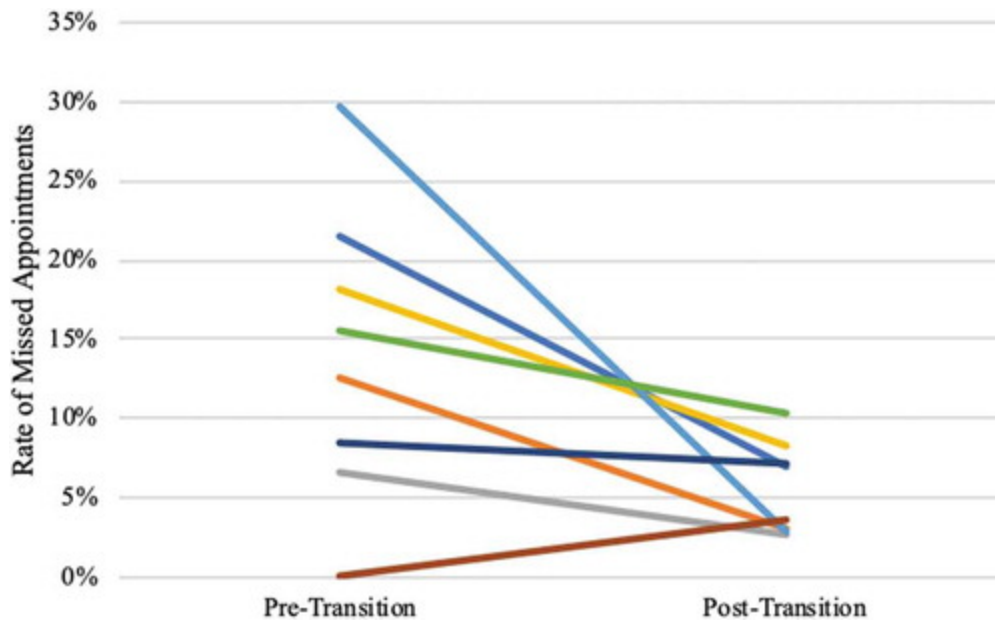
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Telehealth visits can impact after-hospitalization follow-up care for mental illness

Published: Aug 1, 2021 - Administrative

Telehealth visits are having a significant impact on missed appointments according to a study published in [Counselling Psychology Quarterly](#). Prior to transitioning to telehealth, clinicians in the study “Psychotherapy at a public hospital in the time of COVID-19: telehealth and implications for practice,¹” experienced a 14.25% missed appointment rate. After transitioning to telehealth, the missed appointment rate fell to 5.63%.



Rate of missed appointments before and after transitioning to telehealth

The graph below illustrates the changes in the average rate of missed appointments (cancellations and no-show) for each of the eight clinicians in the study between the periods before and after the transition to telehealth.

“While there are a number of limitations to consider regarding this data, [which is further discussed in the study], the statistically significant reduction in missed appointments pre-and-post [digital] transition is striking,” cited in the study report.

Telehealth and telephone visits with members after a behavioral health (BH) inpatient stay meet HEDIS[®] criteria for the measure: Follow-up after Hospitalization for Mental Illness (FUH). With transportation being one of the barriers to after hospitalization follow-up, telehealth visits could be an ideal solution.²

The FUH HEDIS measure evaluates:

- Members (6 years and older) who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner.

Two areas of importance for this HEDIS measure are:

1. The percentage of behavioral health inpatient discharges for which the member received follow-up within 7 days after discharge.
2. The percentage of behavioral health inpatient discharges for which the member received follow-up within 30 days after discharge.

These two consecutive follow-up appointments are paramount to positive outcomes as well as meeting this HEDIS measure. Telehealth visits can greatly increase the likelihood of keeping follow-up appointments leading to reduced numbers of rehospitalization and more favorable outcomes for these patients. To learn more about the [FUH HEDIS measure](#), visit the [NCQA website](#).

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

¹ [Counselling Psychology Quarterly](#). Psychotherapy at a public hospital in the time of COVID-19: telehealth and implications for practice

<https://www.tandfonline.com/doi/full/10.1080/09515070.2020.1777390>

² Traveling towards disease: transportation barriers to health care access.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215/#:~:text=Transportation%20barriers%20are%20often%20cited,and%20thus%20poorer%20health%20outcomes>

URL: <https://providernews.anthem.com/colorado/article/telehealth-visits-can-impact-after-hospitalization-follow-up-care-for-mental-illness-7>

Clearing up-coding confusion for retinal eye exams (DRE)

Published: Aug 1, 2021 - Administrative

The Comprehensive Diabetes Care HEDIS[®] Measure Retinal Eye Exam (DRE) values the percent of adult members ages 18 to 75, with diabetes (type 1 and type 2), who had a retinal eye exam during the measurement year.

Changes to 3072F

The definition for the code 3072F (negative for retinopathy) has been redefined to: *Low risk for retinopathy (no evidence of retinopathy in the prior year)*. This can be particularly confusing because it would not be used at the time of the exam. It would be used the following year, along with the exam coding for the current year, to indicate that retinopathy was not present the previous year.

A simpler coding solution

Using these three codes count toward the DRE measurement if they are billed in the current measurement year, **or** the prior year. This means you can submit the appropriate code at the time of the exam, and it covers both years:

- 2023F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)
- 2025F 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed: without evidence of retinopathy (DM)
- 2033F Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed: without evidence of retinopathy (DM)

For more about diabetic retinopathy, visit [CMS.gov](https://www.cms.gov) or use [this link to read more](#).

Meeting the measurement for all diabetes care

These exams are also important in evaluating the overall health of diabetic patients, as well as meeting the Comprehensive Diabetes Care HEDIS measure:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- Retinal Eye exam performed
- Blood Pressure control (<140/90 mm Hg)

Record your efforts in the member's medical records for the HbA1c tests and results, retinal eye exam, blood pressure, urine creatinine test and the estimated glomerular filtration rate test. Meeting the mark and closing gaps in care is key to good health outcomes.

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

1265-0821-PN-CO

URL: <https://providernews.anthem.com/colorado/article/clearing-up-coding-confusion-for-retinal-eye-exams-dre-7>

Register now for our August CME webinars!

Published: Aug 1, 2021 - Administrative



Overview:

Join us throughout the year in a new Continuing Medical Education (CME) webinar series as we share practices and success stories to overcoming barriers in achieving clinical quality goals, attaining better patient outcomes and improving STARs ratings.

Program objectives:

Article Attachments

- Learn strategies to help you and your healthcare team improve your performance across a range of clinical areas.
- Apply the knowledge you gain from the webinars to improve your organization's quality and STARS ratings.

Attendees will receive one CME credit upon completion of a program evaluation at the conclusion of each webinar.

REGISTER HERE for our upcoming clinical quality webinars!

1275-0821-PN-CO

URL: <https://providernews.anthem.com/colorado/article/register-now-for-our-august-cme-webinars-7>

Working with Anthem webinars – August 2021 schedule: Quick tips for adding, changing, terming a provider using the Provider Maintenance Form

Published: Aug 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

Topic:	Quick Tips for adding, changing, terming a provider using the Provider Maintenance Form
Date/Time:	Tuesday, August 24, 2021 from 12:00-1:00pm MT
Description:	<p>Learn “Quick Tips” for adding, changing, terming a provider using our Provider Maintenance Form (PMF).</p> <p>Anthem contracted providers are required to update their demographic information when changes occur to their practice / organization using our online Provider Maintenance Form (PMF).</p> <p>Learn how to utilize the online PMF to submit changes such as the following:</p> <ul style="list-style-type: none"> • Change of address/location • Name change • Tax ID changes • Provider leaving a group or a single location • Change in phone/fax numbers • Closing a practice location • Change in status for Accepting New Patients • Plus more!
Registration link:	https://anthem.webex.com/anthem/onstage/g.php?PRID=b6a696587e498199466cad7231c908d

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.

1255-0821-PN-CO

URL: <https://providernews.anthem.com/colorado/article/working-with-anthem-webinars-august-2021-schedule-quick-tips-for-adding-changing-termining-a-provider-using-the-provider-maintenance-form>

Schedule appointments online through Availity

Published: Aug 1, 2021 - **Administrative** / Digital Tools

We’re making it even easier for you to schedule online appointments through the Appointment Scheduler App on [Availity](#). The Appointment Scheduler App gives you secure access to new appointment requests. You’ll also receive digital access to the member’s ID number, contact information and any special health information.

Appointment Scheduler App features include:

- Manage appointment requests
- Configure appointment availability
- Notifications for new visit requests on your Availity dashboard
- Members are automatically notified by text or email when appointments are confirmed

Welcome

Your One-Stop Shop!
Explore important proprietary information available in the Applications and Resources tabs.



Article Attachments

Applications Resources News and Announcements Sort By A-Z

- ♥ Custom Learning Center
Find payer-centric training and resources in the learning center.
- ♥ Appointment Scheduler
Configure appointment availability and manage appointment requests from patients
- ♥ Authorization Rules Lookup
Commercial Products
Check if an outpatient procedure requires authorization.

Administrators, administrator assistants and users with the role of “office staff” will have access to the Appointment Scheduler App.

To access Appointment Scheduler, log onto [Availity.com](https://availity.com) and select Anthem from Payer Spaces. The Appointment Scheduler App will be located in your Applications menu. To learn more about the new App, go to Custom Learning Center in Availity.

1266-0821-PN-CO

URL: <https://providernews.anthem.com/colorado/article/schedule-appointments-online-through-availity-1>

Submitting prior authorizations is getting easier

Published: Aug 1, 2021 - **Administrative** / Digital Tools

You may already be familiar with the Availity Authorization App because millions of providers are already using it for submitting prior authorizations for other payers. Anthem is eager to make it available to our providers, too. In September, you can begin using the same authorization app you use for other payers. We hope to make it easier than ever before to submit prior authorization requests to Anthem.

Current prior authorization app (ICR) is still available

If you need to refer to an authorization that was submitted through ICR, you will still have access to that information. We've developed a pathway for you to access your ICR dashboard. You will simply follow the prompts provided through the Availity Authorization App.

Innovation in progress

While we grow the Availity Authorization App to provide you with Anthem-specific information, we've provided access to ICR for:

- Appeals
- Behavioral health authorizations
- FEP authorizations
- Medical specialty Rx

Notices in the Availity Authorization App will guide you through the process for accessing ICR for *Reserved Auth/Appeals* functions.

Training is coming soon!

1277-0821-PN-CO

URL: <https://providernews.anthem.com/colorado/article/submitting-prior-authorizations-is-getting-easier-3>

New Clinical Guideline: Home Parenteral Nutrition, effective November 1, 2021 (MAC)

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

Material Adverse Change (MAC)

Article Attachments

[New Clinical Guideline: Home Parenteral Nutrition, effective November 1, 2021.](#)

1254-0821-PN-CO

URL: <https://providernews.anthem.com/colorado/article/new-clinical-guideline-home-parenteral-nutrition-effective-november-1-2021-mac>

Reimbursement policy update: Claims requiring additional documentation (facility)

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

In our [May Provider News](#), we announced a threshold increase for the itemized bill requirement for outpatient facility claims. This requirement will remain; however effective August 1, 2021, Anthem Blue Cross and Blue Shield will remove the threshold amount from the policy language for outpatient facility claims and inpatient stay claims.

For more information about this policy, visit the [reimbursement policy](#) page at anthem.com.

1260-0821-PN-CO

URL: <https://providernews.anthem.com/colorado/article/reimbursement-policy-update-claims-requiring-additional-documentation-facility-37>

Reimbursement policy update: Distinct Procedural Service, Modifiers 59 and XE, XP, XS and XU (MAC)

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

Material Adverse Change (MAC)

[Article Attachments](#)

[Reimbursement policy update: Distinct Procedural Service, Modifiers 59 and XE, XP, XS and XU.](#)

1261-0821-PN-CO

URL: <https://providernews.anthem.com/colorado/article/reimbursement-policy-update-distinct-procedural-service-modifiers-59-and-xe-xp-xs-and-xu-mac>

Reimbursement policy update: Virtual Visits – Professional and Facility (MAC)

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

Material Adverse Change (MAC)

Article Attachments

[Reimbursement policy update: Virtual Visits – Professional and Facility.](#)

1267-0821-PN-CO

URL: <https://providernews.anthem.com/colorado/article/reimbursement-policy-update-virtual-visits-professional-and-facility-mac>

Transition to AIM Specialty Health Imaging of the Heart Clinical Appropriateness Guideline for Computed Tomography to Detect Coronary Artery Calcification (MAC)

Published: Aug 1, 2021 - **Products & Programs**

Material Adverse Change (MAC)

Article Attachments

[Transition to AIM Specialty Health Imaging of the Heart Clinical Appropriateness Guideline for Computed Tomography to Detect Coronary Artery Calcification.](#)

1258-0821-PN-CO

URL: <https://providernews.anthem.com/colorado/article/transition-to-aim-specialty-health-imaging-of-the-heart-clinical-appropriateness-guideline-for-computed-tomography-to-detect-coronary-artery-calcification-mac>

Updates to AIM Musculoskeletal Program Effective November 1, 2021 – Site of Care Reviews (MAC)

Published: Aug 1, 2021 - **Products & Programs**

Material Adverse Change (MAC)

1263-0821-PN-CO

URL: <https://providernews.anthem.com/colorado/article/updates-to-aim-musculoskeletal-program-effective-november-1-2021-site-of-care-reviews-mac>

Specialty dose rounding program for certain oncology medications

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

Providers treating members covered by Anthem plans will be asked in selective circumstances to voluntarily reduce the requested dose to the nearest whole vial for over 40 oncology medications (see list below). Reviews for these oncology drugs will continue to be administered by AIM Specialty Health® (AIM).

As part of the online prior authorization process, providers will be asked about the dosage of the medication being requested in pop-up questions:

- Whether or not the recommended dose reduction is acceptable
- 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 prior authorization requests made outside of the online AIM Provider Portal (i.e. via phone or fax) the same questions will be asked by the registered nurse or medical director 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 percent of the nearest whole vial. This threshold is based on the current medical literature and recommendations from the Hematology and Oncology Pharmacists Association (HOPA) it is appropriate to consider dose rounding within 10 percent. [Click here](#) to view the HOPA recommendations.

The voluntary dose reduction program only applies to the specific oncology drugs listed below. Providers can view prior authorization requirements for Anthem members on the Medical Policy & Clinical UM Guidelines page at [anthem.com](https://www.anthem.com).

Drug Name	HCPCS Code	Drug Name	HCPCS Code
Abraxane (paclitaxel protein-bound)	J9264	Kadcyla (ado-trastuzumab emtansine)	J9354
Actimmune (interferon gamma-1B)	J9216	Kanjinti (trastuzumab-anns)	Q5117
Adcetris (brentuximab vedotin)	J9042	Keytruda (pembrolizumab)	J9271
Alimta (pemetrexed)	J9305	Kyprolis (carfilzomib)	J9047
Asparlas (calaspargase pegol-mknl)	J9118	Lumoxiti (moxetumomab pasudotox-tdfk)	J9313
Avastin (bevacizumab)	J9035	Mvasi (bevacizumab-awwb)	Q5107
Bendeka (bendamustine)	J9034	Mylotarg (gemtuzumab ozogamicin)	J9203
Besponsa (inotuzumab ozogamicin)	J9229	Neupogen (filgrastim)	J1442
Blinicyto (blinatumomab)	J9039	Ogivri (trastuzumab-dkst)	Q5114
Cyramza (ramucirumab)	J9308	Oncaspar (pegaspargase)	J9266
Darzalex (daratumumab)	J9145	Ontruzant (trastuzumab-dttb)	Q5112
Doxorubicin liposomal	Q2050	Opdivo (nivolumab)	J9299
Elzonris (tagraxofusp-erzs)	J9269	Padcev (enfortumab vedotin-ejfv)	J9177
Empliciti (elotuzumab)	J9176	Polivy (polatuzumab vedotin-piiq)	J9309
Enhertu (fam-trastuzumab deruxtecan-nxki)	J9358	Riabni (rituximab-arrx)	Q5123
Erbix (cetuximab)	J9055	Rituxan (rituximab)	J9312
Erwinase (asparaginase)	J9019	Ruxience (rituximab-pvvr)	Q5119
Ethyol (amifostine)	J0207	Sarclisa (isatuximab-irfc)	J9227
Granix (tbo-filgrastim)	J1447	Sylvant (siltuximab)	J2860
Halaven (eribulin mesylate)	J9179	Trazimera (trastuzumab-qyyp)	Q5116

Herceptin (trastuzumab)	J9355	Treanda (bendamustine)	J9033
Herzuma (trastuzumab-pkrb)	Q5113	Truxima (rituximab-abbs)	Q5115
Imfinzi (durvalumab)	J9173	Vectibix (panitumumab)	J9303
Istodax (romidepsin)	J9315	Yervoy (ipilimumab)	J9228
Ixempra (ixabepilone)	J9207	Zaltrap (ziv-aflibercept)	J9400
Jevtana (cabazitaxel)	J9043	Zirabev (bevacizumab-bvzr)	Q5118

Note: In some plans “dose reduction to nearest whole vial” or another term “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” and in some plans, these terms may be used interchangeably. For simplicity, we will hereafter use “dose reduction (to nearest whole vial).”

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.

1245-0821-PN-CO

URL: <https://providernews.anthem.com/colorado/article/specialty-dose-rounding-program-for-certain-oncology-medications-7>

Specialty dose rounding program for certain non-oncology medications beginning August 1, 2021

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

Effective with dates of service on or after August 1, 2021, providers treating members covered by Anthem Blue Cross and Blue Shield (Anthem) Commercial plans may be asked to consider voluntarily reducing the requested dose to avoid vial wastage for select non-oncology specialty medications. The dose reduction suggestion will only be made if the originally requested dose is within 10% of the nearest whole vial.

Since this program is voluntary, the decision to participate will not affect the final decision on the prior authorization.

Reviews for these specialty drugs will continue to be administered by IngenioRx®.

As part of the prior authorization process, providers may be asked the following questions:

- Whether the suggested dose reduction is clinically acceptable
- Clinical reasoning if the dose reduction is not appropriate

Providers can view prior authorization requirements for Anthem members on the Medical Policy & Clinical UM Guidelines page at [anthem.com](https://www.anthem.com).

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.

1273-0821-PN-CO

URL: <https://providernews.anthem.com/colorado/article/specialty-dose-rounding-program-for-certain-non-oncology-medications-beginning-august-1-2021-5>

Anthem Blue Cross and Blue Shield to update formulary lists for commercial health plan pharmacy benefit

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

Effective with dates of service on and after October 1, 2021, and in accordance with the IngenioRx Pharmacy and Therapeutics (P&T) process, Anthem Blue Cross and Blue Shield will update its drug lists that support commercial health plans.

- Updates include changes to drug tiers and the removal of medications from the formulary.

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

Article Attachments

To ensure a smooth member transition and minimize costs, providers should review these changes and consider prescribing a drug on formulary or on a lower tier, if appropriate.

View a summary of changes [here](#).

1270-0821-PN-CO

URL: <https://providernews.anthem.com/colorado/article/anthem-blue-cross-and-blue-shield-to-update-formulary-lists-for-commercial-health-plan-pharmacy-benefit>

Immune globulin adjusted body weight dosing program beginning August 1, 2021

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

Effective with dates of service on or after August 1, 2021, providers treating members covered by Anthem Blue Cross and Blue Shield (Anthem) Commercial plans may be asked to consider voluntarily using adjusted body weight (AdjBW) dosing compared to actual body weight (ABW) dosing for immune globulin medications. The dose change using AdjBW will only be made if the member's actual body weight is more than 20% of the ideal body weight (IBW).

Since this program is voluntary, the decision to participate will not affect the final decision on the prior authorization.

Reviews for the immune globulin medications will continue to be administered by IngenioRx® as these will specifically target specialty non-oncology indications.

As part of the prior authorization process, providers may be asked the following questions:

- Whether the suggested use of AdjBW and change in dose is clinically acceptable
- Clinical reasoning if the dose change (using AdjBW) is not appropriate

Providers can view prior authorization requirements for Anthem members on the Medical Policy & Clinical UM Guidelines page at [anthem.com](https://www.anthem.com).

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.

1274-0821-PN-CO

URL: <https://providernews.anthem.com/colorado/article/immune-globulin-adjusted-body-weight-dosing-program-beginning-august-1-2021>

Pharmacy information available on anthem.com

Published: Aug 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.

1250-0821-PN-CO

URL: <https://providernews.anthem.com/colorado/article/pharmacy-information-available-on-anthemcom-105>

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

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

Material Adverse Change (MAC)

Article Attachments

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

1271-0821-PN-CO

URL: <https://providernews.anthem.com/colorado/article/anthem-prior-authorization-updates-for-specialty-pharmacy-are-available-mac-29>

Some physician requests to AIM require the submission of documentation to support attestations for prior authorization

Published: Aug 1, 2021 - **Products & Programs**

Providers currently submit prior authorization requests to AIM Specialty Health® (AIM) for outpatient diagnostic imaging services. These prior authorizations are often reviewed based on provider attestation as to certain requirements. As part of our ongoing quality improvement efforts, we want you to know that some review requests may require documentation to substantiate the attestations that supports the clinical appropriateness of the request. This documentation can be uploaded during the intake process.

When requested, providers must submit such documentation from the patient's medical record. If medical necessity is not supported through documents submitted, the request may be denied as not medically necessary. Such documentation is limited to what has been asserted via the prior authorization review attestations. If the request would be denied as not medically necessary, providers can participate in a prior authorization discussion with an AIM physician reviewer.

1269-0821-PN-CO

URL: <https://providernews.anthem.com/colorado/article/some-physician-requests-to-aim-require-the-submission-of-documentation-to-support-attestations-for-prior-authorization>

Important Update: Change in Email Submission of Service Requests for Federal Employee Program® (MAC)

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

Material Adverse Change (MAC)

Article Attachments

[Important Update: Change in Email Submission of Service Requests for Federal Employee Program®.](#)

1247-0821-PN-CO

URL: <https://providernews.anthem.com/colorado/article/important-update-change-in-email-submission-of-service-requests-for-federal-employee-program-mac>

Preventing claims denials: Shingles vaccine

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

We want you to have the information you need when filing claims for our Medicare Advantage members so your payments are received quickly and effortlessly. The shingles vaccine and the administration of the vaccine is commonly billed in error under the member's Medicare Part B medical benefit. The shingles vaccination is a Medicare Part D pharmacy benefit, which requires the member to pay in advance of reimbursement. The member then submits the prescription drug claim form to their Medicare Part D plan for reimbursement.

You can also refer the member to the pharmacy for the vaccine. The claim is usually filed for the member by the pharmacy provider using a clearinghouse platform that enables Medicare Part D claims transactions. Or, if you have access to clearinghouse platforms that enable you to file pharmacy transactions, that is another option for administering the vaccination in your office and for further serving the member.

The Centers for Medicare & Medicaid Services (CMS) has a helpful resource, *MLN Fact Sheet: Medicare Part D Vaccines*, that offers an all-inclusive look into patient access, vaccine administration, and reimbursement. Use this link to [download a copy](#).

We want you to have all the information you need to know best. For more information about filing claims,

[visit this link.](#)

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URL: <https://providernews.anthem.com/colorado/article/preventing-claims-denials-shingles-vaccine-5>

Prior authorization requirement changes effective October 1, 2021 – UM AROW 1907

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Learn more about the [prior authorization requirement changes effective October 1, 2021 – UM AROW 1907](#).

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URL: <https://providernews.anthem.com/colorado/article/prior-authorization-requirement-changes-effective-october-1-2021-um-arow-1907-1>

Infliximab Step Therapy – effective July 15, 2021

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Learn more about [Infliximab Step Therapy - Effective 7/15/2021](#)

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URL: <https://providernews.anthem.com/colorado/article/infliximab-step-therapy-effective-july-15-2021-1>
