



# Nevada Provider News

August 2020 Anthem Provider News and Important Updates -  
- Nevada

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# Anthem prior authorization updates for specialty pharmacy are available (MAC)

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

## Material Adverse Change (MAC)

[Anthem prior authorization updates for specialty pharmacy are available](#)

581-0820-PN-CONV

### Article Attachments

[20200801-581-0820-PN-CONV\\_MAC - Anthem Prior Auth Update for Specialty Rx - NV rv 20200723 final.pdf](#)  
application/pdf - 617.24 KB

URL: <https://providernews.anthem.com/nevada/article/anthem-prior-authorization-updates-for-specialty-pharmacy-are-available-mac-9>

# Voluntary Site of Care outreach for Oncology Checkpoint Inhibitors beginning August 1, 2020

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

Anthem Blue Cross and Blue Shield (Anthem) is 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 voluntary 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 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.”

580-0820-PN-CONV

**URL:** <https://providernews.anthem.com/nevada/article/voluntary-site-of-care-outreach-for-oncology-checkpoint-inhibitors-beginning-august-1-2020-5>

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## **Anthem 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 and Blue Shield (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.

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 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.

598-0920-PN-CONV

**URL:** <https://providernews.anthem.com/nevada/article/anthem-to-update-formulary-lists-for-commercial-health-plan-pharmacy-benefit-7>

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## 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 any other requirements, restrictions, or limitations that apply to using certain drugs, visit [anthem.com/pharmacyinformation](https://www.anthem.com/pharmacyinformation). The commercial drug list is posted to the web site quarterly (the first of the month for January, April, July and October).

*FEP Pharmacy updates and other pharmacy related information may be accessed at [www.fepblue.org](https://www.fepblue.org) > Pharmacy Benefits.*

575-0820-PN-CONV

**URL:** <https://providernews.anthem.com/nevada/article/pharmacy-information-available-on-anthemcom-74>

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## Change Notification to Provider and Facility Manual effective November 1, 2020 (MAC)

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

## Material Adverse Change (MAC)

[Change Notification to Provider and Facility Manual effective November 1, 2020](#)

555-0820-PN-CONV

### Article Attachments

[20200801 555-0820-PN-CONV - MAC - Pv Manual Notification eff 20201101 NV rv 20200728 final updated.pdf](#)  
application/pdf - 592 KB

**URL:** <https://providernews.anthem.com/nevada/article/change-notification-to-provider-and-facility-manual-effective-november-1-2020-mac-1>

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## Expansion of AIM Musculoskeletal Program Effective November 1, 2020 (MAC)

Published: Aug 1, 2020 - Administrative

## Material Adverse Change (MAC)

[Expansion of AIM Musculoskeletal Program Effective November 1, 2020](#)

571-0820-PN-CONV

### Article Attachments

[20200801-571-0820-PN-CONV\\_MAC - AIM MSK Expansion - NV rv 20200718 final.pdf](#)  
application/pdf - 723.11 KB

**URL:** <https://providernews.anthem.com/nevada/article/expansion-of-aim-musculoskeletal-program-effective-november-1-2020-mac-1>

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## Commercial Risk Adjustment (CRA): Appropriate coding helps provide a comprehensive picture of patients' health

Published: Aug 1, 2020 - Administrative

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@anthem.com](mailto:Socorro.Carrasco@anthem.com).

567-0820-PN-CONV

**URL:** <https://providernews.anthem.com/nevada/article/commercial-risk-adjustment-cra-appropriate-coding-helps-provide-a-comprehensive-picture-of-patients-health>

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## Non-participating lab referrals

Published: Aug 1, 2020 - Administrative

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

Not only does your Anthem agreement obligate you to refer to participating labs where available, but members will only receive their full benefits from participating providers. As a result, referring your patient and our member to a non-participating lab may expose them to a greater financial responsibility.

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

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

For a listing of Anthem participating laboratories, please check our online directory. Go to **anthem.com**, and select **Providers**. Select your state if you haven't done so already. Under the *Provider Resources* heading, select **Find a Doctor**. Select your state if you haven't done so already.



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

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

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

|   |  |   |  |
|---|--|---|--|
| <ul style="list-style-type: none"> <li>· Allergy Program</li> <li>· Cancer Testing</li> <li>· Cardiovascular Disease</li> <li>· Companion Diagnostics</li> <li>· Dermatology</li> <li>· Diabetes</li> <li>· DNA Testing</li> <li>· Endocrine Disorders</li> <li>· Esoteric Coagulation</li> <li>· Gastroenterology</li> </ul> | <ul style="list-style-type: none"> <li>· Genetic Testing</li> <li>· Genetic Counseling</li> <li>· Genomics</li> <li>· HLA Lab for National Marrow Donor Program</li> <li>· Hematopathology</li> <li>· Infectious Disease</li> <li>· Immunology</li> <li>· Liver Disease</li> <li>· Kidney Disease</li> </ul> | <ul style="list-style-type: none"> <li>· Medical Drug Monitoring</li> <li>· Molecular Diagnostics</li> <li>· Newborn Screening</li> <li>· Pain Management</li> <li>· Pathology Expertise w/range of Subspecialties</li> <li>· Pharmacogenomics</li> <li>· Preimplantation Genetic Diagnosis</li> <li>· Reproductive Health</li> </ul> | <ul style="list-style-type: none"> <li>· Obstetrics / Gynecology</li> <li>· Oncology</li> <li>· Toxicology</li> <li>· Whole Exome Sequencing</li> <li>· Virology</li> <li>· Women’s Health</li> <li>· Urology</li> </ul> |
|---|--|---|--|

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

577-0820-PN-CONV

**URL:** <https://providernews.anthem.com/nevada/article/non-participating-lab-referrals-13>

**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 [Health Plan Name] 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



584-0820-PN-CONV

URL: <https://providernews.anthem.com/nevada/article/resources-to-support-diverse-patients-and-communities-5>

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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, 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](http://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  
8 a.m. - 7 p.m. ET.

585-0820-PN-CONV

**URL:** <https://providernews.anthem.com/nevada/article/migrate-your-edi-transactions-to-availity-today-5>

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# Anthem Electronic Attachments -- X12 275 5010

Published: Aug 1, 2020 - Administrative

Anthem Blue Cross and Blue Shield (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.

## 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 downloaded at: ([anthem.com/edi](https://www.anthem.com/edi))
- Availity documentation can be found at: [availity.com](https://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.

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

587-0820-PN-CONV

URL: <https://providernews.anthem.com/nevada/article/anthem-electronic-attachments-x12-275-5010-3>

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

Published: Aug 1, 2020 - Administrative

Anthem Blue Cross and Blue Shield (Anthem) and Availity 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 to submit an authorization and referral requests electronically. A **prior authorization** issued by Anthem provides you the go-ahead to perform the necessary service and a referral used to refer a member to a specialty provider. 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 transaction?**

Both transactions offer:

- 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.

### **Where to find help**

The new **Prior Authorization and Inpatient Admission & Discharge Notification via Electronic and Digital Self Service**, X12 5010v Companion Guides, assists with specific 278 and 278N requirements.

- The companion guide can be download at: [anthem.com/edi](https://anthem.com/edi)
- Availity documentation can be found at: [availity.com](https://availity.com)

Use the [Availity Welcome Application](#) to begin the process of connecting to the Availity EDI Gateway for your Anthem EDI transmissions. In addition, the [Availity Quick Start Guide](#) will assist you with any EDI connection questions.

If you need assistance, contact Availity Client Services at 1-800-Availity (1-800-282-4548), Monday through Friday 8 a.m. to 7:30 p.m. Eastern Time.

588-0820-PN-CONV

## 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 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 the **[CMS link.](#)**

586-0820-PN-CONV

## Medical Policy and Clinical UM Guidelines notification letter (MAC)

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

### Material Adverse Change (MAC)

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



[20200801-568-0820-PN-CONV\\_MAC - MPTAC Q2 2020\\_NV rv 2020711 final.pdf](#)  
application/pdf - 735.56 KB

**URL:** <https://providernews.anthem.com/nevada/article/medical-policy-and-clinical-um-guidelines-notification-letter-mac-7>

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## 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 our current policies. These standards ensure effective medical record documentation and provide clear and consistent guidelines to ensure that 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-CONV

URL: <https://providernews.anthem.com/nevada/article/medical-record-standards-5>

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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 the *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 will require an itemized bill to be submitted with the claim.

For more information, view this policy online. Go to [anthem.com](https://www.anthem.com), select **Providers**. Under the *Provider Resources* heading, select **Policies, Guidelines, and Manuals**. Select **Nevada** as your state. Under the *Reimbursement Policies* heading, select **Access Policies**. Then search for the Policy you would like to view.

570-0820-PN-NV

**URL:** <https://providernews.anthem.com/nevada/article/reimbursement-policy-update-claims-requiring-additional-documentation-facility-20>

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## Keep up with Medicaid news

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

Please continue to check [Medicaid Provider Communications & Updates](https://www.anthem.com/mediproviders) at [anthem.com/mediproviders](https://www.anthem.com/mediproviders) for the latest Medicaid information.

- [New behavioral health discharge call-in line](#)
- [Submit behavioral health authorizations via our online Interactive Care Reviewer tool](#)

ANV-NU-0132-20  
ANVPEC-1196-20

**URL:** <https://providernews.anthem.com/nevada/article/keep-up-with-medicaid-news-36>

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## 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. 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](#).

ABSCRNU-0156-20 June 2020

URL: <https://providernews.anthem.com/nevada/article/medical-drug-benefit-clinical-criteria-updates-44>

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## **New MCG Care Guidelines 24th edition**

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

Effective August 1, 2020, Anthem Blue Cross and Blue Shield 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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## Keep up with Medicare news

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

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

- [Submit behavioral health authorizations via our online Interactive Care Reviewer tool](#)
- [Waived copays, deductibles and coinsurance for CCM, complex CCM and TCM](#)
- [Updates to AIM musculoskeletal program clinical appropriateness guidelines](#)
- [New behavioral health discharge call-in line](#)

ABSCARE-0488-20  
ABSCRNU-0155-20  
ABSCRNU-0149-20  
ANV-NU-0132-20

## 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 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**

ABSCRNU-0158-20

URL: <https://providernews.anthem.com/nevada/article/2020-medicare-risk-adjustment-provider-trainings-19>

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