



Colorado Provider News

August 2019 Anthem Provider News and Important Updates -
Colorado

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Anthem Blue Cross and Blue Shield is the trade name of: In Colorado Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare or WCIC; Compcare Health Services Insurance Corporation (Compcare) underwrites or administers the HMO policies and Wisconsin Collaborative Insurance Company (WCIC) underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. Use of the Anthem websites constitutes your agreement with our Terms of Use.

Clinical Criteria and prior authorization updates for specialty pharmacy are available (MAC)

Published: Aug 1, 2019 - Products & Programs / Pharmacy

Material Adverse Change (MAC)

[Clinical Criteria and prior authorization updates for specialty pharmacy are available](#)

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

REMINDER: Changes to the process for Medical Non-Oncology Specialty Drug reviews effective June 15, 2019

Published: Aug 1, 2019 - Products & Programs / Pharmacy

In the [June Provider News](#) we announced the transition of the medical non-oncology specialty drug review process from AIM Specialty Health® (AIM) to Anthem Blue Cross and Blue Shield (Anthem)'s medical specialty drug review team, effective June 15, 2019. Here's a reminder of the changes.

What has changed?

- Beginning June 15, 2019 all **new or reauthorization** specialty drug review requests, that were previously performed by AIM, providers need to submit a new prior authorization request by contacting Anthem's medical specialty drug review team:
 - by phone at 833-293-0659
 - by fax at 888-223-0550
- All inquiries about an existing request (initially submitted to AIM or Anthem), peer-to-peer review, or reconsideration are being managed by Anthem's medical specialty drug review team.

What has not changed?

- AIM continues to be responsible for performing **medical oncology drug** reviews for existing commercial medical benefit for our employer group business.
- Specialty drug review processes not previously done by AIM remain unchanged.
- Clinical criteria for **medical non-oncology specialty drugs** continues to reside on the clinical criteria page on anthem.com.
- Post service clinical coverage reviews and grievance and appeals process and teams have not changed.

Here is a summary of the medical specialty drug changes **beginning June 15, 2019**:

Action	Contact
Submit a new prior authorization request for a medical specialty drug review Submit a reauthorization request for a medical specialty drug review previously performed by AIM	Call Anthem at 1-833-293-0659 or Fax Anthem at 1-888-223-0550
Inquire about an existing request (initially submitted to AIM or Anthem), peer-to-peer review, or reconsideration	Call Anthem at 1-833-293-0659

URL: <https://providernews.anthem.com/colorado/article/reminder-changes-to-the-process-for-medical-non-oncology-specialty-drug-reviews-effective-june-15-2019-2>

Pharmacy information available at anthem.com

Published: Aug 1, 2019 - **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. The commercial and marketplace drug lists are posted to the web site quarterly (the first of the month for January, April, July and October).

To locate “Marketplace Select Formulary” and pharmacy information, scroll down to “Select Drug Lists.” This drug list is also reviewed and updated regularly as needed.

FEP Pharmacy updates and other pharmacy related information may be accessed at www.fepblue.org > Pharmacy Benefits.

URL: <https://providernews.anthem.com/colorado/article/pharmacy-information-available-at-anthemcom-16>

Working with Anthem Webinars - August 2019 schedule: Anthem 101/Provider Orientation for Behavioral Health Providers

Published: Aug 1, 2019 - Administrative

We are continuing our series of “Working with Anthem” webinars for 2019. These webinars are focused on one topic each session, and designed to help our providers and their staff learn how to use the tools currently available to improve operational efficiency when working with Anthem Blue Cross and Blue Shield (Anthem).

2019 Subject Specific Webinars - August schedule

Topic:	Anthem 101/Provider Orientation for Behavioral Health Providers
Date/Time:	August 29, 12pm MT
Description:	This webinar is designed to introduce a number of self-service tools and valuable information about Anthem Blue Cross and Blue Shield to our Providers/Facilities and their office/billing staff specifically focused on Behavioral Health. Whether you are a new provider, have had a change in staff, or just need a refresher, join us for a general overview --- 'Anthem 101'.
Registration link:	https://antheminc.webex.com/antheminc/onstage/g.php?PRID=9ada1c60117342da8bf0ff05a4f4d9c1

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

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

Recorded sessions:

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

URL: <https://providernews.anthem.com/colorado/article/working-with-anthem-webinars-august-2019-schedule-anthem-101provider-orientation-for-behavioral-health-providers>

Non-participating lab referrals

Published: Aug 1, 2019 - **Administrative**

This is a reminder to ensure that you are referring Anthem members to participating labs. LabCorp is our preferred lab provider and offers a Single Source Solution to your testing needs. ***The relationship with LabCorp does not affect network hospital-based lab service providers, contracted pathologists, or contracted independent laboratories. Physicians may continue to refer to all par providers as they have in the past.***

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. *As a reminder, Quest Diagnostics is a non-participating laboratory for all lines of business in Colorado.*

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, and may constitute abuse of health insurance under the Colorado criminal code.

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 **Colorado**. 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:

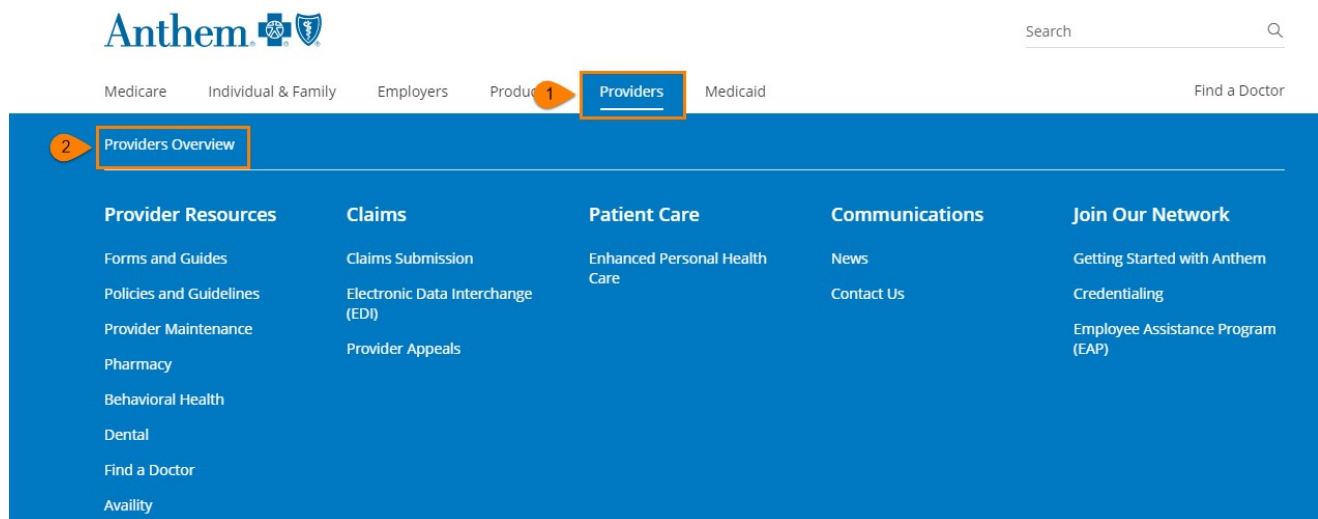
<ul style="list-style-type: none"> • Allergy Program • Cancer Testing • Cardiovascular Disease • Companion Diagnostics • Dermatology • Diabetes • DNA Testing • Endocrine Disorders • Esoteric Coagulation • Gastroenterology 	<ul style="list-style-type: none"> • Genetic Testing • Genetic Counseling • Genomics • HLA Lab for National Marrow Donor Program • Hematopathology • Infectious Disease • Immunology • Liver Disease • Kidney Disease 	<ul style="list-style-type: none"> • Medical Drug Monitoring • Molecular Diagnostics • Newborn Screening • Pain Management • Pathology Expertise w/range of Subspecialties • Pharmacogenomics • Preimplantation Genetic Diagnosis • Reproductive Health 	<ul style="list-style-type: none"> • Obstetrics / Gynecology • Oncology • Toxicology • Whole Exome Sequencing • Virology • Women’s Health • Urology
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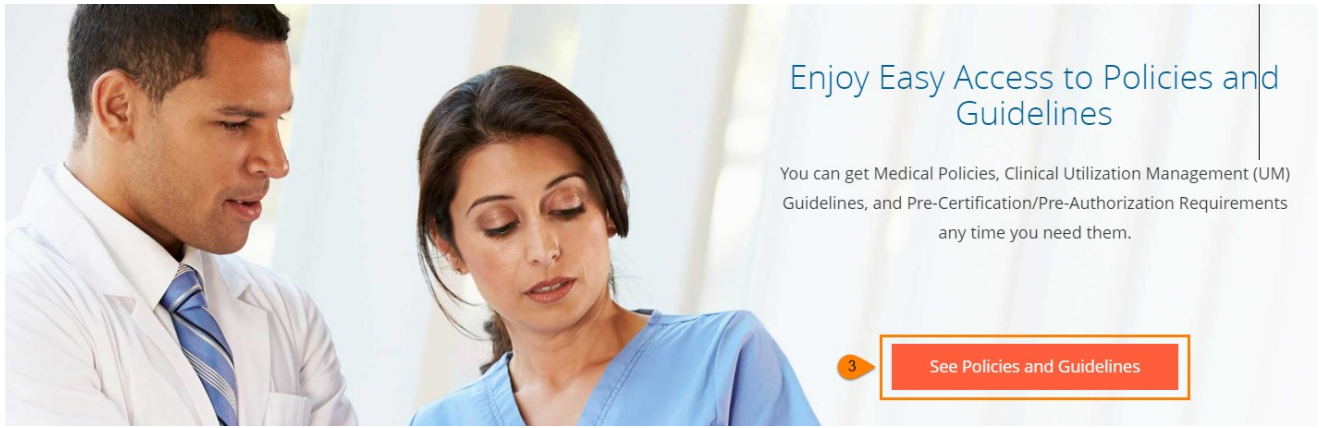
Note: This relationship with LabCorp **does not affect** network hospital-based lab service providers, contracted pathologists, or contracted independent laboratories.

Anthem launches additional changes to anthem.com for Provider Manuals

Published: Aug 1, 2019 - Administrative

Anthem has launched a new page on anthem.com to access our Provider Manuals. This page delivers a more streamlined and easier user experience to access current and past Manuals (if applicable). To view the new page go to: **anthem.com | Provider | Provide Overview | select Your State |** Scroll down to “*Enjoy Easy Access to Policies and Guidelines*”, and select “**See Policies and Guidelines**”. From the Policies and Guidelines landing page, there is a link to **Download Manual**, as well as access previous versions and other manuals applicable to your state.





Enjoy Easy Access to Policies and Guidelines

You can get Medical Policies, Clinical Utilization Management (UM) Guidelines, and Pre-Certification/Pre-Authorization Requirements any time you need them.

3 [See Policies and Guidelines](#)



Provider Manual

Anthem's Provider Manual provides information about key administrative areas, including policies, programs, quality standards and appeals.

4 [Download the Manual >](#)



Reimbursement Policies

Our reimbursement policies are available to promote a better understanding of the claims editing logic that may impact payment.

[Access policies >](#)



Clinical Practice Guidelines

This index compiles guidelines published by third-parties and recognized by Anthem for the diagnosis and treatment of specific clinical circumstances.

[Download the index >](#)

Get Your Provider Manual

If you have any questions about the information in the Provider Manual, please [contact your Network Consultant](#). Some policies or procedures may have changed since the time of publication. In the event of a conflict between this manual and your contract, the terms of your contract will supersede the manual.



This version is effective beginning 02/01/2019.

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[Download Manual](#)

[Access previous versions and other manuals >](#)

URL: <https://providernews.anthem.com/colorado/article/new-labcorp-service-locations-available-1>

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

Published: Aug 1, 2019 - **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 **Colorado**. 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 Type of Refund (Blue Branded)	Make Check Payable To:	Regular Mailing Address:	Overnight Delivery Address:
ALL	Voluntary		
	<i>or</i>		

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/colorado/article/provider-and-facility-identified-overpayments-aka-voluntary-or-unsolicited-4>

Anthem customizations to MCG care guidelines 23rd edition (MAC)

Published: Aug 1, 2019 - **Policy Updates** / Medical Policy & Clinical Guidelines

Material Adverse Change (MAC)

[Anthem customizations to MCG care guidelines 23rd edition](#)

URL: <https://providernews.anthem.com/colorado/article/anthem-customizations-to-mcg-care-guidelines-23rd-edition-mac>

AIM Specialty Health Clinical Guidelines update - Advanced Imaging (MAC)

Published: Aug 1, 2019 - **Policy Updates** / Medical Policy & Clinical Guidelines

Material Adverse Change (MAC)

[AIM Specialty Health Clinical Guidelines update - Advanced Imaging](#)

URL: <https://providernews.anthem.com/colorado/article/aim-specialty-health-clinical-guidelines-update-advanced-imaging-mac-1>

Medical Policy and Clinical UM Guidelines notification letter (MAC)

Published: Aug 1, 2019 - **Policy Updates** / Medical Policy & Clinical Guidelines

Material Adverse Change (MAC)

[Medical Policy and Clinical UM Guidelines notification letter](#)

URL: <https://providernews.anthem.com/colorado/article/medical-policy-and-clinical-um-guidelines-notification-letter-mac>

Updates to AIM Radiation Oncology: Proton Beam Therapy Clinical Appropriateness Guideline

Published: Aug 1, 2019 - **Policy Updates** / Medical Policy & Clinical Guidelines

Effective for dates of service on and after November 10, 2019, the following updates will apply to the AIM Specialty Health® Radiation Oncology: Proton Beam Therapy Clinical Appropriateness Guideline.

- Sinonasal cancer: Added criteria and diagnosis codes for locally advanced sinonasal cancer when tumor involves base of skull and proton beam therapy is needed to spare orbit, optic nerve, optic chiasm, or brainstem
- Ocular Melanoma: Removed tumor size restrictions for treating melanoma of the uveal tract
- Pediatric tumors: Clarified proton beam therapy appropriate for all pediatric tumors requiring radiation therapy

As a reminder, ordering and servicing providers may submit pre-certification requests to AIM in one of several ways:

- Access AIM **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: 877-291-0366, Monday - Friday, 8:00 a.m. - 6:00 p.m. MT.

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. To access and download a copy of the current guidelines, go to:
<http://www.aimspecialtyhealth.com/ClinicalGuidelines.html>.

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

URL: <https://providernews.anthem.com/colorado/article/updates-to-aim-radiation-oncology-proton-beam-therapy-clinical-appropriateness-guideline-5>

Updates to AIM Advanced Oncologic Imaging Clinical Appropriateness Guideline

Published: Aug 1, 2019 - **Policy Updates** / Medical Policy & Clinical Guidelines

Effective for dates of service on and after July 14, 2019, the following updates will apply to the AIM Advanced Oncologic Imaging Clinical Appropriateness Guideline.

- **Prostate Cancer:** Added criteria for the appropriate use of PET-CT with the radiotracers Axumin and 11-Choline, establishing the position of this test in the care continuum for prostate cancer primarily related to biochemical recurrence
- **Neuroendocrine Tumors:** Added criteria for the appropriate use of PET-CT with the radiotracer DOTA-TATE, establishing the position of this test in the care continuum for neuroendocrine tumors

As a reminder, ordering and servicing providers may submit pre-certification requests to AIM in one of several ways:

- Access AIM **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 availability.com
- Call the AIM Contact Center toll-free number: 877-291-0366, Monday - Friday, 8:00 a.m. - 6:00 p.m. MT.

For questions related to guideline updates, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. To access and download a copy of the current guidelines, go to: <http://www.aimspecialtyhealth.com/ClinicalGuidelines.html>.

URL: <https://providernews.anthem.com/colorado/article/updates-to-aim-advanced-oncologic-imaging-clinical-appropriateness-guideline-5>

Bundled Services (Professional Reimbursement Policy - Update) (MAC)

Published: Aug 1, 2019 - **Policy Updates** / Reimbursement Policies

Material Adverse Change (MAC)

[Bundled Services \(Professional Reimbursement Policy - Update\)](#)

URL: <https://providernews.anthem.com/colorado/article/bundled-services-professional-reimbursement-policy-update-mac>

Frequency Editing (Professional Reimbursement Policy - Update) (MAC)

Published: Aug 1, 2019 - **Policy Updates** / Reimbursement Policies

Material Adverse Change (MAC)

[Frequency Editing \(Professional Reimbursement Policy - Update\)](#)

New service types added to Availity

Published: Aug 1, 2019 - **State & Federal** / Medicare

Category: Medicare

Enhancements have been made to the Availity Portal that will now allow you to access more service types when using the Eligibility and Benefits Inquiry tool and will also allow us to share even more valuable information with you electronically.

You may have already noticed new additions to service types, including:

- Medically related transportation.
- Long-term care.
- Acupuncture.
- Respite care.
- Dermatology.
- Sleep study therapy (found under diagnostic medical).
- Allergy testing.

Note, although there is an extensive list of available benefit types available when submitting an eligibility and benefits request, these types do vary by payer.

Here are some important points to remember when selecting service types:

- The benefit/service type field is populated with the last benefit type you selected. If you don't see a specific benefit in the results, submit a new request and select the specific benefit type/service code.
- You have the ability to inquire about 50 patients at one time using the Add Multiple Patients feature.

ABSCRNU-0030-19 June 2019

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New Reimbursement Policy: Drug Screen Testing

Published: Aug 1, 2019 - **State & Federal** / Medicare

Category: Medicare

Anthem Blue Cross and Blue Shield (Anthem) Medicare Advantage allows reimbursement for presumptive and definitive drug screening services. In certain circumstances, Anthem Medicare Advantage allows reimbursement for presumptive drug testing by instrumented chemistry analyzers and definitive drug screening services for the same member provided on the same day by a reference laboratory.

Definitive drug testing may be done to confirm the results of a negative presumptive test or to identify substances when there is no presumptive test available. Provider's documentation and member's medical records should reflect that the test was properly ordered and support that the order was based on the result of the presumptive test.

In the event a reference lab (POS = 81) performs both presumptive and definitive tests on the same date of service, records should reflect that the ordering/treating provider issued a subsequent order for definitive testing based on the results of the presumptive tests.

For additional information, refer to the Drug Screen Testing reimbursement policy at www.anthem.com/medicareprovider.

ABSCRNU-0025-19 June 2019

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URL: <https://providernews.anthem.com/colorado/article/new-reimbursement-policy-drug-screen-testing-2>

AIM Specialty Health programs may require documentation

Published: Aug 1, 2019 - **State & Federal** / Medicare

Category: Medicare

Currently, providers submit various pre-service requests to AIM Specialty Health® (AIM). As part of our ongoing quality improvement efforts for outpatient diagnostic imaging services, cardiac procedures and sleep studies, AIM may request documentation to support the clinical appropriateness of certain requests.

When requested, providers should verify information by submitting documentation from the medical record and/or participating in a pre-service consultation with an AIM physician reviewer. If medical necessity is not supported, the request may be denied as not medically necessary.

Should you have any questions, please call the Provider Services number on the back of the member ID card.

ABSCRNU-0032-19 June 2019 501337MUPENMUB

URL: <https://providernews.anthem.com/colorado/article/aim-specialty-health-programs-may-require-documentation-4>

Special needs plans -- provider training required

Published: Aug 1, 2019 - **State & Federal** / Medicare

Category: Medicare

Anthem Blue Cross and Blue Shield offers special needs plans (SNPs) to people eligible for either Medicare and Medicaid benefits or who are qualified Medicare Advantage beneficiaries. SNPs provide enhanced benefits to people eligible for both Medicare and Medicaid. These include supplemental benefits such as hearing, dental, vision and transportation to medical appointments. Some SNPs include a card or catalog for purchasing over-the-counter items. SNPs do not charge premiums. As you are aware, CMS regulations protect SNP members from balance billing.

Providers who are contracted for SNPs are required to take [annual training](#) to stay current on plan benefits and requirements, including coordination-of-care and model-of-care elements. Providers contracted for our SNPs received notices in the first quarter of 2019 containing information for online, self-paced training through our training site hosted by SkillSoft. Each provider contracted for our SNPs is required to complete this annual training

and select the attestation stating they have completed the training. Attestations can be completed by individual providers or at the group level with one signature.

ABSCRNU-0036-19 June 2019

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URL: <https://providernews.anthem.com/colorado/article/special-needs-plans-provider-training-required-1>

Keep up with Medicare news

Published: Aug 1, 2019 - **State & Federal** / Medicare

Category: Medicare

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

- [Hearing Care Solutions now serves individual Medicare Advantage members in CT, NY, VA and all Group Retiree Solutions members](#)
- [Update to Emergency Department: Level of E&M Services Reimbursement Policy](#)
- [Prepayment clinical validation review process](#)
- [Unspecified diagnosis code update](#)

- [Medicare Advantage Group Retiree PPO plans and National Access Plus FAQ](#)

- [Group Retiree members and National Access Plus](#)

ABSCRNU-0040-19

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URL: <https://providernews.anthem.com/colorado/article/keep-up-with-medicare-news-75>
