New Hampshire Provider News

August 2020 Anthem New Hampshire Provider News

Medicare:

Voluntary site of care outreach for oncology checkpoint inhibitors beginning August 1, 2020

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

We are committed to being a valued health care partner in identifying ways to achieve better health outcomes, lower costs and deliver access to a better healthcare experience for consumers. Effective with dates of service on or after August 1, 2020, members with commercial plans covered by Anthem will be contacted to voluntarily redirect services to home infusion site of care from hospital outpatient site of care for certain immuno-oncology drugs (Bavencio® [avelumab], Imfinzi® [durvalumab], Keytruda® [pembrolizumab], Opdivo® [nivolumab], Tecentriq® [atezolizumab], and Yervoy® [ipilimumab]). Reviews for these oncology drugs will continue to be administered by AIM Specialty Health® (AIM).

The voluntary site of care redirection only applies to these specific drugs administered in an outpatient hospital setting. This does not apply to requests for these specific drugs when administered in a non-hospital setting or as part of an inpatient stay. The redirection also does not apply when Anthem is the secondary payer.

Please note, this review does not apply to the following plans: BlueCard®, Federal Employee Program® (FEP®), Medicaid, Medicare Advantage, Medicare Supplemental plans. Providers can view prior authorization requirements for Anthem members on the Medical Policy & Clinical UM Guidelines page at anthem.com.

Providers should continue to verify eligibility and benefits for all members prior to rendering services.

If you have questions, please call the Provider Service phone number on the back of the member's ID card.

Note: In some plans "site of service" or another term such as "setting" or "place of service" may be the term used in benefit plans, provider contracts or other materials instead of or in addition to "site of care" and in some plans, these terms may be used interchangeably. For simplicity, we will hereafter use "site of care."

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URL: https://providernews.anthem.com/new-hampshire/article/voluntary-site-of-care-outreach-for-oncology-checkpoint-inhibitors-beginning-august-1-2020-4

Expansion of AIM Musculoskeletal Program effective November 1, 2020

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

Effective November 1, 2020, the AIM Musculoskeletal Program will be expanded to include medical necessity reviews for certain elective surgeries of the small joints for Anthem members. AIM Specialty Health® (AIM) will perform the expanded musculoskeletal program and 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). The clinical guidelines adopted by Anthem and used by AIM to review for medical necessity and level of care are located here: AIM Small Joint Surgery Guideline and AIM Level of Care Guidelines for Musculoskeletal Surgery and Procedures.

AIM will begin accepting prior authorization requests on October 26, 2020, for dates of service on and after November 1, 2020. To determine if prior authorization is required, please call the prior authorization number located on the back of the member's ID card.

Members included in the new program

All fully insured and administrative services only (ASO) members currently participating in the AIM Musculoskeletal Program are included. For ASO groups that currently do not participate in the AIM Musculoskeletal Program, the program will be offered to ASOs to add to their members' benefit package as of November 1, 2020.

Pre-service review requirements

For surgeries scheduled to begin on or after November 1, 2020, all providers must contact AIM to obtain prior authorization for the following non-emergency modalities:

Small joint replacement (including all associated revision surgeries)

- Total joint replacement of ankle
- Correction of Hallux Valgus
- Hammertoe repair

Surgeries performed as part of an inpatient admission are included.

To place a review request:

- **Online:** Get fast, convenient online service via the AIM ***Provider****Portal*$_{SM}$. ***Provider****Portal* is available twenty-four hours a day, seven days a week, processing requests in real-time using clinical criteria. Go to aimspecialtyhealth.com/goweb to register.

For more information:
Go to www.aimprovider.com/msk for resources to help your practice get started with the musculoskeletal and pain management program. Our website provides access to helpful information and tools such as order entry checklists, clinical guidelines and FAQs.

We value your participation in our network and look forward to working with you to help improve the health of our members.

571-0820-PN-NE

URL: https://providernews.anthem.com/new-hampshire/article/expansion-of-aim-musculoskeletal-program-effective-november-1-2020-5

Formulary lists updated for Anthem 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, we will update our drug lists that support commercial health plans. Updates include changes to drug tiers and the removal of medications from the formulary.
As certain brand and generic drugs will no longer be covered, providers are encouraged to determine if a covered alternative drug is appropriate for their patients whose current medication will no longer be covered.

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

To help ensure a smooth member transition and minimize costs, providers should review these changes and consider prescribing a drug on formulary or on a lower tier, if appropriate.

View a summary of changes here.

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

598-0820-PN-NE

URL: https://providernews.anthem.com/new-hampshire/article/formulary-lists-updated-for-anthem-commercial-health-plan-pharmacy-benefit

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Clinical criteria updates for specialty pharmacy

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

The following clinical criteria documents were endorsed at the June 18, 2020 Clinical Criteria meeting. To access the clinical criteria information please click here.

New clinical criteria effective June 26, 2020
The following clinical criteria is new.

- ING-CC-0165 - Trodelvy (sacituzumab govitecan)

Revised clinical criteria effective July 20, 2020
The following current clinical criteria were revised to expand medical necessity indications or criteria.

- ING-CC-0029 - Dupixent (dupilumab)
- ING-CC-0042 - Monoclonal Antibodies to Interleukin-17
- ING-CC-0061 - GnRH Analogs for the Treatment of Non-Oncologic Indications
- ING-CC-0107 - Bevacizumab for Non-Ophthalmologic Indications
- ING-CC-0119 - Yervoy (ipilimumab)
- ING-CC-0125 - Opdivo (nivolumab)
- ING-CC-0128 - Tecentriq (atezolizumab)

Revised clinical criteria effective July 20, 2020
The following clinical criteria were reviewed with no significant change to the medical necessity indications or criteria.

- ING-CC-0076 - Nulojix (belatacept)
- ING-CC-0136 - Drug Dosage, Frequency, and Route of Administration
- ING-CC-0141 - Off-Label Drug and Approved Orphan Drug Use

Revised clinical criteria effective August 1, 2020
The following clinical criteria was reviewed with no significant change to the medical necessity indications or criteria.

- ING-CC-0043 - Monoclonal Antibodies to Interleukin-5

Revised clinical criteria effective October 1, 2020
The following clinical criteria was reviewed with no significant change to the medical necessity indications or criteria.

- ING-CC-0072 - Selective Vascular Endothelial Growth Factor (VEGF) Antagonists

New clinical criteria effective November 1, 2020
The following clinical criteria is new.

- ING-CC-0164 - Jelmyto (mitomycin gel)

Revised clinical criteria effective November 1, 2020
The following current 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-0002 - Colony Stimulating Factor Agents
- ING-CC-0011 - Ocrevus (ocrelizumab)
- ING-CC-0051 - Enzyme Replacement Therapy for Gaucher Disease
- ING-CC-0061 - GnRH Analogs for the Treatment of Non-Oncologic Indications

- ING-CC-0127 - Darzalex (daratumumab) and Darzalex Faspro (daratumumab and hyaluronidase-fihj)

572-0820-PN-NE

URL: https://providernews.anthem.com/new-hampshire/article/clinical-criteria-updates-for-specialty-pharmacy-45

Pharmacy information available on anthem.com

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 other requirements, restrictions or limitations that apply to certain drugs, visit anthem.com/pharmacyinformation.

- To locate the commercial drug list, select 'Click here to access your drug list'.
- To locate the Marketplace Select Formulary and pharmacy information, scroll down to 'Select Drug Lists', then select the applicable state's drug list link.

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

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

575-0820-PN-NE

URL: https://providernews.anthem.com/new-hampshire/article/pharmacy-information-available-on-anthemcom-72

Prior authorization updates for specialty pharmacy effective November 1, 2020

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

Quantity limit updates

Effective for dates of service on and after November 1, 2020, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our existing prior authorization quantity limit review process. To access the clinical criteria information, please click here.

Prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Anthem's medical specialty drug review team.

Clinical Criteria	HCPCS or CPT Code(s)	Drug
ING-CC-0044	J1428	Exondys 51
ING-CC-0058	J2354	Bynfezia
ING-CC-0072	J0179	Beovu
ING-CC-0075	Q5119	Ruxience
ING-CC-0152	J1429	Vyondys 53
ING-CC-0153	C9053	Adakveo

Clinical criteria updates

Effective for dates of service on and after November 1, 2020, the following clinical criteria document was revised and might result in services that were previously covered but may now be found to be not medically necessary in our prior authorization review process. To access the clinical criteria information please click here.

- ING-CC-0003 Immunoglobulins

Updated medical necessity criteria for myasthenia gravis to include specific drug failures and chronic inflammatory demyelinating polyneuropathy to include requirements regarding disease duration, specific electrodiagnostic criterion, and objective measures for continuation.

Correction to a prior authorization update

In the May 2020 edition of *Provider News,* we published a prior authorization update regarding clinical criteria ING-CC-0157 on the drug Padcev**.**

- One HCPCS code, J9309, was listed in error. This is not a valid code for the drug Padcev.
- One HCPCS code has been added, J9999. This is a valid code for the drug Padcev.

581-0820-PN-NE

URL: https://providernews.anthem.com/new-hampshire/article/prior-authorization-updates-for-specialty-pharmacy-effective-november-1-2020

Coming soon - Interactive Care Reviewer Anthem's self-service online prior authorization tool

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

In third quarter 2020, we are launching Interactive Care Reviewer (ICR) Anthem's online authorization tool for members enrolled in an Anthem plan. ICR offers a streamlined process to request and check the status of medical and behavioral health inpatient and outpatient procedures.

With ICR you can attach and submit clinical notes and supporting images, update cases and request clinical appeals. Additionally, you can look up information on authorization requests that were submitted by phone or fax.

Access ICR through the Availity Portal
Be prepared early and ask your Availity administrator to grant you the required ICR role assignment now.

- **Do you create and submit prior authorization requests?**

Authorization and Referral Request role assignment

- **Do you check the status of the case or results of the authorization request?**

Authorization and Referral Inquiry role assignment

When ICR is launched, follow these steps to navigate to the application through Availity:

- Select Patient Registration from Availity's home page
- Select Authorizations & Referrals
- Select Authorizations (for requests) | Select Auth/Referral Inquiry (for inquiries)

Register for our August ICR webinar
We offer a webinar every month to help familiarize new users with ICR features and navigation of the tool. Our next webinar is taking place on August 18. Register Here

Can't make it to the webinar?
Follow the steps outlined below to access self-paced videos located on the Custom Learning Center. From Availity's home page, select **Payer Spaces | Anthem tile | Applications | Your Custom Learning Center**

- Select Catalog from the menu located on the upper left corner of the Custom Learning Center screen
- Use the catalog filter and select **Interactive Care Reviewer-Online Authorizations** or **Authorizations** from the **Category** menu
- **C**lick **Apply** then enroll for the courses (videos) you want to view.

Illustrated reference guides that you can print are located on **Custom Learning Center Resources**. Select **Resources** from the menu located on the upper left corner of the screen. Use the catalog filter and select **Authorizations or Interactive Care Reviewer-Online Authorizations** from the **Category** menu. Select **Download** to view and/or print the reference guide.

We'll continue to keep you posted regarding the date ICR will be available for your Anthem patients. The September publication of *Provider News* will include an article regarding ICR. Additionally, a message will be posted on Availity News and Announcements containing the implementation date.

591-0820-PN-NE

URL: https://providernews.anthem.com/new-hampshire/article/coming-soon-interactive-care-reviewer-anthems-self-service-online-prior-authorization-tool

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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, we 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 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, 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 (800-282-4548) for assistance Monday – Friday, 8:00 a.m. – 7:00 p.m.

585-0820-PN-NE

URL: https://providernews.anthem.com/new-hampshire/article/migrate-your-edi-transactions-to-availity-today-4

Clinical Laboratory Improvement Amendments (CLIA) ID number required for electronic claims submissions

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

The Centers for Medicare & Medicaid Services (CMS) regulates all laboratory testing in the U.S. through the Clinical Laboratory Improvement Amendments (CLIA). The objective of the CLIA program is to help ensure quality laboratory testing.

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.

Apply for a CLIA Certificate here. 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 this CMS link.

586-0820-PN-NE

URL: https://providernews.anthem.com/new-hampshire/article/clinical-laboratory-improvement-amendments-clia-id-number-required-for-electronic-claims-submissions

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Electronic attachments - X12 275 5010

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

Anthem and Availity are excited to announce the X12 275 5010 version of electronic attachments transactions for claims functionality is now available.

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

- Bring value by eliminating the need for mailing paper records
- Provide a transaction audit trail/proof of delivery/receipt via the electronic acknowledgment
- Reduce 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.

Ability 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.com/edi
- Availity documentation can be found at availity.com

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

For questions, contact Availity Client Services at 1-800-Availity (800-282-4548) for assistance Monday - Friday 8:00 a.m. – 7:00 p.m.

587-0820-PN-NE

URL: https://providernews.anthem.com/new-hampshire/article/electronic-attachments-x12-275-5010

Prior Authorization/Referral Request and Inpatient Admission/Discharge Notification transactions coming soon

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

Anthem and Availity are excited to announce that Prior Authorization and Referral Request 278 and Inpatient Admission and Discharge Notification 278N 5010 transactions functionality are 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?
Both 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.

Sending a 278 or 278N Transaction
Look for more communications in upcoming issues of *Provider News* on 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-NE

URL: https://providernews.anthem.com/new-hampshire/article/prior-authorizationreferral-request-and-inpatient-admissiondischarge-notification-transactions-coming-soon

Medical record standards

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

Quality health care requires standard documentation requirements to help ensure consistency for the care of our members. These standards are reviewed annually to ensure they align with our current policies. They also help ensure effective medical record documentation and provide clear and consistent guidelines to help ensure providers maintain records in a current, organized, and effective manner. The medical record criteria that is encouraged for our network of independently contracted providers are outlined below.

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-NE

URL: https://providernews.anthem.com/new-hampshire/article/medical-record-standards-4

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 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

Stronger Together Health Equity Resources

Article Attachments

584-0820-PN-NE

URL: https://providernews.anthem.com/new-hampshire/article/resources-to-support-diverse-patients-and-communities-4

Appropriate coding helps provide a comprehensive picture of members' health

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

We appreciate the role you play in managing the health of our members. As the physician of

When members 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, we use ICD-10 codes submitted on claims to monitor health care trends, cost, and disease management. Furthermore, 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 member'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 Alicia Estrada, the Commercial Risk Adjustment Network Education Representative at Alicia.Estrada@anthem.com.

567-0820-PN-NE

URL: https://providernews.anthem.com/new-hampshire/article/appropriate-coding-helps-provide-a-comprehensive-picture-of-members-health

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Reimbursement policy update - Claims Requiring Additional Documentation (facility)

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

In the May 2020 edition of *Provider News*, we announced an upcoming change to our Claims Requiring Additional Documentation policy (facility) for inpatient and outpatient facility claims effective August 1, 2020. Please be advised we are delaying the implementation date of the change for *outpatient* facility claims 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 require an itemized bill to be submitted with the claim.

For more information about this policy, visit the Reimbursement Policies page at anthem.com.

570-0820-PN-NH

URL: https://providernews.anthem.com/new-hampshire/article/reimbursement-policy-update-claims-requiring-additional-documentation-facility-18

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 and Blue Shield and AMH Health, LLC. 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 (Anthem) and the Clinical Criteria Web Posting March 2020 (AMH Health). Visit Clinical Criteria to search for specific policies.

If you have questions or would like additional information, use this email.

ABSCRNU-0156-20
AMHCRNU-0026-20

URL: https://providernews.anthem.com/new-hampshire/article/medical-drug-benefit-clinical-criteria-updates-43

New MCG Care Guidelines 24th edition

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

Effective August 1, 2020, Anthem Blue Cross and Blue Shield and AMH Health, LLC 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)

ABSCRNU-0157-20

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 members, as further outlined below.

AIM will follow the 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 ***Provider****Portal*$_{SM}$. 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 800-714-0040, Monday - Friday, 8:00 a.m. - 8:00 p.m.

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.

AIM Specialty Health is an independent company providing some utilization review services on behalf of Anthem Blue Cross and Blue Shield. Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield.

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URL: https://providernews.anthem.com/new-hampshire/article/aim-musculoskeletal-program-expansion-2

2020 Medicare risk adjustment provider trainings

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

The Medicare Risk Adjustment Regulatory Compliance team at Anthem Blue Cross and Blue Shield and
AMH Health, LLC offer 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 1:00 p.m. to 2:00 p.m.
- 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 1:00 p.m.
- 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/new-hampshire/article/2020-medicare-risk-adjustment-provider-trainings-18

Keep up with Medicare news

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

- Submit behavioral health authorizations via our online Interactive Care Reviewer tool
- Provider data update
- Waived copays, deductibles and coinsurance for CCM, complex CCM and TCM
- Updates to AIM musculoskeletal program clinical appropriateness guidelines for Anthem members

URL: https://providernews.anthem.com/new-hampshire/article/keep-up-with-medicare-news-149
