Virginia Provider News

December 2018 Anthem Provider Newsletter - Virginia

Pharmacy:

Medicaid:

Federal Employee Plan (FEP):

Medicare:

Anthem in Virginia to offer new Exclusive Provider Organization plans beginning January 1, 2019

Published: Nov 30, 2018 - **Administrative**

Effective **January 1, 2019,** Anthem Blue Cross and Blue Shield will offer three new Exclusive Provider Organization (EPO) plans in the Virginia Small Group market. The new EPO plans will use our KeyCare network which is currently also used by our PPO plans. The alpha prefix will be “VLX.” One new EPO plan will be offered in each of the Bronze, Gold and Platinum metal levels of our health benefit plans. No Silver EPO plans will be offered at this time.

The notable difference from our standard PPO plans will be the exclusion of out-of-network benefits – except in medical emergencies and for certain authorized services. As such, the plans will be referred to as “open access” and will accordingly have the letters “OAEPO” in their names. The plans will not have gatekeeper referral requirements, and like our PPO and Point of Service (POS) plans, will have a PCP assignment requirement and only be sold OFF the exchange. The authorization process and reimbursement fee schedule will also follow what we have in place for PPO plans.

If you have questions, please contact our customer service area using the phone number on the back of the member’s ID card.

URL: https://providernews.anthem.com/virginia/article/anthem-in-virginia-to-offer-new-exclusive-provider-organization-plans-beginning-january-1-2019

New autism codes effective January 1, 2019

Published: Nov 30, 2018 - **Administrative**

Effective **January 1, 2019,** the American Medical Association will be replacing the temporary CPT codes used by ABA (Applied Behavior Analyst) treatment services with new permanent CPT codes. As with all annual CPT coding changes, Anthem Blue Cross and Blue Shield and our affiliate Healthkeepers, Inc. will make the necessary updates to all claims and operational systems by the effective date. All participating ABA providers will receive an additional notice, advising them of any changes to reimbursement or billing as a result of the new CPT codes once the final and official AMA documentation along with any CMS updates have been made available to health plans and providers.

URL: https://providernews.anthem.com/virginia/article/new-autism-codes-effective-january-1-2019

Company works to simplify payment recovery process for National Accounts membership

Published: Nov 30, 2018 - **Administrative**

In our company's ongoing efforts to streamline and simplify our payment recovery process, we continue to consolidate our internal systems and will begin transitioning our National Accounts membership to a central system in 2019. While this is not a new process, we are transitioning the National Accounts membership to align with the payment recovery process across our other lines of business.

Currently, our recovery process for National Accounts membership is reflected in the EDI PLB segment on the electronic remittance advice (835). This segment will show the negative balance associated with the member account number. Monetary amounts are displayed at the time of the recovery adjustment.

As National Accounts membership transitions to the new system and claims are adjusted for recovery, the negative balances due to recovery are held for 49 days to allow ample time for you to review the requests, dispute the requests and/or send in a check payment. During this time, the negative balances due are reflected on paper remits ***only*** within the "Deferred Negative Balance" sections.

After 49 days, the negative balances due are reflected within the 835 as a corrected and reversed claim in PLB segments.

If you have any questions or concerns, please contact the E- Solutions Service Desk toll free at (800) 470-9630.

URL: https://providernews.anthem.com/virginia/article/company-works-to-simplify-payment-recovery-process-for-national-accounts-membership

---

Anthem streamlines member identification cards reminder; Use Availity to verify members' cost shares and benefits at time of service

Published: Nov 30, 2018 - **Administrative**

In the June edition of our Network Update provider newsletter, Anthem Blue Cross and Blue Shield and our affiliate HealthKeepers, Inc. announced the introduction of a streamlined member identification (ID) card coming July 1, 2018, to help reduce confusion about members' cost shares. The updated member ID cards maintain the current style, but **specific cost share information (such as copayments, deductibles and coinsurance) will be absent from cards.** In addition, there may be alpha prefix and other changes to members' ID cards, so please check members' ID cards carefully. The new simpler and easier to read ID cards are available to groups over time as they renew coverage with Anthem and HealthKeepers, Inc.

Use Availity and EDI to verify eligibility, members' cost shares and benefits at time of service

Since the cost share information will no longer display on many of our ID cards, we urge providers to access Availity (our secure Web-based provider tool) and the Electronic Data Interchange (EDI) to verify member benefits and eligibility to obtain the most up-to-date cost share information in order to collect the applicable deductibles and coinsurance amounts at the time of service as appropriate. If a member presents an older ID card with outdated benefits at the provider office, it can create confusion about the member's cost share.

As always, please request that members enrolled in our health benefit plans present their most current ID cards at the time of service. When filing claims to Anthem and HealthKeepers, Inc., enter members' ID numbers exactly as the numbers appear on the card – including the alpha prefix – to help speed claims processing and reimbursement.

As the streamlined ID cards are adopted over time, it will help reduce misunderstandings around cost shares since real-time information is readily available via Availity about members' benefits and cost shares. Additionally, members will be encouraged to learn more about their benefits through Anthem's digital and online tools. Members can retain their cards for as long as they remain in the same product plan, regardless of changes to cost share information.

Electronic ID cards

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

Please note, this notice does NOT apply to National Accounts, the Federal Employee Program® (FEP), Medicaid or Medicare plans.

For questions, please contact the provider service number on the back of members' ID cards. We've included two examples of the streamlined ID cards under "Article Attachment."

Samples of simplified member ID cards (front and back) are provided for illustration purposes only.

URL: https://providernews.anthem.com/virginia/article/anthem-streamlines-member-identification-cards-reminder-use-availity-to-verify-members-cost-shares-and-benefits-at-time-of-service

---

Availity to serve as EDI entry point for electronic submissions

Published: Nov 30, 2018 - **Administrative**

Anthem Blue Cross and Blue Shield and affiliate HealthKeepers, Inc. have designated Availity to operate and serve as your electronic data interchange (EDI) entry point or also called the EDI Gateway. The EDI Gateway is a **no-cost option** to our direct trading partners. With this change, Anthem continues our efforts to ensure consistency between your provider portal and the EDI Gateway.

As a mandatory requirement, all trading partners who currently submit directly to the Anthem EDI Gateway must transition to the Availity EDI Gateway. Availity is well known as a Web portal and claims clearinghouse. In addition, Availity functions as an EDI Gateway for multiple payers and is the single EDI connection for our company.

Your organization can submit and receive the following electronic transactions through Availity's EDI Gateway**:**

- 837- Institutional Claims
- 837- Professional Claims

- 837- Dental Claims
- 835 - Electronic Remittance Advice
- 276/277- Claim Status
- 270/271- Eligibility Request

If you wish to become a direct a trading partner with Availity, the setup is easy. Use the Availity Welcome Application to begin the process of connecting to the Availity EDI Gateway for your Anthem EDI transmissions.

If you prefer to use your clearinghouse or billing company, please work with them to ensure connectivity.

Need Assistance?

The Availity Quick Start Guide will assist you with any EDI connection questions you may have.

835 Electronic Remittance Advice (ERA)

Effective June 1, 2018, please use Availity to register and manage account changes for ERA.
If you were previously registered to receive ERA, you must register using Availity to manage account changes.

Electronic Funds Transfer (EFT)

To register or manage account changes for EFT only, use the EnrollHub™, a CAQH Solutions™ enrollment tool, a secure electronic EFT registration platform. This tool eliminates the need for paper registration, reduces administrative time and costs, and allows you to register with multiple payers at one time.

If you were previously registered to receive EFT only, you must register using EnrollHub to manage account changes. No other action is needed.

Contacting Availity

If you have any questions, 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.

URL: https://providernews.anthem.com/virginia/article/availity-to-serve-as-edi-entry-point-for-electronic-submissions-3

Explore new enhancements to the Education and Reference Center

Published: Nov 30, 2018 - **Administrative**

The Education and Reference Center (ERC) offers the Communication and Education section where you can find training materials, important policy information, commonly used forms and reference guides on Anthem's proprietary tools. When you visit the ERC, you can efficiently navigate to all available electronic resources using only the Availity Portal.

The Communication and Education section includes a new category – Payer Spaces – to help make it easier for you to find what you need.

With an Availity log in, you can easily view any new content added to the ERC. There is no additional role assignment needed.

Find the ERC on the Availity Portal under Payer Spaces > Anthem> Applications. If you are having trouble locating the Education and Reference Center, type *Education and Reference Center* in the Availity Search option located on the top navigation menu. Select the heart next to the application to save it to your favorites.

URL: https://providernews.anthem.com/virginia/article/explore-new-enhancements-to-the-education-and-reference-center-2

Claims system updates for 2019: Professional

Published: Nov 30, 2018 - **Administrative**

As a reminder, our claim editing software will be updated monthly throughout 2019 with the

most common updates occurring quarterly in February, May, August and November of 2019. These updates will:

- Reflect the addition of new, and revised codes (e.g. CPT, HCPCS, ICD-10, modifiers) and their associated edits
- Include updates to National Correct Coding Initiative (NCCI) edits
- Include updates to incidental, mutually exclusive, and unbundled (rebundle) edits
- Include assistant surgeon eligibility in accordance with the policy
- Include edits associated with reimbursement policies including, but not limited to, frequency edits, bundled services and global surgery preoperative and post-operative periods assigned by The Centers for Medicare & Medicaid Services (CMS)

URL: https://providernews.anthem.com/virginia/article/system-updates-for-2019-professional-1

Modifier 79: Unrelated procedure or service by the same physician or other qualified health care professional during the postoperative period - Professional

Published: Nov 30, 2018 - **Administrative**

This coding tip is based on recent findings for claims processed with modifier 79 during a postoperative period. *Current Procedural Terminology* (CPT®) specifically states modifier 79 should be reported by the same individual when reporting unrelated procedures or services during the postoperative period. For example, this modifier is used when a patient presents with a problem that is unrelated to a previous surgery (yet within the postoperative period) and requires additional services by the **same provider/individual**. When modifier 79 is appended for a different provider during the postoperative period, the claim line will deny.

In addition to modifier 79, modifiers 58 and 78 are also based on **Same Physician or Other Qualified Health Care Professional** as documented below:

- 58: Staged/Related Procedure/Service by the Same Physician/Other Qualified Health Care Professional during the Postoperative Period.

- 78: Unplanned Procedure/Service by Same Physician/Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure during the Postoperative Period.

URL: https://providernews.anthem.com/virginia/article/modifier-79-unrelated-procedure-or-service-by-the-same-physician-or-other-qualified-health-care-professional-during-the-postoperative-period-professional

---

Misrouted protected health information (PHI)

Published: Nov 30, 2018 - **Administrative**

As a reminder, providers and facilities are required to review all member information received from Anthem Blue Cross and Blue Shield and our affiliate HealthKeepers, Inc. to help ensure no misrouted PHI is included. Misrouted PHI includes information about members that a provider or facility is not currently treating. PHI can be misrouted to providers and facilities by mail, fax or e-mail. Providers and facilities are required to immediately destroy any misrouted PHI or safeguard the PHI for as long as it is retained. In no event are providers or facilities permitted to misuse or re-disclose misrouted PHI. If providers or facilities cannot destroy or safeguard misrouted PHI, providers and facilities must contact Anthem's provider services area to report receipt of misrouted PHI.

URL: https://providernews.anthem.com/virginia/article/misrouted-protected-health-information-phi-1

Receive e-mail notifications via our Network eUPDATE

Published: Nov 30, 2018 - **Administrative**

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

Note that in addition to this newsletter and our website, we also use our e-mail service – Network eUPDATE – to communicate new information. If you are not yet signed up to receive Network eUPDATEs, we encourage you to enroll now so you'll be sure to receive all information we will be sending about billing, upcoming changes, coverage guidelines and other pertinent topics.

Reminder notifications sent via e-mail

When you sign up, you'll not only receive an e-mail reminder for each newsletter posted online, you'll also be notified of other late breaking news and important information you'll need when providing services and filing claims for our members. It's easy to sign up – just select Virginia and access the provider home page. There, you'll find a link to register for our Network eUPDATE.

URL: https://providernews.anthem.com/virginia/article/receive-e-mail-notifications-via-our-network-eupdate

---

Coverage guidelines effective March 1, 2019

Published: Nov 30, 2018 - **Guideline Updates** / Coverage and Clinical Guidelines

Anthem Blue Cross and Blue Shield in Virginia and our affiliate, HealthKeepers, Inc., will implement the following new and revised coverage guidelines effective ***March 1, 2019.*** These guidelines impact all our products – with the exception of Anthem HealthKeepers Plus (Medicaid), the Commonwealth Coordinated Care Plus (Anthem CCC Plus) plan, Medicare Advantage, and the Blue Cross and Blue Shield Service Benefit Plan (also called the Federal Employee Program or FEP). Furthermore, the guidelines were among those recently approved at the Medical Policy and Technology Assessment Committee meeting held on September 13, 2018.

SPECIAL NOTES:

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

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

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

The following guidelines are addressed in this December 2018 edition (see also attachment under "Article Attachments" on the right):

- Measurement of Serum Concentrations of Monoclonal Antibody Drugs and Antibodies to Monoclonal Antibody Drugs (LAB.00030)

- Allogeneic, Xenographic, Synthetic, and Composite Products for Wound Healing and Soft Tissue Grafting (SURG.00011)

- Biofeedback and Neurofeedback (MED.00125)

- Enzyme Replacement Therapy for Gaucher Disease (CG-DRUG-08)

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

Clinical practice and preventive health guidelines available on the Web

Published: Nov 30, 2018 - **Guideline Updates** / Coverage and Clinical Guidelines

As part of our commitment to provide you with the latest clinical information and educational materials, we have adopted nationally recognized medical, behavioral health and preventive health guidelines, which are available to providers on our website. The guidelines, which are

used for our Quality programs, are based on reasonable, medical evidence, and are reviewed for content accuracy, current primary sources, the newest technological advances and recent medical research.

All guidelines are reviewed annually, and updated as needed. The current guidelines are available on our website at anthem.com/provider/Provider Overviews> scroll down and select 'Find Resources for Virginia' > Health and Wellness > **Practice Guidelines**.

URL: https://providernews.anthem.com/virginia/article/clinical-practice-and-preventive-health-guidelines-available-on-the-web-6

Restructure of AIM Advanced Imaging Clinical Appropriateness Guidelines

Published: Nov 30, 2018 - **Guideline Updates** / Coverage and Clinical Guidelines

AIM advanced imaging clinical appropriateness guidelines have been restructured to improve usability and to further link clinical criteria with supporting evidence. These structural enhancements resulted in no changes to existing clinical criteria or content.

- Access AIM's ***Provider****Portal*SM directly at 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

- Call the AIM Contact Center toll-free number: 866-789-0397, Monday - Friday, 8 a.m. to 5 p.m. ET.

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

Update to AIM Clinical Appropriateness Guidelines

Published: Nov 30, 2018 - **Guideline Updates** / Coverage and Clinical Guidelines

Effective for dates of service on and after **March 9, 2019,** the following updates will apply to **all** of AIM's Clinical Appropriateness Guidelines, including Advanced Imaging, Cardiac, Sleep, Radiation Oncology and Musculoskeletal guidelines.

Clinical appropriateness framework

Replacing pretest requirements, this section will more accurately describe the guideline's purpose, which is to provide a summary of the fundamental components of a decision to pursue diagnostic testing. In order to support the full spectrum of AIM solutions, the terms "imaging request" or "diagnostic imaging" are replaced with "diagnostic or therapeutic intervention".

Ordering of multiple diagnostic or therapeutic interventions

Replacing ordering of multiple studies, this section expands its applicability to AIM solutions outside of diagnostic imaging. Terminology specific to imaging studies is replaced with the term "diagnostic or therapeutic intervention" to reflect a broader application of the principles included here.

Repeat diagnostic testing and repeat therapeutic intervention

Replacing repeated imaging, these sections establish conditions in which duplication of the initial test or intervention may be warranted, and where such requests will require peer-to-peer discussion.

- Access AIM's ***Provider****Portal*SM directly at 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
- Call the AIM Contact Center toll-free number: 866-789-0397, Monday–Friday, 8 a.m. to 5 p.m. ET.

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

URL: https://providernews.anthem.com/virginia/article/update-to-aim-clinical-appropriateness-guidelines-4

Updates to AIM Musculoskeletal Surgery Clinical Appropriateness Guidelines

Published: Nov 30, 2018 - **Guideline Updates** / Coverage and Clinical Guidelines

Beginning with dates of review on and after **January 1, 2019,** the following updates will apply to AIM **Musculoskeletal Spine Surgery** Clinical Appropriateness Guidelines as indicated by section below:

- Cervical Decompression with or without Fusion
    - Added criteria for the appropriate use of laminectomy for cordotomy and biopsy, excision, or evacuation
    - Added indications for non-traumatic atlantoaxial instability

- Lumbar Laminectomy
    - Added criteria for the appropriate use of laminectomy for biopsy, excision, or evacuation
    - Added indication of Dorsal Rhizotomy

Beginning with dates of review on and after January 1, 2019, the following updates will apply to AIM **Musculoskeletal Interventional Pain Management** Clinical Appropriateness Guidelines as indicated by section below:

- Paravertebral Facet Injection/Nerve Block/Neurolysis
    - Exclusions: Radiofrequency neurolysis for sacroiliac (SI) joint pain is considered not medically necessary

These services or procedures were previously reviewed by Anthem, but will now be reviewed by AIM as part of the Musculoskeletal program. To view the CPT codes, you may access and download a copy of the current guidelines **here.**

Ordering and servicing providers may submit pre-certification requests to AIM in one of the following ways:

- Access AIM ***Provider****Portal*SM directly at 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
- Call the AIM Contact Center toll-free number: 866-789-0397, Monday–Friday, 8 a.m. to 5 p.m. ET.

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

URL: https://providernews.anthem.com/virginia/article/updates-to-aim-musculoskeletal-surgery-clinical-appropriateness-guidelines-3

Updates on Anthem's Inmate Medical Services Program

Published: Nov 30, 2018 - **Products & Programs**

Department of Corrections eligibility update

You may have recently received notice from the Virginia Department of Corrections (DOC) regarding billing and payment for inpatient hospitalization services provided to the DOC offender population. The passage of HB5001 expanded eligibility of Medicaid benefits for individuals in the Commonwealth in accordance with the Patient Protection and Affordable Care Act (PPACA). With this change, a significant portion of the DOC population will become newly eligible for medical assistance benefits.

Therefore, for most of the inpatient hospitalization services administered on or after January 1, 2019. Medicaid should be the primary payer on the claims. The DOC is proactively working with the Virginia Department of Medical Assistance Services (DMAS) and the Virginia Department of Social Services (VDSS) to enroll all eligible offenders into the Inpatient Hospitalization Medicaid aid category.

Effective January 2, 2019, DOC Inpatient Hospitalization claims should be filed directly to Medicaid, as they will automatically deny if submitted to Anthem. If the claim is denied by Medicaid, it should be filed to Anthem for payment, following your standard process.

Timely filing

Effective immediately for offenders covered by Anthem's Inmate Services Program, claims for Covered Services rendered to Anthem Covered Individuals must be submitted within 12 months of the date of service. Claims that have been denied by Medicaid and must be resubmitted to Anthem may be reviewed on a case by case basis if outside of the timely filing period.

If you have questions, please reach out to your Anthem representative.

URL: https://providernews.anthem.com/virginia/article/updates-on-anthems-inmate-medical-services-program

---

HEDIS® 2018 results are in for our Anthem PPO and HealthKeepers commercial products

Published: Nov 30, 2018 - **Products & Programs**

Thank you for participating in the annual Healthcare Effectiveness Data and Information Set (HEDIS) commercial data collection project for 2018, impacting members enrolled in our **Anthem PPO and Anthem HealthKeepers** (excluding Medicaid) commercial products. You play a central role in promoting the health of our members. By documenting services in a consistent manner, it is easy for you to track care that was provided and identify any additional care that is needed to meet the recommended guidelines. Consistent documentation and responding to our medical record requests in a timely manner eliminates follow-up calls to your office and also helps improve HEDIS scores, both by improving care itself and by improving our ability to report validated data regarding the care you provided. The records that you provide to us directly affect the HEDIS results that are listed in the attachment.

Each year, our goal is to improve our process for requesting and obtaining medical records for our HEDIS project. In order to demonstrate the exceptional care that you have provided to our members and in an effort to improve our scores, you and your office staff can help facilitate HEDIS process improvement by:

- Responding to our requests for medical records within five days if at all possible
- Providing the appropriate care within the designated timeframes
- Accurately coding all claims
- Documenting all care clearly in the patient's medical record

Select the attachment to the right to view HEDIS information including 2018 HEDIS results

In addition to the information in the attachment, further information regarding documentation guidelines and administrative codes can be found on the HEDIS page of our Provider Portal. More information on HEDIS can be found by visiting the provider portal at: www.anthem.com > Provider > Choose Virginia > Find Resources > Health & Wellness (top

blue bar) > Quality Improvement and Standards > HEDIS Information. You will find reference documents entitled “HEDIS 101 for Providers” and “HEDIS Physician Documentation Guidelines and Administrative Codes”.

IMPORTANT NOTE:

The information in the attachment pertains only to our Anthem PPO and Anthem HealthKeepers commercial lines of business and does NOT include results for Anthem HealthKeepers Plus [Medicaid and Commonwealth Coordinated Care Plus (Anthem CCC Plus)], **Medicare Advantage, or the Blue Cross and Blue Shield Service Benefit Plan (also called the Federal Employee Program® or FEP®).**

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

URL: https://providernews.anthem.com/virginia/article/hedis-2018-results-are-in-for-our-anthem-ppo-and-healthkeepers-commercial-products

---

Case Management Program

Published: Nov 30, 2018 - **Products & Programs**

Managing illness can sometimes be a difficult thing to do. Knowing who to contact, what test results mean or how to get needed resources can be a bigger piece of a health care puzzle that for some, are frightening and complex issues to handle.

Anthem is available to offer assistance in these difficult moments with our *Case Management Program*. Our case managers are part of an interdisciplinary team of clinicians and other resource professionals who are there to support members, families, primary care physicians and caregivers. The case management process utilizes experience and expertise of the care coordination team whose goal is to educate and empower our members to increase self-management skills, understand their illness, and learn about care choices in order to access quality, efficient health care.

Members or caregivers can refer themselves or family members by calling the number located in the grid below. They will be transferred to a team member based on the

immediate need. Physicians can also refer by contacting us telephonically or through electronic means. No issue is too big or too small. We can help with transitions across level of care so that patients and caregivers are better prepared and informed about health care decisions and goals.

How do you contact us?

CM Email Address	CM Telephone Number	CM Business Hours
VA.CM@Anthem.com	877-332-8193 (Local/Commercial only)	Monday – Friday: 8 a.m. – 7 p.m. EST
National VANatlAccts-CM@wellpoint.com	1-877-447-6481	Monday – Friday: 8 a.m.- 9 p.m. EST Saturday: 9 a.m.- 5:30 p.m. EST
Federal Employee Program (FEP) No email	1-800-711-2225	8 a.m.- 7 p.m. EST

ConditionCare Program benefits patients and physicians

Published: Nov 30, 2018 - **Products & Programs**

Members enrolled in our health plans offered by Anthem and affiliate HealthKeepers, Inc. have additional resources available to help them better manage chronic conditions.

The ConditionCare program helps members better understand and control certain medical conditions like diabetes, COPD, heart failure, asthma and coronary artery disease. A team of registered nurses with added support from other health professionals such as dietitians, pharmacists and health educators work with members to help them understand their condition(s), their physician's orders and how to become a better self-manager of their condition.

Engagement methods vary by the individual's risk level but can include:

- **Education** about their condition through mailings, email newsletters, telephonic outreach, and/or online tools and resources.
- **Round-the-clock phone access** to registered nurses.
- **Guidance and support** from Nurse Care Managers and other health professionals.

Physician benefits:

- **Save time** by answering patients' general health questions and responding to concerns, freeing up valuable time for the physician and their staff.
- **Support the doctor-patient relationship** by encouraging participants to follow their doctor's treatment plan and recommendations.
- **Inform** the physician with updates and reports on the patient's progress in the program.

Please visit the anthem.com website to find more information about the program such as program guidelines, educational materials and other resources. Go to anthem.com. Also on our website is the **Patient Referral Form**, which you can use to refer other patients you feel may benefit from our **program**.

If you have any questions or comments about the program, call **877-681-6694**. Our nurses are available Monday-Friday, 8 a.m. to 9 p.m., and Saturday, 9 a.m. to 5:30 p.m.

URL: https://providernews.anthem.com/virginia/article/conditioncare-program-benefits-patients-and-physicians-7

Integrated Care Model for plans purchased on the Health Insurance Marketplace benefits patients and physicians

Published: Nov 30, 2018 - **Products & Programs**

An Integrated Care Model affords members with plans purchased on the Health Insurance Marketplace (also called the exchange) the ability to have continuity of care with each care management case. A single Primary Care Nurse provides case and disease assessment and management. This continuity provides opportunity for the member to get assistance working through an acute phase of an illness and then work with their nurse on the necessary behavioral changes needed to improve their health and enhance their well-being. The program is based on nationally recognized clinical guidelines and serves as an excellent adjunct to physician care.

The Integrated Care Model helps exchange members better understand and control certain medical conditions like diabetes, COPD, heart failure, asthma and coronary artery disease. Our nurse care managers are part of an interdisciplinary team of clinicians and other resource professionals that are there to support members, families, primary care physicians and caregivers.

Nurse Care Managers encourage participants to follow their physician's plan of care; not to offer separate medical advice. In order to help ensure that our service complements the physician's instructions, we collaborate with the treating physician to understand the member's plan of care and educate the member on options for their treatment plan.

Members or caregivers can refer themselves or family members by calling the number located in the grid below. How do you contact Case Management?

Virginia

877-332-8193 (Local/Commercial only)	VA.CM@Anthem.com	Monday - Friday 8 a.m. to 7 p.m. EST.

URL: https://providernews.anthem.com/virginia/article/integrated-care-model-for-plans-purchased-on-the-health-insurance-marketplace-benefits-patients-and-physicians-7

Coordination of care

Published: Nov 30, 2018 - **Products & Programs**

Coordination of care among providers is a vital aspect of good treatment planning to ensure appropriate diagnosis, treatment and referral. Anthem Blue Cross and Blue Shield and our affiliate HealthKeepers, Inc. would like to take this opportunity to stress the importance of communicating with your patients' other health care practitioners. This includes primary care physicians (PCPs) and medical specialists, as well as behavioral health practitioners.

Coordination of care is especially important for patients with high utilization of general medical services and those referred to a behavioral health specialist by another health care practitioner. Anthem urges all of its practitioners to obtain the appropriate permission from these patients to coordinate care between Behavioral Health and other health care practitioners at the time treatment begins.

We expect all health care practitioners to:

Discuss with the patient the importance of communicating with other treating practitioners.
Obtain a signed release from the patient and file a copy in the medical record.
Document in the medical record if the patient refuses to sign a release.
Document in the medical record if you request a consultation.
If you make a referral, transmit necessary information; and if you are furnishing a referral, report appropriate information back to the referring practitioner.
Document evidence of clinical feedback (i.e., consultation report) that includes, but is not limited to:

- Diagnosis
- Treatment plan
- Referrals
- Psychopharmacological medication (as applicable)

In an effort to facilitate coordination of care, Anthem has several tools available on the Provider website including a Coordination of Care template and cover letters for both behavioral health and other health care practitioners.* In addition, there is a provider toolkit on the website with information about alcohol and other drugs that contains brochures, guidelines and patient information.**

**Access to the forms and cover letters are available at anthem.com>Providers> Provider Home>Answers@Anthem*
***Access to the Toolkit is available at anthem.com>Providers>Provider Home> Health and Wellness*

URL: https://providernews.anthem.com/virginia/article/coordination-of-care-5

Important Information about utilization management

Published: Nov 30, 2018 - **Products & Programs**

Our utilization management (UM) decisions are based on written criteria, 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 under-utilization. Anthem's coverage guidelines are available on Anthem's website at anthem.com.

You can also request a free copy of our UM criteria from our medical management department, and providers may discuss a UM denial decision with a physician reviewer by calling us at the toll-free numbers listed below. UM criteria are also available on the web.

Just select “Medical Policies, Clinical UM Guidelines, and Pre-Cert Requirements” from the Provider home page at anthem.com.

We work with providers to answer questions about the utilization management process and the authorization of care. Here’s how the process works:

- Call us toll free from 8:30 a.m. - 5 p.m., Monday through Friday (except on holidays). More hours may be available in your area. Federal Employee Program hours are 8 a.m. – 7 p.m. Eastern.
- If you call after normal business hours, you can leave a private message with your contact information. Our staff will return your call on the next business day. Calls received after midnight will be returned the same business day.
- Our associates will contact you about your UM inquiries during business hours, unless otherwise agreed upon.

The following phone lines are for physicians and their staffs. Members should call the customer service number on their health plan ID card.

To discuss UM Process and Authorizations	To Discuss Peer-to-Peer UM Denials w/Physicians	To Request UM Criteria	TDD/TTY
800-533-1120 Transplant 800-824-0581 Behavioral Health 800-991-6045 Autism 844 269 0538 FEP Phone 800-860-2156 FAX 855-757-7243 (UM)			

<table>
<tr>
<td>FAX 855-757-7242
(ABD)</td>
<td>1-800-533-1120
Prompts 2,5,4,4,1

Behavioral Health
800-991-6045

FEP Phone
800-860-2156</td>
<td>1-800-533-1120
Prompts 2,5,4,4,1

Behavioral Health
800-991-6045

FEP
Phone
800-860-2156
FAX 855-757-7243
(UM)
FAX 855-757-7242
(ABD)</td>
<td>711
Or
<table><tr><th>TTY</th><th>Voice</th></tr><tr><td>800-828-1120(T)</td><td>800-828-1140(V)</td></tr></table></td>
</tr>
</table>

For language assistance**, members can simply call the Customer Service phone number on the back of their ID card and a representative will be able to assist them.**

Our utilization management associates identify themselves to all callers by first name, title and our company name when making or returning calls. They can inform you about specific utilization management requirements, operational review procedures, and discuss utilization management decisions with you.

URL: https://providernews.anthem.com/virginia/article/important-information-about-utilization-management-9

Members' Rights and Responsibilities

Published: Nov 30, 2018 - **Products & Programs**

The delivery of quality health care requires cooperation between patients, their providers and their health care 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* has adopted a Members' Rights and Responsibilities statement.

It can be found on our Web site. To access, go to the "Provider" home page at anthem.com. From there, select "Provider," "Providers Overview," select your state, "Find Resources," > then Health & Wellness> Quality Improvement Standards > Member Rights &

Responsibilities. Practitioners may access the FEP member portal at www.fepblue.org/memberrights to view the FEPDO Member Rights Statement.

URL: https://providernews.anthem.com/virginia/article/members-rights-and-responsibilities-4

Vaginal Birth after Cesarean (VBAC) Certified shared decision making aid available on the Web

Published: Nov 30, 2018 - **Products & Programs**

As part of our commitment to provide you with the latest clinical information, we have posted a Vaginal Birth after Cesarean (VBAC) shared decision making aid to our provider portal. This is a tool for you to discuss with your patients to aid in making a decision regarding their treatment options. This has been reviewed and certified by the Washington Health Care Authority (HCA) and is available on our website. To access the aid, go to anthem.com and select "**Provider**" from the top menu. From there, click on “Providers Overview,” select your state and scroll down and choose “Find Resources in your state.” From the *Health & Wellness* page, choose “**Practice Guidelines**,” then “**Shared Decision Making Aid**.”

URL: https://providernews.anthem.com/virginia/article/vaginal-birth-after-cesarean-vbac-certified-shared-decision-making-aid-available-on-the-web-10

Introducing the new Clinical Criteria page for injectable, infused or implanted drugs

Published: Nov 30, 2018 - **Products & Programs** / Pharmacy

Beginning **January 2019,** providers will be able to visit the Clinical Criteria tab of the Pharmacy Information page to review clinical criteria for all injectable, infused or implanted prescription drugs.

Injectable oncology medical specialty drug clinical criteria will be located on the new site at a later date in 2019.

URL: https://providernews.anthem.com/virginia/article/introducing-the-new-clinical-criteria-page-for-injectable-infused-or-implanted-drugs-4

Anthem accepts electronic prior authorization requests for prescription medications online

Published: Nov 30, 2018 - **Products & Programs** / Pharmacy

Anthem accepts electronic medication prior authorization (ePA) requests for commercial health plans through covermymeds.com. This feature reduces processing time and helps determine coverage quicker. Some prescriptions are even approved in real time so that your patients can fill a prescription without delay. For example, medications such as celecoxib (Celebrex®), ezetimibe (Zetia®), fluocinolone acetonide (Synalar®), Victoza®, and long acting opioids are automatically approved when a member meets step therapy and/or clinical criteria (as applicable).
Electronic ePA offers many benefits:

- More efficient review process
- Ability to identify if a prior authorization is required
- Able to see consolidated view of ePA submissions in real time
- Faster turnaround times
- A renewal program that allows for improved continuity of care for members with maintenance medications
- Prior authorizations are preloaded for the provider before the expiration date

Providers can submit ePA requests by logging in at covermymeds.com. Creating an account is FREE. For questions, please contact the provider service number on the member ID card.

URL: https://providernews.anthem.com/virginia/article/anthem-accepts-electronic-prior-authorization-requests-for-prescription-medications-online-1

Pharmacy information available on anthem.com

Published: Nov 30, 2018 - **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. The commercial **and marketplace** drug list**s 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, go to Customer Support, select your state, Download Forms and choose “Select Drug List.” For State-sponsored Business, visit SSB Pharmacy Information. This drug list is also reviewed and updated regularly as needed.

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

AllianceRX Walgreens Prime is the specialty pharmacy program for the Federal Employee Program. You can view the Specialty Drug List or call us at 1-888-346-3731 for more information.

URL: https://providernews.anthem.com/virginia/article/pharmacy-information-available-on-anthemcom-20

Orientations and training sessions offered to all providers

Published: Nov 30, 2018 - **State & Federal** / Medicaid

HealthKeepers, Inc. now conducts monthly provider orientations and training sessions for Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus) and Medallion 4.0 programs.

These orientations and trainings are for both contracted and noncontracted providers, giving new providers information about engaging the Medicaid health plan and presenting existing providers an opportunity to learn about new initiatives.

You can find a schedule of the orientations on the provider website at **https://mediproviders.anthem.com/va/pages/manuals-directories-training.aspx**

URL: https://providernews.anthem.com/virginia/article/orientations-and-training-sessions-offered-to-all-providers-2

Reimbursement policy: Claims requiring additional documentation

Published: Nov 30, 2018 - **State & Federal** / Medicaid

Policy Update
Claims Requiring Additional Documentation
(Policy 06-031, effective 03/01/19)

HealthKeepers, Inc. requires Anthem HealthKeepers Plus professional providers and facilities to submit additional documentation for adjudication of applicable types of claims. If the required documentation is not submitted, the claim may be denied. HealthKeepers, Inc. may request additional documentation or notify the provider or facility of additional documentation required for claims, subject to contractual obligations.

Effective **March 1, 2019**, if an itemized bill is requested and/or required, then it must include the appropriate revenue code for each individual charge.

For additional information, please review the Claims Requiring Additional Documentation reimbursement policy at **https://mediproviders.anthem.com/va**.

URL: https://providernews.anthem.com/virginia/article/reimbursement-policy-claims-requiring-additional-documentation

---

Coding spotlight: Substance use disorders and smoking

Published: Nov 30, 2018 - **State & Federal** / Medicaid

Substance use disorders can affect a person's brain and in turn their behavior. Substance use can start with the experimental use of a drug in a social situation or exposure to prescribed medications. Eventually it can lead to an inability to control the use of the legal or illegal drug or medication. When a patient is diagnosed with an alcohol- or drug-use disorder, the diagnosis is often more complex, as such conditions are susceptible to both psychological and physiological signs, symptoms, manifestations and comorbidities. This

article will provide you with the information you need to provide high-quality care to patients struggling with substance use as well as how to code for the services provided to them.

Drug and substance addiction in the U.S.

The U.S. Department of Health and Human Services declared a public health emergency in 2017 due to an unprecedented opioid epidemic. Drug overdose deaths and opioid-involved deaths continue to increase in the U.S.[1]

Smoking is the leading preventable cause of death in the United States. According to the Centers for Disease Control (CDC), 15.5 % of all adults (37.8 million people) were current cigarette smokers in 2016.[2]

Health risks of drug use and smoking

Drugs can have significant and damaging short-term and long-term effects, including psychotic behavior, seizures or death due to overdose. Dependence on drugs can create a number of dangerous and damaging complications, such as accidents, suicide, family/work/school problems and legal issues.

Smoking diminishes overall health and is a known cause of multiple cancers, heart disease, stroke, complications of pregnancy, chronic obstructive pulmonary disease (COPD) and many other diseases. There are also health dangers of involuntary exposure to (second-hand) tobacco smoke. Smoking increases risks for preterm delivery.[3]

Diagnosis and treatment

Diagnosing substance use disorders requires a thorough evaluation and includes an assessment by a psychiatrist or a psychologist or an independently licensed behavioral health practitioner that has met the state requirements to render a diagnosis. Blood, urine or other lab tests are used to assess drug use.

People with behavioral disorders are more likely to experience a substance use disorder and people with a substance use disorder are more likely to have behavioral health issues when compared to the general population. According to the National Survey of Substance Abuse Treatment Services, about 45% of Americans seeking treatment of substance use/abuse have also been diagnosed with behavioral health problems.[4]

When diagnosing a substance use disorder, most mental health professionals use criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association.

Treatment depends on the type of substance used and any related medical or behavioral health disorders that the patient may have. Some treatment options include:

- Chemical dependence treatment programs
- Detoxification
- Behavioral therapy
- Self-help groups

There are a lot of treatments to support tobacco cessation, including behavioral therapies and FDA-approved medications. Some treatment options to help ensure tobacco cessation include:

- Nicotine replacement therapy (NRT), as well as bupropion and varenicline
- Combination of behavioral treatment and cessation medications
- Mobile devices and social media help to boost tobacco cessation
- Tobacco cessations are not recommended for adolescents due to lacking high-quality studies
- Behavioral counseling can be provided either in person or by telephone and a variety of approaches are available such as Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), telephone support lines, text messaging, web-based services and social media.[5]

HEDIS® quality measures

Initiation and Engagement of Alcohol and Other Drug Abuse Dependence Treatment (IET) is a measure that assesses the percentage of plan members' ages 13 years and older with the new episode of alcohol or other drug (AOD) abuse or dependence who received the following: initiation of AOD and engagement of AOD.

Initiation of treatment is the percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial

hospitalization within 14 days of the diagnosis.

Engagement of treatment is the percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days after the initiation visit.[6] This measure now includes medication-assisted treatment (MAT) as an appropriate treatment for people with alcohol and opioid dependence. This measure also adds telehealth to treatment options.

Use of Opioids at High Dosage (UOD) is a first year quality measure that assesses the number of members 18 years and older per 1,000 beneficiaries receiving prescription opioids for ≥ 15 days during the measurement year at a high dosage (average morphine equivalent dose > 120 mg).[7]

Use of Opioids from Multiple Providers (UOP) is a first year quality measure that assesses the number of members 18 years and older per 1,000 receiving a prescription for opioids for ≥ 15 days during the measurement year who received opioids from multiple providers. Three rates are reported:

- *Multiple prescribers* – the rate per 1,000 members receiving prescriptions for opioids from four or more different prescribers during the measurement year
- *Multiple pharmacies* – the rate per 1,000 members receiving prescriptions for opioids from four or more different pharmacies during the measurement year
- *Multiple prescribers and multiple pharmacies* – the rate per 1,000 members receiving prescriptions for opioids from four or more different prescribers *and* four or more different pharmacies during the measurement year.[7]

Unhealthy Alcohol Use Screening and Follow-Up (ASF) is a measure that assess the percentage of health plan members 18 years and older who were screened for unhealthy alcohol use using a standardized tool and, if screened positive, received appropriate follow-up care.

- *Unhealthy alcohol use screening* – the percentage of members who had a systematic screening for unhealthy alcohol use
- *Counseling or other follow-up* – the percentage of members who screened positive for unhealthy alcohol use and received brief counseling or other follow-up care within 2 months of a positive screening.

The intent of the measure: alcohol misuse is a leading cause of illness, lost productivity and preventable death in the U.S.[7]

Medical Assistance with Smoking and Tobacco Use Cessation (MSC) is a survey measure that assesses different facets of providing medical assistance with smoking and tobacco use cessation. There are three components of the survey:

- *Advising Smokers and Tobacco Users to Quit:* Adults 18 years of age and older who are current smokers or tobacco users and who received cessation advice during the measurement year
- *Discussing Cessation Medications:* Adults 18 years of age and older who are current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year
- *Discussing Cessation Strategies:* Adults 18 years of age and older who are current smokers or tobacco users who discussed or were provided cessation methods or strategies during the measurement year.

ICD-10-CM: general coding information

When a patient is diagnosed with an alcohol- or drug-related disorder, the diagnosis is often more complex, as such conditions are susceptible to both psychological and physiological signs, symptoms, manifestations, and comorbidities.

Details are required from the documentation to identify *use, abuse* or *dependence* of the substance.
Based on ICD-10-CM Coding Guidelines, when *use, abuse* or *dependence* of the same substance are documented in the medical record, only one code should be assigned based on the following hierarchy:

- If both *use* and *abuse* are documented, the code for *abuse* should be assigned
- If both *abuse* and *dependence* are documented, the code for *dependence* should be assigned

- If *use, abuse* and *dependence* are documented, the code for *dependence* should be assigned
- If both *use* and *dependence* are documented, the code for *dependence* should be assigned.[8]

Alcohol dependence and abuse

- Alcohol related disorders are classified to category **F10**-. An additional code for blood alcohol level **(Y90.-)** may be assigned, if applicable

- Alcohol *abuse* is classified under subcategory **F10.**-, Alcohol abuse

- Alcohol *dependence* is classified under subcategory **F10.2-**, Alcohol dependence
- Both categories *alcohol abuse* and *alcohol dependence***,** are further subdivided to specify the presence of *intoxication* or *intoxication delirium*. Additional characters are also provided to specify *alcohol-induced mood disorder*, *psychotic disorder*, and *other alcohol-induced disorders*

- Codes in sub classification **F10.23**-, Alcohol dependence with withdrawal, provide additional detail regarding withdrawal symptoms such as *delirium* and *perceptual disturbance*

- Selection of codes “in remission” for categories **F10-F19** requires the provider’s clinical judgement. The appropriate codes for “in remission” are assigned only on the basis of provider documentation, unless otherwise instructed by the classification
- Toxic effect of alcohol is not classified to category F10 but to subcategory **T51.0**- instead.[9]

Drug dependence and abuse

ICD-10-CM classifies drug dependence and abuse in the following categories according to the class of the drug:

F12	Cannabis related disorders
F13	Sedative, hypnotic or anxiolytic related disorders
F14	Cocaine related disorders
F15	Other stimulant related disorders
F16	Hallucinogen related disorders
F17	Nicotine dependence
F18	Inhalant related disorders
F19	Other psychoactive substance related disorders

- In most cases, fourth characters indicate whether the disorder is *nondependent abuse* (1), *dependence* (2), or *unspecified use* (9).
- Additional characters also provided to specify *intoxication*, *intoxication delirium*, and *intoxication with perceptual disturbance*.
- Patients with substance abuse or dependence often have related physical complications or psychotic symptoms. These complications are classified to the specific drug abuse or dependence, with the fifth or sixth characters providing further specificity regarding any associated *drug-induced mood disorder*, *psychotic disorder*, *withdrawal*, and *other drug-induced disorders* (such as sleep disorder).

Tobacco use and dependence

Category F17. - (nicotine dependence) codes are located in chapter 5 of the ICD-10-CM book.

The Excludes 1 note reminds that this is not the same diagnosis as tobacco use **(Z72.0)** nor the history of tobacco dependence **(Z87.891).** Therefore, the documentation will need to specifically discern between tobacco use and nicotine dependence.

The Excludes 2 note reminds to code tobacco use (smoking) during pregnancy, childbirth and the puerperium **(O99.33-)** and toxic effect of nicotine **(T65.2-).**

If the patient has been in contact with, or in close proximity to, a source of tobacco smoke, then **Z77.22**, Contact with and (suspected) exposure to environmental tobacco smoke (acute) (chronic), need to be reported.

Tobacco abuse counseling is reported using code **Z71.6** with the additional code for nicotine dependence **(F17.-).**

ICD-10-CM classifies nicotine dependence by substance:

- F17.20-, nicotine dependence, unspecified
- F17.21-, nicotine dependence, cigarettes
- F17.22-, nicotine dependence, chewing tobacco
- F17.29-, nicotine dependence, other tobacco product.[9]

Each category further breaks down the dependence using a sixth character to denote:

0	Uncomplicated
1	In remission
3	With withdrawal
8	With other nicotine-induced disorders

References:

Opioid overdose. Overview of an epidemic.
https://www.cdc.gov/drugoverdose/data/index.htm
Current cigarette smoking among adults – United States, 2016.
https://www.cdc.gov/mmwr/volumes/67/wr/mm6702a1.htm?s_cid=mm6702a1_w%20
CDC. Health effects of cigarette smoking. Retrieved on 1/18/2018 from
https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm
Treatment for co-occurring mental and substance use disorders.
https://www.samhsa.gov/treatment
What are treatments for tobacco dependence? Retrieved on 1/18/2018 from
https://www.drugabuse.gov/publications/tobacco-nicotine-e-cigarettes/what-are-treatments-tobacco-dependence
HEDIS Benchmarks and Coding Guidelines for Quality Care. Amerigroup RealSolutions in healthcare. Retrieved from **https://providers.amerigroup.com**

NCQA updates quality measures for HEDIS 2018.
http://www.ncqa.org/newsroom/details/ncqa-updates-quality-measures-for-hedisreg-2018?ArtMID=11280&ArticleID=85&tabid=2659
ICD-10-CM Expert for Physicians. The complete official code set (2017). Optum 360
Leon-Chisen N. (2017). ICD-10-CM and ICD-10-PCS Coding Handbook 2018. American Hospital Association, Chicago, IL.

These links lead to third-party sites. These organizations are solely responsible for the content on their sites.

URL: https://providernews.anthem.com/virginia/article/coding-spotlight-substance-use-disorders-and-smoking-4

Prior authorization requirements for Sublocade

Published: Nov 30, 2018 - **State & Federal** / Medicaid

Effective **February 1, 2019,** prior authorization (PA) requirements will change for the infusible/injectable drug Sublocade to be covered by HealthKeepers, Inc. for Anthem HealthKeepers Plus members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following:

- Sublocade (Buprenorphine) — implant (J0570)
- Sublocade — injectable (Q9991, Q9992)

To request PA, you may use one of the following methods:

- **Web: https://www.availity.com**

- **Fax: 1-800-964-3627**
- **Phone: 1-800-901-0020**

Not all PA requirements are listed here. PA requirements are available to contracted providers through the Availity Portal (**https://www.availity.com**). Providers who are unable to access Availity may call us at **1-800-901-0020** for PA requirements.

URL: https://providernews.anthem.com/virginia/article/prior-authorization-requirements-for-sublocade-2

Prior authorization requirements for Subcutaneous Implantable Defibrillator system

Published: Nov 30, 2018 - **State & Federal** / Medicaid

Effective **February 1, 2019,** prior authorization (PA) requirements will change for the Subcutaneous Implantable Defibrillator system to be covered by HealthKeepers, Inc. for members enrolled in Anthem HealthKeepers Plus. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following:

- Subcutaneous Implantable Defibrillator system: Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation (33270)

To request PA, you may use one of the following methods:

- **Web: https://www.availity.com**
- **Fax: 1-800-964-3627**
- **Phone: 1-800-901-0020**