



California Provider News

August 2020 Anthem Blue Cross Provider News -
California

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

Published: Aug 1, 2020 - **Products & Programs** / Pharmacy

Effective with dates of service on and after October 1, 2020, and in accordance with the IngenioRx Pharmacy and Therapeutics (P&T) process, Anthem Blue Cross (Anthem) will update its drug lists that support commercial health plans.

Updates include changes to drug tiers and the removal of medications from the formulary. The changes apply for only new prescriptions; members with existing prescriptions for these medications will not be impacted.

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

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

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

IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Anthem.

598-0820-PN-CA

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

Pharmacy information available on [anthem.com/ca](https://www.anthem.com/ca)

Published: Aug 1, 2020 - **Products & Programs** / Pharmacy

For more information on copayment/coinsurance requirements and their applicable drug classes, drug lists and changes, prior authorization criteria, procedures for generic substitution, therapeutic interchange, step therapy or other management methods subject to prescribing decisions, and any other requirements, restrictions, or limitations that apply to using certain drugs, visit [anthem.com/pharmacyinformation](https://www.anthem.com/pharmacyinformation). The commercial and

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

575-0820-PN-CA

URL: <https://providernews.anthem.com/california/article/pharmacy-information-available-on-anthemcomca-14>

Did you know? Referral requirements for students with University of California Student Health Insurance Plan (UC SHIP) coverage

Published: Aug 1, 2020 - Administrative

In order for non-emergency medical care to be covered for students under the University of California Student Health Insurance Plan (UC SHIP), a referral must be obtained from their campus Student Health Center.

The following services are exceptions to the referral requirement, and do not require a student health center referral: emergency care, urgent care, LiveHealth Online, pediatric dental or pediatric vision services for members under age 19, or services of a pediatrician, obstetrician, or gynecologist. UC Merced students do not require student health center referrals in order for care to be covered under the UC SHIP plan. Other exceptions may apply – please reach out to Anthem’s customer service team at **1-866-940-8306** with any questions.

576-0820-PN-CA

URL: <https://providernews.anthem.com/california/article/did-you-know-a-quick-note-about-referral-requirements-for-students-with-university-of-california-health-insurance-plan-coverage>

Electronic claims submission: Clinical Laboratory Improvement Amendments (CLIA)

Published: Aug 1, 2020 - Administrative

The Centers for Medicare & Medicaid Services (CMS) regulates all laboratory testing in the

A valid CLIA Certificate Identification number is required and must be included on each electronic claim billed for laboratory services, subject to CLIA legislation. You may not receive reimbursement for your electronic claims if the required certification number is missing.

How to apply for a CLIA Certificate

https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certificate_International_Laboratories

This CMS mandate went in to effect on May 1, 2020. Please work with your software vendor or clearinghouse to ensure that the required information is included in your electronic files to avoid EDI claim rejections.

For detailed information on the tests subject to CLIA, please refer to the CMS link below:

<https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/>

586-0820-PN-CA

URL: <https://providernews.anthem.com/california/article/electronic-claims-submission-clinical-laboratory-improvement-amendments>

Provider Contract and Fee Schedule Notifications coming soon!

Published: Aug 1, 2020 - **Administrative**

We are excited to announce the release of Provider Contract and Fee Schedule Notifications! Starting in Mid-July, when Anthem Blue Cross (Anthem) notifies you of a statewide fee schedule update or provider contract amendment, you can log into [Availity.com](https://www.availity.com) and download a digital copy of your content.

Over the last few months, we have been tirelessly working to improve our service and believe that online Provider Contract and Fee Schedule Notifications will help you appreciate your experience with Anthem even more.

In order to be ready for the digital downloads; you should log in to Availity, access the Provider Online Reporting application and register your authorized users. Going forward, you will see newsletter articles notifying you when you can download content, or if your state requires a mail notification, you may receive a letter or postcard notifying you of content ready for download.

See details below on how to log in and access your reports:

Provider Online Reporting Reference Guide

How to get started

This document will familiarize you with the Provider Online Reporting application found on the Availity Portal. Using our web-based reporting application, you will be able to access regularly updated reports.

- For Availity Administrators – How to assign access
- For Users – How to navigate to the reports

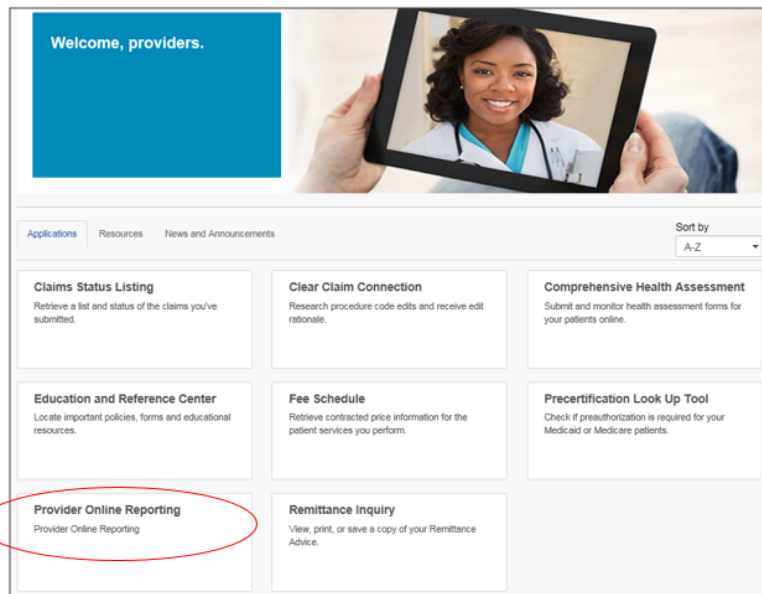
If your organization is not currently registered for the Availity Portal, go to www.availity.com and select **Register** to complete the online application.

Your Administrator will need to take the following steps to **assign access to Provider Online Reporting**:

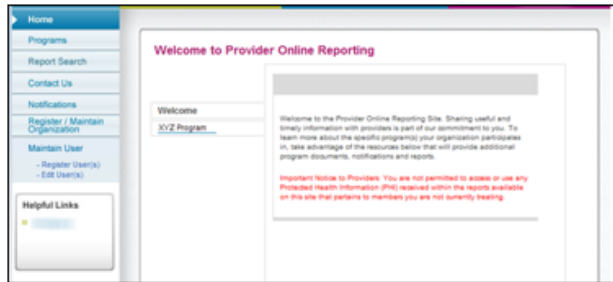
1. Assign the user role of Provider Online Reporting to your Availity access.
2. Select **Payer Spaces** in the navigation bar and then choose the payer tile that corresponds to the market.
3. Accept the User Agreement (once every 365 days).
4. On the *Applications* tab, select **Provider Online Reporting**.
5. Choose the organization and select **Submit**.
6. In the Provider Online Reporting application, register the tax ID by selecting **Register/Maintain Organization**.
7. Last, register users to the program by selecting **Register Users** and completing the required fields.

Accessing reports:

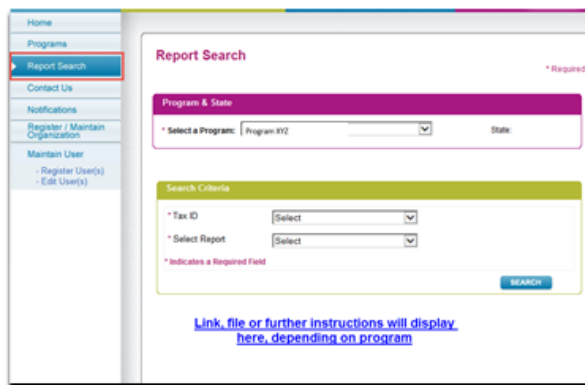
1. After logging in to Availity, select **Payer Spaces** in the navigation bar and then choose the payer tile that corresponds to the market.
2. Accept the User Agreement (once every 365 days).
3. On the *Applications* tab, select **Provider Online Reporting**.
4. Choose the organization and select **Submit**.
5. Select **Report Search**, choose **the type of report**, and then launch your program's reporting application.



- The *Home* page in Provider Online Reporting will open. This page lists all programs the organization is eligible for.
- Use the navigation options on the left-hand side of the page to easily move around within the tool.



The *Report Search* page launches the corresponding reporting application for your program. Select the appropriate program from drop-down menu.



- For further assistance with Availity, please contact Availity Client Services at **1-800-282-4548**.
- For other questions, contact your local contract advisor, consultant or Provider Relations representative.

579-0820-PN-CA

URL: <https://providernews.anthem.com/california/article/provider-contract-and-fee-schedule-notifications-coming-soon-3>

Resources to support diverse patients and communities

Published: Aug 1, 2020 - Administrative

We've heard it all our lives: To be fair, you should treat everybody the same. But the challenge is that everybody is not the same—and these differences can lead to critical disparities not only in how patients access health care, but their outcomes as well. The current health crisis illuminates this quite clearly. It is imperative to offer care that is tailored to the unique needs of patients, and Anthem Blue Cross (Anthem) is committed to supporting our providers in this effort.

[MyDiversePatients.com](#) offers education resources to help you support the needs of your diverse patients and address disparities, including:

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

[Stronger Together](#) offers free resources to support the diverse health needs of all people where they live, learn, work and play. These resources were created by our parent company in collaboration with national organizations and are available for you to share with your patients and communities.

While there is no single easy answer to the issue of health care disparities, the vision of [MyDiversePatients.com](#) and [Stronger Together](#) is to start reversing these trends...one person at a time.

Embrace the knowledge, skills, ideals, strategies, and techniques to accelerate your journey to becoming your patients' trusted health care partner by visiting these resources today.

My Diverse Patients

Article Attachments



Stronger Together Health Equity Resources



584-0820-PN-CA

URL: <https://providernews.anthem.com/california/article/resources-to-support-diverse-patients-and-communities-6>

Migrate your EDI transactions to Availity today

Published: Aug 1, 2020 - Administrative

There is no doubt the coronavirus (COVID-19) crisis has taken a toll on all of us. The pandemic *has* led to immeasurable challenges but we are here to help you ease back into business. We want to remind you, as the Availity migration continues full speed ahead, Anthem Blue Cross (Anthem) will guide you to make it a smooth transition Just as all good things end, such as summer, the Availity EDI migration also has a target **closing date of September 15, 2020.**

Take Action Today: Availity setup is simple and at no cost for you!

Use this “Welcome” link to get started today: <https://apps.availity.com/web/welcome/#/>

All EDI transmissions currently sent or received today via the Anthem gateway are now available on the Availity EDI Gateway.

- 837 Institutional and Professional
- 837 Dental
- 835 Electronic Remittance Advice
- 276/277 Claim Status
- 270/271 Eligibility Request
- 275 Medical Attachments
- 278 Prior Authorization/Referrals
- 278N Inpatient Admission and Discharge Notification

Below are the options you can choose from to exchange EDI transmissions with the Availity EDI Gateway:

Migrate your direct connection with Anthem and become a direct submitter with Availity.

Use your existing Clearinghouse or Billing Company for your EDI transmissions. (Work with them to ensure connectivity to the Availity EDI Gateway).

Use Direct Single Claim entry through the Availity Portal.

Show your team what you learned this summer!

Enroll in one of Availity's free courses and training demos at your convenience. Making the switch to Availity's EDI Gateway is easy if you have all the resources that you need.

Follow these steps to register at www.Availity.com:

1. Log in to the Availity Portal and select **Help & Training | Get Trained** to access the Availity Learning Center (ALC).
2. Select Sessions from the menu under the search catalog field.
3. Scroll Your Calendar to locate your webinar.
4. Select View Course and then Enroll. The ALC will email you instructions to attend.

If you and your clearinghouse have already migrated over to Availity, thank you and you are a step ahead! If not, start the process now to make the transition before September 15, 2020.

For questions, contact Availity Client Services at 1-800-Availity (**1-800-282-4548**) for assistance Monday - Friday 5 a.m. – 4 p.m. PT.

585-0820-PN-CA

URL: <https://providernews.anthem.com/california/article/migrate-your-edi-transactions-to-availity-today-6>

Appropriate coding helps provide a comprehensive picture of patients' health

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We appreciate the role you play in managing the health of our members. As the physician of a patient who has coverage compliant with the Affordable Care Act (ACA), you play a vital role in accurately documenting the health of the patient to help ensure compliance with ACA program reporting requirements. **When patients visit your practice, we encourage you to document ALL of their health conditions, especially chronic diseases. Ensuring that the coding on the claim submission is to the greatest level of specificity can help reduce the number of medical record requests from us in the future.**

Please ensure that all codes captured in your electronic medical record (EMR) system are also included on the claim(s), and are not being truncated by your claims software management system. For example, some EMR systems may capture up to 12 diagnosis codes, but the claim system may only have the ability of capturing four. If your claim system is truncating some of your codes, please work with your vendor/clearing house to ensure all codes are being submitted.

Reminder about ICD-10 coding

The ICD-10 coding system serves multiple purposes including identification of diseases, justification of the medical necessity for services provided, tracking morbidity and mortality, and determination of benefits. Additionally, Anthem uses ICD-10 codes submitted on claims to monitor health care trends, cost, and disease management. Additionally, the Centers for Medicare & Medicaid Services (CMS) uses ICD-10 as part of the risk adjustment program created under the ACA to determine the risk score associated with a patient's health.

Using specific ICD-10 diagnosis codes will help convey the true complexity of the conditions being addressed in each visit.

- Code the primary diagnosis, condition, problem or other reason for the medical service or procedure.
- Include any secondary diagnosis codes that are actively being managed.
- Include all chronic historical codes, as they must be documented each year pursuant to the ACA. (Such as an amputee must be coded each and every year even if the visit is not addressing the amputated limb specifically).

Telehealth visits are an acceptable format for seeing your patients and assessing if they have risk adjustable conditions. ICD-10 coding guidelines still apply, so please ensure coding on a telehealth visit claim is to the highest specificity with all diagnosis codes. Previous Anthem *Provider News* editions provide telehealth reimbursement guidance to follow for claims submission.

If you are interested in a coding training session specific to risk adjustable conditions, please contact the Commercial Risk Adjustment Network Education Representative: Socorro Carrasco at Socorro.Carrasco@anthem.com.

567-0820-PN-CA

URL: <https://providernews.anthem.com/california/article/appropriate-coding-helps-provide-a-comprehensive-picture-of-patients-health-8>

Coming soon: Enhance your prior authorization and inpatient admission and discharge notification via electronic and digital self-service for 2020

Published: Aug 1, 2020 - Administrative

Anthem Blue Cross (Anthem) and Availity Electronic Data Interchange (EDI) are excited to announce the **Prior Authorization/Referrals 278 and Inpatient Admission and Discharge Notification 278N** 5010 transactions functionality is coming soon.

Prior Authorization and Referral Request (278)

The EDI 278 transaction supports healthcare providers when they submit authorization and referral requests electronically.

A **prior authorization** issued by Anthem provides you the go-ahead to perform a necessary service or refer a member to a specialty provider. You can transmit this transaction in real-time or batch mode. You will receive confirmation numbers to validate receipt of request.

Inpatient Admission and Discharge Notification 278N

Use the Hospital Admission Notification (278N) transaction to exchange admission notification data between an inpatient facility and Anthem in a standard format.

Similar to the HIPAA 278 transaction that you may already use to submit authorizations or referrals, the EDI 278N is the simplest, most efficient way to communicate facility admissions. You can also transmit through Availity in either batch or real-time format.

What are the benefits of 278 and 278N transactions?

- Simplify administrative tasks and increase productivity.
- Reduce administrative costs through automation and fewer phone calls, faxes or keying.
- Increase data accuracy by reducing manual errors.

Specifically for 278N, hospitals that have implemented EDI 278N:

- Experience an improvement in notification submissions within 24 hours.
- Can confirm a notification of admission is on file in the form of a service reference number generated upon registration.
- Submit notification of discharge.

How to send a 278 and 278N Transaction

Look for more communications coming soon around how to work with your practice management software vendor or billing/service clearinghouse or view a companion guide to send a 278 or 278N transaction.

588-0820-PN-CA

URL: <https://providernews.anthem.com/california/article/coming-soon-enhance-your-prior-authorization-and-inpatient-admission-and-discharge-notification-via-electronic-and-digital-self-service-for-2020-1>

Anthem Blue Cross electronic attachments - X12 275 5010

Published: Aug 1, 2020 - **Administrative**

Anthem Blue Cross (Anthem) and Availity Electronic Data Interchange (EDI) is excited to announce the X12 275 5010 version of electronic attachments transactions for claims functionality is now available for you.

The X12 275 5010 version of electronic attachments transactions for claims will:

- Bring value to you by eliminating the need for mailing paper records.
- Electronic acknowledgment provides a transaction audit trail – proof of delivery/receipt.
- Reduces administrative cost associated with manual processing
- Save time waiting for paper correspondents

This new functionality includes both solicited and unsolicited attachments.

Solicited Attachment - Documentation submitted in response to a specific request.

Unsolicited Attachment - Documentation is known to be needed and submitted at the same time as the claim.

How to send a 275 transaction

Your practice management software or billing service/clearinghouse must have the ability to send a 275. We encourage you to have a conversation with them to determine their ability to set up the X12 275 attachment transaction capabilities.

Where to find help

The new EDI batch process, X12 275 5010v Companion Guide, assists with specific attachment requirements and enables providers to electronically submit attachments based on your business needs.

The companion guide can be download at: Anthem www.anthem.com/edi, www.empireblue.com/edi/

Availity documentation can be found at: www.availity.com

Use the “Availity Welcome Application” below to begin the process of connecting to the Availity EDI Gateway for your Anthem EDI transmissions.

EDI Welcome App: <https://apps.availity.com/web/welcome/#/>

For questions, contact Availity Client Services at 1-800-Availity (1-800-282-4548) for assistance Monday - Friday 5 a.m. - 4 p.m. PT.

587-0820-PN-CA

URL: <https://providernews.anthem.com/california/article/anthem-blue-cross-electronic-attachments-x12-275-5010>

Medical Provider Network: Physician Acknowledgements for Workers' Compensation required by California

Published: Aug 1, 2020 - Administrative

As a reminder, the Medical Provider Network (MPN) applicant shall obtain from each physician participating in the MPN a written acknowledgment in which the physician affirmatively elects to be a member of the MPN.”

To maintain and affirm your participation in all MPNs that you have been selected for and have subscribed to Anthem’s Provider Affirmation Portal, go to [Availity](#) and login. Once in, click on the Payer Spaces drop down menu in the top right hand corner, and select Anthem Blue Cross from the options available to you. On the next page click on “Resources” in the middle of the page and look for “MPN Provider Affirmation Portal.”

Availity>Payer Spaces>Anthem Blue Cross>Resources>MPN Provider Affirmation Portal

If you cannot go online, call Anthem Workers' Compensation at **1-866-700-2168** and we can take action on your behalf in the Provider Affirmation Portal. Please also keep an eye out for email notifications from "Anthem MPN Admin."

Please also be advised the Provider Affirmation Portal will also notify participating medical providers when an MPN is terminating its relationship with Anthem and/or the Division of Workers Compensation.

574-0820-PN-CA

URL: <https://providernews.anthem.com/california/article/medical-provider-network-physician-acknowledgements-for-workers-compensation-required-by-california>

Provider Education seminars, webinars, workshops and more!

Published: Aug 1, 2020 - **Administrative**

Our Provider Network Education team offers quality complimentary educational programs and materials specially designed for our providers. For a complete listing of our workshops, seminars, webinars and job aids, log on to the Anthem Blue Cross website: www.anthem.com/ca. Select **Providers**, under **Communications** go to **Education and Training**. Scroll down to view **Training, Educational and other important Resource offerings**.

594-0820-CA-PN

URL: <https://providernews.anthem.com/california/article/provider-education-seminars-webinars-workshops-and-more-18>

Anthem Blue Cross provider directory and provider data updates

Published: Aug 1, 2020 - **Administrative**

It is extremely important that we have accurate and up-to-date information about your practice in our directories. Senate Bill 137 (SB 137) requires that Anthem Blue Cross (Anthem) provide our members accurate and up-to-date provider directory data. As a result, Anthem will be conducting ongoing outreaches to all practices to confirm the information we have on file is accurate. Without verification from you that our Provider Directory information

Easily update provider demographics with the online Provider Maintenance Form

Published: Aug 1, 2020 - Administrative

Anthem Blue Cross (Anthem) providers should now submit changes to their practice profile using our online [Provider Maintenance Form](#).

Online update options include: add an address location, name change, tax ID changes, provider leaving a group or a single location, phone/fax numbers, closing a practice location, etc. Visit the [Provider Maintenance Form](#) landing page to review more.

The new online form can be found *the redesigned provider site* www.anthem.com/ca, select the Providers tab then select Provider Maintenance Form in the sub bullets. In addition, the [Provider Maintenance Form](#) can be accessed through the **Availity Web Portal** by selecting *California> Payer Spaces-Anthem Blue Cross> Resources tab >Provider Maintenance Form*.

Important information about updating your practice profile:

- **Change request should be submitted using the online Provider Maintenance Form**
- Submit the change request online. No need to print, complete and mail, fax or email demographic updates
- You will receive an auto-reply e-mail acknowledging receipt of your request and another email when your submission has been processed
- For change(s) that require submission of an updated IRS Form w-9 or other documentation, attach them to the form prior to submitting
- Change request should be submitted with advance notice
- Contractual agreement guidelines may supersede effective date of request

You can check your directory listing on the *Anthem Blue Cross: "Find a Doctor tool"*. The Find a Doctor tool at Anthem is used by consumers, members, brokers, and providers to identify in-network physicians and other health care providers supporting member health plans. To ensure Anthem has the most current and accurate information, please take a moment to access the Find A Doctor tool (www.anthem.com/ca, select the Providers tab, then select the Find A Doctor in the sub bullets) and review how you and your practice are being displayed.

596-0820-PN-CA

URL: <https://providernews.anthem.com/california/article/easily-update-provider-demographics-with-the-online-provider-maintenance-form-22>

Network leasing arrangements

Published: Aug 1, 2020 - **Administrative**

Anthem Blue Cross (Anthem) has network leasing arrangements with a variety of organizations, which we call *Other Payors*. Other payors and affiliates use the Anthem network.

Under the terms of your provider agreement, members of other payors and affiliates are treated like Anthem members. As such, they are entitled to the same Anthem billing considerations, including discounts and freedom from balance billing. You can obtain the *Other Payors* list on the Availity web portal, at www.Availity.com. From the Availity site, select Home > Anthem California > Education and Reference Center, or email us at CAContractSupport@Anthem.com.

595-0820-PN-CA

URL: <https://providernews.anthem.com/california/article/network-leasing-arrangements-22>

Medical record standards

Published: Aug 1, 2020 - **Policy Updates** / Medical Policy & Clinical Guidelines

Quality health care requires standard documentation requirements to ensure consistency for the care of our members. These standards are reviewed annually to ensure they align with

1. Every page in the medical record contains the patient name or ID number.
2. Allergies/No Known Drug Allergies (NKDA) and adverse reactions are prominently displayed in a consistent location.
3. All presenting symptom entries are legible, signed and dated, including phone entries. Dictated notes should be initialed to signify review. Signature sheet for initials are noted.
4. The important diagnoses are summarized or highlighted.
5. A problem list is maintained and updated for significant illnesses and medical conditions.
6. A medication list or reasonable substitute is maintained and updated for chronic and ongoing medications.
7. History and physical exam documentation identifies appropriate subjective and objective information pertinent to the patient's presenting symptoms, and treatment plan documentation is consistent with findings.
8. Laboratory tests and other studies are ordered, as appropriate, with results noted in the medical record. (The clinical reviewer should see evidence of documentation of appropriate follow-up recommendations and/or non-compliance to care plan).
9. Documentation of Advance Directive/Living Will/Power of Attorney discussion (including copies of any executed documents) in a prominent part of the medical record for adult patients is encouraged.
10. Documentation of continuity and coordination of care between the PCP, specialty physician (including BH specialty) and/or facilities if there is reference to referral or care provided elsewhere. The clinical review will look for a summary of findings or discharge summary in the medical record. Examples include progress notes/report from consultants, discharge summary following inpatient care or outpatient surgery, physical therapy reports, and home health nursing/ provider reports.
11. Age appropriate routine preventive services/risk screening is consistently noted, i.e. childhood immunizations, adult immunizations, mammograms, pap tests, etc., or the refusal by the patient, parent or legal guardian, of such screenings/immunizations in the medical record.

582-0820-PN-CA

URL: <https://providernews.anthem.com/california/article/medical-record-standards-6>

Facility Reimbursement Policy Update – claims requiring additional documentation

Published: Aug 1, 2020 - **Policy Updates** / Reimbursement Policies

On April 29, 2020, Anthem Blue Cross (Anthem) mailed notices announcing Anthem's upcoming change to our *Claims Requiring Additional Documentation* policy (Facility) effective August 1, 2020. Please be advised we are delaying the implementation date to October 1, 2020.

Effective for dates of service on or after October 1, 2020:

- Outpatient facility claims reimbursed at a percent of charge with billed charges above \$20,000 will require an itemized bill to be submitted with the claim.

570-0820-PN-CA

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

Medical drug benefit Clinical Criteria updates

Published: Aug 1, 2020 - **State & Federal** / Medi-Cal Managed Care

On November 15, 2019, February 21, 2020, and March 26, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the **medical drug benefit** for Anthem Blue Cross. Please note, this does not affect the **prescription drug benefit**. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the provider websites, and the effective dates will be reflected in the [Clinical Criteria Web Posting March 2020](#). Visit [Clinical Criteria](#) to search for specific policies.

If you have questions or would like additional information, use this [email](#).

URL: <https://providernews.anthem.com/california/article/medical-drug-benefit-clinical-criteria-updates-47>

Regulatory updates

Published: Aug 1, 2020 - **State & Federal** / Medi-Cal Managed Care

The Department of Health Care Services (DHCS) periodically communicates information regarding interpretations or changes in policy or procedures, federal or state law, and regulations that impact the delivery of Medi-Cal Managed Care (Medi-Cal) services. The information is communicated in the form of *All-Plan Letters (APLs)* and *Policy Letters (PLs)*. Anthem Blue Cross has a responsibility to communicate the various changes to our contracted providers. Below are lists of the *APLs* and *PLs* that were published since the last update.

List of new APLs		
Letter number	Title (subject) of letter	Issue date
APL 20-001	<i>2020-2021 Medi-Cal Managed Care Health Plan Meds/834 Cutoff And Processing Schedule</i>	01/03/2020
APL 20-002	<i>Non-Contract Ground Emergency Medical Transport Payment Obligations</i>	01/31/2020
APL 20-003	<i>Network Certification Requirements (Supersedes APL 19-002)</i>	02/27/2020
APL 20-004 (Revised)	<i>Emergency Guidance for Medi-Cal Managed Care Health Plans in Response to COVID-19</i>	04/27/2020
APL 20-005	<i>Extension of the Adult Expansion Risk Corridor for State Fiscal Year 2017-18</i>	03/26/2020
APL 20-006	<i>Site Reviews: Facility Site Review and Medical Record Review (Supersedes PLs 14-004 and 03-002, and APL 03-007)</i>	03/04/2020
APL 20-007 (Revised)	<i>Policy Guidance for Community-Based Adult Services in Response to COVID-19 Public Health Emergency</i>	03/30/2020 Revised 04/13/2020
APL 20-008	<i>Mitigating Health Impacts of Secondary Stress Due to the COVID-19 Emergency</i>	04/04/2020
APL 20-009	<i>Preventing Isolation of and Supporting Older and Other At-Risk Individuals to Stay Home and Stay Healthy During COVID-19 Efforts</i>	04/15/2020
APL 20-010	<i>Cost Avoidance and Post-Payment Recovery for Other Health Coverage (Supersedes PL 08-011)</i>	04/20/2020
APL 20-011	<i>Governor's Executive Order N-55-20 in Response to COVID-19</i>	04/24/2020
APL 20-012	<i>Private Duty Nursing Case Management Responsibilities tor Medi-Cal Eligible Members Under the Age of 21</i>	05/15/2020
APL 20-013	<i>Proposition 56 Directed Payments for Family Planning Services</i>	05/13/2020

For copies of the *APLs* and *PLs*, please refer to the DHCS website at <http://www.dhcs.ca.gov/formsandpubs/pages/MgdCarePlanPolicyLtrs.aspx>.

If you have questions about this communication or need assistance with any other item, contact your local Medi-Cal Customer Care representative or call one of our Medi-Cal Customer Care Centers at **1-800-407-4627** (outside L.A. County) or **1-888-285-7801** (inside L.A. County).

URL: <https://providernews.anthem.com/california/article/regulatory-updates-5>

Submit behavioral health authorizations via our online Interactive Care Reviewer tool

Published: Aug 1, 2020 - **State & Federal** / Medi-Cal Managed Care

Learn more about how to [submit behavioral health authorizations via our online Interactive Care Reviewer tool](#).

URL: <https://providernews.anthem.com/california/article/submit-behavioral-health-authorizations-via-our-online-interactive-care-reviewer-tool-2>

New MCG Care Guidelines 24th edition

Published: Aug 1, 2020 - **State & Federal** / Medi-Cal Managed Care

This communication applies to the Medicaid, Medicare Advantage and Medicare-Medicaid Plan (MMP) programs for Anthem Blue Cross (Anthem).

Effective August 1, 2020, Anthem will use the new acute viral illness guidelines that have been added to the 24th edition of the MCG Care Guidelines. Based on the presenting symptoms or required interventions driving the need for treatment or hospitalization, these guidelines are not a substantive or material change to the existing MCG Care Guidelines we use now, such as systemic or infectious condition, pulmonary disease, or adult or pediatric pneumonia guidelines.

Inpatient Surgical Care (ISC):

- *Viral Illness, Acute — Inpatient Adult (M-280)*
- *Viral Illness, Acute — Inpatient Pediatric (P-280)*
- *Viral Illness, Acute — Observation Care (OC-064)*

Recovery Facility Care (RFC):

- *Viral Illness, Acute — Recovery Facility Care (M-5280)*

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URL: <https://providernews.anthem.com/california/article/new-mcg-care-guidelines-24th-edition-6>

Provider data update

Published: Aug 1, 2020 - **State & Federal** / Medicare

Easily access more information about the [Provider data update](#).

URL: <https://providernews.anthem.com/california/article/provider-data-update-4>

Medical drug benefit Clinical Criteria updates

Published: Aug 1, 2020 - **State & Federal** / Medicare

On November 15, 2019, February 21, 2020, and March 26, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the **medical drug benefit** for Anthem Blue Cross. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the provider websites, and the effective dates will be reflected in the [Clinical Criteria Web Posting March 2020](#). Visit [Clinical Criteria](#) to search for specific policies.

If you have questions or would like additional information, use this [email](#).

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URL: <https://providernews.anthem.com/california/article/medical-drug-benefit-clinical-criteria-updates-48>

2020 Medicare risk adjustment provider trainings

Published: Aug 1, 2020 - **State & Federal** / Medicare

The Medicare Risk Adjustment Regulatory Compliance team at Anthem Blue Cross offers two provider training programs regarding Medicare risk adjustment and documentation guidelines. Information for each training is outlined below.

Medicare Risk Adjustment and Documentation Guidance (general)

When: This training is offered the first Wednesday of each month from 1 p.m. to 2 p.m. ET.

Learning objective: This onboarding training will provide an overview of Medicare risk adjustment, including the risk adjustment factor and the hierarchical condition category (HCC) model with guidance on medical record documentation and coding.

Credits: This live activity, Medicare Risk Adjustment and Documentation Guidance, from January 8, 2020, to December 2, 2020, has been reviewed and is acceptable for up to one prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For those interested in joining us to learn how providers play a critical role in facilitating the risk adjustment process, register for one of the monthly training sessions at: [Training Registration](#).

* Note: Dates may be modified due to holiday scheduling.

Medicare Risk Adjustment, Documentation and Coding Guidance (condition specific)

When: This training is offered on the third Wednesday of every other month from noon to 1 p.m. ET.

Learning objective: This training series will provide in-depth disease information pertaining to specific conditions, including an overview of their corresponding hierarchical condition categories (HCC), with guidance on documentation and coding.

Credits: This live series activity, Medicare Risk Adjustment Documentation and Coding Guidance, from January 15, 2020, to November 18, 2020, has been reviewed and is acceptable for credit by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For those interested in joining us for this six-part training series, please see the list of topics and scheduled training dates below:

Session 1: Red Flag HCCs, part one: Training will cover HCCs most commonly reported in error as identified by CMS, including chronic kidney disease (stage five), ischemic or unspecified stroke, cerebral hemorrhage, aspiration and specified bacterial pneumonias, unstable angina and other acute ischemic heart disease, and end-stage liver disease.

Recording will play upon registration.

[2020 Medicare Risk Adjustment Documentation and Coding Guidance: Red Flag HCC's Part 1](#)

Password: sDBNERC3

Session 2: Red Flag HCCs, part two: Training will cover HCCs most commonly reported in error as identified by CMS, including atherosclerosis of the extremities with ulceration or gangrene, myasthenia gravis/myoneural disorders and guillain-barre syndrome, drug/alcohol psychosis, lung and other severe cancers, diabetes with ophthalmologic or unspecified manifestation.

Recording will play upon registration.

[2020 Medicare Risk Adjustment Documentation and Coding Guidance: Red Flag HCC's Part 2](#)

Password: PnPAF4py

Session 3: Neoplasms

Recording will play upon registration.

[2020 Medicare Risk Adjustment Documentation and Coding Guidance: Neoplasms](#)

Password: PfUWPcs6

Session 4: Acute, Chronic and Status Conditions

Recording link will be provided after October 1, 2020.

Session 5: Diabetes Mellitus and Other Metabolic Disorders - September 16, 2020

[DM and other Endocrine, Nutritional and Metabolic Disorders](#)

Session 6: Coinciding Conditions in Risk Adjustment Models - November 18, 2020

[Medicare Risk Adjustment Documentation and Coding Guidance: Coinciding Conditions in Risk Adjustment Models](#)

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URL: <https://providernews.anthem.com/california/article/2020-medicare-risk-adjustment-provider-trainings-21>

Submit behavioral health authorizations via our online Interactive Care Reviewer tool

Published: Aug 1, 2020 - **State & Federal** / Medicare

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URL: <https://providernews.anthem.com/california/article/submit-behavioral-health-authorizations-via-our-online-interactive-care-reviewer-tool-3>

New MCG Care Guidelines 24th edition

Published: Aug 1, 2020 - **State & Federal** / Medicare

This communication applies to the Medicaid, Medicare Advantage and Medicare-Medicaid Plan (MMP) programs for Anthem Blue Cross (Anthem).

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Inpatient Surgical Care (ISC):

- *Viral Illness, Acute — Inpatient Adult (M-280)*
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- *Viral Illness, Acute — Observation Care (OC-064)*

Recovery Facility Care (RFC):

- *Viral Illness, Acute — Recovery Facility Care (M-5280)*

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URL: <https://providernews.anthem.com/california/article/new-mcg-care-guidelines-24th-edition-7>

AIM Musculoskeletal program expansion

Published: Aug 1, 2020 - **State & Federal** / Medicare

Effective November 1, 2020, AIM Specialty Health® (AIM)*, a specialty health benefits company, will expand the AIM Musculoskeletal program to perform medical necessity reviews for certain elective surgeries of the small joint for Medicare Advantage patients, as further outlined below.

AIM will follow the Anthem Blue Cross (Anthem) clinical hierarchy for medical necessity determination. For Medicare Advantage (MA) products, AIM makes clinical appropriateness based on CMS National Coverage Determinations, Local Coverage Determinations, other coverage guidelines, and instructions issued by CMS and legislative benefit changes. Where the existing CMS guidance provides insufficient clinical detail, AIM will determine medical necessity using an objective, evidence-based process.

Prior authorization requirements

For services scheduled on or after November 1, 2020, providers must contact AIM to obtain prior authorization for the services detailed below. Providers are strongly encouraged to verify they have received a prior authorization before scheduling and performing services.

Detailed prior authorization requirements are available to contracted providers by accessing the Availity Portal* at www.availity.com. Contracted and non-contracted providers may call Provider Services at the phone number on the back of the member's ID card for prior authorization requirements or additional questions as needed.

Small joint replacement (including all associated revision surgeries)

- Total joint replacement of the ankle
- Correction of hallux valgus
- Hammertoe repair

The expanded musculoskeletal program will review certain lower extremity small joint surgeries for clinical appropriateness of the procedure and the setting in which the procedure is performed (*Level of Care* review). Procedures performed as part of an inpatient admission are included. The clinical guidelines that have been adopted by Anthem to review for medical necessity and level of care are located at:

- [***AIM Small Joint Surgery Guideline***](#)
- [***AIM Level of Care Guidelines for Musculoskeletal Surgery and Procedures***](#)

How to place a review request

You may place a prior authorization request online via the AIM ***ProviderPortal_{SM}***. This service is available 24/7 to process requests using *Clinical Criteria*. Go to www.providerportal.com to register. You can also call AIM at **1-800-714-0040**, Monday to Friday 7 a.m. to 7 p.m. Central time.

For more information

For resources to help your practice get started with the musculoskeletal program, go to www.aimprovider.com/msk.

This provider website will help you learn more and provide useful information and tools such as order entry checklists, clinical guidelines, and FAQs.

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com.

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URL: <https://providernews.anthem.com/california/article/aim-musculoskeletal-program-expansion-5>

Waived copays, deductibles and coinsurance for CCM, complex CCM and TCM

Published: Aug 1, 2020 - **State & Federal** / Medicare

Click here for more information about the [waived copays, deductibles and coinsurance for CCM, complex CCM and TCM](#).

URL: <https://providernews.anthem.com/california/article/waived-copays-deductibles-and-coinsurance-for-ccm-complex-ccm-and-tcm-1>

Medical drug benefit Clinical Criteria updates

Published: Aug 1, 2020 - **State & Federal** / Cal MediConnect

On November 15, 2019, February 21, 2020, and March 26, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the **medical drug benefit** for Anthem Blue Cross. Please note, this does not affect the **prescription drug benefit**. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the provider websites, and the effective dates will be reflected in the [Clinical Criteria Web Posting March 2020](#). Visit [Clinical Criteria](#) to search for specific policies.

If you have questions or would like additional information, use this [email](#).

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URL: <https://providernews.anthem.com/california/article/medical-drug-benefit-clinical-criteria-updates-49>

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URL: <https://providernews.anthem.com/california/article/submit-behavioral-health-authorizations-via-our-online-interactive-care-reviewer-tool-4>

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URL: <https://providernews.anthem.com/california/article/new-mcg-care-guidelines-24th-edition-8>

Updates to AIM musculoskeletal program clinical appropriateness guidelines

Published: Aug 1, 2020 - **State & Federal** / Cal MediConnect

Learn more about the [updates to AIM musculoskeletal program clinical appropriateness guidelines](#).

URL: <https://providernews.anthem.com/california/article/updates-to-aim-musculoskeletal-program-clinical-appropriateness-guidelines-8>
