Anthem®

Wisconsin Provider News

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Verifying and updating your provider information

Published: Dec 1, 2019 - **Administrative**

Maintaining accurate provider information is critically important to ensure our members have timely and accurate access to care.

Additionally, Anthem Blue Cross and Blue Shield (Anthem) is required by Centers for Medicare and Medicaid Services (CMS) to include accurate information in provider directories for certain key provider data elements. For Anthem to remain compliant with federal and state requirements, changes must be communicated 30 days in advance of a change or as soon as possible.

Key data elements

The data elements required by CMS and crucial for member access to care are:

- Physician name
- Location (such as address, suite if appropriate, city/state, zip code)
- Phone number
- Accepting new patient status
- Hospital affiliations
- Medical group affiliations

Anthem is also encouraged (and in some cases required by regulatory/accrediting entities) to include accurate information for the following provider data elements:

- Physician gender
- Languages spoken
- Office hours
- Provider specialty/specialties
- Physical disabilities accommodations
- Indian Health Service status
- Licensing information (i.e., medical license number, license state, National Provider Identifier - NPI)
- Email and website address

How to verify and update your information

To verify information, go to anthem.com and select “Providers,” and then under “Provider Resources” select “Find a Doctor” tool. Use “Search as a Guest” at the bottom. If your information is not correct, please update the information as soon as possible.

To update information, go to anthem.com and select “Providers,” and then under “Provider Resources” select “Provider Maintenance” and follow the online prompts.

URL: https://providernews.anthem.com/wisconsin/article/verifying-and-updating-your-provider-information-2

Anthem works to simplify payment recovery process for National Accounts membership

Published: Dec 1, 2019 - **Administrative**

In Anthem Blue Cross and Blue Shield (Anthem)’s ongoing efforts to streamline and simplify our payment recovery process, we will be consolidating our National Accounts membership to a central system. With this change we will be aligning the payment recovery processes to be the same as the majority of our other lines of business.

Our recovery process for National Accounts membership is reflected on the Electronic Remittance Advice (835) in the PLB segment. The requested recovered amount on the Electronic Remittance Advice (835) is displayed at the time of the recovery.

As National Accounts membership transitions and claims are adjusted for recovery on the central system, the requested recovered amount will be held for 49 days. This will 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” section.

After 49 days, the requested recovered amount is reflected on the Electronic Remittance Advice (835) in the PLB segment.

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/wisconsin/article/anthem-works-to-simplify-payment-recovery-process-for-national-accounts-membership-5

Retrieve your Anthem Patient's HEDIS® care gaps through Patient360 located on the Availity portal

Published: Dec 1, 2019 - **Administrative**

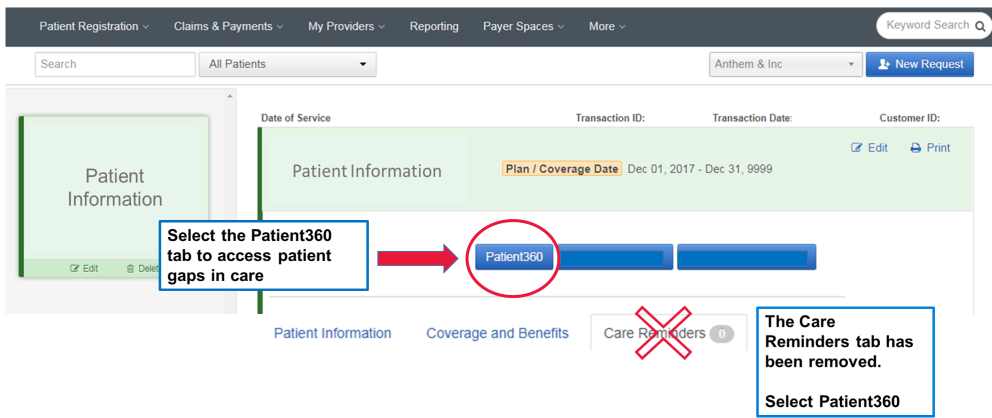
Patient360 is a Longitudinal Patient Record (LPR) where you can access the complete view of Anthem Blue Cross and Blue Shield (Anthem) information associated with an Anthem member.

You may have noticed that the Care Reminders tab on your Anthem patient's Eligibility and Benefits return on Availity was recently removed. You can still retrieve these important patient gaps in care through Patient360.

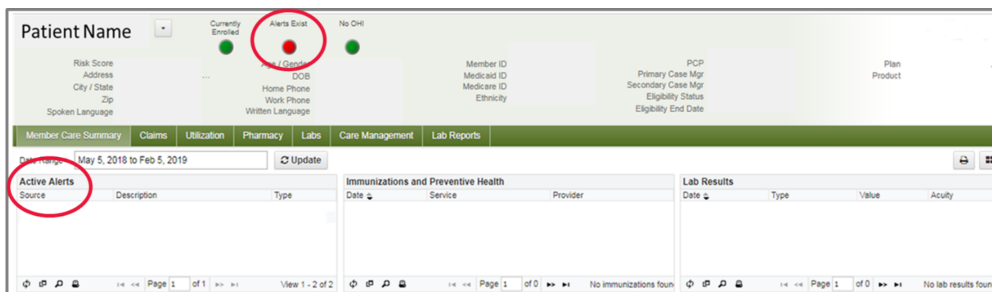
You are required to have the Patient360 role assigned to you by your Availity administrator to see the Patient360 tab located at the top of the patient's Eligibility and Benefits return. To access Patient360 select the tab and follow the steps to open the application.

If your patient does have a gap in care, you will see the red alert button on the top of Patient360 Member Care Summary. Details of the care gap can be found in the Active Alerts section.

Availity Eligibility and Benefits: Patient360 access



Patient360 Active Alerts located on the Member Care Summary



URL: https://providernews.anthem.com/wisconsin/article/retrieve-your-anthem-patients-hedis-care-gaps-through-patient360-located-on-the-availity-portal-1

Case management program

Published: Dec 1, 2019 - **Administrative**

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 healthcare puzzle that for some, are frightening and complex issues to handle.

Anthem Blue Cross and Blue Shield (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 that 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 healthcare decisions and goals.

How do you contact us?

State	CM Email Address	CM Telephone Number	CM Business Hours
Indiana	centregcmref@anthem.com *National:* nationalpriorityrefe@ChooseHMC.com	888-662-0939 866-962-1214 (IN only) *National:* 1-800-737-1857 Transplant: 800-824-0581 *FEP:* 1-800-711-2225	Monday - Friday 8:00 am - 7:00 pm EST *National:* Monday - Friday 8:00 am - 9:00 pm EST Saturday 9:00 am - 5:30 pm EST Transplant: Monday - Friday 8:30 am - 5:00 pm EST *FEP:* 8:00 am - 7:00pm EST
Kentucky	centregcmref@anthem.com	888-662-0939 800-944-0339 (KY only) *FEP:* 1-800-711-2225	Monday - Friday 8:00 am - 7:00 pm CST *FEP:* 8:00 am - 7:00 pm EST
Missouri	centregcmref@anthem.com	888-662-0939	

		866-534-4348 (MO only) *FEP:* 1-800-711-2225	Monday - Friday 8:00 am - 7:00 pm CST *FEP:* 8:00 am - 7:00 pm EST
Ohio	centregcmref@anthem.com	888-662-0939 *FEP:* 1-800-711-2225	Monday - Friday 8:00 am - 7:00 pm EST *FEP:* 8:00 am - 7:00 pm EST
Wisconsin	centregcmref@anthem.com	888-662-0939 866-216-4091 (WI only) *FEP:* 1-800-711-2225	Monday - Friday 8:00 am - 7:00 pm CST *FEP:* 8:00 am - 7:00pm EST

URL: https://providernews.anthem.com/wisconsin/article/case-management-program-13

Coordination of care

Published: Dec 1, 2019 - **Administrative**

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 (Anthem) would like to take this opportunity to stress the importance of communicating with your patient's 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 Form and Coordination of Care Letter Templates for both Behavioral Health and other Medical Practitioners*. Behavioral Health tools are available, which includes forms, brochures, and screening tools for Substance Abuse, ADHD, and Autism. Please refer to the website for a complete list**.

**Access to the forms and template letters are available at www.anthem.com/provider/forms/*
***Access to the Behavioral Health tools are www.anthem.com/provider/forms/*

URL: https://providernews.anthem.com/wisconsin/article/coordination-of-care-10

Important information about utilization management

Published: Dec 1, 2019 - **Administrative**

Anthem Blue Cross and Blue Shield (Anthem)'s 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 under-utilization. Anthem's medical policies 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 go to anthem.com, then scroll down and select Tools for Providers > Find Resources for Your State > select your State > Medical Policies, Clinical UM Guidelines, and Pre-Cert Requirements.

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. – 5:00 p.m. EST Monday through Friday (except on holidays). More hours may be available in your area. Federal Employee Program (FEP) hours are 8:00 a.m. – 7:00 p.m. EST.
- 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 grid below lists the phone lines for physicians and their staffs. Members should call the customer service number on their health plan ID card.

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.

	To discuss UM Process and Authorizations	**To Discuss Peer-to-Peer UM Denials w/Physicians**	**To Request UM Criteria**
Indiana	800-345-4348, 877-814-4803		

Behavioral Health: 866-582-2293 Transplant: 800-824-0581 Autism: 844-269-0538	888 870 9342	877-814-4803	
Kentucky	800-568-0075 KEHP: 844-402-5347 Behavioral Health: 866-582-2293 Transplant: 800-824-0581 Autism: 844-269-0538	877-814-4803	877-814-4803
Missouri	800-992-5498 866-398-1922 Behavioral Health: 866-302-1015 Transplant: 800-824-0581 Autism: 844-269-0538	800-992-5498 866-398-1922 CDHP/Lumenos: 866-398-1922	800-992-5498, 866-398-1922
Ohio	800-752-1182 Behavioral Health: 866-582-2293 Transplant: 800-824-0581 Autism: 844-269-0538	877-814-4803	877-814-4803
Wisconsin	800-242-1527, 800-472-6909, 800-472-8909, 866-643-7087 Transplant: 800-824-0581 Autism: 844-269-0538	800-242-1527, 800-472-6909, 866-643-7087	800-242-1527, 800-472-6909
FEP/ National	FEP: 800-860-2156 Fax: 800 732-8318 (UM), Fax: 877 606-3807 (ABD)	FEP: 800-860-2156 National: 800-821-1453; 866-776-4793	FEP: 800-860-2156 Fax: 800 732-8318 (UM) Fax: 877 606-3807 (ABD)

TTY Information:

		TTY	Voice
Indiana	711 or	1-800-743-3333 (V/T)	1-800-743-3333 (V/T)
Kentucky	711 or	1-800-648-6056 (T/ASCII/HCO)	1-800-648-6057 (V)
Missouri	711 or	1-800-735-2966 (TTY/ASCII)	1-866-735-2460 (V)
Ohio	711 or	1-800-750-0750 (TTY/Voice/HCO)	1-800-750-0750 (TTY/Voice/HCO)
Wisconsin	711 or	1-800-947-3529 (TTY/HCO)	1-800-947-6644 (V)

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.

URL: https://providernews.anthem.com/wisconsin/article/important-information-about-utilization-management-21

Members’ rights and responsibilities

Published: Dec 1, 2019 - **Administrative**

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/wisconsin/article/members-rights-and-responsibilities-9

Clinical practice and preventive health guidelines available

Published: Dec 1, 2019 - **Administrative**

Anthem Blue Cross and Blue Shield (Anthem) clinical practice and preventive health guidelines available on anthem.com.

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. Select Provider/Provider Overviews > scroll down and select Find Resources for your State > Health and Wellness > Practice Guidelines.

URL: https://providernews.anthem.com/wisconsin/article/clinical-practice-and-preventive-health-guidelines-available

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Reminder: New AIM Rehabilitative Program effective November 1, 2019

Published: Dec 1, 2019 - **Products & Programs**

As previously communicated in the October 2019 edition of Anthem Blue Cross and Blue Shield (Anthem)'s *Provider News*, the AIM Rehabilitative program for Anthem's commercial membership relaunched November 1, 2019. AIM Specialty Health® (AIM), a separate company, will perform prior authorization review of physical, occupational and speech therapy services. Requests may be submitted via the *AIM ProviderPortal* for dates of service November 1, 2019 and after.The OrthoNet program is no longer active in applicable markets.

The AIM Rehab Program follows the Anthem Clinical Guidelines (CG-Rehab-04) that state the skilled services must be delivered by a licensed physical therapist or other qualified licensed health care professional. Qualified providers acting within the scope of their license, including chiropractors, who intend to provide the CPT codes for PT, OT or ST services

referenced in this Clinical Guideline should request prior authorization (where permitted by law) for those services through AIM.

New Changes to AIM's Rehab Program

Anthem and AIM Specialty Health are working together to make improvements to the clinical review of PT, OT, and ST services when used to treat Autism Spectrum Disorder or Pervasive Developmental Delays as defined by the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

Effective November 1, 2019 in the states of Indiana, Kentucky, Missouri, Ohio and Wisconsin, prior authorization is not required for PT, OT, or ST outpatient therapy services when receiving skilled treatment for Autism Spectrum Disorder or Pervasive Developmental Delays for members with Anthem commercial plans. You may file your claims without a prior authorization number if you are billing with one of the following ICD-10 codes: F84.0, F84.2, F84.3, F84.5, F84.8, or F84.9. Please note that benefit limits, if applicable, will still be applied.

For the Medicaid states of Indiana and Wisconsin, there are no changes to the existing program.

Anthem is also transitioning vendors for review of Rehabilitative Services for our *Medicare members to include outpatient PT, OT, and SLP, to AIM Specialty Health. Anthem has decided to delay the implementation of this transition. The AIM Rehab program will now begin in April 2020. Prior authorization will not be required for the above mentioned services through March 2020.

*This does not apply to members in the states of Florida, New Jersey and New York for whom prior authorization will still be required.

Be sure to check upcoming editions of Provider News for more information about the AIM Rehabilitative Program for Medicare members.

URL: https://providernews.anthem.com/wisconsin/article/reminder-new-aim-rehabilitative-program-effective-november-1-2019-5

Coding tip for psychological and neuropsychological testing

Published: Dec 1, 2019 - **Products & Programs** / Behavioral Health

On January 01, 2019, a change to CPT codes for Psychological and Neuropsychological test administration and evaluation services was released. The new codes did not crosswalk on a one-to-one basis with the deleted codes.

The coding changes separated test administration from test evaluation, psychological testing from neuropsychological testing, and defined the testing performed by a professional or technician. The new codes are as follows:

Neurobehavioral status exams are clinical interview examinations performed by a psychologist or neuropsychologist to assess thinking, reasoning and judgment. Providers should continue to use CPT code 96116 when billing for the first hour and new code 96121 when billing for each additional hour.

Testing evaluation services include the selection of the appropriate tests to be administered; integration of patient data; interpretation of standardized test results and clinical data; clinical decision-making; treatment planning; and reporting and interactive feedback to the patient, family members, or caregivers, when performed. Providers should now use CPT code 96130 to bill for the first hour of psychological testing evaluation services and 96131 for each additional hour. Neuropsychological evaluation services should now be billed using CPT code 96132 for the first hour and 96133 for each additional hour.

Test administration and scoring by a psychologist or neuropsychologist (two or more tests using any method) should now be billed using CPT code 96136 for the first 30 minutes and 96137 for each additional 30 minutes.

Test administration and scoring by a technician (two or more tests using any method) should now be billed using CPT code 96138 for the first 30 minutes and 96139 for each additional 30 minutes.

Single automated test administration should be reported with newly created code 96146 for a single automated psychological or neuropsychological instrument that is administered via electronic platform and formulates an automated result. Psychologists should not use this code if two or more electronic tests are administered and/or if administration is performed by the professional or technician. Instead, the psychologist should use the appropriate codes listed above for test administration and scoring.

Screening and risk assessment (repetitive assessment after screening) include brief emotional/behavioral assessment with scoring and documentation, per standardized instrument, should now be billed using CPT code 96127 separately from testing.

References: apa.org

URL: https://providernews.anthem.com/wisconsin/article/coding-tip-for-psychological-and-neuropsychological-testing-4

Pharmacy information available at anthem.com

Published: Dec 1, 2019 - **Products & Programs** / Pharmacy

Visit anthem.com/pharmacyinformation 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 drug list is posted to the web site quarterly (the first of the month for January, April, July and October).

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

URL: https://providernews.anthem.com/wisconsin/article/pharmacy-information-available-at-anthemcom-19

New Reimbursement Policies: Durable Medical Equipment, Rent to Purchase Durable Medical Equipment, and Modifiers (Professional)

Published: Dec 1, 2019 - **Policy Updates** / Reimbursement Policies

Beginning with dates of service on or after December 1, 2019, Anthem Blue Cross and Blue Shield (Anthem)'s current Durable Medical Equipment (DME) policy will be retired and will be replaced by the new Durable Medical Equipment – Rent to Purchase policy and the new Durable Medical Equipment – Modifiers policy. The new Durable Medical Equipment – Rent to Purchase policy has the same reimbursement guidelines and requirements as the current Durable Medical Equipment policy. The new Durable Medical Equipment – Modifiers policy has the same reimbursement guidelines for DME Modifiers as the current Durable Medical Equipment policy.

For more information about these new policies, visit Anthem's **professional** reimbursement policies on anthem.com, select your state: Indiana, Kentucky, Missouri, Ohio, Wisconsin.

URL: https://providernews.anthem.com/wisconsin/article/new-reimbursement-policies-durable-medical-equipment-rent-to-purchase-durable-medical-equipment-and-modifiers-professional

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System updates for 2020 (Professional)

Published: Dec 1, 2019 - **Policy Updates** / Reimbursement Policies

As a reminder, we will update our claim editing software monthly throughout 2020 with the most common updates occurring in quarterly in February, May, August and November of 2020. 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 (rebundled) edits
- Include assistant surgeon eligibility in accordance with the policy
- Include edits associated with reimbursement policies including, but not limited to, frequency edits, medically unlikely edits, bundled services and global surgery preoperative

and post-operative periods assigned by The Centers for Medicare and Medicaid Services (CMS)

- Apply to any provider or provider group (tax identification number) and may apply to both institutional and professional claim types

URL: https://providernews.anthem.com/wisconsin/article/system-updates-for-2020-professional-2

Coordination of benefits for an FEP® member

Published: Dec 1, 2019 - **State & Federal** / Federal Employee Plan (FEP)

Anthem Blue Cross and Blue Shield values the relationship we have with our providers, and we always look for opportunities to help expedite the claim processing. When a Federal employee visits the provider office, the provider should obtain the most current medical insurance information, which will help to establish the primary carrier and will alleviate claim denials and support accurate billing.

For questions please contact the Federal Employee Customer Service at:
Indiana: 800-382-5520
Kentucky: 800-456-3967
Missouri: 800-392-8043
Ohio: 800-451-7602
Wisconsin: 800-242-9635

URL: https://providernews.anthem.com/wisconsin/article/coordination-of-benefits-for-an-fep-member-7

Medicare News -- December 2019

Published: Dec 1, 2019 - **State & Federal** / Medicare

Category: Medicare

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

- 2020 Medicare Advantage individual benefits and formularies
- Blue Cross Blue Shield Association mandate about Medicare Advantage care management and provider engagement
- CMS reminder: expedited/urgent requests
- Global 3M19 Medical Policy and Technology Assessment Committee prior authorization requirement updates
- Learn more about the Group Retiree PPO plans
- Prior authorization requirements for E0784, K0553 and K0554
- **MO only:** Aspire Health for Medicare members in need of palliative care

URL: https://providernews.anthem.com/wisconsin/article/medicare-news-december-2019

Provider training series

Published: Dec 1, 2019 - **State & Federal** / Medicare

Category: Medicare

The Medicare Risk Adjustment Regulatory Compliance team at Anthem Blue Cross and Blue Shield team developed the following two provider training series titled:

Medicare risk adjustment and documentation guidance (general)

Series: Offered the first Wednesday of each month from 1 to 2 p.m. Eastern time

Learning objective: Provide an overview of Medicare Risk Adjustment, including the Risk Adjustment Factor and the Hierarchical Condition Category (HCC) Model, with guidance on medical record documentation and coding.

Credits: This live activity, Medicare Risk Adjustment and Documentation Guidance, offered from December 5, 2018, through December 4, 2019, has been reviewed and is acceptable for up to 1.00 prescribed credit(s) by the American Academy of Family Physicians.

Registration: Those interested in joining us to learn how providers play a critical role in facilitating the risk adjustment process should register for one of the monthly training sessions at the link below:
https://antheminc.adobeconnect.com/admin/show-event-catalog?folder-id=38826374.

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

Series: Offered bimonthly on the fourth Wednesday from noon to 1 p.m. (ET)

Learning Objective: Collaborative learning event with Enhanced Personal Health Care (EPHC) to provide in-depth disease information pertaining to specific conditions, including an overview of their corresponding hierarchical condition categories (HCC), with guidance on documentation and coding.

Credits: This Live series activity, Medicare Risk Adjustment, Documentation and Coding Guidance, from January 23, 2019, to November 27, 2019, has been reviewed and is acceptable for credit by the American Academy of Family Physicians.

Registration: For those interested in joining us for this six-part training series, please see the list of topics and scheduled training dates below:
Red flag HCCs, part one — Register for recording of live session. Training will cover HCCs most commonly reported in error as identified by CMS: chronic kidney disease (stage 5), ischemic or unspecified stroke, cerebral hemorrhage, aspiration and specified bacterial pneumonias, unstable angina and other acute ischemic heart disease, end-stage liver disease. *Recording will play upon registration.*
https://antheminc.cosocloud.com/e4i5k4h7cf3j/event/registration.html.
Red flag HCCs, part two — Register for recording of live session. Training will cover HCCs most commonly reported in error as identified by CMS: atherosclerosis of the extremities with ulceration or gangrene, myasthenia gravis/myoneural disorders and Guillain-Barre syndrome, drug/alcohol psychosis, lung and other severe cancers, diabetes with

ophthalmologic or unspecified manifestation. *Recording will play upon registration.* https://antheminc.cosocloud.com/enfndbyedd5g/event/event_info.html.
Opioids and more: Substance Abuse and Dependence — *Recording will play upon registration.* https://antheminc.cosocloud.com/ekx3tooh22f7/event/registration.html.
Acute, chronic and status conditions — *Recording will play upon registration.* https://antheminc.cosocloud.com/eeq7am1fht49/event/registration.html.
Diabetes Mellitus and Other Metabolic Disorders — *Recording will play upon registration*. https://antheminc.cosocloud.com/egjswhu5fv73/event/registration.html.
Behavioral health — *Recording will be available in early December and will play upon registration*. https://antheminc.cosocloud.com/p5ss84h25ww/.

504964MUPENMUB

URL: https://providernews.anthem.com/wisconsin/article/provider-training-series-1

Medical drug Clinical Criteria updates

Published: Dec 1, 2019 - **State & Federal** / Medicare

Category: Medicare

On June 20, 2019, the Pharmacy and Therapeutic (P&T) Committee approved Clinical Criteria applicable to the medical drug benefit for Anthem Blue Cross and Blue Shield. These policies were developed, revised or reviewed to support clinical coding edits.

The Clinical Criteria are publicly available on the provider website, and the effective dates will be reflected in the link to web posting. Visit Clinical Criteria to search for specific policies.

For questions or additional information, email us at druglist@anthem.com.

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URL: https://providernews.anthem.com/wisconsin/article/medical-drug-clinical-criteria-updates-16

Reminder to Medicare Advantage providers

Published: Dec 1, 2019 - **State & Federal** / Medicare

Category: Medicare

As a reminder, PCPs may only refer Anthem Blue Cross and Blue Shield (Anthem) members to in-network Medicare Advantage providers.

Anthem has contracted with specialists to ensure adequate care of our members. The use of contracted network specialists will ensure continuity of appropriate clinical background data and coordination of care with the PCP.

Should there be a need to refer the member outside the contracted network, contact Anthem directly for prior authorization (PA). Referring a Medicare Advantage member out-of-network, who does not have out-of-network benefits, could result in claim denials with member liability unless the service is urgent, emergent, out-of-area dialysis or if PA was approved by the plan.

Although not required, PA is encouraged for preferred provider organization (PPO) members who want to receive notification of advanced coverage when utilizing an out-of-network provider for services.

As a reminder to all providers, the referring physician name and NPI must be reported on the claim when the PCP does not provide the service rendered. This will reduce the number of rejections issued during initial claim processing.

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URL: https://providernews.anthem.com/wisconsin/article/reminder-to-medicare-advantage-providers-2

Medical drug Clinical Criteria updates

Published: Dec 1, 2019 - **State & Federal** / Medicaid

Category: Medicaid

This communication applies to the Medicaid and Medicare Advantage programs for Anthem Blue Cross and Blue Shield (Anthem).

On June 20, 2019, the Pharmacy and Therapeutic (P&T) Committee approved *Clinical Criteria* applicable to the **medical drug benefit** for Anthem. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* are publicly available on the provider website, and the effective dates will be reflected in the link to web posting. Visit *Clinical Criteria* to search for specific policies.

For questions or additional information, email us at druglist@anthem.com.

URL: https://providernews.anthem.com/wisconsin/article/medical-drug-clinical-criteria-updates-19

Coding spotlight: provider’s guide to coding behavioral and emotional disorders

Published: Dec 1, 2019 - **State & Federal** / Medicaid

Category: Medicaid

ICD-10-CM coding

Codes within categories F90 through F98 represent behavioral and emotional disorders with onset usually occurring in childhood and adolescence and may be used regardless of the age of the patient.

Attention deficit hyperactivity disorder (ADHD) is among these common childhood disorders. While ADHD is not a learning disability, it can impact the ability to learn. This disorder is characterized by classic symptoms of inattention, hyperactivity and impulsivity.

Three subtypes of ADHD have been identified:

- Hyperactive/impulsive type – The patient does not show significant inattention.
- Inattentive type – The patient does not show significant hyperactive-impulsive behavior.
- Combined type – Patient displays both inattentive and hyperactive-impulsive symptoms.

Other disorders that sometimes accompany ADHD include Tourette's syndrome, oppositional defiant disorder, conduct disorder, anxiety, depression and bipolar disorder. ADHD continues into adulthood in about 50% of people with childhood ADHD. Attention deficit hyperactivity disorders are coded based on a behavior type:

- 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 type*
- F90.9 — Attention deficit hyperactivity disorder, *unspecified type*

F90 category includes:

- Attention deficit disorder with hyperactivity
- Attention deficit syndrome with hyperactivity

ICD-10-CM lists the following conditions as special exclusions (Excludes2) to ADHD:

- Anxiety disorders (F40.-, F41.-)
- Mood (affective disorders) (F30-F39)
- Pervasive developmental disorders (F84.-)
- Schizophrenia (F20.-)

Note**:** *Excludes2* means *not included here*.

This type of exclusion in ICD-10-CM is indicative of conditions that are not included in the F90 category. However, the patient may have both conditions at the same time. For example, if a patient presents with ADHD and anxiety, then both conditions should be coded according to the *Excludes2* list. ICD-10-CM often lists conditions in either an *Excludes1* or *Excludes2* note. It is important that all exclusion notes be followed carefully for coding accuracy. Keep in mind that documentation drives code selection, and that the medical record must support all codes submitted on claims.

HEDIS® quality measures for attention deficit hyperactivity disorder (ADHD)

Quality measures are in place to help ensure that patients with specific conditions are receiving the appropriate care and follow-up to successfully manage their conditions. The measure listed below is applicable to those with attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD).

Follow-Up Care for Children Prescribed ADHD Medication (ADD)
This HEDIS measure looks at the percentage of children ages 6 to 12 years who have newly prescribed ADHD medication and have had at least three follow-up care visits within a 10-month period; the first visit should be within 30 days of the first ADHD medication dispensed.

Two rates are reported:

- Initiation phase — Follow-up visit with prescriber occurred within 30 days of prescription.
- Continuation and maintenance phase — Patient remained on ADHD medication and had two more visits within nine months.

When prescribing a new ADHD medication:

- Be sure to schedule a follow-up right away – The visit must occur within 30 days of ADHD medication initially prescribed or restarted after a 120-day break.
- Schedule follow-up visits while members are still in the office.
- Have your office staff call members at least three days before appointments.
- After the initial follow-up visits, schedule at least two more office visits in the next nine months to monitor the patient's progress.
- Be sure that follow-up visits include the diagnosis of ADHD.

Helpful tips:

- Educate your members and their parents, guardians, or caregivers about the use of and compliance with long-term ADHD medications and the condition.
- Collaborate with other organizations to share information, research best practices about ADHD interventions, appropriate standards of practice and their effectiveness and safety.
- Contact your Provider Relations representative for copies of ADHD-related patient materials.

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

Resources:

ICD-10-CM Expert for Physicians. The complete official code set. Optum360, LLC. 2019.
ICD-10-CM/PCS Coding. Theory and practice. 2019/2020 Edition. Elsevier
NCQA: HEDIS & Performance Management. https://www.ncqa.org/hedis/measures

URL: https://providernews.anthem.com/wisconsin/article/coding-spotlight-providers-guide-to-coding-behavioral-and-emotional-disorders-1

Reimbursement Policy Update: Multiple and Bilateral Surgery, Professional and Facility Reimbursement

Published: Dec 1, 2019 - **State & Federal** / Medicaid

Category: Medicaid

(Policy 06-010, effective 03/01/20)

Anthem Blue Cross and Blue Shield (Anthem) allows reimbursement to professional providers and facilities for multiple and bilateral surgery.

Effective March 1, 2020, the following updates have been made to the policy:

- Anthem added language to the policy to note that when billed by ambulatory surgical centers (ASCs), Modifier 50 is not recognized and additional reimbursement is not provided for bilateral procedures.
- Anthem reimburses ASCs 100% of the fee schedule or contracted/negotiated rate based on the primary procedure performed.

Please visit https://mediproviders.anthem.com/wi to view the Multiple and Bilateral Surgery reimbursement policy for additional information regarding percentages and reimbursement criteria.

Global 3M19 Medical Policy and Technology Assessment Committee prior authorization requirement updates

Published: Dec 1, 2019 - **State & Federal** / Medicaid

Category: Medicaid

Effective **February 1, 2020**, prior authorization (PA) requirements will change for the following services. These services will require PA by Anthem Blue Cross and Blue Shield for our members. Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Non-compliance with new requirements may result in denied claims.**

PA requirements will be added to the following codes:

- **43238:** esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus
- **43242:** esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound)
- **43253:** esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s)
- **78459:** myocardial imaging, positron emission tomography (PET), metabolic evaluation
- **78491:** myocardial PET; single study, rest/stress
- **78492:** myocardial PET; multiple studies, rest and/or stress
- **78608:** brain imaging, PET; metabolic evaluation
- **78609:** brain imaging, PET; perfusion evaluation
- **78811:** PET imaging; limited area (for example, chest, head/neck)
- **78812:** PET imaging; skull base to mid-thigh
- **78813:** PET imaging; skull base to mid-thigh
- **78814:** PET with concurrently acquired computed tomography (CT) for attenuation correction

- **78815:** PET with concurrently acquired CT for attenuation correction
- **78816:** PET with concurrently acquired CT for attenuation correction
- **81227:** Cyp2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (for example, drug metabolism), gene analysis, common variants (for example, *2, *3, *5, *6)
- **81231:** CYP3A5 (cytochrome P450, family 3, subfamily A, member 5) (for example, drug metabolism), gene analysis, common variants (including *2, *3, *4, *5, *6, *7)
- **81232:** DPYD (dihydropyrimidine dehydrogenase) (for example, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (including *2A, *4, *5, *6)
- **81346:** TYMS (thymidylate synthetase) (for example, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (for example, tandem repeat variant)
- **0031U:** CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(for example, drug metabolism) gene analysis, common variants (including *1F, *1K, *6, *7)
- **0032U:** COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G > A (rs4680) variant
- **0070U:** CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (for example, drug metabolism) gene analysis, common and select rare variants (including *2, *3, *4, *4N, *5, *6, *7, *8, *9)
- **0072U:** CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (for example, drug metabolism) gene analysis, targeted sequence analysis (including CYP2D6 to 2D7 hybrid gene)
- **0073U:** CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (for example, drug metabolism) gene analysis, targeted sequence analysis (including CYP2D7 to 2D6 hybrid gene)
- **0074U:** CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (for example, drug metabolism) gene analysis, targeted sequence analysis (including nonduplicated gene)
- **0075U:** CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (for example, drug metabolism) gene analysis, targeted sequence analysis (including 5 gene duplication/ multiplication)
- **0076U:** CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (for example, drug metabolism) gene analysis, targeted sequence analysis
- **0091U:** oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result

- **0092U:** oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of **malignancy**
- **0093U:** prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected
- **0098U:** respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 14 targets
- **0099U:** respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus 229E, coronavirus)
- **0100U:** respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 21 targets (adenovirus, coronavirus 229E, coronavirus)
- **J9036:** injection, bendamustine hydrochloride (Belrapzo®), 1 mg
- **81479:** unlisted molecular pathology procedure
- **81599:** unlisted multianalyte assay with algorithmic analysis
- **0094U:** genome (for example, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis
- **0101U:** hereditary colon cancer disorders (for example, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis)
- **0102U:** hereditary breast cancer-related disorders (for example, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer)
- **0103U:** hereditary ovarian cancer (for example, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of next-generation sequencing, Sanger sequencing, multiplex ligation-dependent probe amplification
- **0408T:** insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed and programming of sensing and therapeutic parameters
- **0409T:** insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed and programming of sensing and therapeutic parameters
- **0410T:** insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed and programming of sensing and therapeutic parameters

- **0411T:** insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed and programming of sensing and therapeutic parameters
- **0412T:** removal of permanent cardiac contractility modulation system; pulse generator only
- **0413T:** removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)
- **0414T:** removal and replacement of permanent cardiac contractility modulation system pulse generator only
- **0415T:** repositioning of previously implanted cardiac contractility modulation transvenous electrode (atrial or ventricular lead)
- **0416T:** relocation of skin pocket for implanted cardiac contractility modulation pulse generator
- **0417T:** programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values
- **0418T:** interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac
- **0512T:** extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound
- **0513T:** extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound
- **0544T:** transcatheter mitral valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach, including transseptal puncture
- **0545T:** transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach
- **0548T**: transperineal periurethral balloon continence device; bilateral placement, including cystoscopy and fluoroscopy
- **0549T:** transperineal periurethral balloon continence device; unilateral placement, including cystoscopy and fluoroscopy
- **0550T:** transperineal periurethral balloon continence device; removal, each balloon
- **0551T:** transperineal periurethral balloon continence device; adjustment of balloon(s) fluid volume
- **E2599:** accessory for speech generating device, not otherwise classified

- **G9143:** warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)
- **J3490:** unclassified drugs (Avastin®, Mvasi™)
- **S3870:** comparative genomic hybridization microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability

Request PA via:

- Web: availity.com
- Fax:
    - Medical Management: **1-800-964-3627**
    - Behavioral health inpatient: **1-800-505-1193**
    - Behavioral health outpatient: **1-800-505-1193**
- Phone: **1-855-558-1443**

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the Provider Self-Service Tool on the Availity Portal by going to https://mediproviders.anthem.com/wi > Login.

Contracted and non-contracted providers unable to access Availity can go to https://mediproviders.anthem.com/wi > Home > Precertification > Participating Providers > Precertification Lookup Tool or call Provider Services at **1-855-558-1443** for assistance with PA.

URL: https://providernews.anthem.com/wisconsin/article/global-3m19-medical-policy-and-technology-assessment-committee-prior-authorization-requirement-updates-1