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## Register now for our August CME webinars

Published: Aug 1, 2021 - Administrative



Join us throughout the year in a new Continuing Medical Education (CME) webinar series as we share practices and success stories to overcoming barriers in achieving clinical quality goals, attaining better patient outcomes and improving STARs ratings.

### Program objectives:

- Learn strategies to help you and your healthcare team improve your performance across a range of clinical areas.
- Apply the knowledge you gain from the webinars to improve your organization's quality and STARs ratings.

*Attendees will receive one CME credit upon completion of a program evaluation at the conclusion of each webinar.*

### **REGISTER HERE** for our upcoming clinical quality webinars

1275-0821-PN-CNT

URL: <https://providernews.anthem.com/kentucky/article/register-now-for-our-august-cme-webinars-1>

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## Telehealth visits can impact after hospitalization follow-up care for mental illness

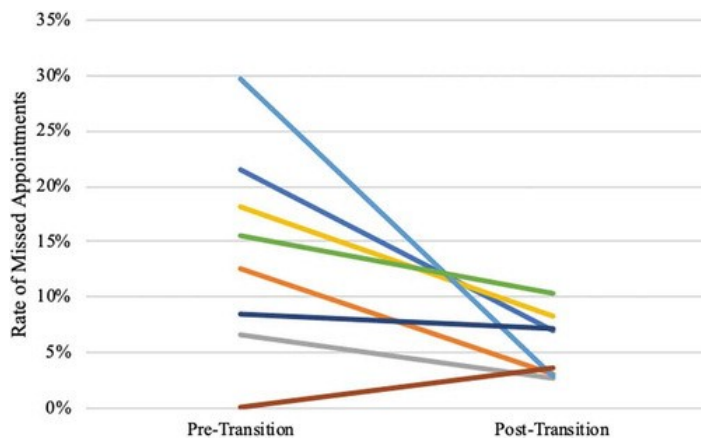
Published: Aug 1, 2021 - Administrative

### Reductions in missed appointments are significant

Telehealth visits are having a significant impact on missed appointments according to a study published in [Counselling Psychology Quarterly](#). Prior to transitioning to telehealth, clinicians in the study “Psychotherapy at a public hospital in the time of COVID-19: telehealth and implications for practice,”<sup>1</sup> experienced a 14.25% missed appointment rate. After transitioning to telehealth, the missed appointment rate fell to 5.63%.

### Rate of missed appointments before and after transitioning to telehealth

The graph below illustrates the changes in the average rate of missed appointments (cancellations and no-show) for each of the eight clinicians in the study between the periods before and after the transition to telehealth.



<https://www.tandfonline.com/doi/full/10.1080/09515070.2020.1777390>

“While there are a number of limitations to consider regarding this data, [which is further discussed in the study], the statistically significant reduction in missed appointments pre-and-post [digital] transition is striking,” cited in the study report.

Telehealth and telephone visits with members after a behavioral health (BH) inpatient stay meet HEDIS<sup>®</sup> criteria for the measure: Follow-up after Hospitalization for Mental Illness (FUH). With transportation being one of the barriers to after hospitalization follow-up, telehealth visits could be an ideal solution.<sup>2</sup>

The FUH HEDIS measure evaluates:

- Members 6 years and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner.

Two areas of importance for this HEDIS measure are:

1. The percentage of behavioral health inpatient discharges for which the member received follow-up within 7 days after discharge.
2. The percentage of behavioral health inpatient discharges for which the member received follow-up within 30 days after discharge.

These two consecutive follow-up appointments are paramount to positive outcomes as well as meeting this HEDIS measure. Telehealth visits can greatly increase the likelihood of keeping follow-up appointments leading to reduced numbers of re-hospitalization and more favorable outcomes for these patients. To learn more about the [FUH HEDIS measure](#), visit the [NCQA website](#).

<sup>1</sup>[Counselling Psychology Quarterly](#). Psychotherapy at a public hospital in the time of COVID-19: telehealth and implications for practice.

<https://www.tandfonline.com/doi/full/10.1080/09515070.2020.1777390>

<sup>2</sup>Traveling towards disease: transportation barriers to health care access.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215/#:~:text=Transportation%20barriers%20a re%20often%20cited,and%20thus%20poorer%20health%20outcomes.>

HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

1264-0821-PN-CNT

**URL:** <https://providernews.anthem.com/kentucky/article/telehealth-visits-can-impact-after-hospitalization-follow-up-care-for-mental-illness-2>

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## Clearing up coding confusion for retinal eye exams (DRE)

Published: Aug 1, 2021 - Administrative

### 3072F: new language about two-year compliance

The Comprehensive Diabetes Care HEDIS<sup>®</sup> Measure Retinal Eye Exam (DRE) values the percent of adult members ages 18 to 75, with diabetes (type 1 and type 2), who had a retinal eye exam during the measurement year.

## Changes to 3072F

The definition for the code 3072F (negative for retinopathy) has been redefined to: Low risk for retinopathy (no evidence of retinopathy in the prior year). This can be particularly confusing because it would not be used at the time of the exam. It would be used the following year, along with the exam coding for the current year, to indicate that retinopathy was not present the previous year.

## A simpler coding solution

Using these three codes count toward the DRE measurement if they are billed in the current measurement year, or the prior year. This means you can submit the appropriate code at the time of the exam, and it covers both years:

CPT Code	Description
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)
2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed: without evidence of retinopathy (DM)
2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed: without evidence of retinopathy (DM)

For more about diabetic retinopathy, visit [CMS.gov](https://www.cms.gov) or use [this link to read more](#).

## Meeting the measurement for all diabetes care

These exams are also important in evaluating the overall health of diabetic patients, as well as meeting the Comprehensive Diabetes Care HEDIS measure:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- Retinal Eye exam performed
- Blood Pressure control (<140/90 mm Hg)

Record your efforts in the member's medical records for the HbA1c tests and results, retinal eye exam, blood pressure, urine creatinine test and the estimated glomerular filtration rate test. Meeting the mark and closing gaps in care is key to good health outcomes.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

1265-0821-PN-CNT

URL: <https://providernews.anthem.com/kentucky/article/clearing-up-coding-confusion-for-retinal-eye-exams-dre-2>

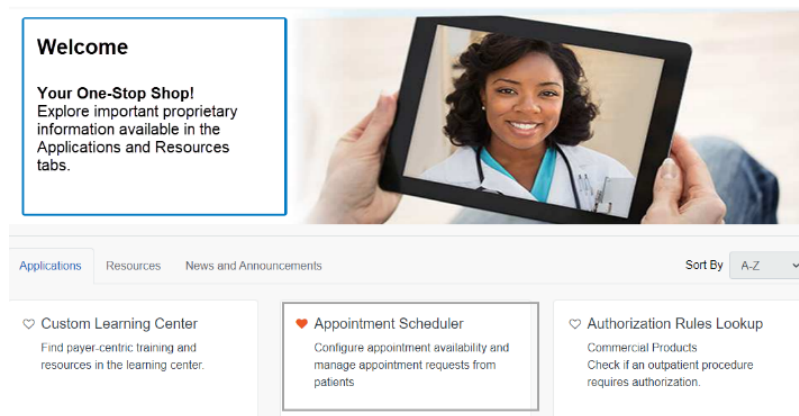
## New! Schedule appointments online through Availity

Published: Aug 1, 2021 - **Administrative** / Digital Tools

We're making it even easier for you to schedule online appointments through the Appointment Scheduler App on [Availity](#). The Appointment Scheduler App gives you secure access to new appointment requests. You'll also receive digital access to the member's ID number, contact information and any special health information.

### Appointment Scheduler App features include:

- Manage appointment requests
- Configure appointment availability
- Notifications for new visit requests on your Availity dashboard
- Members are automatically notified by text or email when appointments are confirmed



The screenshot displays a user interface for Availity. At the top left, a 'Welcome' box contains the text: 'Your One-Stop Shop! Explore important proprietary information available in the Applications and Resources tabs.' To the right of this box is a photograph of a smiling female healthcare professional holding a tablet. Below the welcome message is a navigation bar with tabs for 'Applications', 'Resources', and 'News and Announcements', along with a 'Sort By' dropdown menu set to 'A-Z'. The main content area features three application tiles. The 'Appointment Scheduler' tile is highlighted with a red heart icon and contains the text: 'Configure appointment availability and manage appointment requests from patients'. The other two tiles are 'Custom Learning Center' and 'Authorization Rules Lookup'.



Administrators, administrator assistants and users with the role of “office staff” will have access to the Appointment Scheduler App.

Article Attachments

To access Appointment Scheduler , log onto Availity.com and select Anthem from Payer Spaces. The Appointment Schedule App will be located in your Applications menu. To learn more about the new App, visit the Custom Learning Center in Availity for the Appointment Scheduler Application Reference Guide.

1266-0821-PN-CNT

URL: <https://providernews.anthem.com/kentucky/article/new-schedule-appointments-online-through-availity-1>

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## Submitting prior authorizations is getting easier

Published: Aug 1, 2021 - **Administrative** / Digital Tools

### **Anthem is transitioning to Availity Authorization application**

You may already be familiar with the Availity Authorization application because millions of providers are already using it for submitting prior authorizations for other payers. Anthem is eager to make it available to our providers, too. On August 21, 2021 In September, you can begin using the same authorization app you use for other payers. We hope to make it easier than ever before to submit prior authorization requests to Anthem.

### **Current prior authorization app (ICR) is still available**

If you need to refer to an authorization that was submitted through ICR, you will still have access to that information. We’ve developed a pathway for you to access your ICR dashboard. You will simply follow the prompts provided through the Availity Authorization application.

### **Innovation in progress**

While we grow the Availity Authorization application to provide you with Anthem-specific information, we’ve provided access to ICR for:

- Appeals
- Behavioral health authorizations
- FEP authorizations

- Medical specialty Rx

Notices in the Availity Authorization application will guide you through the process for accessing ICR for *Reserved Auth/Appeals* functions.

### **Training is coming soon!**

If you aren't already familiar with the Availity Authorization App, live training and recorded webinars will be available in September and announced in our next monthly newsletter.

1277-0821-PN-KY

**URL:** <https://providernews.anthem.com/kentucky/article/submitting-prior-authorizations-is-getting-easier-1>

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## **Some requests to AIM may require documentation to support prior authorization**

Published: Aug 1, 2021 - **Products & Programs**

Providers currently submit prior authorization requests to AIM Specialty Health® (AIM) for outpatient diagnostic imaging services. These prior authorizations are often reviewed based on provider attestation of certain requirements. As part of our ongoing quality improvement efforts, we want you to know that some review requests may require documentation to substantiate the attestations that supports the clinical appropriateness of the request. This documentation can be uploaded during the intake process.

When requested, providers must submit such documentation from the patient's medical record. If medical necessity is not supported through documents submitted, the request may be denied as not medically necessary. Such documentation is limited to what has been asserted via the prior authorization review attestations. If the request would be denied as not medically necessary, providers can participate in a prior authorization discussion with an AIM physician reviewer.

1269-0821-PN-IN.KY.OH

**URL:** <https://providernews.anthem.com/kentucky/article/some-requests-to-aim-may-require-documentation-to-support-prior-authorization>

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# Anthem to update formulary lists for commercial health plan pharmacy benefit effective October 1, 2021

Published: Aug 1, 2021 - **Products & Programs** / Pharmacy

**Effective with dates of service on and after October 1, 2021**, and in accordance with the IngenioRx Pharmacy and Therapeutics (P&T) process, Anthem will update its drug lists that support commercial health plans.

Article Attachments

Updates include changes to drug tiers and the removal of medications from the formulary.

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.](#)

1270-0821-PN-CNT

**URL:** <https://providernews.anthem.com/kentucky/article/anthem-to-update-formulary-lists-for-commercial-health-plan-pharmacy-benefit-effective-october-1-2021>

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## Updates for specialty pharmacy are available - August 2021

Published: Aug 1, 2021 - **Products & Programs** / Pharmacy

### Prior authorization updates

**Effective for dates of service on and after November 1, 2021**, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our prior authorization review process.

Please note, inclusion of National Drug Code (NDC) code on your claim will help expedite claim processing of drugs billed with a Not Otherwise Classified (NOC) code.

[Access the Clinical Criteria information here.](#)

Prior authorization clinical review of non-oncology use of specialty pharmacy drugs is managed by the medical specialty drug review team. Review of specialty pharmacy drugs for oncology use is managed by AIM Specialty Health® (AIM).

Clinical Criteria	HCPCS or CPT Code(s)	Drug
**ING-CC-0196	J3490 J9999 J3590	Zynlonta
**ING-CC-0197	J3490 J3590 J9999	Jemperli
*ING-CC-0199	J3490 J3590 C9399	Empaveli

\* Non-oncology use is managed by the medical specialty drug review team.

\*\* Oncology use is managed by AIM.

### Quantity limit updates

**Effective for dates of service on and after November 1, 2021**, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our quantity limit review process.

Please note, inclusion of National Drug Code (NDC) code on your claim will help expedite claim processing of drugs billed with a Not Otherwise Classified (NOC) code.

[Access the Clinical Criteria information here.](#)

Prior authorization clinical review of non-oncology use of specialty pharmacy drugs is managed by the medical specialty drug review team. Review of specialty pharmacy drugs for oncology use is managed by AIM Specialty Health® (AIM).

Clinical Criteria	HCPCS or CPT Code(s)	Drug
*ING-CC-0199	J3490 J3590 C9399	Empaveli

\* Non-oncology use is managed by the medical specialty drug review team.

\*\* Oncology use is managed by AIM.

1271-0821-PN-CNT

URL: <https://providernews.anthem.com/kentucky/article/updates-for-specialty-pharmacy-are-available-august-2021>

## Specialty dose rounding program for certain oncology medications

Published: Aug 1, 2021 - **Products & Programs** / Pharmacy

Providers treating members covered by Anthem Blue Cross and Blue Shield (Anthem) plans will be asked in selective circumstances to voluntarily reduce the requested dose to the nearest whole vial for over 40 oncology medications (see list below). Reviews for these oncology drugs will continue to be administered by AIM Specialty Health® (AIM).

As part of the online prior authorization process, providers will be asked about the dosage of the medication being requested in pop-up questions:

- Whether or not the recommended dose reduction is acceptable
- If the patient is considered unable to have his or her dose reduced, then a second question will appear asking for the provider's clinical reasoning.

For prior authorization requests made outside of the online AIM Provider Portal (i.e. via phone or fax) the same questions will be asked by the registered nurse or medical director reviewing the request. **Since this program is voluntary, the decision made regarding dose reduction will not affect the final decision on the prior authorization.**

The dose reduction questions will appear only if the originally requested dose is within 10 percent of the nearest whole vial. This threshold is based on the current medical literature and recommendations from the Hematology and Oncology Pharmacists Association (HOPA) it is appropriate to consider dose rounding within 10 percent. [Click here](#) to view the HOPA recommendations.

**The voluntary dose reduction program only applies to the specific oncology drugs listed below.** Providers can view prior authorization requirements for Anthem members on the Medical Policy & Clinical UM Guidelines page at [anthem.com](https://www.anthem.com).

**Note:** In some plans “dose reduction to nearest whole vial” or another term “waste reduction” may be the term used in benefit plans, provider contracts or other materials instead of or in addition to “dose reduction to nearest whole vial” and in some plans, these terms may be used interchangeably. For simplicity, we will hereafter use “dose reduction (to nearest whole vial).”

**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.

<b>Drug Name</b>	<b>HCPCS Code</b>
Abraxane (paclitaxel protein-bound)	J9264
Actimmune (interferon gamma-1B)	J9216
Adcetris (brentuximab vedotin)	J9042
Alimta (pemetrexed)	J9305
Asparlas (calaspargase pegol-mknl)	J9118
Avastin (bevacizumab)	J9035
Bendeka (bendamustine)	J9034
Besponsa (inotuzumab ozogamicin)	J9229
Blinicyto (blinatumomab)	J9039
Cyramza (ramucirumab)	J9308
Darzalex (daratumumab)	J9145
Doxorubicin liposomal	Q2050
Elzonris (tagraxofusp-erzs)	J9269
Empliciti (elotuzumab)	J9176
Enhertu (fam-trastuzumab deruxtecan-nxki)	J9358
Erbitux (cetuximab)	J9055
Erwinase (asparginase)	J9019
Ethyol (amifostine)	J0207
Granix (tbo-filgrastim)	J1447
Halaven (eribulin mesylate)	J9179
Herceptin (trastuzumab)	J9355
Herzuma (trastuzumab-pkrb)	Q5113
Imfinzi (durvalumab)	J9173
Istodax (romidepsin)	J9315
Ixempra (ixabepilone)	J9207
Jevtana (cabazitaxel)	J9043
Kadcyla (ado-trastuzumab emtansine)	J9354
Kanjinti (trastuzumab-anns)	Q5117
Keytruda (pembrolizumab)	J9271
Kyprolis (carfilzomib)	J9047
Lumoxiti (moxetumomab pasudotox-tdfk)	J9313
Mvasi (bevacizumab-awwb)	Q5107
Mylotarg (gemtuzumab ozogamicin)	J9203
Neupogen (filgrastim)	J1442
Ogivri (trastuzumab-dkst)	Q5114
Oncaspar (pegaspargase)	J9266

Ontruzant (trastuzumab-dttb)	Q5112
Opdivo (nivolumab)	J9299
Padcev (enfortumab vedotin-ejfv)	J9177
Polivy (polatuzumab vedotin-piiq)	J9309
Riabni (rituximab-arrx)	Q5123
Rituxan (rituximab)	J9312
Ruxience (rituximab-pvvr)	Q5119
Sarclisa (isatuximab-irfc)	J9227
Sylvant (siltuximab)	J2860
Trazimera (trastuzumab-qyyp)	Q5116
Treanda (bendamustine)	J9033
Truxima (rituximab-abbs)	Q5115
Vectibix (panitumumab)	J9303
Yervoy (ipilimumab)	J9228
Zaltrap (ziv-aflibercept)	J9400
Zirabev (bevacizumab-bvzr)	Q5118

1245-0821-PN-CNT

URL: <https://providernews.anthem.com/kentucky/article/specialty-dose-rounding-program-for-certain-oncology-medications-2>

## Specialty dose rounding program for certain non-oncology medications beginning August 1, 2021

Published: Aug 1, 2021 - **Products & Programs** / Pharmacy

**Effective with dates of service on or after August 1, 2021**, providers treating members covered by Anthem Blue Cross and Blue Shield (Anthem) Commercial plans may be asked to consider voluntarily reducing the requested dose to avoid vial wastage for select non-oncology specialty medications. The dose reduction suggestion will only be made if the originally requested dose is within 10% of the nearest whole vial.

Since this program is voluntary, the decision to participate will not affect the final decision on the prior authorization.

Reviews for these specialty drugs will continue to be administered by IngenioRx®.



As part of the prior authorization process, providers may be asked the following questions:

- Whether the suggested dose reduction is clinically acceptable
- Clinical reasoning if the dose reduction is not appropriate

Providers can view prior authorization requirements for Anthem members on the Medical Policy & Clinical UM Guidelines page at [anthem.com](https://www.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.

1273-0821-PN-CNT

**URL:** <https://providernews.anthem.com/kentucky/article/specialty-dose-rounding-program-for-certain-non-oncology-medications-beginning-august-1-2021>

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## **Immune globulin adjusted body weight dosing program beginning August 1, 2021**

Published: Aug 1, 2021 - **Products & Programs** / Pharmacy

**Effective with dates of service on or after August 1, 2021**, providers treating members covered by Anthem Blue Cross and Blue Shield (Anthem) Commercial plans may be asked to consider voluntarily using adjusted body weight (AdjBW) dosing compared to actual body weight (ABW) dosing for immune globulin medications. The dose change using AdjBW will only be made if the member's actual body weight is more than 20% of the ideal body weight (IBW).

**Since this program is voluntary, the decision to participate will not affect the final decision on the prior authorization.**

Reviews for the immune globulin medications will continue to be administered by IngenioRx® as these will specifically target specialty non-oncology indications.

As part of the prior authorization process, providers may be asked the following questions:

- Whether the suggested use of AdjBW and change in dose is clinically acceptable
- Clinical reasoning if the dose change (using AdjBW) is not appropriate

Providers can view prior authorization requirements for Anthem members on the Medical Policy & Clinical UM Guidelines page at [anthem.com](https://www.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.

1274-0821-PN-CNT

**URL:** <https://providernews.anthem.com/kentucky/article/immune-globulin-adjusted-body-weight-dosing-program-beginning-august-1-2021-1>

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## Pharmacy information available at [anthem.com](https://www.anthem.com)

Published: Aug 1, 2021 - **Products & Programs** / Pharmacy

Visit [Pharmacy Information for Providers](#) on [anthem.com](https://www.anthem.com) 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
- Any other requirements, restrictions, or limitations that apply to using certain drugs

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

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

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

1250-0821-PN-CNT

**URL:** <https://providernews.anthem.com/kentucky/article/pharmacy-information-available-at-anthemcom-36>

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## **Update: AIM Musculoskeletal Program effective November 1, 2021 - Site of care reviews**

Published: Aug 1, 2021 - **Policy Updates** / Medical Policy & Clinical Guidelines

**Effective November 1, 2021**, AIM Specialty Health® (AIM), a separate company, will expand the AIM Musculoskeletal program to perform medical necessity review of the requested site of service for certain spine, joint and interventional pain procedures for Anthem Blue Cross and Blue Shield (Anthem) fully insured members, as further outlined below.

AIM will continue to manage the AIM Musculoskeletal program and Level of Care review. [The AIM Level of Care Guideline for Musculoskeletal Surgery and Procedures](#) is used for the Level of Care review. Prior authorization will now also be required for the clinical appropriateness of the site in which the procedure is performed (site of care). AIM will use the following Anthem Clinical UM Guideline: CG-SURG-52: Site of Care: Hospital-Based Ambulatory Surgical Procedures and Endoscopic Services. The clinical criteria to be used for these reviews can be found on the [Anthem Provider portal Clinical UM Guidelines page](#). *Please note, this does not apply to procedures performed on an emergent basis.*

A subset of the AIM musculoskeletal program codes will be reviewed for site of care. A complete list of CPT codes requiring prior authorization for the AIM Musculoskeletal site of care program is available on the [AIM Musculoskeletal microsite](#). To determine if the AIM Musculoskeletal Program applies to an Anthem member on or after November 1, 2021, providers can contact the Provider Services phone number on the back of the member's ID card for benefit information. AIM will also have a file upload from Anthem regarding the members to whom the program applies, and will not provide prior authorization for members to whom the program does not apply. If providers use the Interactive Care Reviewer (ICR) tool on the Availity Portal to request prior authorization for a member for the Musculoskeletal Program, ICR will produce a message referring the provider to AIM. *Note: ICR cannot accept prior authorization requests for services administered by AIM.*

### **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 self-funded (ASO) groups that currently do not participate in the AIM Musculoskeletal Program, the Program will be offered to self-funded accounts (ASO) to add to their members' benefit package as of November 1, 2021.

### **Prior authorization review requirements**

For surgeries that are scheduled to begin on or after November 1, 2021, all providers must contact AIM to obtain prior authorization review

The following groups are excluded: Medicare Advantage, Medicaid, Medicare, Medicare supplement, MA EGR, Federal Employee Program<sup>®</sup> (FEP<sup>®</sup>).

**For services provided on or after November 1, 2021**, ordering and servicing providers may begin contacting AIM **beginning October 18, 2021** for review. Providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM's **ProviderPortal**<sub>ISM</sub> directly at [providerportal.com](http://providerportal.com). Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web Portal at [availity.com](http://availity.com).
- Call the AIM Contact Center toll-free number at 800-554-0580, Monday through Friday, 8:30 a.m. to 7:00 p.m. ET.

Initiating a request on AIM's **ProviderPortal**<sub>SM</sub> for physical, occupational or speech therapy and entering all the requested clinical questions will allow you to receive an immediate determination. If the request is approved, you will receive the Order ID, the number of visits and valid time frame. [The AIM Musculoskeletal Program microsite](#) on the AIM provider portal helps you learn more and access helpful information and tools such as order entry checklists.

### **AIM Musculoskeletal training webinars**

Anthem invites you to take advantage of a free informational webinar that will introduce you to the program and the robust capabilities of the AIM **ProviderPortal**<sub>SM</sub>. Go to the [AIM Musculoskeletal microsite](#) to register for an upcoming webinar. If you have previously registered for other services managed by AIM, there is no need to register again.

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

1263-0821-PN-IN.KY.OH

**URL:** <https://providernews.anthem.com/kentucky/article/update-aim-musculoskeletal-program-effective-november-1-2021-site-of-care-reviews>

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## **Transition to AIM Specialty Health imaging of the heart clinical appropriateness guideline for computed tomography to detect coronary artery calcification**

Published: Aug 1, 2021 - **Policy Updates** / Medical Policy & Clinical Guidelines

**Effective November 1, 2021**, Anthem Blue Cross and Blue Shield (Anthem) will transition the clinical criteria for medical necessity review of computed tomography to detect coronary artery calcification to AIM imaging of the heart clinical appropriateness guideline.

As part of this transition of clinical criteria, the following procedures will be subject to prior authorization at AIM:

CPT code	Description
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary artery calcium
S8092	Electron beam CT (also known as ultrafast CT, cine CT)

For questions related to guidelines, please contact AIM via email at [aim.guidelines@aimspecialtyhealth.com](mailto:aim.guidelines@aimspecialtyhealth.com).

Additionally, you may access and download a copy of the [current guideline here](#).

1258-0821-PN-CNT

**URL:** <https://providernews.anthem.com/kentucky/article/transition-to-aim-specialty-health-imaging-of-the-heart-clinical-appropriateness-guideline-for-computed-tomography-to-detect-coronary-artery-calcification-2>

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## Reimbursement policy update: Virtual Visits (Professional and Facility)

Published: Aug 1, 2021 - **Policy Updates** / Reimbursement Policies

**Beginning with dates of service on or after November 1, 2021**, Anthem Blue Cross and Blue Shield (Anthem)'s current Telehealth policy will be renamed Virtual Visits. Anthem allows reimbursement for professional and facility Virtual Visits when interactive services occur between the member and the provider, when they are not in the same location, unless provider, state, or federal contracts and/or mandates indicate otherwise. Reimbursement is allowed for professional and facility Virtual Visits rendered at the distant site via live audio visual services and for Remote Patient Monitoring. Services reported by a professional provider with a place of service Telehealth (02) will be eligible for non-office place of service reimbursement. In addition, facility Virtual Visits will be allowed for the originating site fee. The Related Coding section details the modifiers allowed for reimbursement.

For more information about this policy, visit the [Reimbursement Policy page](#) at [anthem.com](https://www.anthem.com).

1267-0821-PN-CNT

**URL:** <https://providernews.anthem.com/kentucky/article/reimbursement-policy-update-virtual-visits-professional-and-facility-3>

## Reimbursement policy update: Claims requiring additional documentation (Facility)

Published: Aug 1, 2021 - **Policy Updates** / Reimbursement Policies

In our May *Provider News*, we announced a threshold increase for the itemized bill requirement for outpatient facility claims. This requirement will remain; however effective August 1, 2021, Anthem will remove the threshold amount from the policy language for outpatient facility claims and inpatient stay claims.

For more information about this policy, visit the [Reimbursement Policy page](#) at [anthem.com](#).

1260-0821-PN-CNT

**URL:** <https://providernews.anthem.com/kentucky/article/reimbursement-policy-update-claims-requiring-additional-documentation-facility-30>

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## Reimbursement policy update: Distinct Procedural Service, Modifiers 59 and XE, XP, XS, & XU

Published: Aug 1, 2021 - **Policy Updates** / Reimbursement Policies

**Beginning with dates of service on or after November 1, 2021**, Anthem Blue Cross and Blue Shield (Anthem) will update the Related Coding section to indicate no modifier override for the neurostimulator device when billed with the surgical code for the implantation of the neurostimulator device.

The code pairs listed below have been added the below pairs to the Related Coding Section:

- L8680 when reported with 63655
- L8679 when reported with 63650
- L8679 when reported with 63655
- L8687 when reported with 63650
- L8687 when reported with 63655

For more information about this policy, visit the [Reimbursement Policy page](#) at [anthem.com](#).

1261-0821-PN-CNT

## Change in email submission of service requests for Federal Employee Program® members

Published: Aug 1, 2021 - **State & Federal** / Federal Employee Plan (FEP)

**Effective November 1, 2021**, in order to help ensure our member's security, the Blue Cross and Blue Shield Federal Employee Program (FEP®) will be decommissioning the Utilization Management (UM) email address for processing eReviews, [FEPE-Reviews@anthem.com](mailto:FEPE-Reviews@anthem.com). **As an alternative**, FEP offers providers a secure online portal, Interactive Care Reviewer (ICR).

### About the ICR portal

ICR is Anthem Blue Cross and Blue Shield (Anthem)'s innovative UM portal that allows providers, in addition to phone or fax, to submit prior authorization requests and to provide clinical documentation (including imaging) to support initial and continued stay reviews. This enables prior authorization requests and clinical information to be transmitted directly to UM staff.

### Key features of the portal

- No cost electronic UM solution
- Instant access from any location at any time
- Create a UM preauthorization case and instantly submit it for review
- Attach clinical documents for review – no faxing required
- Check status of any case regardless of the method used to originally submit request
- Complete record of submissions and dispositions – all in one place
- Bi-directional communication

**To submit prior authorization service requests electronically**, register for use of ICR prior to **November 1, 2021** on the [Availity portal](#).

**For more information on Anthem ICR, including training resources:**

<https://www.anthem.com/provider/prior-authorization/interactive-care-reviewer/>



**Register for ICR via the Availity portal:** <https://www.availity.com/provider-portal-registration>

**Need help registering? View this video:** [How to Access Availity and Register](#)

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As a reminder, in addition to using ICR on the Availity portal, you can submit authorizations, to FEP UM by phone or fax:

- FEP UM precertification toll free #: 800-860-2156
- FEP UM precertification fax #: 800-732-8318
- FEP UM advance benefit determination fax #: 877-606-3807

1247-0821-PN-CNT

**URL:** <https://providernews.anthem.com/kentucky/article/change-in-email-submission-of-service-requests-for-federal-employee-program-members-1>

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## Medicaid News - August 2021

Published: Aug 1, 2021 - **State & Federal** / Medicaid

Please continue to check [Medicaid Provider Communications & Updates](#) on the [provider website](#) for the latest information, including:

- [Learn more about the InterQual April 2021 revisions.](#)
- [Learn more about the prior authorization requirement changes effective October 1, 2021 – UM AROW 1837.](#)

AKY-NU-0319-21  
AKY-NU-0321-21

**URL:** <https://providernews.anthem.com/kentucky/article/medicaid-news-august-2021-1>

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## March 2020 medical drug benefit clinical criteria updates

Published: Aug 1, 2021 - **State & Federal** / Medicaid

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 Medicaid. 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](#).

AKY-NU-0244-20

**URL:** <https://providernews.anthem.com/kentucky/article/march-2020-medical-drug-benefit-clinical-criteria-updates>

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## June 2020 medical drug benefit clinical criteria updates

Published: Aug 1, 2021 - **State & Federal** / Medicaid

On February 21, 2020, May 15, 2020, and June 18, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the **medical drug benefit** for Anthem Blue Cross and Blue Shield Medicaid. These policies were developed, revised or reviewed to support clinical coding edits.

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

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

AKY-NU-0252-20

**URL:** <https://providernews.anthem.com/kentucky/article/june-2020-medical-drug-benefit-clinical-criteria-updates>

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## **New reimbursement policy: Modifier 90 Reference (Outside) Laboratory and Pass-Through Billing effective November 1, 2021**

Published: Aug 1, 2021 - **State & Federal** / Medicaid

Anthem Blue Cross and Blue Shield Medicaid does not allow pass-through billing for lab services. Claims appended with Modifier 90 and an office place of service will be denied unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.

Reimbursement will be made directly to the laboratory that performed the clinical diagnostic laboratory test based on 100% of the applicable fee schedule or contracted/negotiated rate.

Modifier 90 is defined as when laboratory procedures are performed by a party other than the treating or reporting physician or other qualified healthcare professional. The procedure may be identified by adding Modifier 90 to the usual procedure code.

For additional information, please review the Modifier 90: Reference (Outside) Laboratory and Pass-Through Billing reimbursement policy at [providers.anthem.com/kentucky-provider/claims/reimbursement-policies](https://providers.anthem.com/kentucky-provider/claims/reimbursement-policies).

AKY-NU-0295-21

**URL:** <https://providernews.anthem.com/kentucky/article/new-reimbursement-policy-modifier-90-reference-outside-laboratory-and-pass-through-billing-effective-november-1-2021>

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## **Attention facilities: Sending admission, discharge and transfer data to Anthem results in improved care management for patients**

Published: Aug 1, 2021 - **State & Federal** / Medicaid

*This communication applies to the Medicaid and Medicare Advantage programs in Kentucky.*

CMS issued [an Interoperability and Patient Access Policy](#) to reduce the burden of certain administrative processes. The CMS policy requires providers to implement application programming interfaces (APIs) to improve the electronic exchange of healthcare data between patient, provider and payer. The policy reiterates that in partnership with the Office of the National Coordinator for Health Information (ONC), CMS identified Health Level 7® (HL7) as the foundational standard to support data exchange via secure API. Implementation of this CMS mandate is expected by July 1, 2021.

The Clinical Data Acquisition Group for Anthem Blue Cross and Blue Shield (Anthem) integrates admission, discharge and transfer (ADT) data from facility providers, health information exchanges and third-party aggregators. ADT data exchange helps Anthem:

- Better support members with care coordination and discharge planning — leading to healthier outcomes for our members, your patients.
- Proactively manage care transitions to avoid waste.
- Close care gaps and educate members about appropriate care settings.

Anthem would like to digitally exchange HL7 ADT messaging data for our members using secure data collection and transmission capabilities currently in use by facility systems. Facilities with network connections through vendors or health information exchanges can integrate ADT data with Anthem through these channels as well. Near real-time HL7 ADT messaging data — or at least within 24 hours of admission, discharge or transfer — enables Anthem to most effectively manage care transitions.

Email the Clinical Data and Analytics team at [ADT\\_Intake@anthem.com](mailto:ADT_Intake@anthem.com) to get started today.

AKY-NU-0302-21

**URL:** <https://providernews.anthem.com/kentucky/article/attention-facilities-sending-admission-discharge-and-transfer-data-to-anthem-results-in-improved-care-management-for-patients-12>

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## Keeping up with routine vaccination during COVID-19

Published: Aug 1, 2021 - **State & Federal** / Medicaid

### Well-child visits and vaccinations are essential services

In May 2020, the CDC released a [report](#) showing a drop in routine childhood vaccinations as a result of COVID-19; a result of stay-at-home orders and concerns about infection during well-child visits. Both the American Academy of Pediatrics and the CDC recommend the continuation of routine childhood vaccinations during the COVID-19 pandemic, noting they are essential services.



To encourage well-visits and vaccinations, here are some extra steps you can take to ensure visits are as safe as possible for both patients and staff. They include:

- Scheduling sick visits and well-child visits during different times of the day.
- Asking patients to remain outside until it's time for their appointment to reduce the number of people in waiting rooms.
- Offering sick visits and well-child visits in different locations.

It is important to identify those children who have missed immunizations and well-child visits to schedule these essential in-person appointments. To help, the CDC has published [vaccine catch-up guidance](#) on their website.

### Help your patients earn rewards

For additional encouragement, Anthem Blue Cross and Blue Shield (Anthem) members can earn \$25 or more in gift cards for completing vaccines and/or well visits through our **Healthy Rewards** program. Please encourage your patients to enroll in the program on the Anthem website so they can earn rewards for these activities.

<b>Anthem</b>	<b>CIS-3</b>	<b>IMA-2</b>	<b>WCV</b>
<b>Ages</b>	0 to 1 (before 2nd birthday)	11 to 12 (before 13th birthday)	3 to 21
<b>Reward amount</b>	\$25	\$25	\$25

Patients can enroll online at <https://mss.anthem.com/ky> or by calling **888-990-8681 (TTY 711)**.

**Helpful information for keeping babies and children healthy:**

Childhood Immunization Status (CIS) HEDIS® measure requires that all children are immunized by their 2nd birthday:

- Four DTap (diphtheria, tetanus and acellular pertussis)
- Three IPV (polio)
- One MMR (measles, mumps, rubella)
- Three HiB (H influenza type B)
- Three Hep B (hepatitis B)
- One VZV (chicken pox)
- Four PCV (pneumococcal conjugate)
- One Hep A (hepatitis A)
- Two or three RV (rotavirus)
- Two influenza (flu)

**Billing codes:**

- **MMR:**
  - **CPT®:** 90707, 90710
  - **ICD-10-CM:** B05.0-4, B05.81, B05.89, B05.9
- **Mumps:**
  - **ICD-10-CM:**0-3, B26.81-85, B26.89, B26.9
- **Rubella:**

- **ICD-10-CM:-00-02, B06.09, B06.81-82, B06.89, B06.9**
- **Rubella antibody:**
  - **CPT: 86762**
- **Hepatitis A:**
  - **CPT: 90633**
  - **ICD-10-CM:0, B15.9**
- **Influenza:**
  - **CPT: 90655, 90657, 90662, 90673, 90685, 90686-90689**
  - **HCPCS: G0008**
- **Rotavirus vaccine (RV):**
  - **CPT: 90681 (two-dose), 90680 (three-dose)**

**Children should be fully immunized by 13 years of age to meet the Immunization for Adolescents (IMA) HEDIS measure:**

- One meningococcal vaccine (MCV) injection between 11 and 13 years of age
- One tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap/Td) between 10 and 13 years of age
- Two or three HPV vaccines between 9 and 13 years of age

**Billing codes:**

- **Meningococcal:**
  - **CPT: 90734**
- **Tdap:**
  - **CPT: 90715**

- **HVP:**
  - **CPT:** 90649, 90650, 90651

**Please refer to the Anthem HEDIS coding booklet for coding guidelines.**

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

AKY-NU-0309-21

**URL:** <https://providernews.anthem.com/kentucky/article/keeping-up-with-routine-vaccination-during-covid-19-5>

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## **Resources to support your diverse patient panel**

Published: Aug 1, 2021 - **State & Federal** / Medicaid

As patient panels grow more diverse and needs become more complex, providers and office staff need more support to help address patients' needs. Anthem Blue Cross and Blue Shield (Anthem) wants to help.

### **Cultural competency resources**

Here is an overview of the cultural competency resources available on our provider website.

- *Cultural Competency and Patient Engagement* includes:
  - The impact of culture and cultural competency on healthcare.
  - **A cultural competency continuum**, which can help providers assess their level of cultural competency.
  - Disability competency and information on the Americans with Disabilities Act (ADA).
- *Caring for Diverse Populations Toolkit* includes:
  - Comprehensive information, tools and resources to support enhanced care for diverse patients and mitigate barriers.
  - Materials that can be printed and made available for patients in provider offices.
  - Regulations and standards for cultural and linguistic services.



- *My Diverse Patients* offers:
  - A comprehensive repository of resources to providers to help support the needs of diverse patients and address disparities.
  - Courses with free continuing education credit through the American Academy of Family Physicians.
  - Free accessibility from any device (for example, desktop computer, laptop, phone or tablet), no account or login required.

To access these resources, go to [providers.anthem.com/ky](https://providers.anthem.com/ky) > Resources > [Provider Training Academy](#) > Cultural Competency Resources.

In addition, providers can access [Stronger Together](#), which 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.



### **Prevalent non-English languages (based on population data)**

Like you, Anthem wants to effectively serve the needs of diverse patients. It's important for us all to be aware of the cultural and linguistic needs of our communities, so we are sharing recent data about the prevalent non-English languages spoken by 5% or 1,000 individuals in Kentucky.<sup>1</sup>

### **Prevalent non-English languages in Kentucky: Spanish**

#### **Language support services**

As a reminder, Anthem provides language assistance services for our members with limited English proficiency (LEP) or hearing, speech, or visual impairments. Please see the provider manual for details on what is available and how to access resources. In addition, the cultural competency resources shared above provide guidance on communicating and serving diverse populations effectively.

AKY-NU-0314-21

URL: <https://providernews.anthem.com/kentucky/article/resources-to-support-your-diverse-patient-panel-13>

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## Coding spotlight: mental disorders in childhood

Published: Aug 1, 2021 - **State & Federal** / Medicaid

Mental disorders among children may cause serious changes in the way children typically learn, behave or handle their emotions, which cause distress and problems getting through the day. Healthcare professionals use the guidelines in the *American Psychiatric Association's Diagnostic and Statistical Manual, Fifth Edition (DSM-5)*,<sup>1</sup> to help diagnose mental health disorders in children.

The most common mental disorders of childhood and adolescence fall into the following categories:

- Anxiety disorders (generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobic disorder)
- Depression
- Posttraumatic stress disorder (PTSD)
- Separation anxiety disorder
- Social anxiety disorder
- Obsessive-compulsive disorder
- Bipolar disorder
- Disruptive behavioral disorders (attention-deficit/hyperactivity disorder ADHD, conduct disorder, and oppositional defiant disorder)
- Eating disorders
- Schizophrenia (less common).

Other conditions and concerns that affect children's learning, behavior and emotions include learning and developmental disabilities, autism, and risk factors like substance use and self-harm.

### **ICD-10-CM coding:**

- Chapter 5 of the ICD-10-CM code set categorizes mental disorders.
- Codes from chapter 5 are assigned based on the express documentation of the provider's clinical judgment regarding the patient's mental or behavioral disorder(s). The codes are not assigned based on symptoms, signs, or abnormal clinical laboratory findings.

### **Affective disorders**

#### **Major depressive disorder (MDD) is classified in ICD-10-CM as:**

- F32: Major depressive disorder, single episode
- F33: Major depressive disorder, recurrent

When documenting major depressive disorder, keep in mind that proper and specific coding requires clear documentation of the:

- Episode: single versus recurrent.
- Severity: mild, moderate, or severe.
- Psychotic features, when present.
- Status of remission as either partial or full.

Remember to document any established causality between multiple mental health conditions. For example:

- Suppose the patient has a diagnosis of depression and a diagnosis of anxiety with a causal relationship between the two conditions. In such cases, documentation must establish the relationship by stating depression with, due to, or related to anxiety

#### **ICD-10-CM classifies bipolar disorders under the following categories:**

- F30: Manic episode (bipolar disorder, single manic episode, and mixed affective episode)
- F31: Bipolar disorder (manic-depressive illness, manic-depressive psychosis, and manic-depressive reaction)
- F34: Persistent mood affective disorders (cyclothymic disorder and dysthymic disorder)
- F39: Unspecified mood affective disorder (affective psychosis not otherwise specified).

### **Nonpsychotic mental disorders**

Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders are classified in categories F40 to F48.

#### **Anxiety disorders are classified in ICD-10-CM under the following categories:**

- F40: Phobic anxiety disorders
- F41: Other anxiety disorders
- F42: Obsessive-compulsive disorder.

### **Reactions to stress**

ICD-10-CM provides category F43 for coding reactions to severe stress and adjustment disorders. Code F43.0, Acute stress reaction, classifies acute reaction to stress, including acute crisis reaction, crisis state, and psychic shock.

**Posttraumatic stress disorder (PTSD)** is classified in ICD-10-CM to subcategory F43.1, with fifth-characters for unspecified, acute, or chronic.

**Adjustment disorders** are classified to subcategory F43.2, with the fifth-character axis being the nature of the reaction, such as anxiety, depression, or other symptoms. For example:

- F43.24: Child adopted from a foreign country, suffering from culture shock with conduct disturbance.

### **Behavioral syndromes associated with physiological disturbances and physical factors**

Categories F50 to F59 are devoted to behavioral syndromes associated with physiological disturbances and physical factors. These codes are not assigned when the conditions are present due to mental disorders classified elsewhere or organic in origin. This grouping includes, for example:

- F50: Eating disorders (such as anorexia nervosa and bulimia nervosa)
- F51: Sleep disorders, not due to a substance or known physiological condition
- F54\*: Psychological and behavioral factors associated with disorders or diseases classified elsewhere
- F59: Unspecified behavioral syndromes associated with physiological disturbances and physical factors

\* Code F54 classifies psychological and behavioral factors associated with diseases classified elsewhere. Typical conditions that are often associated with code F54 include asthma and dermatitis.

### **Schizophrenic disorders:**

- Those types of disorders are classified in category F20, with a fourth character indicating the type of schizophrenia.
- The codes from category F20 are followed by an excludes one note indicating they should not be reported with codes classifying a brief psychotic disorder (F23) , cyclic schizophrenia (F25.0), schizoaffective disorder (F25-F25.9) and schizophrenic reaction not otherwise specified (NOS) (F23).
- Assign code F20.9, Schizophrenia, unspecified, for chronic schizophrenia with acute exacerbation. The existing ICD-10-CM codes for schizophrenia do not differentiate severity or an acute exacerbation (*AHA Coding Clinic*, Second Quarter 2019, p.32).

### **Attention deficit hyperactivity disorder (ADHD)**

ICD-10-CM codes for ADHD include:

- F90.0: Attention-deficit hyperactivity disorder, predominantly inattentive type.
- F90.1: Attention-deficit hyperactivity disorder, predominantly hyperactive type.
- F90.2: Attention-deficit hyperactivity disorder, combined type.
- F90.8: Attention-deficit hyperactivity disorder, other types.
- F90.9: Attention-deficit hyperactivity disorder, unspecified type.

The ADHD diagnosis may not be established at the time of the initial physician office visit. Therefore, it may take two or more visits before the diagnosis is confirmed or ruled out. ICD-10-CM outpatient coding guidelines specify not to assign a diagnosis code when documented as *rule out*, *working diagnosis* or other similar terms indicating uncertainty.

Instead, the outpatient coding guidelines instruct to code the condition(s) to the highest degree of certainty for that encounter/visit, requiring the use of codes that describe symptoms, signs or another reason for the visit.

History codes (categories Z80 to Z87) may be used as secondary codes if the historical condition or family history impacts current care or influences treatment. Personal and family history of ADHD has an impact on the clinical assessment of an individual for this disorder; the ICD-10-CM codes to report the history of ADHD in an individual include:

- Z86.59: Personal history of other mental and behavioral disorders.
- Z81.8: Family history of other mental and behavioral disorders.

### **Psychosocial circumstances**

ICD-10-CM provides codes for behaviors that are not classified as behavioral disorders, such as:

- R41.840: Attention and concentration deficit
- R45.83: Excessive crying of child, adolescent, or adult
- R45.87: Impulsiveness
- R46.81: Obsessive-compulsive behavior

### **Resources:**

<sup>1</sup>*American Psychiatric Association's Diagnostic and Statistical Manual, Fifth Edition (DSM-5)*

- *ICD-10-CM Expert, 2021*. Optum
- *Coding Clinic*. Optum
- Mental illness in children. <https://www.webmd.com/anxiety-panic/mental-health-illness-in-children>
- Children's Mental Health <https://www.cdc.gov/childrensmentalhealth/symptoms.html>

## Complex case management program

Published: Aug 1, 2021 - **State & Federal** / Medicaid

Anthem Blue Cross and Blue Shield Medicaid is available to offer assistance in these difficult moments with our Complex Case Management program. Our case managers are part of an interdisciplinary team of clinicians and other resource professionals working to support members, families, PCPs, and caregivers. In addition, the complex case management process uses the experience and expertise of the Case Management team to educate and empower our members by increasing self-management skills. Our complex case managers can help to find services and resources to assist eligible members with chronic conditions that may involve social determinants of health. Our case managers direct members to community resources and make referrals when possible. The complex case management process can help members understand their illnesses and learn about care choices to ensure they have access to quality, efficient healthcare.

Members can refer themselves or caregivers and family members can refer members by calling the Member Services number located on the back of their ID card. They will be transferred to a team member based on the immediate need. For example, a member newly diagnosed with diabetes will receive assistance from our diabetic complex case manager, who will help them find diabetic resources available in their community. Providers can refer their patients by contacting us telephonically or through electronic means. We can help with transitions across levels of care so that patients and caregivers are better prepared and informed about healthcare decisions and goals.

You can contact us by email at [kentuckycm@anthem.com](mailto:kentuckycm@anthem.com) or by phone at **855-661-2027, ext. 106 103 5259**. Case Management business hours are Monday through Friday from 8 a.m. to 5 p.m. Eastern time, except holidays.

## Important information about utilization management

Published: Aug 1, 2021 - State & Federal / Medicaid

Our utilization management (UM) decisions are based on the appropriateness of care and service needed, as well as the member's coverage according to their health plan. We do not reward providers or other individuals for issuing denials of coverage, service, or care. Nor do we make decisions about hiring, promoting, or terminating these individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in underutilization.

Our medical policies and UM criteria are online at [providers.anthem.com/kentucky-provider/resources](https://providers.anthem.com/kentucky-provider/resources), or you can request a free copy of our UM criteria from our Medical Management department. Within seven calendar days of the date of denial, providers can discuss a UM denial decision with a physician reviewer by calling us toll-free at the number listed below.

We are staffed with clinical professionals who coordinate our members' care and are available 24/7 to accept precertification requests. Secured voicemail is available during off-business hours. A clinical professional will return your call within the next business day. Our staff will identify themselves by name, title and being with Anthem when initiating or returning calls regarding UM issues.

You can submit precertification requests by:

- Calling us at **855-661-2028**.
- Faxing to **800-964-3637**.
- Submitting online at [availability.com](https://availability.com).\*

### Have questions about utilization decisions or the UM process?

Call our Clinical team at **855-661-2028** Monday through Friday from 7 a.m. to 7 p.m.

AKY-NU-0316-21

URL: <https://providernews.anthem.com/kentucky/article/important-information-about-utilization-management-50>

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## Member rights' and responsibilities statement

Published: Aug 1, 2021 - **State & Federal** / Medicaid

The delivery of quality healthcare requires cooperation between patients, their providers, and their healthcare benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Therefore, in line with our commitment to involve the health plan, participating practitioners and members in our system, Anthem Blue Cross and Blue Shield Medicaid has adopted a *Members Rights' and Responsibilities Statement*, which is located within the provider manual.

If you need a physical copy of the statement, call Provider Services at **855-661-2028**.

AKY-NU-0318-21

**URL:** <https://providernews.anthem.com/kentucky/article/member-rights-and-responsibilities-statement-5>

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## Medicare News - August 2021

Published: Aug 1, 2021 - **State & Federal** / Medicare

Please continue to read news and updates at [anthem.com/medicareprovider](https://www.anthem.com/medicareprovider) for the latest Medicare Advantage information, including:

- [Learn more about Infliximab Step Therapy - Effective 7/15/2021.](#)
- [Learn more about the prior authorization requirement changes effective October 1, 2021 – UM AROW 1907.](#)

ABSCRNU-0241-21  
ABSCRNU-0236-21  
AIN-NU-0273-21

**URL:** <https://providernews.anthem.com/kentucky/article/medicare-news-august-2021-1>

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# Attention facilities: Sending admission, discharge and transfer data to Anthem results in improved care management for patients

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*This communication applies to the Medicaid and Medicare Advantage programs in Kentucky.*

CMS issued [an Interoperability and Patient Access Policy](#) to reduce the burden of certain administrative processes. The CMS policy requires providers to implement application programming interfaces (APIs) to improve the electronic exchange of healthcare data between patient, provider and payer. The policy reiterates that in partnership with the Office of the National Coordinator for Health Information (ONC), CMS identified Health Level 7<sup>®</sup> (HL7) as the foundational standard to support data exchange via secure API. Implementation of this CMS mandate is expected by July 1, 2021.

The Clinical Data Acquisition Group for Anthem Blue Cross and Blue Shield (Anthem) integrates admission, discharge and transfer (ADT) data from facility providers, health information exchanges and third-party aggregators. ADT data exchange helps Anthem:

- Better support members with care coordination and discharge planning — leading to healthier outcomes for our members, your patients.
- Proactively manage care transitions to avoid waste.
- Close care gaps and educate members about appropriate care settings.

Anthem would like to digitally exchange HL7 ADT messaging data for our members using secure data collection and transmission capabilities currently in use by facility systems. Facilities with network connections through vendors or health information exchanges can integrate ADT data with Anthem through these channels as well. Near real-time HL7 ADT messaging data — or at least within 24 hours of admission, discharge or transfer — enables Anthem to most effectively manage care transitions.

Email the Clinical Data and Analytics team at [ADT\\_Intake@anthem.com](mailto:ADT_Intake@anthem.com) to get started today.

AKY-NU-0302-21

**URL:** <https://providernews.anthem.com/kentucky/article/attention-facilities-sending-admission-discharge-and-transfer-data-to-anthem-results-in-improved-care-management-for-patients-14>

## Preventing claims denials: Shingles vaccine

Published: Aug 1, 2021 - State & Federal / Medicare

### **Know best: Shingles vaccinations are a Medicare Part D benefit whether administered in your office or in the pharmacy**

We want you to have the information you need when filing claims for our Medicare Advantage members so your payments are received quickly and effortlessly. The shingles vaccine and the administration of the vaccine is commonly billed in error under the member's Medicare Part B medical benefit. The shingles vaccination is a Medicare Part D pharmacy benefit, which requires the member to pay in advance of reimbursement. The member then submits the prescription drug claim form to their Medicare Part D plan for reimbursement.

You can also refer the member to the pharmacy for the vaccine. The claim is usually filed for the member by the pharmacy provider using a clearinghouse platform that enables Medicare Part D claims transactions. Or, if you have access to clearinghouse platforms that enable you to file pharmacy transactions, that is another option for administering the vaccination in your office and for further serving the member.

The Centers for Medicare & Medicaid Services (CMS) has a helpful resource, MLN Fact Sheet: Medicare Part D Vaccines, that offers an all-inclusive look into patient access, vaccine administration, and reimbursement. Use this link to [download a copy](#).

We want you to have all the information you need to know best. For more information about filing claims, [visit this link](#).

ABSCARE-0988-21

**URL:** <https://providernews.anthem.com/kentucky/article/preventing-claims-denials-shingles-vaccine-1>

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