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AIM Radiation Oncology Clinical Appropriateness Guidelines updates

Published: Aug 1, 2018 - Products & Programs

Effective for dates of service on and after November 1, 2018, AIM Specialty Health® (AIM), a separate company, will apply AIM's Radiation Oncology Clinical Appropriateness Guidelines to pre-service clinical review requests for the services noted below. These guidelines will replace certain Anthem radiation oncology medical policies and clinical guidelines, which are being archived. This update applies to Anthem plans with radiation oncology services medically managed by AIM.

- Proton beam radiation therapy

Ordering and servicing providers may submit pre-service clinical review requests to AIM in one of several ways:

- Access AIM's **ProviderPortal**SM directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web Portal at availity.com
- Call the AIM Contact Center toll-free number: 866-714-1107, Monday – Friday, 8:00 a.m. – 5:00 p.m.

Please note, this program does not apply to FEP or National Accounts.

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current guidelines [here](#).

URL: <https://providernews.anthem.com/connecticut/article/aim-radiation-oncology-clinical-appropriateness-guidelines-updates>

AIM Advanced Imaging Clinical Appropriateness Guidelines updates

Published: Aug 1, 2018 - Products & Programs

Beginning with dates of service on and after October 29, 2018, the following updates will apply to AIM Advanced Imaging Clinical Appropriateness Guidelines.

CT chest guideline

- Expanded list of diagnostic testing abnormalities that may be followed up with CT to include endoscopy, fluoroscopy, and ultrasound in addition to specific chest radiography findings
- Lengthening of timeframe required prior to imaging for chronic cough from 3 to 8 weeks, and more specifics of preliminary workup required prior to imaging
- Lower threshold for defining unexplained weight loss, and more explicit definition of preliminary workup required prior to imaging
- Allowance for use of imaging in the staging of malignancy prior to biopsy confirmation
- Allowance for imaging of suspected pulmonary embolism in pregnancy
- New criteria for appropriate imaging of chest wall mass

CT angiography (CTA) chest guideline

- Allowance for imaging of suspected pulmonary embolism in pregnancy

CT abdomen/CT pelvis/CT abdomen & pelvis guideline

- Lower threshold for defining unexplained weight loss, and more explicit definition of preliminary workup required prior to imaging

MRI chest guideline

- Inclusion of imaging of suspected pectoralis muscle tear
- New criteria for appropriate imaging of chest wall mass

MRI abdomen guideline

- Addition of hemochromatosis as an indication for imaging in pediatric patients

Ordering and servicing providers may submit pre-service clinical review requests to AIM in one of the following ways:

- Access AIM's **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 availability.com
- Call the AIM Contact Center toll-free number: 866-714-1107, Monday – Friday, 8:00 a.m. – 5:00 p.m.

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current guidelines [here](#).

URL: <https://providernews.anthem.com/connecticut/article/aim-advanced-imaging-clinical-appropriateness-guidelines-updates>

AIM Level of Care Musculoskeletal Surgery Clinical Appropriateness Guidelines updates

Published: Aug 1, 2018 - Products & Programs

Beginning with dates of review on and after November 1, 2018, the following updates will apply to AIM level of care Musculoskeletal Surgery Clinical Appropriateness Guidelines:

- Addition of criteria for observation in surgical settings, ambulatory surgical centers, and hospital outpatient departments
- Addition of staff, equipment, and resource capabilities in outpatient surgery

- Modifications to the inpatient admission criteria

Ordering and servicing providers may submit pre-service clinical review requests to AIM in one of the following ways:

- Access AIM's ProviderPortalSM directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web Portal at availity.com
- Call the AIM Contact Center toll-free number: 866-714-1107, Monday – Friday, 8:00 a.m. – 5:00 p.m.

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current guidelines [here](#).

URL: <https://providernews.anthem.com/connecticut/article/aim-level-of-care-musculoskeletal-surgery-clinical-appropriateness-guidelines-updates>

New pre-service clinical review requirement for EGD services begins November 1, 2018

Published: Aug 1, 2018 - **Products & Programs**

Beginning with dates of service on and after November 1, 2018, we will expand pre-service clinical review requirements to include upper gastrointestinal (GI) endoscopy, also referred to as esophagogastroduodenoscopy (EGD). AIM Specialty Health® (AIM), a separate company, will administer this EGD review on our behalf.

EGD procedures will be reviewed against clinical guideline [CG-MED-59 Upper Gastrointestinal Endoscopy](#), for clinical appropriateness and to help ensure care aligns with established evidence-based medicine. Please note, procedures performed in an inpatient or observation setting, or on an emergent basis will not be reviewed under CG-MED-59. Note that CG-MED-59 will be available on our anthem.com website prior to its November 1, 2018 adoption.

A complete list of EGD CPT codes requiring precertification is available on the [AIM Surgical Procedures website](#).

Submit a request for review

Starting October 17, 2018, ordering providers may submit precertification requests for dates of service November 1, 2018 and after to AIM in one of the following ways:

- Access AIM's **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 availability.com
- Call the AIM Contact Center toll-free number: 866-714-1107, Monday–Friday, 8:00 a.m.–5:00 p.m.

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 pre-certification requirements for local Anthem members at [Medical Policy](#), [Clinical UM Guidelines](#), and [Pre-Cert Requirements](#) at anthem.com. Providers should continue to verify eligibility and benefits for all members prior to rendering services.

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

URL: <https://providernews.anthem.com/connecticut/article/new-pre-service-clinical-review-requirement-for-egd-services-begins-november-1-2018>

Additional support available for members with rare conditions

Published: Aug 1, 2018 - **Products & Programs**

We are working with Accordant Health Services to provide targeted disease management services for members with rare medical conditions, including:

- Epilepsy (seizures)
- Rheumatoid arthritis (RA)
- Human Immunodeficiency virus (HIV)
- Multiple sclerosis (MS)
- Crohn's disease (CD)
- Ulcerative colitis (UC)
- Parkinson's disease (PD)
- Systemic lupus erythematosus (SLE or lupus)
- Myasthenia gravis (MG)
- Sickle cell disease (SCD)
- Cystic fibrosis (CF)
- Hemophilia
- Scleroderma
- Polymyositis
- Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)
- Amyotrophic lateral sclerosis (ALS)
- Dermatomyositis
- Gaucher disease

Members in your care who may benefit from additional outreach and information may receive letters or phone calls from us and/or AccordantCare. In the course of performing these activities, a nurse may contact you or your facility to obtain member information and/or AccordantCare may request medical information about our members.

AccordantCare and Anthem will also let you know of any health changes that may require your attention.

If you would like to refer a member to this program, please contact AccordantCare at:

Phone or Fax: 866-247-1150

Web: <https://referral.accordant.com>

Plan name: AnthemReferrals Password: ref1088Anthem

URL: <https://providernews.anthem.com/connecticut/article/additional-support-available-for-members-with-rare-conditions>

Anthem engages with Alliant Health Solutions

Published: Aug 1, 2018 - **Products & Programs** / Behavioral Health

As we communicated in the December 2017 provider newsletter, we have established a contractual relationship with Alliant Health Solutions to assist us in validating provider compliance with applicable reimbursement policies and identify instances of incorrect billing for behavioral health services. Alliant has initiated the work on our behalf and your compliance is required should you receive a request for information.

Alliant is a behavioral health audit and review company and will examine Anthem outpatient behavioral health claims data. Utilizing systematic sampling methodology and a broad range of algorithms, the audits and findings will be customized to support our expectations as outlined in our Provider Manuals and related policies and procedures. Alliant findings may result in provider audits and record reviews, education and other direct outreach.

URL: <https://providernews.anthem.com/connecticut/article/anthem-engages-with-alliant-health-solutions>

Pharmacy information available on anthem.com

Published: Aug 1, 2018 - **Products & Programs** / Pharmacy

Visit the applicable websites noted below for more information on the following:

- 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
- other requirements, restrictions or limitations that apply to certain drugs

To locate the commercial drug list, go to anthem.com > Customer Support > select state > Download forms > [Anthem Blue Cross and Blue Shield Drug Lists](#).

To locate the Marketplace Select Formulary and pharmacy information for health plans offered on the Exchange Marketplace, go to anthem.com > Customer Support > select state > Download forms > New Hampshire Select Drug List.

The commercial and marketplace drug lists are reviewed and updates are posted to the website quarterly (the first of the month for January, April, July and October).

Federal Employee Program (FEP) pharmacy updates and other pharmacy related information may be accessed at www.fepblue.org > Pharmacy Benefits. This drug list is also reviewed and updated regularly as needed.

URL: <https://providernews.anthem.com/connecticut/article/pharmacy-information-available-on-anthemcom-4>

Drug lists supporting commercial health plans updated

Published: Aug 1, 2018 - **Products & Programs** / Pharmacy

Effective with dates of service on and after October 1, 2018, and in accordance with Anthem's Pharmacy and Therapeutic (P&T) process, we will update our drug lists that support Commercial health plans.

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

To help ensure a smooth transition and minimize member 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](#).

URL: <https://providernews.anthem.com/connecticut/article/drug-lists-supporting-commercial-health-plans-updated>

Daily morphine equivalent dosing limit to apply effective September 1, 2018

Published: Aug 1, 2018 - **Products & Programs** / Pharmacy

Beginning with prescriptions filled on and after September 1, 2018, we will apply a daily morphine equivalent dosing limit of 90mg. This change is part of our continued efforts to help improve patient safety and reduce the misuse and abuse of opioid analgesics.

Current users of short-acting or long-acting opioid analgesics will only be impacted by this change should they have a change in their prescription requesting an increase in dosage that exceeds the new limitation.

Members with a diagnosis of cancer-related pain or a diagnosis of a terminal condition, and receiving palliative care and needing short-acting or long-acting opioid analgesics, will automatically be approved through the prior authorization process.

Please note, this update does not apply to Medicare plans.

Visit the [pharmacy information page](#) for details on prior authorization criteria, or any other requirements, restrictions or limitations that may apply.

For more information, please contact the provider service number on the back of the member ID card.

URL: <https://providernews.anthem.com/connecticut/article/daily-morphine-equivalent-dosing-limit-to-apply-effective-september-1-2018>

Pre-service clinical review drug list changes effective November 1, 2018

Published: Aug 1, 2018 - **Products & Programs** / Pharmacy

Effective for dates of service on or after November 1, 2018, the following specialty pharmacy codes from new or current medical policies and/or clinical UM guidelines will be added to our existing pre-service review process.

Pre-service clinical review of these specialty pharmacy drugs will be managed by AIM Specialty Health® (AIM®), a separate company administering the program on behalf of Anthem, as applicable.

Clinical UM Guideline or Medical Policy	Drug Name	Drug Code(s)

DRUG.00098	Lutathera®	C9031, A9699, J9999
DRUG.00111	Ilumya™	J3590
CG-DRUG-05	Retacrit®	Q5105, Q5106
CG-DRUG-16	Fulphila™	J3590

URL: <https://providernews.anthem.com/connecticut/article/pre-service-clinical-review-drug-list-changes-effective-november-1-2018>

Level of care pre-service clinical review drug list changes effective November 1, 2018

Published: Aug 1, 2018 - Products & Programs / Pharmacy

Effective for dates of service November 1, 2018, the following specialty pharmacy codes from new or current medical policies and/or clinical UM guidelines will be **added** to our existing level of care pre-service review process.

Pre-service clinical review of these specialty pharmacy drugs will be managed by AIM Specialty Health® (AIM®), a separate company administering the program on behalf of Anthem, as applicable.

Level of care drug list additions

Clinical UM Guideline or Medical Policy	Drug Name	Drug Code(s)
CG-DRUG-78	Hemlibra™	Q9995
CG-DRUG-89	Sublocade™	Q9991, Q9992
CG-DRUG-89	Probuphine®	J0570
CG-DRUG-05	Retacrit®	Q5106

In addition, effective immediately, the following specialty pharmacy codes from new or current medical policies and/ or clinical UM guidelines will be **removed** from our existing level of care pre-service review process.

Level of care drug list deletions

Clinical UM Guideline or Medical Policy	Drug Name	Drug Code
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CG-DRUG-100	Actimmune®	J9216
DRUG.00086	Increlex®	J2170
CG-DRUG-60	Firmagon®	J9155

View the [Clinical Site of Care drug list](#) and [Clinical Site of Care pre-service clinical review FAQs](#) for more information.

URL: <https://providernews.anthem.com/connecticut/article/level-of-care-pre-service-clinical-review-drug-list-changes-effective-november-1-2018>

Sign-up today for Network eUPDATE - it's free!

Published: Aug 1, 2018 - **Administrative**

Connecting with Anthem and staying informed is easy, faster and convenient with our Network eUPDATES. Network eUPDATE is our web tool for sharing vital information with you. It features short topic summaries on late breaking news that impacts providers:

- Important website updates
- System changes
- Medical policy updates
- Claims and billing updates

.....and much more

Registration is fast and easy. There is no limit to the number of subscribers who can register for Network eUPDATES, so you can submit as many e-mail addresses as you like. *Please note: we recently updated our website and the link to [register](#) for eUPDATES is now accessible at the top of the new 'Newsletters and eUPDATES' webpage, which is located on the Publications webpage under the Communications tab.*

URL: <https://providernews.anthem.com/connecticut/article/sign-up-today-for-network-eupdate-its-free-1>

Automated claim edits for professional claims to be enhanced

Published: Aug 1, 2018 - Administrative

Effective for professional claims (CMS-1500) processed on or after November 18, 2018, we will enhance our editing systems to automate edits supported by correct coding guidelines, as documented in industry sources such as CPT, HCPCS Level II, and International Classification of Diseases 10 (ICD-10). As a result, there will be greater focus on identifying incorrect or inappropriate billing of services by multiple providers within the same tax identification number for the same patient on the same day. This enhanced editing automation will promote faster claim processing and reduce follow-up audits and/or record requests for claims not consistent with correct coding guidelines.

Below are examples of claim edits that will be automated:

- Accurate reporting of modifiers, including LT, RT, 54-56, 62, 76-82, and AS, which are often reported for the billing of services rendered by the same provider or multiple providers.
- Ensuring global, professional (modifier 26) and technical components (modifier TC) are billed appropriately by one or more providers in facility and office settings.
- Assessing whether services considered once in a lifetime have been billed more than once.
- Ensuring the reporting of procedures and the associated diagnosis codes are correctly reported together.

URL: <https://providernews.anthem.com/connecticut/article/new-pre-service-clinical-review-requirement-for-egd-services-begins-november-1-2018-3>

Colonoscopy and related anesthesia services billing

Published: Aug 1, 2018 - Administrative

The Affordable Care Act (ACA) requires many health plans to cover recommended preventive care services without member cost sharing when the services are rendered by an in-network provider and/or facility. Screening colonoscopies (even when polyps are

removed) are included as a covered preventive care service. Since colonoscopies are rendered for both screening and diagnostic purposes, it is very important for providers to use appropriate coding guidelines when reporting colonoscopies. When inappropriate CPT and ICD-10 codes are submitted on claims, it can result in incorrect provider payment and/or incorrect member cost sharing.

The following services are covered with no member cost share:

- Colonoscopy screening procedure
- Anesthesia charges when anesthesia is billed with the appropriate screening CPT code (even when polyps are removed)
- Other associated facility charges when the colonoscopy is billed with an appropriate screening diagnosis code
- Removal, examination and analysis of polyps when the polyps are removed during a screening colonoscopy

In the instance where a screening colonoscopy starts out as screening but turns into a diagnostic procedure due to polyps being removed, we follow CPT guidelines for our Commercial members, not Medicare guidelines. The CPT® 2018 Professional Edition manual shares the following information regarding the billing of anesthesia for any screening colonoscopy, “Report 00812 to describe anesthesia for any screening colonoscopy regardless of ultimate findings.”

URL: <https://providernews.anthem.com/connecticut/article/new-pre-service-clinical-review-requirement-for-egd-services-begins-november-1-2018-4>

Vaginal birth after cesarean (VBAC) certified shared decision making aid available on anthem.com

Published: Aug 1, 2018 - **Administrative**

As part of our commitment to provide you with the latest clinical information, we have posted a VBAC Shared Decision Making Aid to our provider portal. When discussing treatment options with your patients, you may wish to use this tool as an aid in helping them make

treatment decisions. This tool has been reviewed and certified by the Washington Health Care Authority (HCA) and is available on our [website](#).

URL: <https://providernews.anthem.com/connecticut/article/new-pre-service-clinical-review-requirement-for-egd-services-begins-november-1-2018-5>

Gestational age required for professional delivery claims effective November 1, 2018

Published: Aug 1, 2018 - **Administrative**

To better assess measures of quality for our members, we will begin requiring documentation of a newborn's gestational age at the time of delivery for all physician delivery claims.

Beginning with dates of service on and after November 1, 2018, all professional delivery claims (59400, 59409, 59410, 59510, 59514, 59515, 59525, 59610, 59612, 59614, 59618, 59620 and 59622) will require an ICD-10 Z3A code indicating the newborn's gestational age at the time of delivery. If the code is not found on the claim, the claim will be denied with the following reason: "Delivery diagnoses incomplete without report of pregnancy weeks of gestation. You may resubmit the corrected claim with the appropriate ICD-10 code for payment."

URL: <https://providernews.anthem.com/connecticut/article/gestational-age-required-for-professional-delivery-claims-effective-november-1-2018>

Penalties for late pre-certification update

Published: Aug 1, 2018 - **Administrative**

In the October 2017 edition of [Network Update](#), we shared information regarding the application of monetary penalties, such as a reduction in payment, for failure to comply with the pre-certification requirements of the Utilization Management Program. The notice indicated that we require pre-certification prior to certain elective services in both the inpatient and outpatient settings. For an emergency admission, pre-certification is not required; however, you must notify us of the admission within the timeframe specified in the Provider Manual or as otherwise required by law. Failure to comply with these requirements

can result in reimbursement penalties for commercial claims. For clarification, the reimbursement penalties may be 30% or 100%, which means the claim may be denied in full. Providers and facilities may not balance bill the member for any such reduction in payment.

For more information about the Utilization Management Program, please see the [Provider Manual](#) located on our provider website.

URL: <https://providernews.anthem.com/connecticut/article/penalties-for-late-pre-certification-update>

Care and Cost Finder - new sort option

Published: Aug 1, 2018 - **Administrative**

Our Care and Cost Finder tool provides many Anthem members with the ability to search and compare cost and quality measures for in-network providers using the secure member portal at anthem.com. The Care and Cost Finder tool currently offers multiple sorting options, such as sorting providers based on distance or name.

Beginning October 14, 2018, Care and Cost Finder will have a new sorting option called “Personalized Match”. The sorting option is based on algorithms which will use a combination of provider location, quality, cost results and member information to intelligently sort and display results for a member’s search. The sorting results will take into account member factors such as the member’s medical conditions, and medications as well as provider factors such as areas of specialty, quality and efficiency measures, volumes of patients treated across various disease conditions, and outcome-based quality measures. These member and provider features will be combined to generate a unique ranking of providers for each member conducting the search. Providers with the highest overall ranking within the search radius will be displayed first with other providers displayed in descending order based on overall rank and proximity to the center of the search radius.

Members will continue to have the ability to sort from a variety of sorting orders (such as distance), and this enhancement in sorting methodology will have no impact on member benefits.

Providers may review a copy of the new sorting methodology [here](#).

If you have general questions about the Care and Cost Finder tool or this new sorting option, please contact Provider Customer Service. If you would like detailed information about quality or cost factors used as part of this unique sorting or you would like to request reconsideration of those factors you may do so by emailing personalizedmatchsorting@anthem.com or by calling 833-292-5250.

We will continue to focus and expand our consumer tools and content to assist members in making more informed and personalized health care decisions.

URL: <https://providernews.anthem.com/connecticut/article/care-and-cost-finder-new-sort-option-1>

Prior authorization requests for prescription medications accepted online

Published: Aug 1, 2018 - **Administrative**

We accept electronic medication prior authorization requests for commercial health plans. This feature reduces processing time and helps determine coverage quicker. Some prescriptions are even approved in real time so that your patients can fill a prescription without delay.

Electronic prior authorization (ePA) offers many benefits:

- More efficient review process
- Ability to identify if a prior authorization is required
- Able to see consolidated view of ePA submissions in real time
- Faster turnaround times
- A renewal program that allows for improved continuity of care for members with maintenance medication
- Prior authorizations are preloaded for the provider before the expiration date

Providers can submit ePA requests by logging in at covermymeds.com. Creating an account is FREE.

While ePA helps streamline the prior authorization process, providers can also initiate a new prior authorization request by fax or phone. Please note, the contact numbers for all Medicare plans will change effective September 1, 2018.

Effective September 1, 2018	New Fax Number	New Phone Number
Medicare Prior Authorizations	844-521-6938	833-293-0661

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

URL: <https://providernews.anthem.com/connecticut/article/prior-authorization-requests-for-prescription-medications-accepted-online-1>

Clinical practice and preventive health guidelines available on anthem.com

Published: Aug 1, 2018 - **Administrative**

As part of our commitment to provide you with the latest clinical information and educational materials, we have adopted nationally recognized medical, behavioral health, and preventive health guidelines, which are available to providers on our website. The guidelines, which are used for our Quality programs, are based on reasonable, medical evidence, and are reviewed for content accuracy, current primary sources, the newest technological advances and recent medical research.

All guidelines are reviewed annually, and updated as needed. The current [Practice Guidelines](#) are available on our website.

URL: <https://providernews.anthem.com/connecticut/article/clinical-practice-and-preventive-health-guidelines-available-on-anthemcom-1>

Availity EDI Gateway

Published: Aug 1, 2018 - **Administrative**

We have partnered with Availity to become our designated EDI Gateway. The effort is currently underway, and we are committed to providing transparency for our customers.

All EDI submissions currently received today via the Anthem EDI Gateway are all now available on the Availity EDI Gateway. There is no impact to the provider's participation status with us and no impact on how claims adjudicate.

If you are connected to Availity you can use your same connection for your EDI submissions.

If you are using another clearinghouse, contact your clearinghouse to validate their transition dates. If your clearinghouse notifies you of changes regarding connectivity, workflow, or the financial cost of EDI transactions, there is a no-cost option available to you. You can submit claims directly through Availity.

Your organization can register with Availity to submit the following transactions:

- 837 - Institutional
- 837 - Professional
- 837 - Dental
- 835 - Electronic Remittance Advice
- 276/277 - Claim Status – real-time
- 270/271 - Eligibility – real-time

Next steps:

- Anthem and Availity will continue to communicate and provide assistance with this transition going forward.
- Availity will be working directly with all trading partners.
- We do recommend that you register with Availity for your EDI transmissions for a free fully subsidized option.

How to register with Availity:

- If your organization is not already registered with Availity you can go to www.availity.com, click REGISTER and then follow the steps to register.

- Look for emails, from Availity, containing your log in credentials.
- If your organization is already registered with Availity, you can log in and click My Providers | Enrollments Center if you need to complete new 835 enrollment or make changes.

We look forward to delivering a smooth transition to the Availity EDI Gateway. If you have any questions please contact Availity Client Services at 800-282-4548 Monday through Friday 8:00 a.m. to 7:30 p.m.

URL: <https://providernews.anthem.com/connecticut/article/availity-edi-gateway>

Availity EDI Gateway services training webinars scheduled

Published: Aug 1, 2018 - **Administrative**

Are you an Anthem provider and need help transitioning to using Availity's Gateway solutions? Are you looking for standard file transfer protocol (SFTP) or other batch upload options? If yes, check out this webinar for lots of great information to get you started. At the end of the training, you can participate in a live Q&A session.

During this fast-paced hour, you'll learn how to:

- Understand Availity's EDI Gateway and Clearinghouse workflow
- Enroll for and manage 835 ERA delivery with Availity
- Use the Availity Portal to manage file transfers, set up EDI reporting preferences
- Access and navigate the Availity EDI Guide...and more

To enroll

- Log in to the Availity Portal.
- Click Help & Training | Get Trained.
- In the Catalog, click Sessions.
- Scroll through Your Calendar to view upcoming live events.

Webinar schedule

- Monday, August 20, 3:00 p.m. to 4:00 p.m.
- Thursday, August 23, 1:00 p.m. to 2:00 p.m.
- Tuesday, August 25, 12:00 noon to 1:00 p.m.
- Thursday, August 27, 3:00 p.m. to 4:00 p.m.

You can search the Availity Learning Catalog by keyword to access live and on-demand training recommendations curated by Availity Learning especially to help you with this transition. The keyword is “song” for Anthem.

URL: <https://providernews.anthem.com/connecticut/article/availity-edi-gateway-services-training-webinars-scheduled>

MyDiversePatients.com

Published: Aug 1, 2018 - **Administrative**

We’ve heard it all our lives: To be fair, you should treat everybody the same. But the challenge is that everybody is not the same—and these differences can lead to critical disparities not only in how patients access health care, but their outcomes as well.

The reality is burden of illness, premature death, and disability disproportionately affects certain populations.¹ [MyDiversePatients.com](https://www.mydiversepatients.com) features robust educational resources to help support you in addressing these disparities.

You’ll find:

- CME learning experiences about disparities, potential contributing factors and opportunities for you to enhance care.
- Real life stories about diverse patients and the unique challenges they face.
- Tips and techniques for working with diverse patients to promote improvement in health outcomes.

While there's no single easy answer to the issue of health care disparities, the vision of MyDiversePatients.com is to start reversing these trends...one patient at a time.

Accelerate your journey to becoming your patients' trusted health care partner by visiting [MyDiversePatients.com](https://mydiversepatients.com) today.

Centers for Disease Control and Prevention. (2013, Nov 22). CDC Health Disparities and Inequalities Report — United States, 2013. Morbidity and Mortality Weekly Report. Vol 62(Suppl 3); p3.

URL: <https://providernews.anthem.com/connecticut/article/mydiversepatientscom>

Member Explanation of Benefits gets a makeover

Published: Aug 1, 2018 - **Administrative**

By the end of 2018, Anthem members will begin receiving a new explanation of benefits (EOB) that is designed to help members better understand their health care benefits and out-of-pocket expenses. The new design will look more like a health care summary. EOBs will continue to include important information about services rendered, the amount paid to the provider, and the member out-of-pocket expense.

The new EOB will also include:

- Ways members can save on health care expenses
- A preventive care checklist, sharing important screenings that were missed
- A summary of the member's most recent claims

[Learn more](#) about our newly designed EOB.

URL: <https://providernews.anthem.com/connecticut/article/member-explanation-of-benefits-gets-a-makeover-1>

Provider Transparency Update

Published: Aug 1, 2018 - Administrative

A key goal of our provider transparency efforts is to improve quality while controlling health care costs. One of the ways this is done is by giving primary care physicians (PCPs) in the Enhanced Personal Health Care (EPHC) Program quality and/or cost information about the health care providers to which the PCPs refer their attributed members (the referral providers). If a referral provider is higher quality and/or lower cost, this component of the program should result in their getting more referrals from PCPs. The converse should be true if referral providers are lower quality and/or higher cost. Additionally, employers and group health plans (or their representatives or vendors) may also be given quality/cost information so that they can better understand how their health care dollars are being spent. This will give them the opportunity to educate their employees and plan members about the benefits of using higher quality and/or lower cost health care providers.

Cost Opportunity Report

- The Cost Opportunity Report is available for EPHC providers to access via Provider Care Management Solutions (PCMS).
- The report was created to help users quickly identify meaningful and actionable opportunities to optimize costs and help achieve shared savings targets within the EPHC Program.
- By providing a standard set of potential cost opportunity metrics, the Cost Opportunity Report can be used to help evaluate the relative success of providers within the EPHC Program.
- Metrics are selected based on size of financial opportunity, ability of PCPs to affect changes, mix of impacted service types, mix of utilization and unit price impact.
- Metrics are reviewed on a periodic basis and may be added, changed or removed.

We will share data on which it relied in making these quality/cost evaluations upon request, and will discuss it with referral providers including any opportunities for improvement. For questions or support, please refer to your Care Consultant.

URL: <https://providernews.anthem.com/connecticut/article/provider-transparency-update-1>

Bundled Services and Supplies - professional

Published: Aug 1, 2018 - **Policy Updates** / Reimbursement Policies

Beginning with dates of service on or after November 1, 2018, we have added information to Section 1 of our policy that charges for copies of x-rays or DVDs are considered always bundled services and not eligible for separate reimbursement.

URL: <https://providernews.anthem.com/connecticut/article/bundled-services-and-supplies-professional>

Once per Lifetime Procedures - professional

Published: Aug 1, 2018 - **Policy Updates** / Reimbursement Policies

Our Once per Lifetime Procedures policy received a biennial review and we are removing modifier 58 from the policy. Modifier 58 is used to report a staged or related procedure by the same physician during the postoperative period and would not be used for a once per lifetime procedure if that procedure was previously performed on the patient.

URL: <https://providernews.anthem.com/connecticut/article/once-per-lifetime-procedures-professional>

Medical policy updates are available on anthem.com

Published: Aug 1, 2018 - **Policy Updates** / Medical Policy & Clinical Guidelines

The following new and revised policies were endorsed at the May 3, 2018 Medical Policy & Technology Assessment Committee (MPTAC) meeting. These, and all Anthem medical policies, are available on our website at [Medical Policies and Clinical UM Guidelines](#).

If you do not have access to the Internet, you may request a hard copy of any updated policy by contacting the [Provider Call Center](#).

Please note that the Federal Employee Program® Medical Policy Manual may be accessed at [Brochures and Forms](#).

Revised medical policies effective May 10, 2018

(The following policies were revised to expand medical necessity indications or criteria.)

DRUG.00047 - Brentuximab Vedotin (Adcetris®)
DRUG.00053 - Carfilzomib (Kyprolis®)
DRUG.00076 - Blinatumomab (Blincyto®)
SURG.00026 - Deep Brain, Cortical, and Cerebellar Stimulation

Revised medical policies effective June 6, 2018

(The following policies were revised to expand medical necessity indications or criteria.)

DRUG.00046 - Ipilimumab (Yervoy®)
DRUG.00071 - Pembrolizumab (Keytruda®)
DRUG.00075 - Nivolumab (Opdivo®)
GENE.00012 - Preconception or Prenatal Genetic Testing of a Parent or Prospective Parent
GENE.00026 - Cell-Free Fetal DNA-Based Prenatal Testing

Revised medical policies effective June 6, 2018

(The following policies were reviewed and may have word changes or clarifications, but had no significant changes to the policy position or criteria.)

DME.00022 - Functional Electrical Stimulation FES; Threshold Electrical Stimulation TES
DRUG.00067 - Ramucirumab (Cyramza®)
DRUG.00088 - Atezolizumab (Tecentriq®)
DRUG.00104 - Nusinersen (SPINRAZA®)
DRUG.00107 - Avelumab (Bavencio®)
DRUG.00109 - Durvalumab (Imfinzi®)
DRUG.00110 - Inotuzumab ozogamicin (Besponsa®)
DRUG.00111 - Monoclonal Antibodies to Interleukin-23
GENE.00001 - Genetic Testing for Cancer Susceptibility
GENE.00002 - Preimplantation Genetic Diagnosis Testing
GENE.00005 - BCR-ABL Mutation Analysis (Qualitative)
GENE.00007 - Cardiac Ion Channel Genetic Testing
GENE.00009 - Gene-Based Tests for Screening, Detection and Management of Prostate Cancer
GENE.00016 - Gene Expression Profiling for Colorectal Cancer
GENE.00017 - Genetic Testing for Diagnosis of Hereditary Cardiomyopathies (including ARVD/C)
GENE.00023 - Gene Expression Profiling of Melanomas
GENE.00025 - Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignant Tumors

GENE.00031 - Genetic Testing for PTEN Hamartoma Tumor Syndrome
GENE.00038 - Genetic Testing for Statin-Induced Myopathy
GENE.00040 - Genetic Testing for CHARGE Syndrome
GENE.00045 - Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers
LAB.00003 - In Vitro Chemosensitivity Assays and In Vitro Chemoresistance Assays
LAB.00011 - Analysis of Proteomic Patterns
LAB.00015 - Detection of Circulating Tumor Cells in the Blood as a Prognostic Factor for Cancer
LAB.00025 - Topographic Genotyping
MED.00024 - Adoptive Immunotherapy and Cellular Therapy
MED.00053 - Noninvasive Measurement of Left Ventricular End Diastolic Pressure (LVEDP) in the Outpatient Setting
MED.00077 - In Vivo Analysis of Gastrointestinal Lesions
MED.00087 - Imaging Techniques for Screening and Identification of Cervical Cancer
MED.00102 - Ultrafiltration in Decompensated Heart Failure
MED.00104 - Non-invasive Measurement of Advanced Glycation Endproducts (AGEs) in the Skin
MED.00105 - Bioimpedance Spectroscopy Devices for the Detection and Management of Lymphedema
MED.00111 - Intracardiac Ischemia Monitoring
MED.00112 - Autonomic Testing
MED.00118 - Continuous Monitoring of Intraocular Pressure
MED.00119 - High Intensity Focused Ultrasound (HIFU) for Oncologic Indications
MED.00124 - Tisagenlecleucel (Kymriah™)
OR-PR.00003 - Microprocessor Controlled Lower Limb Prostheses
OR-PR.00004 - Partial-Hand Myoelectric Prosthesis
RAD.00001 - Computed Tomography to Detect Coronary Artery Calcification
RAD.00022 - Magnetic Resonance Spectroscopy
RAD.00040 - PET Scanning Using Gamma Cameras
RAD.00043 - Computed Tomography Scans for Lung Cancer Screening
RAD.00054 - MRI of the Bone Marrow
RAD.00059 - Transcatheter Arterial Chemoembolization (TACE) and Transcatheter Arterial Embolization (TAE) for Malignant Lesions outside the Liver except Central Nervous System (CNS) and Spinal Cord
RAD.00066 - Multiparametric Magnetic Resonance Fusion Imaging Targeted Prostate Biopsy
SURG.00016 - Stereotactic Radiofrequency Pallidotomy
SURG.00022 - Lung Volume Reduction Surgery

SURG.00032 - Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention
SURG.00072 - Lysis of Epidural Adhesions
SURG.00075 - Intervertebral Stabilization Devices
SURG.00107 - Prostate Saturation Biopsy
SURG.00113 - Artificial Retinal Devices
SURG.00124 - Carotid Sinus Baroreceptor Stimulation Devices
SURG.00132 - Drug-Eluting Devices for Maintaining Sinus Ostial Patency
SURG.00137 - Focused Microwave Thermotherapy for Breast Cancer
SURG.00139 - Intraoperative Assessment of Surgical Margins during Breast-Conserving Surgery with Radiofrequency Spectroscopy or Optical Coherence Tomography
SURG.00147 - Synthetic Cartilage Implant for Metatarsophalangeal Joint Disorders
SURG.00148 - Spectral Analysis of Prostate Tissue by Fluorescence Spectroscopy
SURG.00149 - Percutaneous Ultrasonic Ablation of Soft Tissue
TRANS.00016 - Umbilical Cord Blood Progenitor Cell Collection, Storage and Transplantation
TRANS.00025 - Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection
TRANS.00031 - Hematopoietic Stem Cell Transplantation for Autoimmune Disease and Miscellaneous Solid Tumors

New medical policy effective June 6, 2018

(The policy below is new and may result in services previously covered now being considered either not medically necessary and/or investigational)

DRUG.00098 - Lutetium Lu 177 dotatate (Lutathera®)

Archived medical policy effective June 22, 2018. This policy is now an Anthem Clinical Guideline.

DRUG.00092 - Buprenorphine Implant (Probuphine®)

Archived medical policies effective June 28, 2018. These policies are now Anthem Clinical Guidelines.

DME.00035 - Electric Tumor Treatment Field (TTF)

DRUG.00036 - Cetuximab (Erbix®)

DRUG.00041 - Rituximab (Rituxan®) for Non-Oncologic Indications

DRUG.00049 - Belatacept (Nulojix®)

DRUG.00056 - Ado-trastuzumab emtansine (Kadcyla®)

DRUG.00073 - Rilonacept (Arcalyst®)

DRUG.00079 - Bendamustine Hydrochloride

DRUG.00083 - Elotuzumab (Empliciti™)
DRUG.00084 - Interferon gamma-1b (Actimmune®)
DRUG.00085 - Ixabepilone (Ixempra®)
DRUG.00097 - Olaratumab (Lartruvo™)
MED.00026 - Hyperthermia for Cancer Therapy
RAD.00011 - Transcatheter Arterial Chemoembolization (TACE) and Transcatheter Arterial Embolization (TAE) for Treating Primary or Metastatic Liver Tumors
SURG.00001 - Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty
SURG.00009 - Refractive Surgery
SURG.00065 - Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies
SURG.00068 - Implantable Infusion Pumps

Archived medical policy effective November 1, 2018. This policy is now an AIM Clinical Guideline.

THER-RAD.00002 - Proton Beam Radiation Therapy

Revised medical policies effective November 1, 2018

(The policies below may result in services that were previously covered now being considered either not medically necessary and/or investigational.)

DRUG.00050 - Eculizumab (Soliris®)
GENE.00006 - Epidermal Growth Factor Receptor (EGFR) Testing
GENE.00012 - Preconception or Prenatal Genetic Testing of a Parent or Prospective Parent

URL: <https://providernews.anthem.com/connecticut/article/medical-policy-updates-are-available-on-anthemcom>

Clinical guideline updates are available on anthem.com

Published: Aug 1, 2018 - **Policy Updates** / Medical Policy & Clinical Guidelines

The following new and revised clinical guidelines were endorsed at the May 3, 2018 Medical Policy & Technology Assessment Committee (MPTAC) meetings. These, and all Anthem medical policies, are available at [Medical Policies and Clinical UM Guidelines](#).

If you do not have access to the Internet, you may request a hard copy of any updated policy by contacting the [Provider Call Center](#).

Revised clinical guideline effective May 10, 2018

(The following guideline was expanded medical necessity indications or criteria.)

CG-DRUG-50 - Paclitaxel, protein-bound (Abraxane®)

Revised clinical guidelines effective June 6, 2018

(The following guidelines were expanded medical necessity indications or criteria.)

CG-DRUG-62- Fulvestrant (FASLODEX®)

CG-DRUG-73 - Denosumab (Prolia®, Xgeva®)

CG-DRUG-78 - Antihemophilic Factor and Clotting Factors

Revised clinical guidelines effective June 6, 2018

(The following guidelines were reviewed and had no significant changes to the position or criteria.)

CG-DRUG-05 - Recombinant Erythropoietin Products

CG-DRUG-08 - Enzyme Replacement Therapy for Gaucher Disease

CG-DRUG-09 - Immune Globulin (Ig) Therapy

CG-DRUG-16 - White Blood Cell Growth Factors

CG-DRUG-25 - Intravenous versus Oral Drug Administration in the Outpatient and Home Setting

CG-DRUG-49 - Doxorubicin Hydrochloride Liposome Injection

CG-DRUG-51 - Romidepsin (Istodax®)

CG-DRUG-53 - Drug Dosage, Frequency, and Route of Administration

CG-MED-37 - Intensive Programs for Pediatric Feeding Disorders

CG-REHAB-05 - Occupational Therapy

CG-SURG-30 - Tonsillectomy for Children with or without Adenoidectomy

New and adopted clinical guidelines effective June 28, 2018

(The following guidelines were previously medical policies and have been adopted. No significant changes were made.)

CG-DME-44 - Electric Tumor Treatment Field (TTF)

CG-DRUG-67 - Cetuximab (Erbix®)

CG-DRUG-94 - Rituximab (Rituxan®) for Non-Oncologic Indications

CG-DRUG-95 - Belatacept (Nulojix®)
CG-DRUG-96 - Ado-trastuzumab emtansine (Kadcyla®)
CG-DRUG-97 - Rilonacept (Arcalyst®)
CG-DRUG-98 - Bendamustine Hydrochloride
CG-DRUG-99 - Elotuzumab (Empliciti™)
CG-DRUG-100 - Interferon gamma-1b (Actimmune®)
CG-DRUG-101 - Ixabepilone (Ixempra®)
CG-DRUG-102 - Olaratumab (Lartruvo™)
CG-MED-72 - Hyperthermia for Cancer Therapy
CG-SURG-76 - Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty
CG-SURG-77 - Refractive Surgery
CG-SURG-78 - Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies
CG-SURG-79 - Implantable Infusion Pumps
CG-SURG-80 - Transcatheter Arterial Chemoembolization (TACE) and Transcatheter Arterial Embolization (TAE) for Treating Primary or Metastatic Liver Tumors

Revised clinical guideline effective November 1, 2018

(The following guideline below might result in services that were previously covered now being considered not medically necessary.)

CG-DRUG-50 - Paclitaxel, protein-bound (Abraxane®)

URL: <https://providernews.anthem.com/connecticut/article/clinical-guideline-updates-are-available-on-anthemcom>

Mailing address for Federal Employee Program® (FEP) paper claims and claims-related correspondence

Published: Aug 1, 2018 - **State & Federal** / Federal Employee Plan (FEP)

As a reminder, if you are not using an electronic submission option, we ask that you use the following address for FEP paper claims, correspondence and grievance and appeals:

Federal Employee Program
PO Box 105557

Atlanta, GA 30348-5557

If you have any questions, please contact FEP customer service at 800-438-5356.

URL: <https://providernews.anthem.com/connecticut/article/mailing-address-for-federal-employee-program-fep-paper-claims-and-claims-related-correspondence>

MA members receive incentives for completing screenings

Published: Aug 1, 2018 - **State & Federal** / Medicare

We have several incentive programs this year to encourage Medicare Advantage members to obtain preventive screenings. Members may be rewarded when they complete their annual routine physical with their PCP. Eligible members will receive a gift card for completing their screening mammogram, a colorectal cancer screening or their diabetes retinal exam. Our members may ask that you confirm these screenings.

URL: <https://providernews.anthem.com/connecticut/article/ma-members-receive-incentives-for-completing-screenings-1>

Wheelchair prior authorization information for DME providers and physicians

Published: Aug 1, 2018 - **State & Federal** / Medicare

To help our members receive the DME equipment they need and help ensure no disruption in care, it is important to document that the physician, nurse practitioner, physician assistant or clinical nurse specialist has had a face-to-face encounter with the member. Additional details on this requirement and other information that will help ensure that your prior authorization request for a wheelchair is processed efficiently will be available at [Important Medicare Advantage Updates](#) at [anthem.com/medicareprovider](https://www.anthem.com/medicareprovider).

URL: <https://providernews.anthem.com/connecticut/article/wheelchair-prior-authorization-information-for-dme-providers-and-physicians>
