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# Important changes to Commonwealth of Virginia and The Local Choice Anthem member ID cards

Published: Aug 1, 2019 - Administrative

Commonwealth of Virginia (COVA) and The Local Choice (TLC) employees who participate in Anthem health care plans are being issued new, revised member identification cards over the next several months. The revised cards include a new ID number prefix and, for TLC members, a new group number, both of which are effective on the dates outlined in the table below. Line of Duty Act (LODA) health plan prefixes are NOT changing.

Members Enrolled in:	Former Prefix	New Prefix
Active employees, early retirees and COBRA participants:  COVA (effective July 1, 2019)  TLC (effective July 1, 2019 or October 1, 2019)	YTX	FVI
Retirees (Medicare-eligible participants):  COVA (effective January 1, 2020)  TLC (effective July 1, 2019 or October 1, 2019)	YTV	VMZ

## Request current ID cards at time of service

While members have been instructed to present their new ID cards to health care providers when seeking covered services beginning July 1 or risk potential denial of claims, your office, practice or facility should always request that patients present their most current ID cards at the time of service. When filing claims to Anthem and affiliate HealthKeepers, Inc., enter the ID numbers exactly as they appear on the card – including the ID number prefix – to help speed claims processing and reimbursement.

**It's important that providers update each patient's health insurance and billing information with the new prefix and group numbers displayed on members' ID cards**

and use this updated information when filing claims to Anthem.

## Electronic ID cards

As a reminder, members can now view, download, email, and fax an electronic version of their member ID cards using the Anthem Anywhere or Engage mobile apps. And because our electronic ID cards look just like our physical ID cards, members can show either an electronic or physical ID card when obtaining services.

**URL:** <https://providernews.anthem.com/virginia/article/important-changes-to-commonwealth-of-virginia-and-the-local-choice-anthem-member-id-cards>

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## Anthem launches additional changes to anthem.com for Provider Manuals

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

Anthem Blue Cross and Blue Shield 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 the Manual**, as well as access previous versions and other manuals applicable to your state.

**2** Providers Overview

**Provider Resources**

- Forms and Guides
- Policies and Guidelines
- Provider Maintenance
- Pharmacy
- Behavioral Health
- Dental
- Find a Doctor
- Availity

**Claims**

- Claims Submission
- Electronic Data Interchange (EDI)
- Provider Appeals

**Patient Care**

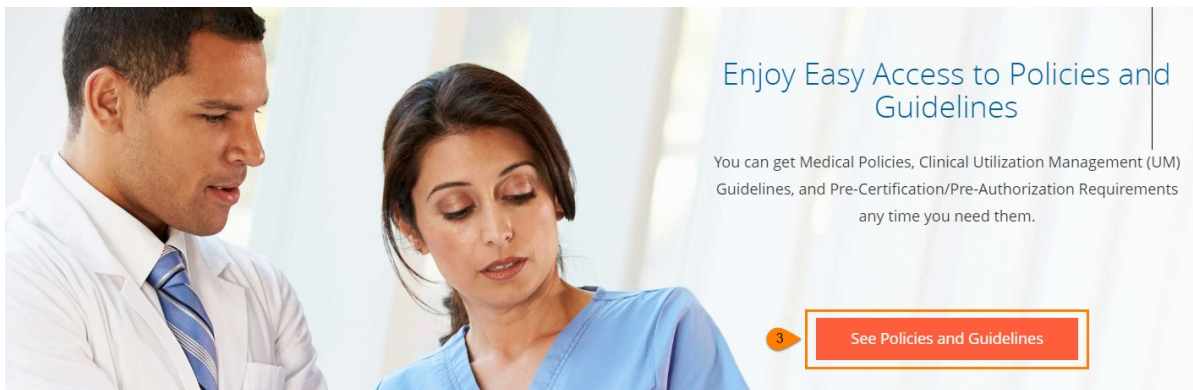
- Enhanced Personal Health Care

**Communications**

- News
- Contact Us

**Join Our Network**

- Getting Started with Anthem
- Credentialing
- Employee Assistance Program (EAP)



**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. You can also [access previous versions](#) of these and other manuals.

### Professional Manual

Download the  
Professional Manual

### Facility Manual

Download the  
Facility Manual

URL: <https://providernews.anthem.com/virginia/article/anthem-launches-additional-changes-to-anthemcom-for-provider-manuals>

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## Maintaining confidentiality of Fee Schedule information

Published: Aug 1, 2019 - Administrative

As a reminder, Fee Schedule information is confidential and proprietary to Anthem Blue Cross and Blue Shield and affiliate HealthKeepers, Inc. in your Provider Agreement (the “Agreement”). The Agreement has general restrictions regarding disclosure of fee schedule and other confidential information. For example, neither Anthem nor the Provider may disclose confidential and proprietary information except:

- 1) As required by Regulatory Requirements;
- 2) Upon the express written consent of the parties;
- 3) As required to perform the obligations of the Agreement; or
- 4) As required to deliver Health Services or administer a Health Benefit Plan.

Please refer to your specific Agreement for a complete list of disclosure restrictions. Anthem provider agreements allow the disclosure of confidential information, including Fee Schedule

information, to specified third-parties (such as consultants, lenders, legal advisors, and business advisors) as long as those parties keep the information confidential. Be aware that if you retain a third party and disclose Anthem's confidential information to them as permitted, and that third party fails to keep Anthem's information confidential, you may be held responsible for the confidentiality breach.

**URL:** <https://providernews.anthem.com/virginia/article/maintaining-confidentiality-of-fee-schedule-information>

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## **Reimbursement policy update: Bundled services - Professional**

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

Beginning with dates of service on or after **November 1, 2019**, new Interprofessional CPT codes 99451 and 99452 are not eligible for reimbursement when they are reported with another service or reported as a stand-alone service. These codes have been added to policy section 1 of the Bundled Services and Supplies reimbursement policy.

**URL:** <https://providernews.anthem.com/virginia/article/reimbursement-policy-update-bundled-services-professional-2>

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## **Change to toll-free phone lines for Provider Services: A reminder from Anthem in Virginia**

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

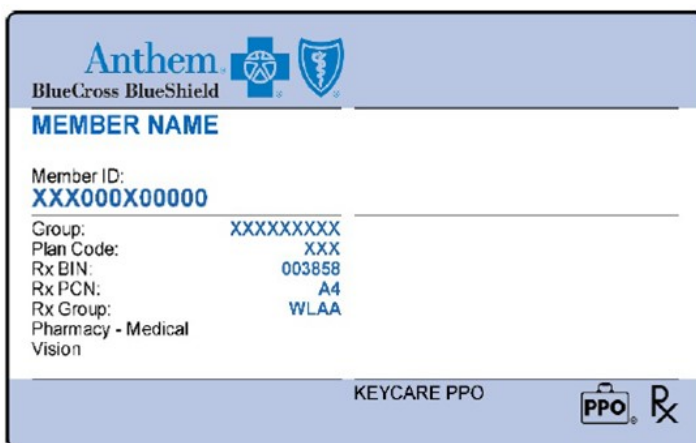
Anthem Blue Cross and Blue Shield respects your time, and we want your service experience to be exceptional. As a reminder, effective **June 13, 2019**, you may have noticed slight changes to the prompts within our interactive voice response (IVR) system when you dial Anthem's Provider Service areas. These enhancements were designed to make it easier for you to get the information you need quickly when you call and to streamline your call-in experience – saving you time in the process.

**IMPORTANT: Always refer to the back of members' health insurance ID cards for the most accurate Provider Services telephone number.** This will help prevent unnecessary misroutes or delays. The back of the member's ID card (text at the bottom) will also identify the Home Plan issuing the member's policy.

If you do not have the member's ID card available, please refer to the following as general guidance:

Toll-free Telephone Numbers	When to Use
<b>800-533-1120</b>	Dial this phone number when calling about a local Virginia Plan member whose ID card has Plan code <b>923, 924 or 925</b> . Follow prompts on the IVR for proper routing.
<b>844-545-1430</b>  <b>NEW!</b>	Dial this phone number when calling about <u><b>claim status</b></u> for members whose policies are issued by <b>other</b> Blue Cross and Blue Shield Plans. (These are non-Virginia BlueCard members.)
<b>800-676-BLUE (2583)</b>	Dial this phone number when calling about a non-Virginia BlueCard member enrolled in another Blue Cross and Blue Shield Plan. This phone number will connect you with the member's Home Plan where you can <b>check eligibility, benefits and obtain precertification</b> , if required.

*Sample ID card below showing where the Plan code on the member's ID card can be found.*





**NOTE:**

**Please make sure you are checking the member's ID card for the Plan code.**

**URL:** <https://providernews.anthem.com/virginia/article/reminder-change-to-toll-free-phone-lines-for-provider-services>

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## **Register soon for Anthem's fall webinar scheduled for October 10**

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

On **October 10, 2019**, Anthem will offer our last provider education webinar for the year. Designed for our network-participating providers, the webinars address Anthem business updates and billing guidelines that impact your business interactions with us.

For your convenience, we offer these informative, hourly sessions online to eliminate travel time and help minimize disruptions to your office or practice. The date for the fall webinar is:

- **Thursday, October 10, 2019, from 11:30 a.m. to 12:30 p.m. ET**

Please take time to register today for the webinar using the registration form to the right under the "Article Attachments" section. If you have already registered for the October webinar, please ensure you have received a fax confirmation or a confirmation from an Anthem representative to ensure we've received your registration form.

Contact [stacey.marsh@anthem.com](mailto:stacey.marsh@anthem.com) if you need to confirm your registration.

**URL:** <https://providernews.anthem.com/virginia/article/register-soon-for-anthems-fall-webinar-scheduled-for-october-10>

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## Receive important email notifications

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

Our *Provider News* is our primary source for providing important information to health care providers and professionals. *Provider News* is published monthly and is posted to our website on the Virginia provider section of anthem.com for easy 24/7 access.

Note that in addition we also use our email service to communicate new information. If you are not yet signed up to receive these notices, we encourage you to enroll now so you'll be sure to receive all information we will be sending about billing, upcoming changes, coverage guidelines and other pertinent topics.

### Reminder notifications sent via email

When you sign up, you'll not only receive an email reminder for each *Provider News* posted online, you'll also be notified of other late breaking news and important information you'll need when providing services and filing claims for our members. It's easy to [register](#).

**URL:** <https://providernews.anthem.com/virginia/article/receive-important-email-notifications>

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## Anthem in Virginia implements customizations to MCG care guidelines 23rd edition

Published: Aug 1, 2019 - **Guideline Updates**

Effective **November 1, 2019**, the following MCG care guideline 23rd edition customization will be implemented for Chemotherapy, Inpatient and Surgical Care (W0162) for adult patients. This customization provides specific criteria and guidance on the following:

- Revised Clinical Indications for admission and added examples for:

Aggressive hydration needs that cannot be managed in an infusion center  
Prolonged marrow suppression

- Added Regimens that cannot be managed as an outpatient with examples

Select [MCG 23RD edition customizations](#) to view a summary.

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

**URL:** <https://providernews.anthem.com/virginia/article/anthem-in-virginia-implements-customizations-to-mcg-care-guidelines-23rd-edition>

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## Updates to AIM Advanced Imaging Clinical Appropriateness Guidelines

Published: Aug 1, 2019 - **Guideline Updates**

Effective for dates of service on and after **November 10, 2019**, the following updates will apply to the AIM Advanced Imaging Clinical Appropriateness Guidelines.

### **Oncologic Imaging Guideline contains updates to the following:**

- Colorectal cancer, germ cell tumors, kidney cancer, multiple myeloma, prostate cancer and cancers of unknown primary / cancers not otherwise specified,
- Added new sections on hepatobiliary cancer and suspected metastases
- Added allowance for MRI and/or MRCP for diagnostic workup of hepatocellular carcinoma, intrahepatic cholangiocarcinoma, and extrahepatic cholangiocarcinoma
- Added allowance for PET “When standard imaging prior to planned curative surgery for cholangiocarcinoma has been performed and has not demonstrated metastatic disease”

## **Vascular Imaging Guideline contains updates to the following:**

- Brain, Head and Neck: Aneurysm - intracranial, Aneurysm - extracranial, Arteriovenous malformation (AVM) and fistula (AVF), Fibromuscular dysplasia, Hemorrhage - intracranial, Stenosis or occlusion - extracranial, Stenosis or occlusion - intracranial, stroke and Venous thrombosis or compression - intracranial
- Chest: Acute aortic syndrome, Aortic aneurysm, Pulmonary artery hypertension
- Abdomen and Pelvis: Acute aortic syndrome, Aneurysm of the abdominal aorta or iliac arteries, Hematoma/hemorrhage within the abdomen or unexplained hypotension, Renal artery stenosis (RAS)/Renovascular hypertension, Venous thrombosis or compression – intracranial, Stenosis or occlusion of the abdominal aorta or branch vessels, not otherwise specified
- Upper Extremity: Peripheral arterial disease, Venous thrombosis or occlusion
- Lower Extremity: Added physiologic testing for peripheral arterial disease and further defined indications for classic presenting symptoms of lower extremity peripheral arterial disease
- Added arterial ultrasound guideline content
- Aligned peripheral arterial ultrasound with advanced vascular imaging criteria

## **Imaging of the Heart Guideline contains updates to the following:**

- Blood Pool Imaging: Changes address appropriate evaluation and surveillance of LV function in patients following cardiac transplantation. Additional language is more restrictive based on the literature and aligns with the resting transthoracic echocardiography guideline.
- Cardiac CT: Quantitative evaluation of coronary artery calcification has been revised with new more expansive language based on review of the literature.

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM's **ProviderPortal<sub>SM</sub>** directly at [providerportal.com](http://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](http://availity.com).
- Call the AIM Contact Center toll-free number: 866-789-0397, Monday - Friday, 8 a.m. to 5 p.m. ET

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

**URL:** <https://providernews.anthem.com/virginia/article/updates-to-aim-advanced-imaging-clinical-appropriateness-guidelines-13>

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# Updates to AIM Advanced Oncologic Imaging Clinical Appropriateness Guideline

Published: Aug 1, 2019 - Guideline Updates

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 prior authorization requests to AIM in one of several ways:

- Access AIM's **ProviderPortal**<sup>SM</sup> directly at [providerportal.com](http://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](http://availity.com).
- Call the AIM Contact Center toll-free number: 866-789-0397, Monday - Friday, 8 a.m. to 5 p.m. ET

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

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

Published: Aug 1, 2019 - Guideline Updates

Effective for dates of service on and after **November 10, 2019**, the following updates will apply to the AIM 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 prior authorization requests to AIM in one of several ways:

- Access AIM's **ProviderPortal**<sub>SM</sub> directly at [providerportal.com](http://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](http://availity.com).
- Call the AIM Contact Center toll-free number: 866-789-0397, Monday - Friday, 8 a.m. to 5 p.m. ET.

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

Please note, this program does not apply to National Accounts or the Blue Cross and Blue Shield Service Benefit Plan (also called the Federal Employee Program or FEP).

**URL:** <https://providernews.anthem.com/virginia/article/updates-to-aim-radiation-oncology-proton-beam-therapy-clinical-appropriateness-guideline-4>

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## Coverage Guidelines effective November 1, 2019

Published: Aug 1, 2019 - **Guideline Updates** / Coverage and Clinical Guidelines

Anthem Blue Cross and Blue Shield in Virginia and our affiliate, HealthKeepers, Inc., will implement the following new and revised coverage guidelines effective **November 1, 2019**. These guidelines impact all our products – with the exception of Anthem HealthKeepers Plus (Medicaid), the Commonwealth Coordinated Care Plus (Anthem CCC Plus) plan, Medicare Advantage, and the Blue Cross and Blue Shield Service Benefit Plan (also called the Federal Employee Program or FEP). Furthermore, the guidelines were among those recently approved at the Medical Policy and Technology Assessment Committee meeting held on June 6, 2019.

The services addressed in these coverage guidelines in this section and in the attachment under "Article Attachments" on the right will require authorization for all of our HealthKeepers, Inc. products with the exception of Anthem HealthKeepers Plus (Medicaid), the Anthem CCC Plus plan, Medicare Advantage, and the Federal Employee Program.



A pre-determination can be requested for our PPO products.

Services related to specialty pharmacy drugs (non-cancer related) require a Medical Necessity review, which includes site of care criteria, as outlined in the applicable coverage or clinical UM guideline listed below.

The guidelines address in this edition of *Provider News* are:

- Cooling Devices and Combined Cooling/Heating Devices (DME.00037)
- Bronchial Gene Expression Classification for Diagnostic Evaluation of Lung Cancer (GENE.00051)
- Selected Blood, Serum and Cellular Allergy and Toxicity Tests (LAB.00027)
- Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer (LAB.00033)
- Gene Therapy for Spinal Muscular Atrophy (MED.00129)
- Microprocessor Controlled Lower Limb Prosthesis (OR-PR.00003)
- Extracorporeal Shock Wave Therapy (SURG.00045)
- Transcatheter Heart Valve Procedures (SURG.00121)

- Cardiac Contractility Modulation Therapy (SURG.00153)

URL: <https://providernews.anthem.com/virginia/article/coverage-guidelines-effective-november-1-2019>

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## Clinical practice and preventive health guidelines available on the Web

Published: Aug 1, 2019 - **Guideline Updates** / Coverage and Clinical Guidelines

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 guidelines are available on our website at [anthem.com/provider/Provider Overviews](https://www.anthem.com/provider/Provider-Overviews) > scroll down and select 'Find Resources for Virginia' > Health and Wellness > [Practice Guidelines](#).

URL: <https://providernews.anthem.com/virginia/article/clinical-practice-and-preventive-health-guidelines-available-on-the-web-18>

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## Anthem engages Matrix to conduct mobile health clinics and in-home assessments for targeted members

Published: Aug 1, 2019 - **Products & Programs**

As we continue our commercial risk adjustment efforts to help ensure our members enrolled in Affordable Care Act (ACA) plans have their chronic conditions assessed and documented each year, Anthem Blue Cross and Blue Shield and affiliate HealthKeepers, Inc. are once again engaging Matrix to help encourage members – on our behalf – to schedule an in-home or mobile health clinic assessment. A vendor, Matrix operates the largest fleet of mobile medical centers nationwide and has conducted more than 1,000,000 patient

assessments since 1998 – providing convenient access to comprehensive health assessments.

The mobile clinic provides members with additional options to help close gaps in care. In late July, Matrix began reaching out to targeted members on our behalf by letter and phone. Our outreach efforts will continue until the end of this year.

Matrix works with hospitals and health plans like Anthem and HealthKeepers, Inc. to deliver preventive health testing to the communities Matrix serves. Each mobile clinic has a reception area and private screening rooms. Matrix also helps members with scheduling follow-up appointments with their PCPs at the end of the assessments, as well as forwarding PCPs a copy of an assessment.

New for this year, Matrix will also perform in-home assessments where possible. A copy of the assessment will be sent to members' PCPs to ensure continuity of care.

**Members will receive a \$50 Visa gift card for completing the mobile or in-home assessment.** They do not have to pay anything for the assessment.

The overall goal of the mobile clinic program is to provide a convenient, comprehensive appointment that is designed to complement the care provided by our network-contracting physicians. **These mobile clinic or in-home visits do not replace any active treatment plans members currently have with their regular physicians and are not considered wellness visits or a substitute for members' annual physical examinations.**

We're including information in this edition of *Provider News* should patients contact you about the program. Please refer members directly to Matrix if they have questions or need more information:

**Mobile Bus: 888-822-3247**

**In-Home: 855-403-0967**

**URL:** <https://providernews.anthem.com/virginia/article/anthem-engages-matrix-to-conduct-mobile-health-clinics-and-in-home-assessments-for-targeted-members>

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## Clinical Criteria and prior authorization updates for specialty pharmacy are available

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

Below are Clinical Criteria and prior authorization updates were endorsed at the May 17, 2019 Clinical Criteria meeting. Access the [clinical criteria information](#) online.

For Anthem Blue Cross and Blue Shield and affiliate HealthKeepers, Inc., prior authorization of these specialty pharmacy drugs will be managed by Anthem. Drugs used for the treatment of Oncology will still require prior authorization by AIM Specialty Health® (AIM), a separate company.

This applies to members with Preferred Provider Organization (PPO), HealthKeepers (HMO), POS AdvantageOne and Act Wise (CDH plans).

### Revised Clinical Criteria effective June 10, 2019

The following new clinical criteria were revised to expand medical necessity indications or criteria. The table below will assist you in identifying the new document number for the clinical criteria that corresponds with the previous Clinical or Coverage Guideline.

Clinical or Coverage Guideline	Clinical Criteria	Clinical Criteria Name	Drug(s)	HCPCS or CPT Code(s)
CG-DRUG-106	ING-CC-0092	Adcetris (brentuximab)	Adcetris	J9042
CG-DRUG-38	ING-CC-0094	Alimta (pemetrexed)	Alimta	J9305
CG-DRUG-42	ING-CC-0096	Asparagine Specific Enzymes	Erwinaze, Asparaginase, Oncaspar	J9019, J9020, J9266
CG-DRUG-63	ING-CC-0104	Leucovorin and Levoleucovorin agents	Fusilev, Khapzory	J0641, C9043, J3490
CG-DRUG-66	ING-CC-0105	Vectibix (panitumumab)	Vectibix	J9303
CG-DRUG-72	ING-CC-0110	Perjeta (pertuzumab)	Perjeta	J9306

CG-DRUG-96	ING-CC-0115	Kadcyla (ado-trastuzumab)	Kadcyla	J9354
CG-DRUG-98	ING-CC-0116	Bendamustine agents	Bendeka, Treanda, Belrapzo	J9034, J9033, C9042, J9999
DRUG.00046	ING-CC-0119	Yervoy (ipilimumab)	Yervoy	J9228
DRUG.00053	ING-CC-0120	Kyprolis (carfilzomib)	Kyprolis	J9047
DRUG.00063	ING-CC-0122	Arzerra (ofatumumab)	Arzerra	J9302
DRUG.00067	ING-CC-0123	Cyramza (ramucirumab)	Cyramza	J9308
DRUG.00071	ING-CC-0124	Keytruda (pembrolizumab)	Keytruda	J9271
DRUG.00075	ING-CC-0125	Opdivo (nivolumab)	Opdivo	J9299
DRUG.00107	ING-CC-0129	Bavencio (avelumab)	Bavencio	J9023

### Revised Clinical Criteria effective September 1, 2019

The following new clinical criteria were reviewed with no significant change to the medical necessity indications or criteria. The table below will assist you in identifying the new document number for the clinical criteria that corresponds with the previous Clinical or Coverage Guideline.

Clinical or Coverage Guideline	Clinical Criteria	Clinical Criteria Name	Drug(s)	HCPCS or CPT Code(s)
CG-DRUG-100	ING-CC-0085	Actimmune (interferon gamma-1B)	Actimmune	J9216
CG-DRUG-101	ING-CC-0090	Ixempra (ixabepilone)	Ixempra	J9207
CG-DRUG-102	ING-CC-0091	Lartruvo		

(olaratumab)	Lartruvo	J9285		
CG-DRUG-49	ING-CC-0098	Doxorubicin Hydrochloride Liposome	Lipodox, Doxorubicin hydrochloride liposomal, Doxil	Q2049, Q2050
CG-DRUG-50	ING-CC-0099	Abraxane (paclitaxel protein-bound)	Abraxane	J9264
CG-DRUG-51	ING-CC-0100	Istodax (romidepsin)	Istodax	J9315
CG-DRUG-62	ING-CC-0103	Faslodex (fulvestrant)	Faslodex	J9395
CG-DRUG-67	ING-CC-0106	Erbitux (cetuximab)	Erbitux	J9055
CG-DRUG-68	ING-CC-0107	Bevacizumab agents (Avastin, Mvasi)	Avastin, Mvasi	J9035, Q5107
CG-DRUG-70	ING-CC-0108	Halaven (eribulin)	Halaven	J9179
CG-DRUG-71	ING-CC-0109	Zaltrap (ziv-aflibercept)	Zaltrap	J9400
CG-DRUG-75	ING-CC-0111	Nplate (romiplostim)	Nplate	J2796
CG-DRUG-77	ING-CC-0112	Xofigo (Radium Ra 223 Dichloride)	Xofigo	A9606, 79101
CG-DRUG-80	ING-CC-0114	Jevtana (cabazitaxel)	Jevtana	J9043
CG-DRUG-99	ING-CC-0117	Empliciti (elotuzumab)	Empliciti	J9176
CG-THER-RAD-03	ING-CC-0118	Radioimmunotherapy: Zevalin; azedra; Lutathera	Zevalin, Azedra, Lutathera	79403, A9543, 79101, A9699, C9408, A9513
DRUG.00062	ING-CC-0121	Gazyva (obinutuzumab)	Gazyva	J9301
DRUG.00076	ING-CC-0126	Blinicyto (blinatumomab)	Blinicyto	J9039
DRUG.00082	ING-CC-0127	Darzalex (daratumumab)	Darzalex	J9145
DRUG.00088	ING-CC-0128	Tecentriq (atezolizumab)	Tecentriq	J9022

DRUG.00109	ING-CC-0130	Imfinzi (durvalumab)	Imfinzi	J9173
CG-DRUG-113	ING-CC-0131	Besponsa (inotuzumab ozogamicin)	Besponsa	J9229
DRUG.00112	ING-CC-0132	Mylotarg (gemtuzumab ozogamicin)	Mylotarg	J9203
DRUG.00118	ING-CC-0133	Aliqopa (copanlisib)	Aliqopa	J9057
MED.00106	ING-CC-0134	Provenge (Sipuleucel-T)	Provenge	Q2043
CG-MED-67	ING-CC-0135	Melanoma Vaccines	Imlygic	J9325, J3590
CG-DRUG-53	ING-CC-0136	Drug dosage, frequency, and route of administration	N/A	N/A
CG-DRUG-01	ING-CC-0141	Off-Label Drug and Approved Orphan Drug Use	N/A	N/A

### Revised Clinical Criteria effective November 1, 2019

The following current and new clinical criteria were revised and might result in services that were previously covered but may now be found to be not medically necessary.

- ING-CC-0048 Spinraza (nusinersen)
- ING-CC-0002 Colony Stimulating Factor Agents
- ING-CC-0113 Sylvant (siltuximab) *[previously CG-DRUG-79]*

## New Clinical Criteria effective November 1, 2019

The following clinical criteria are new.

- ING-CC-0137 Cablivi (caplacizumab-yhdp)
- ING-CC-0138 Asparlas (calaspargase pegol-mknl)
- ING-CC-0139 Evenity (romosozumab-aqqg)
- ING-CC-0140 Zulresso (brexanolone)

### Expanded specialty pharmacy prior authorization list

Effective for dates of service on and after **November 1, 2019**, the following non-oncology specialty pharmacy codes from current clinical criteria will be included in our prior authorization process.

Please note, inclusion of NDC code on your claim will shorten the claim processing time of drugs billed with a Not Otherwise Classified (NOC) code.

For Anthem Blue Cross and Blue Shield and affiliate HealthKeepers, Inc., prior authorization of these specialty pharmacy drugs will be managed by Anthem. Drugs used for the treatment of Oncology will still require prior authorization by AIM Specialty Health® (AIM), a separate company.

This applies to members with Preferred Provider Organization (PPO), HealthKeepers (HMO), POS AdvantageOne and Act Wise (CDH plans).

Clinical Criteria	HCPCS or CPT Code(s)	NDC Code(s)	Drug
ING-CC-0050	J3490		



J3590	00074-2042-01 00074-2042-02	Skyrizi™
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**URL:** <https://providernews.anthem.com/virginia/article/clinical-criteria-and-prior-authorization-updates-for-specialty-pharmacy-are-available-6>

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## Pharmacy information available on 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](http://anthem.com/pharmacyinformation). The commercial and marketplace drug lists are posted to the website 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.” *For State-sponsored Business, visit [SSB Pharmacy Information](#)*. 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](http://www.fepblue.org) > Pharmacy Benefits.*

**URL:** <https://providernews.anthem.com/virginia/article/pharmacy-information-available-on-anthemcom-40>

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## AIM Specialty Health programs may require documentation

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

Currently, HealthKeepers, Inc. requires providers to submit various Anthem HealthKeepers Plus 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.

If you have any questions about this communication, call Provider Services at **1-800-901-0020** or Anthem CCC Plus Provider Services at **1-855-323-4687**.

**URL:** <https://providernews.anthem.com/virginia/article/aim-specialty-health-programs-may-require-documentation-5>

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## Coming soon: Electronic attachments

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

As we prepare for the potential regulatory-proposed standards for electronic attachments, HealthKeepers, Inc. will be implementing X12 275 electronic attachment transactions (version 5010) for claims for Anthem HealthKeepers Plus members.

Standard electronic attachments will bring value to you by eliminating the need for mailing paper records and reducing processing time overall.

HealthKeepers, Inc. and Availity will pilot electronic data interchange batch electronic attachments with previously selected providers. Both solicited and unsolicited attachments will be included in our pilots.

### Attachment types

- **Solicited attachments:** The provider sends a claim and the payer determines there is not enough information to process the claim. The payer will then send the provider a request for additional information (currently done via letter). The provider can then send the solicited attachment transaction, with the documentation requested, to process the claim.

- **Unsolicited attachment:** When the provider knows that the payer requires additional information to process the claim, the provider will then send the X12 837 claim with the Paper Work Included segment tracking number. Then, the provider will send the X12 275 attachment transaction with the additional information and include the tracking number that was sent on the claim for matching.

## What you can do

As we prepare for this change, you can help now by having conversations with your clearinghouse and/or electronic healthcare records vendor to determine their ability to set up the X12 275 attachment transaction capabilities.

In addition, you should be on the lookout for additional information and details about working with HealthKeepers, Inc. and Availity to send attachments via electronic batch.

**URL:** <https://providernews.anthem.com/virginia/article/coming-soon-electronic-attachments-1>

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## Provider claims payment disputes

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

This article serves as a reminder to Anthem HealthKeepers Plus providers about policies and procedures regarding claims payment disputes. The following information is included in the *Anthem HealthKeepers Plus Provider Manual* found at <https://mediproviders.anthem.com/va> > Manuals, Directories, Training & More > Anthem HealthKeepers Plus Manuals, Directories, Training & Resources.

## Provider reconsiderations (first-level appeals)

For questions regarding the outcome of a claim not related to additional authorized days or services, providers may request a reconsideration by calling Provider Services or submitting a *Claim Information/Adjustment Request 151 Form*. Examples of reconsiderations include claim processing errors or responses to additional information requested. HealthKeepers, Inc. will respond to all reconsideration requests within 60 calendar days.