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# Anthem's Individualized Care Program supports palliative care for commercial members

Published: Aug 17, 2018 - Products & Programs

Anthem's Individualized Care Program is available to our fully insured commercial members to provide palliative care support for members with advanced illness in the last 12 months of life.

This program does not replace the care of PCPs and specialists, but provides an extra layer of support with an interdisciplinary team that includes palliative care physicians, palliative care nurse practitioners, registered nurses, social workers, chaplains and patient care coordinators.

Specific palliative care services include:

- Comprehensive assessments including symptoms, spiritual and psychosocial needs
- Expert symptom management
- Supporting patients in defining their goals, values and preferences and in advance care planning
- Encouraging patients to execute advance directives
- 24/7 access to urgent clinical support from an palliative care team member
- Securing needed resources
- Education on palliative services and hospice care services

An initial telephonic outreach to identified members will be made by a palliative care professional to introduce Anthem's Individualized Care Program and to assess the level of palliative services required by the member. The member will then be asked if they are willing to participate in one of the following three models:

Telehealth services and support at routine intervals to patients by palliative trained providers  
Home based visits by a palliative care nurse practitioner, supported by an interdisciplinary team of palliative providers for patients with a high symptom burden, increased risk of hospitalization or other complex issues. The home based visits will be offered through Anthem's partnership with our subsidiary Aspire Health (available in certain geographic areas)

Clinic based services offered through an Anthem partnership with our subsidiary Aspire Health. Aspire's palliative care team will be embedded within the outpatient clinic/practice of

the member's medical oncologist to provide services to targeted patients (available in certain geographic areas)

Aspire Health already provides services for members with advanced illness enrolled in our Medicare and Medicaid health plans and has demonstrated improvement in quality and cost of care savings.

If you are an Anthem contracted network provider, an Aspire Health palliative physician may reach out to your practice to introduce themselves in order to establish a physician to physician relationship. They may also discuss developing an individualized mechanism by which to share information regarding patients that have been identified for palliative care services. Aspire will provide clinical updates to your practice on a regular basis to facilitate the best possible co-management of your patient.

If you have questions regarding the Individualized Care Program, please email [IndividualizedCareProgram-palliativecare@anthem.com](mailto:IndividualizedCareProgram-palliativecare@anthem.com).

**URL:** <https://providernews.anthem.com/nevada/article/anthems-individualized-care-program-supports-palliative-care-for-commercial-members>

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## **Additional Support Available for Members with Rare Conditions**

Published: Aug 17, 2018 - **Products & Programs**

Anthem Blue Cross and Blue Shield (Anthem) is 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 AccordantCare and Anthem. 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 Anthem members. AccordantCare and Anthem also will 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:** 1-866-247-1150
- **Web:** <https://referral.accordant.com>
- **Plan name:** AnthemReferrals
- **Password:** ref1088Anthem

**URL:** <https://providernews.anthem.com/nevada/article/additional-support-available-for-members-with-rare-conditions-5>

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## **Anthem removes drugs from specialty pharmacy clinical site of care (level of care) drug list**

Published: Aug 17, 2018 - **Products & Programs** / Pharmacy

Effective immediately, the following specialty pharmacy codes from new or current clinical guidelines will be removed from our existing Specialty Pharmacy Clinical Site of Care (Level of Care) review process.

Please note, these drugs will continue to require pre-certification clinical review for medical necessity:

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

URL: <https://providernews.anthem.com/nevada/article/vaginal-birth-after-cesarean-vbac-certified-shared-decision-making-aid-available-on-the-web-3>

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## **Anthem applies daily morphine equivalent dosing limit**

Published: Aug 17, 2018 - **Products & Programs** / Pharmacy

Beginning with prescriptions filled on and after September 1, 2018, Anthem 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 pre-certification process.

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

Visit the [pharmacy information page](#) for details on pre-certification 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/nevada/article/anthem-applies-daily-morphine-equivalent-dosing-limit-1>

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## **Anthem to update drug lists supporting commercial health plans**

Published: Aug 17, 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, Anthem will update its drug lists that support Commercial health plans.

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

To 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/nevada/article/anthem-to-update-drug-lists-supporting-commercial-health-plans-1>

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## **Pharmacy information available on anthem.com**

Published: Aug 17, 2018 - **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](http://anthem.com/pharmacyinformation). The commercial drug list is posted to the web site quarterly (the first of the month for January, April, July and October).

FEP Pharmacy updates and other pharmacy related information may be accessed at [www.fepblue.org](http://www.fepblue.org) > Pharmacy Benefits. Effective January 1, 2018, AllianceRX Walgreens Prime is the new specialty pharmacy program for the Federal Employee Program. You can view the [2018 Specialty Drug List](#) or call us at 1-888-346-3731 for more information.

**URL:** <https://providernews.anthem.com/nevada/article/pharmacy-information-available-on-anthemcom-9>

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## **Network Update newsletter has a new look and usability features**

Published: Aug 17, 2018 - **Administrative**

We listened to your feedback and are pleased to announce we now have a new look and



feel to *Network Update*.

This new design will store individual articles in a library providing you with better search capability along with an article format that is easier to read and print on an individual basis. With these improvements along with more to come, we strive to make it easier to find and use the communications we develop for providers.

URL: <https://providernews.anthem.com/nevada/article/network-update-newsletter-has-a-new-look-and-usability-features>

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## **Working with Anthem – 2018 Subject Specific Webinars – August schedule**

Published: Aug 17, 2018 - **Administrative**

We are starting something new in 2018 and offering a “Working with Anthem” series of webinars that are comprised of short provider webinars designed to help Nevada 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).

### **2018 Subject Specific Webinars – August schedule**

**Topic:** Availity tools and functionality overview

**Date/Time:** August 22, 2018 at 12:00-1:00pm PT

**Learn about tools and functionality available on Availity such as:**

- Description:**
- Clear Claim Connection
  - Fee Schedule
  - Remittance Inquiry
  - Secure Messaging
  - Electronic Member ID cards
  - Medical Attachments for solicited Medical Record Requests
  - Online authorizations through Interactive Care Reviewer (ICR)
  - Health Assessments for Commercial Risk Adjustment
  - Access to on demand training such as Onboarding

**Registration Link:** [Registrater Today](#)

**Webinar Details** Webinars are offered using Cisco WebEx. For additional details, and helpful hints about WebEx, please view our schedule [Working with Anthem – Schedule for 2018](#).

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 *Network Update* throughout the year. We also will continue to offer our Fall Provider Seminars as well covering a variety of topics in face-to-face and webinar options.

**URL:** <https://providernews.anthem.com/nevada/article/working-with-anthem-2018-subject-specific-webinars-august-schedule-1>

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## **Anthem to enhance automated claim edits for professional claims**

Published: Aug 17, 2018 - **Administrative**

Effective for professional claims (CMS-1500) processed on or after November 18, 2018, Anthem Blue Cross and Blue Shield (Anthem) 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, 55, 56, 62, 76, 77, 78, 79, 80, 81, 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.

## Important information about billing colonoscopy and related anesthesia services

Published: Aug 17, 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:

- The 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.
- When polyps are removed during a screening colonoscopy - the removal, examination and analysis of the polyps.

In the instance where a screening colonoscopy starts out as screening but turns into a diagnostic procedure due to polyps being removed, Anthem follows 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."*

## Anthem accepts pre-certification requests for prescription medications online

Published: Aug 17, 2018 - Administrative

Anthem accepts electronic medication pre-certification 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 pre-certification (ePA) offers many benefits:

- More efficient review process
- Ability to identify if a pre-certification 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
- Pre-certification are preloaded for the provider before the expiration date.

Providers can submit ePA requests by logging in at [covermy meds.com](http://covermy meds.com). Creating an account is FREE.

While ePA helps streamline the pre-certification 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.

New fax number	New phone number
844-521-6938	833-293-0661

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

URL: <https://providernews.anthem.com/nevada/article/anthem-accepts-pre-certification-requests-for-prescription-medications-online>

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## Provider Transparency Update

Published: Aug 17, 2018 - **Administrative**

A key goal of Anthem's 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.

Anthem 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/nevada/article/provider-transparency-update-8>

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## **Innovative ways to improve your patients’ experiences and earn CME credits**

Published: Aug 17, 2018 - **Administrative**

Numerous studies have shown that a patient’s primary health care experience and, to some extent their health care outcomes, are largely dependent upon health care provider and patient interactions. Anthem offers a new online learning course – *What Matters Most: Improving the Patient Experience*, to address gaps in and offer approaches to communication with patients. This curriculum is available at no cost to providers and their

clinical staff nationwide and is acceptable for up to one (1) prescribed credit by the American Academy of Family Physicians.

Through the use of compelling real-life stories that convey practical strategies for implementing patient care, providers learn how to apply best practices. Did you know?

- Substantial evidence points to a positive association between the patient experience and health outcomes.
- Patients with chronic conditions, such as Diabetes, demonstrate greater self-management skills and quality of life when they report positive interactions with their health care providers.
- Patients reporting the poorest-quality relationships with their physicians were three times more likely to voluntarily leave the physician's practice than patients with the highest-quality relationships.

How will this benefit you and your office staff? You'll learn tips and techniques to:

- Improve communication skills.
- Build patient trust and commitment.
- Expand your knowledge of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

The course can be accessed at [www.patientextraining.com](http://www.patientextraining.com) using your smartphone, tablet, or computer.

Like you, Anthem is committed to improving the patient experience in all interactions, and we are proud to work collaboratively with our provider network to provide support and tools to reach our goal.

Take the course today!

URL: <https://providernews.anthem.com/nevada/article/innovative-ways-to-improve-your-patients-experiences-and-earn-cme-credits>

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## **Vaginal Birth after Cesarean (VBAC) Certified Shared Decision Making Aid Available on the Web**

Published: Aug 17, 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.

This is a tool for you to discuss with your patients to aid in making a decision regarding their treatment options. This has been reviewed and certified by the Washington Health Care Authority (HCA) and is available on our website. To access the aid, go to [anthem.com](http://anthem.com), select **Providers** from the top menu, and choose **Providers Overview**. Select **Find Resources in Your State**, and pick **Nevada**. From the *Health & Wellness* page, choose **Practice Guidelines**, then [Shared Decision-Making Aid](#).

**URL:** <https://providernews.anthem.com/nevada/article/vaginal-birth-after-cesarean-vbac-certified-shared-decision-making-aid-available-on-the-web-5>

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## Member Explanation of Benefits gets a makeover

Published: Aug 17, 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/nevada/article/member-explanation-of-benefits-gets-a-makeover-5>

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## Care and Cost Finder – New Sort Option

Published: Aug 17, 2018 - **Administrative**

Anthem's 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](http://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](mailto:personalizedmatchsorting@anthem.com) or by calling 833-292-5250.

Anthem 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/nevada/article/care-and-cost-finder-new-sort-option-4>

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## **Non-participating lab referrals**

Published: Aug 17, 2018 - **Administrative**

This is a reminder to ensure that you are referring Anthem members to participating labs. Not only does your Anthem agreement obligate you to refer to participating labs where



available, but members will only receive their full benefits from participating providers. As a result, referring your patient and our member to a non-participating lab may expose them to a greater financial responsibility.

Unfortunately, there are certain non-participating labs that are offering to waive or cap co-payments, coinsurance or deductibles to our members in order to increase their overall revenue. These practices undermine member benefits and may encourage over-utilization of services.

These billing practices are also questionable in their legality. Such a practice may present violations under state or federal anti-kickback laws.

For a listing of Anthem participating laboratories, please check our online directory. Go to **anthem.com**. Choose Select **Providers**, and **Providers Overview**. Select **Find Resources in Your State**, and pick **Nevada**. From the **Provider Home** tab, select the **enter** button from the blue box on the left side of page titled **Find a Doctor**.

Note: When searching for laboratory, pathology, or radiology services, under the field “*I am looking for a:*” select **Lab/Pathology/Radiology**; and then under the field “*Who specializes in:*”, select **Laboratories**, **Pathology**, or **Radiology** as appropriate for your inquiry.

**LabCorp is our preferred lab provider and offers a Single Source Solution to your testing needs:**

LabCorp is capable of providing services that range from routine testing, such as basic blood counts and cholesterol tests, to highly complex diagnosing of genetic conditions, cancers, and other rare diseases. LabCorp has specialized laboratories which cover the following areas of testing:

- Allergy Program
- Cancer Testing
- Cardiovascular Disease
- Companion Diagnostics
- Dermatology
- Diabetes
- DNA Testing
- Endocrine Disorders
- Esoteric Coagulation

- Gastroenterology
  - Genetic Testing
  - Genetic Counseling
  - Genomics
  - HLA Lab for National Marrow Donor Program
  - Hematopathology
    - Infectious Disease
    - Immunology
    - Liver Disease
    - Kidney Disease
- Medical Drug Monitoring
  - Molecular Diagnostics
  - Newborn Screening
  - Pain Management
  - Pathology Expertise w/range of Subspecialties
  - Pharmacogenomics
  - Preimplantation Genetic Diagnosis
  - Reproductive Health
- Obstetrics/Gynecology
  - Oncology
  - Toxicology
  - Whole Exome Sequencing
  - Virology
  - Women's Health
  - Urology

Note: This relationship with LabCorp **does not affect** network hospital-based lab service providers, or contracted pathologists.

URL: <https://providernews.anthem.com/nevada/article/non-participating-lab-referrals-1>

## Anthem has partnered with Availity to become our designated EDI Gateway

Published: Aug 17, 2018 - Administrative

Anthem has partnered with Availity to become our designated EDI Gateway. The effort is currently underway, and both 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 Anthem 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](http://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 1-800-282-4548 Monday through Friday 8:00 a.m. to 7:30 p.m. Eastern Time.

URL: <https://providernews.anthem.com/nevada/article/anthem-has-partnered-with-availity-to-become-our-designated-edi-gateway>

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## Availity webinars regarding EDI

Published: Aug 17, 2018 - **Administrative**

### Webinar: Introduction to Availity EDI Gateway services for Anthem provider organizations

Are you an Anthem provider that needs help transitioning to using Availity's Gateway solutions? Are you looking for 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 webinar, 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

### Enrollment information

Log in to the Availity Portal at [Availity.com](https://www.availity.com).

Click **Help & Training | Get Trained**.

In the Catalog, click **Sessions**.

Scroll through **Your Calendar** to view upcoming live events.

***Tip:** You can also search the ALC Catalog by a special keyword set up just for you. The keyword is **song**.*

### Webinar Schedule

Enroll for an upcoming webinar (and check back again later for additional dates and times).

- Monday, 8/20/2018, 3:00 p.m. to 4:00 p.m. Eastern time
- Thursday, 8/23/2018, 1:00 p.m. to 2:00 p.m. Eastern time
- Tuesday, 9/25/2018, 12:00 noon to 1:00 p.m. Eastern time
- Thursday, 9/27/2018, 3:00 p.m. to 4:00 p.m. Eastern time

### Additional Training

You can search the 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/nevada/article/availity-webinars-regarding-ed>

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## New enhancements to the Interactive Care Reviewer (ICR) tool

Published: Aug 17, 2018 - Administrative

The Interactive Care Reviewer (ICR)\* tool offers a streamlined process to request inpatient and outpatient procedures as well as locate information on previously submitted requests for Anthem members via the Availity Portal.

The ICR tool provides many benefits including fax reduction, authorization determination and a comprehensive view of all your authorization requests. In addition to these benefits, the ICR tool has recently completed some enhancements to improve convenience and efficiency.

### Enhancements to the ICR tool include:

- **Increase in saved Favorites:** The number of favorites that can be saved increased to 25 for all provider types including requesting, servicing, facility DME, and refer to providers.
- **Changes to ICR Dashboard tabs:** The *Authorization Referral Inquiry* tab at the top of the dashboard changed to *Check Case Status* tab. The *Search Organization Requests* changed to *Search Submitted Requests*.

Check Case Status: The ability to view any cases submitted that are associated with the tax IDs on the request. This includes submission by phone, fax, and etc.

Search Submitted Requests: The ability to search for any ICR case requested by your organization or a request that your organization is associated with. This includes requests with a status of review not required.

- **Changes to Check Case Status tab:** The *Search by Reference Referral Number* changed to *Search by Reference/Authorization Request Number*.

Search by Reference Authorization Request Number: The ability to search by reference request number or authorization request number and a tax ID associated with the case.

### To learn more about the ICR tool:

- Attend one of the **monthly ICR webinars** by registering [HERE](#).

\*Note: ICR is not currently available for Federal Employee Program® (FEP), BlueCard®, and some National Account members; requests involving transplant services; or services administered by AIM Specialty Health® or OrthoNet. For these requests, follow the same authorization process that you use today.

URL: <https://providernews.anthem.com/nevada/article/new-enhancements-to-the-interactive-care-reviewer-icr-tool>

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## Provider and Facility identified Overpayments (aka “voluntary” or “unsolicited”)

Published: Aug 17, 2018 - **Administrative**

If Anthem is due a refund as a result of an overpayment discovered by a Provider or Facility, refunds can be made in one of the following ways:

- Submit a refund check with supporting documentation outlined below, or
- Submit the **Provider Refund Adjustment Request Form** with supporting documentation to have claim adjustment/recoupment done off a future remittance advice

When voluntarily refunding Anthem on a Claim overpayment, please include the following information:

- **Provider Refund Adjustment Request Form (see directions below for how to access online)**
- All documents supporting the overpayment including EOBs from Anthem and other carriers as appropriate
- Covered Individual ID number
- Covered Individual’s name
- Claim number
- Date of service

- Reason for the refund (as indicated on the form of common overpayment reasons)

Please be sure the copy of the provider remittance advice is legible and the Covered Individual information that relates to the refund is circled. By providing this critical information, Anthem will be able to expedite the process, resulting in improved service and timeliness to Providers and Facilities.

**Important Note:** *If a Provider or Facility is refunding Anthem due to coordination of benefits and the Provider or Facility believes Anthem is the secondary payer, please **refund the full amount paid**. Upon receipt and insurance primacy verification, the Claim will be reprocessed and paid appropriately.*

**How to access the Provider Refund Adjustment Request Form online:**

To download the “Provider Refund Adjustment Request Form” directly from anthem.com. Select **Providers**, and **Providers Overview**. Select **Find Resources in Your State**, and pick **Nevada**. From the **Provider Home** page, Under the *Self Service and Support* heading, choose **Download Commonly Requested Forms** and select **Provider Refund Adjustment Request Form**.

**Please utilize the proper address noted in the grid below to return payment:**

Line of Business (Blue Branded)	Type of Refund	Make Check Payable To:	Regular Mailing Address:	Overnight Delivery Address:
Individual Health Insurance Exchange, Private Health Insurance Exchange	Voluntary	Anthem Blue Cross and Blue Shield	Anthem Blue Cross and Blue Shield PO Box 73651 Cleveland, OH 44193-1177	Anthem Attn: Central - 73651 4100 W 150th Street Cleveland, OH 44135-1304
Individual Health Insurance Exchange, Private Health Insurance Exchange	Solicited Refund with Payment Coupon	Anthem Blue Cross and Blue Shield	Anthem Blue Cross and Blue Shield PO Box 5281 Carol Stream, IL 60197	N/A
BlueCard, National	Voluntary & Solicited Refund with Payment Coupon	Anthem Blue Cross and Blue Shield	Anthem Blue Cross and Blue Shield PO Box 73651 Cleveland, OH 44193-1177	Anthem Attn: Central - 73651 4100 W 150th Street

Cleveland, OH 44135-1304

URL: <https://providernews.anthem.com/nevada/article/provider-and-facility-identified-overpayments-aka-voluntary-or-unsolicited-1>

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## Updated Prefix Reference List

Published: Aug 17, 2018 - Administrative

The Prefix Reference List has been updated. Access the updated list online. Please go to **anthem.com**. Select **Providers**, and **Providers Overview**. Select **Find Resources for Your State**, and pick **Nevada**. From the **Provider Home** page, under the *Self Service and Support* heading, choose **Contact Us (Escalation Contact List & Prefix List)**, and then [Prefix Reference List](#).

URL: <https://providernews.anthem.com/nevada/article/updated-prefix-reference-list>

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## Health Care Reform Updates (including Health Insurance Marketplace / Affordable Care Act)

Published: Aug 17, 2018 - Administrative

We invite you to go to **anthem.com** to learn about the many ways health care reform and health insurance marketplace / affordable care act information may impact you. New information is added regularly. To view the latest articles on health care reform and/or health insurance marketplace / affordable care act, and all archived articles, go to **anthem.com**. Select **Providers**, and **Providers Overview**. Select **Find Resources in Your State**, and pick **Nevada**. Select the **Provider Home** tab at the top of the page. Under the *Communications and Updates* heading, choose [Health Care Reform Updates and Notifications](#) or [Health Insurance Exchange Marketplace / Affordable Care Act information](#).

URL: <https://providernews.anthem.com/nevada/article/health-care-reform-updates-including-health-insurance-marketplace-affordable-care-act-1>



## Bundled Services and Supplies – Professional

Published: Aug 17, 2018 - **Policy Updates** / Reimbursement Policies

Beginning with dates of service on or after November 1, 2018, Anthem has 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/nevada/article/bundled-services-and-supplies-professional-1>

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## Once per Lifetime Procedures – Professional

Published: Aug 17, 2018 - **Policy Updates** / Reimbursement Policies

Anthem's 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/nevada/article/once-per-lifetime-procedures-professional-1>

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## Reimbursement Policies are available online

Published: Aug 17, 2018 - **Policy Updates** / Reimbursement Policies

Go to **anthem.com**, select **Providers**, then **Providers Overview**. Select **Find Resources for Your State**, and pick **Nevada**. From the **Answers@Anthem** tab, select the **Reimbursement Policies - Facility** or **Reimbursement Policies - Professional**.

**URL:** <https://providernews.anthem.com/nevada/article/reimbursement-policies-are-available-online-1>

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## Clear Claim Connection

Published: Aug 17, 2018 - **Policy Updates** / Reimbursement Policies

On the date the new edit becomes effective, Clear Claim Connection, our web-based editing tool, will be updated to incorporate the new editing rules outlined above and will include an

interface that will allow you to view the clinical rationale for the edit when you enter claim scenarios. If you have not used Clear Claim Connection previously, we would like to take this opportunity to encourage you to access this user-friendly tool to explore the ClaimsXten edits. Clear Claim Connection is located on the Availity Portal. Log into [Availity.com](https://www.availity.com). Once logged in, select **Payer Spaces**, and choose the **Anthem icon**. Under **Applications**, select **Clear Claim Connection**.

URL: <https://providernews.anthem.com/nevada/article/clear-claim-connection>

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## Mailing Address for Federal Employee Program® (FEP) Paper Claims and Claims Related Correspondence

Published: Aug 17, 2018 - **State & Federal** / Federal Employee Plan (FEP)

As a reminder to our providers, 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 1-800-727-4060.

URL: <https://providernews.anthem.com/nevada/article/mailing-address-for-federal-employee-program-fep-paper-claims-and-claims-related-correspondence-4>

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## MA members receive incentives for completing screenings

Published: Aug 17, 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. Your member may ask that you confirm these screenings.

URL: <https://providernews.anthem.com/nevada/article/ma-members-receive-incentives-for-completing-screenings-4>

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# Submit Prior Authorizations medication requests electronically; new phone and fax numbers for MA prescription PAs effective September 1

Published: Aug 17, 2018 - **State & Federal** / Medicare

Anthem accepts electronic medication prior authorization requests for Medicare plans. This feature reduces processing time and helps determine coverage more quickly. 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.

Submit ePA requests by logging in at [covermy meds.com](https://covermy meds.com). Creating an account is FREE.

While ePA helps streamline the prior authorization process, if you must initiate a new PA request by fax or phone, please note that the contact numbers for Medicare Prior Authorization will change 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 other questions, please contact the provider service number on the back of the member ID card.

**URL:** <https://providernews.anthem.com/nevada/article/submit-prior-authorizations-medication-requests-electronically-new-phone-and-fax-numbers-for-ma-prescription-pas-effective-september-1>

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## Keep up with Medicare news

Published: Aug 17, 2018 - **State & Federal** / Medicare

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

- [Medical Policy Update](#)
- [Prior authorization requirements for Part B drugs: Azedra and Poteligeo](#)
- [Prior authorizations required for new group-sponsored MA membership](#)
- [Contracted provider responsibility and liability for Issuance of Notice of Medicare Non Coverage to a Skilled Nursing Facility](#)
- [Improve Medicare Advantage members' medication adherence with 90-day prescriptions](#)
- [Prior authorization requirements for cardiovascular services](#)
- [Medicare Advantage reimbursement policy provider bulletin](#)

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URL: <https://providernews.anthem.com/nevada/article/keep-up-with-medicare-news-7>

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## Electronic Data Interchange migration to Availity

Published: Aug 17, 2018 - **State & Federal** / Medicaid

Recently, Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem) partnered with Availity as our designated Electronic Data Interchange (EDI) gateway and E-Solutions Service Desk, and Anthem will not renew existing contracts with clearinghouse vendors. As a result, beginning January 1, 2019, Availity will manage all EDI trading partner relationships on behalf of Anthem. This new partnership will not interrupt your current services.

### *Transmitting 837 claims*

If you currently transmit 837 claims using a clearinghouse, you should contact your clearinghouse as soon as possible to confirm your EDI submission path for Anthem transactions has not changed. 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.

Direct submitters can also use Availity for their 837 transmissions.

### *Registering with Availity*

If you choose to submit directly through Availity but are not yet a registered user, go to <https://www.availity.com> and select **REGISTER**. The registration wizard will lead you through the enrollment process. Once complete, you will receive an email with your login

credentials and next steps for getting started. If you have any questions or concerns please contact Availity at **1-800-AVAILITY (1-800-282-4548)**.

It is our priority to deliver a smooth transition to Availity for our EDI services. If you have questions please contact your Provider Relations representative or Provider Services at **1-844-396-2330**.

ANVPEC-0710-18 June 2018

URL: <https://providernews.anthem.com/nevada/article/electronic-data-interchange-migration-to-availity-4>

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## Important information about utilization management

Published: Aug 17, 2018 - **State & Federal** / Medicaid

Our utilization management (UM) decisions are based on the appropriateness of care and service needed, as well as the member's coverage according to their health plan. We do not reward providers or other individuals for issuing denials of coverage, service or care. Nor do we make decisions about hiring, promoting or terminating these individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in underutilization. Our medical policies are available on our provider website at

<https://mediproviders.anthem.com/nv/pages/medical-policies.aspx>.

You can request a free copy of our UM criteria from Provider Services at **1-844-396-2330**. Providers can discuss a UM denial decision with a physician reviewer by calling us toll free at the number listed below. To access UM criteria online, go to <https://mediproviders.anthem.com/nv/pages/medical-policies.aspx>.

We are staffed with clinical professionals who coordinate our members' care and are available 24/7 to accept precertification requests. Secured voicemail is available during off-business hours. A clinical professional will return your call within the next business day. Our staff will identify themselves by name, title and organization name when initiating or returning calls regarding UM issues.

You can submit precertification requests by:

- Faxing to **1-800-964-3627**.
- Calling us at **1-844-396-2330**.

- The Availity Portal at <https://www.availity.com>.

*Have questions about utilization decisions or the UM process?*

Call our Clinical team at **1-844-396-2330** Monday through Friday from 6 a.m. to 6 p.m. Pacific time.

ANV-NL-0037-18 June 2018

URL: <https://providernews.anthem.com/nevada/article/important-information-about-utilization-management-2>

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## Members' Rights and Responsibilities Statement

Published: Aug 17, 2018 - **State & Federal** / Medicaid

The delivery of quality health care requires cooperation between patients, their providers and their health care benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Therefore, in line with our commitment to participating practitioners and members in our system, Anthem Blue Cross and Blue Shield Healthcare Solutions has adopted a *Members' Rights and Responsibilities Statement*, which is located in your *Provider Manual*.

If you need a physical copy of the statement, call Provider Services at 1-844-396-2330.

ANV-NL-0037-18 June 2018

URL: <https://providernews.anthem.com/nevada/article/members-rights-and-responsibilities-statement-1>

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## Reimbursement Policy Update: Medical Recalls

Published: Aug 17, 2018 - **State & Federal** / Medicaid

(Policy 06-111 — effective 11/01/2018)

In applicable circumstances, the appropriate modifier, condition code or value code (identified below) should be used to identify a medically recalled item. This will assist Anthem Blue Cross and Blue Shield Healthcare Solutions in identifying medically recalled items and support correct coding guidelines.

Applicable condition codes are 49 and 50. Condition code 49 signifies products replaced within the product lifecycle due to the product not functioning properly, and condition code 50 is used for product replacement for known recall of a product.

When a credit or cost reduction is received by the provider for the replacement device, applicable modifiers are FB and FC. Modifier FB is used when items are provided without cost to the provider, supplier or practitioner, and modifier FC is used when a partial credit is received by the provider, supplier or practitioner for the replacement device.

Note: In circumstances where we have reimbursed the provider for repair or replacement of items or procedures related to items due to a medical recall, we are entitled to recoup or recover fees from the manufacturer and/or distributor as applicable. In circumstances where we have reimbursed the provider the full or partial cost of a replaced device and the provider received a full or partial credit for the device, we are entitled to recoup or recover fees from the provider.

Please refer to CMS and/or your state's guidelines, and the Medical Recalls reimbursement policy for additional details at <https://mediproviders.anthem.com/nv>.

ANV-NL-0014-18 June 2018

URL: <https://providernews.anthem.com/nevada/article/reimbursement-policy-update-medical-recalls-1>

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## Medical Policies update

Published: Aug 17, 2018 - **State & Federal** / Medicaid

On January 25, 2018, the medical policy and technology assessment committee (MPTAC) approved the following *Medical Policies* applicable to Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem). These policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the below listing.

The *Medical Policies* were made publicly available on our provider website on the effective date listed. To search for specific policies, visit [http://www.anthem.com/cptsearch\\_shared.html](http://www.anthem.com/cptsearch_shared.html).

*Please note:*

- Starting July 1, 2018, AIM Specialty Health® *Cardiology and Radiation Oncology Guidelines* are utilized for clinical reviews.
- For markets with carved-out pharmacy services, the applicable listings below are informational only.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Publish date	Medical Policy number	Medical Policy title	New or revised
2/28/2018	DRUG.00116	Vestronidase alfa (Mepsevii™)	New
2/28/2018	DRUG.00046	Ipilimumab (Yervoy®)	Revised
2/28/2018	DRUG.00075	Nivolumab (Opdivo®)	Revised
2/28/2018	DRUG.00077	Monoclonal Antibodies to Interleukin-17A	Revised
2/1/2018	DRUG.00080	Monoclonal Antibodies for the Treatment of Eosinophilic Conditions	Revised
2/28/2018	DRUG.00082	Daratumumab (DARZALEX™)	Revised
2/28/2018	DRUG.00099	Cerliponase Alfa (Brineura™)	Revised
2/28/2018	GENE.00028	Genetic Testing for Colorectal Cancer Susceptibility	Revised
2/1/2018	GENE.00029	Genetic Testing for Breast and/or Ovarian Cancer Syndrome	Revised
2/28/2018	GENE.00035	Genetic Testing for TP53 Mutations	Revised
2/28/2018	MED.00100	Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems	Revised
2/1/2018	SURG.00011	Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting	Revised
2/1/2018	SURG.00098	Mechanical Embolectomy for Treatment of Acute Stroke	Revised
2/28/2018	SURG.00145	Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)	Revised

ANVPEC-0669-18 July 2018

URL: <https://providernews.anthem.com/nevada/article/medical-policies-update>

## Clinical Utilization Management Guidelines update

Published: Aug 17, 2018 - **State & Federal** / Medicaid

On January 25, 2018, the MPTAC approved the following *Clinical Utilization Management (UM) Guidelines* applicable to Anthem. These clinical guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only



and are not included in the following listing. This list represents the *Clinical UM Guidelines* adopted by the medical operations committee for the Government Business Division on March 2, 2018.

The clinical guidelines were made publicly available on our provider website on the effective date listed. To search for specific guidelines, visit [http://www.anthem.com/cptsearch\\_shared.html](http://www.anthem.com/cptsearch_shared.html).

*Please note:*

- Starting July 1, 2018, AIM Specialty Health® *Cardiology and Radiation Oncology Guidelines* are utilized for clinical reviews.
- For markets with carved-out pharmacy services, the applicable listings below are informational only.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

<b>Publish date</b>	<b>Clinical UM Guideline number</b>	<b>Clinical UM Guideline title</b>	<b>New or revised</b>
5/1/2018	CG-DME-42	Nonimplantable Insulin Infusion and Blood Glucose Monitoring Devices	New
5/1/2018	CG-DME-43	High-Frequency Chest Compression Devices for Airway Clearance	New
5/1/2018	CG-DRUG-82	Prostacyclin Infusion Therapy and Inhalation Therapy for Treatment of Pulmonary Arterial Hypertension	New
5/1/2018	CG-DRUG-83	Growth Hormone	New
5/1/2018	CG-DRUG-84	Belimumab (Benlysta®)	New
5/1/2018	CG-DRUG-85	Tesamorelin (Egrifta®)	New
5/1/2018	CG-DRUG-86	Ocriplasmin (Jetrea®) Intravitreal Injection Treatment	New
5/1/2018	CG-DRUG-87	Vedolizumab (Entyvio®)	New
5/1/2018	CG-DRUG-88	Dupilumab (Dupixent®)	New
5/1/2018	CG-SURG-70	Gastric Electrical Stimulation	New
5/1/2018	CG-SURG-71	Reduction Mammoplasty	New
5/1/2018	CG-SURG-72	Endothelial Keratoplasty	New
7/1/2018	CG-THER-RAD-03	Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy	New
7/1/2018	CG-THER-RAD-04	Selective Internal Radiation Therapy of Primary or Metastatic Liver Tumors	New
5/1/2018	CG-DRUG-29	Hyaluronan Injections	Revised
2/28/2018	CG-DRUG-50	Paclitaxel, protein bound (Abraxane®)	Revised

2/28/2018	CG-DRUG-59	Testosterone Injectable	Revised
2/28/2018	CG-DRUG-73	Denosumab (Prolia®, Xgeva®)	Revised
2/28/2018	CG-DRUG-78	Antihemophilic Factors and Clotting Factors	Revised
2/28/2018	CG-MED-39	Central (Hip or Spine) Bone Density Measurement and Screening for Vertebral Fractures Using Dual Energy X-Ray Absorptiometry	Revised
2/28/2018	CG-MED-53	Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing	Revised
2/28/2018	CG-SURG-33	Lumbar Fusion and Lumbar Total Disc Arthroplasty	Revised

ANVPEC-0669-18 July 2018

URL: <https://providernews.anthem.com/nevada/article/clinical-utilization-management-guidelines-update>

## 2018 Utilization Management Affirmative Statement concerning utilization management decisions

Published: Aug 17, 2018 - **State & Federal** / Medicaid

The following statements govern Anthem Blue Cross and Blue Shield Healthcare Solutions, as a corporation and as individuals, involved in utilization management decisions:

- Utilization management decision making is based only on appropriateness of care and service and the existence of coverage.
- We do not specifically reward practitioners or other individuals for issuing denials of coverage or care. Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support or tend to support denials of benefits.
- Financial incentives for utilization management decision makers do not encourage decisions that result in underutilization or create barriers to care and service.

ANVPEC-0558-18 July 2018

URL: <https://providernews.anthem.com/nevada/article/2018-utilization-management-affirmative-statement-concerning-utilization-management-decisions>