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Notice of Changes to Prior Authorization Requirements - February 2020

Published: Feb 1, 2020 - Administrative

New prior authorization requirements for providers may apply for new or updated reimbursement policies, medical policies, or prior authorization requirements.

- Clinical Laboratory Improvements Amendments*
- Medical Policy and Clinical Guidelines Updates – February 2020*
- Updates to AIM Advanced Imaging Clinical Appropriateness Guidelines*
- Updates to AIM Musculoskeletal Program Clinical Appropriateness Guidelines*

Other Important Updates

- Medicare and Medicaid News

URL: <https://providernews.anthem.com/indiana/article/notice-of-changes-to-prior-authorization-requirements-february-2020>

Clinical Laboratory Improvements Amendments for Anthem*

Published: Feb 1, 2020 - Administrative

Claims that are submitted for laboratory services subject to the *Clinical Laboratory Improvement Amendments (CLIA) 1988 federal statute and regulations* require additional information to be considered for payment.

Beginning May 1, 2020, a valid CLIA Certificate Identification number is required for reimbursement of clinical laboratory services reported on a CMS-1500 claim form (or its electronic equivalent). The CLIA Certificate Identification number must be submitted in one of the following ways:

Claim Format and Elements	CLIA Number Location Options	Referring Provider Name and National Provider Identifier
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(NPI) Number Location Options		
CMS-1500	Must be represented in field 23	Submit the referring provider name and NPI number in fields 17 and 17b, respectively.
Electronic transaction 837 <i>Professional</i> ; Health Insurance Portability and Accountability Act (HIPAA) Version 5010	Must be represented in the 2300 loop, REF02 element, with qualifier of "X4" in REF01	Submit the referring provider name and NPI number in the 2310A loop, NM1 segment.

Providers who have obtained a CLIA Waiver or Provider Performed Microscopy Procedure accreditation must include the "QW" modifier when any CLIA Waived laboratory service is reported on a CMS-1500 claim form in order for the procedure to be evaluated to determine eligibility for benefit coverage.

Laboratory procedures are only covered and therefore payable if rendered by an appropriately licensed or certified laboratory. **Therefore, any claim that does not contain the CLIA ID will be considered incomplete and rejected beginning May 1, 2020.**

If you have additional questions, please call the telephone number on the back of the member's identification card.

* Notice of Material Changes/Amendments to Contract and Changes to Prior Authorization Requirements may apply for new or updated reimbursement policies, medical policies, or prior authorization requirements.

URL: <https://providernews.anthem.com/indiana/article/clinical-laboratory-improvements-amendments-for-anthem>

Anthem SOAP Notes/Health Assessments for 2019 calendar year are due February 15, 2020

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

Anthem Commercial Risk Adjustment (CRA) contracts with Inovalon -- an independent company that provides secure, clinical documentation services -- to help us comply with provisions of the Affordable Care Act (ACA) that require us to assess members' relative

health risk level and report to CMS on those conditions. Your offices have been receiving Inovalon SOAP (*Subjective; Objective; Assessment; and Plan – these are health assessments*) packets all year long as part of our risk adjustment cycle, asking for the physicians' help with completing health assessments for some of their patients who are our members.

Incentives for submitting SOAP's/Health Assessments

SOAPs submitted as paper are eligible for a \$50 incentive; SOAPs submitted electronically through Inovalon's ePASS system are eligible for a \$100 incentive.

Submission Deadline and Important Reminder

While the dates of service for the patient visits must have been by December 31, 2019, the SOAP notes/Health Assessments can be submitted up until February 15, 2020. We will still pay the incentive payments for these submissions through February 15, 2020.

Questions or assistance with SOAPs

Need help with ePASS or have questions? Simply email your inquiry to Inovalon at ePASSsupport@inovalon.com with your name, organization, contact information, and any questions that you might have. Trained representatives are available to assist you. If you prefer to reach Inovalon by phone, please call 1-877-448-8125, Monday - Friday, 8 am - 9 pm ET; Saturday - Sunday, 10 am - 6 pm ET.

If you have any questions regarding our risk adjustment process, please contact our CRA Network Education Representative who supports your area, Mary.Swanson@anthem.com.

URL: <https://providernews.anthem.com/indiana/article/anthem-soap-noteshealth-assessments-for-2019-calendar-year-are-due-february-15-2020>

Shine Light on Depression

Published: Feb 1, 2020 - **Products & Programs** / Behavioral Health

Anthem Blue Cross and Blue Shield's parent company is collaborating with leading organizations on a new school-based initiative called **Shine Light on Depression** to help

tackle the issue of teen depression and suicide in middle and high school youth nationwide. The Shine Light on Depression e-toolkit (e.g., website) will provide school communities with free, ready-to-use tools designed to raise awareness of depression and suicide prevention in a positive, fact-based, and inclusive manner. This approach will help build a community in which there is open discussion and appropriate vocabulary about the subject of depression and places it in the broader context of good mental health. The e-toolkit features customizable classroom lessons to empower educators to lead effective depression awareness programs, family-community workshop materials to help adults and families talk about how to support teens, and teen club resources that empower students to lead activities and help each other by talking and listening. With 24,053 secondary schools in the U.S., the Shine Light on Depression e-toolkit has the potential to impact large numbers of individuals who are at risk of depression and suicide and support schools in meeting state teaching mandates. Visit [Shine Light on Depression](#) to learn more.

Shine Light on Depression is a unique collaboration of organizations committed to raising awareness of depression and suicide prevention among young people: American School Health Association, Anthem, Inc., Erika's Lighthouse, JetBlue Airways Corporation, and the National Parent Teachers Association.

URL: <https://providernews.anthem.com/indiana/article/shine-light-on-depression>

Anthem to update formulary lists for commercial health plan pharmacy benefit

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

Effective with dates of service on and after April 1, 2020, and in accordance with the IngenioRx Pharmacy and Therapeutic (P&T) process, Anthem Blue Cross and Blue Shield (Anthem) will update its drug lists that support commercial health plans.

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

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

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

[View a summary of changes here.](#)

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

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

Medical Policy and Clinical Guideline Updates - February 2020*

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

The following Anthem Blue Cross and Blue Shield medical policies and clinical guidelines were reviewed on November 7, 2019 for Indiana, Kentucky, Missouri, Ohio and Wisconsin.

Below are new medical policies and/or clinical guidelines.

*NOTE *Precertification required*

Title	Information	Effective Date
<p>*GENE.00052 Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling</p>	<ul style="list-style-type: none"> • Outlines the Medical Necessity (MN) and Investigational and Not Medically Necessary (INV&NMN) criteria for whole genome sequencing, whole exome sequencing, gene panels, and molecular profiling • Incorporated whole genome sequencing, whole exome sequencing, gene panel testing, and molecular profiling into single document • Contains content from all other documents regarding whole genome/whole exome/mitochondrial DNA testing, all panel tests (defined as 5 or more genes, or gene mutation variants, same day, same member, 	

- same rendering provider) and molecular profiling:
- o GENE.00001 Genetic Testing for Cancer Susceptibility
 - o GENE.00012 Preconception or Prenatal Genetic Testing of a Parent or Prospective Parent
 - o GENE.00025 Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignancies
 - o GENE.00028 Genetic Testing for Colorectal Cancer Susceptibility
 - o GENE.00029 Genetic Testing for Breast and/or Ovarian Cancer Syndrome
 - o GENE.00030 Genetic Testing for Endocrine Gland Cancer Susceptibility
 - o GENE.00035 Genetic Testing for TP53 Mutations
 - o GENE.00043 Genetic Testing of an Individual's Genome for Inherited Diseases

5/1/2020

The below current Clinical Guidelines and/or Medical policies were reviewed and updates were approved.

*NOTE *Precertification required*

Title	Change	Effective date
<p>*CG-GENE-14 Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management</p>	<ul style="list-style-type: none"> • Content moved from GENE.00001 • INV&NMN changed to NMN as a result of MP to CUMG transition • Revised title • Limited scope to gene mutation testing for solid tumor cancer susceptibility and management • Added criteria for gene mutation testing to guide targeted cancer therapy in individuals with solid tumors • Removed genetic panel testing from document. <p>Moved all codes except panel codes to this document with no changes; added codes 81307, 81308, 81403, 81408 and additional genes to other Tier 2 codes to</p>	

<p>pend for MN criteria; added 81242 as NMN for this indication.</p>		
<p>WHOLE GENOME, WHOLE EXOME & GENE PANEL TESTING MOVED TO GENE.00052</p>	<p>2/5/2020</p>	
<p>*CG-GENE-13 Genetic Testing for Inherited Diseases</p>	<ul style="list-style-type: none"> • Content moved from GENE.00012 & GENE.00043 • INV&NMN changed to NMN as a result of MP to CUMG transition • Title revised • Removed whole genome, whole exome, and gene panel testing from document • No other change to clinical indications <p>Moved all codes except whole genome/exome and panel codes to this document with no changes; added codes 81171, 81172, 81243, 81244 and Tier 2 genes previously addressed in CG-BEH-01 with no change; removed 0136U (not applicable)</p> <p>WHOLE GENOME, WHOLE EXOME, & GENE PANELS MOVED TO GENE.00052</p>	<p>2/5/2020</p>
<p>*CG-GENE-20 Epidermal Growth Factor Receptor (EGFR) Testing</p>	<ul style="list-style-type: none"> • Content moved from GENE.00006 • INV&NMN changed to NMN as a result of MP to CUMG transition • Removed acronym and made minor wording change in Clinical Indications section 	<p>2/5/2020</p>
<p>*CG-GENE-15 Genetic Testing for Lynch Syndrome, Familial</p>		

<p>Adenomatous Polyposis (FAP), Attenuated FAP and MYH-associated Polyposis</p>	<ul style="list-style-type: none"> • Content moved from GENE.00028 • INV&NMN changed to NMN as a result of MP to CUMG transition • Revised title • Removed genetic panel testing from document. <p>GENE PANEL TESTING MOVED TO GENE.00052</p>	<p>2/5/2020</p>
<p>*CG-GENE-16 BRCA Testing for Breast and/or Ovarian Cancer Syndrome</p>	<ul style="list-style-type: none"> • Content moved from GENE.00029 • INV&NMN changed to NMN as a result of MP to CUMG transition • Revised title • Revised Clinical Indications to include recommendations from the USPSTF • Added Note to refer to the NCCN testing criteria and BRCA1 or BRCA2 mutation assessment tools listed in the Discussion/General Information section • Removed gene panel testing from document. <p>GENE PANEL TESTING MOVED TO GENE.00052</p>	<p>2/5/2020</p>
<p>*CG-GENE-17 RET Proto-oncogene Testing for Endocrine Gland Cancer Susceptibility</p>	<ul style="list-style-type: none"> • Content moved from GENE.00030 • INV&NMN changed to NMN as a result of MP to CUMG transition • Revised title • Removed gene panel testing from document. <p>GENE PANEL TESTING MOVED TO GENE.00052</p>	<p>2/5/2020</p>
<p>*CG-GENE-18 Genetic Testing for TP53 Mutations</p>	<ul style="list-style-type: none"> • Content moved from GENE.00035 • INV&NMN changed to NMN as a result of MP to CUMG transition • Removed gene panel testing from document <p>GENE PANEL TESTING MOVED TO GENE.00052</p>	<p>2/5/2020</p>

<p>*CG-GENE-19 Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers</p>	<ul style="list-style-type: none"> • Content moved from GENE.00045 • INV&NMN changed to NMN as a result of MP to CUMG transition • Clarified that “minimal residual disease” is also referred to as “measurable residual disease” in MN criteria 	<p>2/5/2020</p>
<p>CG-SURG-105 Corneal Collagen Cross-Linking</p>	<ul style="list-style-type: none"> • Content moved from MED.00109 • INV&NMN changed to NMN as a result of MP to CUMG transition • Clarified MN criteria addressing the time of diagnosis of progressive keratoconus ("over 24 consecutive months" changed to "within 24 months") 	<p>2/5/2020</p>
<p>CG-MED-87 Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications</p>	<ul style="list-style-type: none"> • Content moved from RAD.00023 • INV&NMN changed to NMN as a result of MP to CUMG transition • No other change to clinical indications 	<p>2/5/2020</p>
<p>*CG-SURG-106 Venous Angioplasty with or without Stent Placement or Venous Stenting Alone</p>	<ul style="list-style-type: none"> • Content moved from SURG.00122 • INV&NMN changed to NMN as a result of MP to CUMG transition • No other change to clinical indications 	<p>2/5/2020</p>
<p>*SURG.00028 Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)</p> <p>Previous title: Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions</p>	<ul style="list-style-type: none"> • Revised title • Revised scope of document to only address benign prostatic hyperplasia (BPH) • Combined surgical and minimally invasive treatments into one MN section • Revised MN criteria for transurethral incision of the prostate by adding "prostate volume less the 30 mL • Added transurethral convective water vapor thermal ablation in individuals with prostate volume less than 80 mL as MN indication 	

<ul style="list-style-type: none"> • Added waterjet tissue ablation as MN indication • Moved transurethral radiofrequency needle ablation from MN to NMN section • Changed INV&NMN indications to NMN • Moved placement of prostatic stents from standalone statement to combined NMN statement • Added 0421T, XV508A4 for AquaBeam waterjet as MN; changed TUIP 52450 and Rezum water vapor 53854 to pend for MN criteria; WIT 53899 (NOC) and RFNA 53852 changed to NMN; scope limited to specific BPH and related diagnosis codes 	5/1/2020	
*SURG.00037 Treatment of Varicose Veins (Lower Extremities)	<ul style="list-style-type: none"> • Added the anterior accessory great saphenous vein (AAGSV) as MN for ablation techniques when criteria are met • Added language to the MN criteria for ablation techniques addressing variant anatomy • Added limits to retreatment to the MN criteria for all procedures 	5/1/2020
<p>SURG.00047 Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis</p> <p>Previous title: Transendoscopic Therapy for Gastroesophageal Reflux Disease and Dysphagia</p>	<ul style="list-style-type: none"> • Revised title • Expanded scope to include gastroparesis • Added gastric peroral endoscopic myotomy or peroral pyloromyotomy as INV&NMN. • Added CPT 43999 (NOC) and ICD-10-PCS 0D878ZZ for G-POEM, considered INV&NMN 	5/1/2020
SURG.00097 Vertebral Body Stapling and Tethering for the		

<p>Treatment of Scoliosis in Children and Adolescents</p> <p>Previous title: Vertebral Body Stapling for the Treatment of Scoliosis in Children and Adolescents</p>	<ul style="list-style-type: none"> • Revised title • Expanded scope of document to include vertebral body tethering • Added vertebral body tethering as INV&NMN 	<p>5/1/2020</p>
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URL: <https://providernews.anthem.com/indiana/article/medical-policy-and-clinical-guideline-updates-february-2020>

Updates to AIM Advanced Imaging Clinical Appropriateness Guidelines*

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

Effective for dates of service on and after May 17, 2020, the following updates will apply to the AIM Advanced Imaging: Vascular Imaging Clinical Appropriateness Guidelines.

Updates by section:

- Aneurysm of the abdominal aorta or iliac arteries
 - Added new indication for asymptomatic enlargement by imaging
 - Clarified surveillance intervals for stable aneurysms as follows:
 - Treated with endografts, annually
 - Treated with open surgical repair, every 5 years
- Stenosis or occlusion of the abdominal aorta or branch vessels, not otherwise specified
 - Added surveillance indication and interval for surgical bypass grafts

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM's **ProviderPortal_{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: 800-554-0580, Monday–Friday, 8:30 a.m.–7:00 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 and upcoming guidelines [here](#).

* Notice of Material Changes/Amendments to Contract and Changes to Prior Authorization Requirements may apply for new or updated reimbursement policies, medical policies, or prior authorization requirements.

URL: <https://providernews.anthem.com/indiana/article/updates-to-aim-advanced-imaging-clinical-appropriateness-guidelines-14>

Updates to AIM Musculoskeletal Program Clinical Appropriateness Guidelines*

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

Effective for dates of service on and after May 17, 2020, the following updates will apply to the AIM Musculoskeletal Program: Joint Surgery and Spine Surgery Clinical Appropriateness Guidelines.

Joint Surgery Updates by section:

- Shoulder Arthroplasty
 - Added steroid injection for all joints exclusion based on panel recommendation
 - Added exclusions for use of xenografts or biologic scaffold for augmentation or bridging reconstruction, use of platelet rich plasma or other biologics and concomitant

subacromial decompression

- Removed indication for subacromial impingement with rotator cuff tear
- Hip arthroplasty
 - Added exclusion for steroid injection for joint being replaced within the past 6 weeks
 - Added labral tear indication
- Knee Arthroscopy and Open Procedures
 - Added chondroplasty indication
 - Narrowed use of lateral release to lateral compression as a cause for anterior knee pain or chondromalacia patella
 - Added a conservative management and advanced osteoarthritis exclusion to patellar compression syndrome section
- Code changes
 - Added CPT codes 27425, 27570

Spine Surgery Updates by section:

- No criteria changes
- Code changes only
 - Added CPT codes 0200T, 0201T

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM's **ProviderPortal_{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: 800-554-0580, Monday–Friday, 8:30 a.m. – 7:00 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 and upcoming guidelines [here](#).

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URL: <https://providernews.anthem.com/indiana/article/updates-to-aim-musculoskeletal-program-clinical-appropriateness-guidelines-2>

Medicare News - February 2020

Published: Feb 1, 2020 - **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 risk adjustment provider trainings](#)
- [Reimbursement Policy Update: Multiple and Bilateral Surgery: Professional and Facility](#)

URL: <https://providernews.anthem.com/indiana/article/medicare-news-february-2020>

New CMS requirement: Hospitals must use Medicare Outpatient Observation Notice

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

Category: Medicare

CMS requires that all hospitals and critical access hospitals (CAHs) provide written notification and an oral explanation to individuals receiving observation services as outpatients for more than 24 hours.

Hospitals should use the OMB-approved standardized *Medicare Outpatient Observation Notice (MOON)*, form *CMS-10611*. **All hospitals and CAHs are still required to provide this statutorily required notification.** The notice and accompanying instructions are available at <https://go.cms.gov/391jZH9>.

The *MOON* was developed to inform all Medicare beneficiaries, including Anthem Blue Cross and Blue Shield members, when they are an outpatient receiving observation services, and are not an inpatient of the hospital or CAH. The notice must include the reasons the individual is an outpatient receiving observation services and the implications of receiving outpatient services, such as required Medicare cost-sharing and post-hospitalization eligibility for Medicare coverage of skilled nursing facility services.

Hospitals and CAHs must deliver the notice no later than 36 hours after observation services are initiated or sooner if the individual is transferred, discharged or admitted.

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URL: <https://providernews.anthem.com/indiana/article/new-cms-requirement-hospitals-must-use-medicare-outpatient-observation-notice>

Reimbursement Policy Update: Modifier 62: Co-Surgeons

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

Category: Medicare

Effective May 1, 2020, Anthem Blue Cross and Blue Shield (Anthem) has updated the Modifier 62: Co-Surgeons reimbursement policy to expand the current policy's language, adding that Anthem does not consider surgeons performing different procedures during the same surgical session as co-surgeons, and Modifier 62 is not required.

Assistant surgeon and/or multiple procedures rules and fee reductions apply if a co-surgeon acts as an assistant in performing additional procedure(s) during the same surgical session.

Please note that assistant surgeon rules do not apply to procedures appropriately billed with Modifier 62.

Please visit www.anthem.com/medicareprovider to view the Modifier 62: Co-Surgeons reimbursement policy for additional information regarding percentages and reimbursement criteria.

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URL: <https://providernews.anthem.com/indiana/article/reimbursement-policy-update-modifier-62-co-surgeons-3>

Medicaid News - February 2020

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

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

- [Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\) Reimbursement Policy Update](#)
- [Interpreter services available](#)
- [Reminder to fax all expedited authorization appeal requests](#)
- [August 2019 Medical Policies and Clinical Utilization Management Guidelines update](#)

URL: <https://providernews.anthem.com/indiana/article/medicaid-news-february-2020>

Project ECHO clinics now available

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

Category: Medicaid

Anthem Blue Cross and Blue Shield (Anthem) would like to inform our providers about Project Extension for Community Healthcare Outcomes (ECHO) clinics now available through the Indiana University School of Medicine. Currently, there are two weekly ECHO clinics: Opioid Use Disorder and Child and Adolescent Mental Health. The clinics are free of charge to participating Anthem providers.

Project ECHO is a learning and guided-practice model providing medical education to help providers increase workforce capability, enhance best practice specialty care and reduce health disparities. Clinic sessions meet online using no-cost Zoom video conferencing and consist of a brief didactic presentation on related topics followed by case presentations and discussions by participating providers. The participating group of community providers works through each case in a collaborative fashion with guidance from the expert multidisciplinary Project ECHO facilitators.

A team of experts in these two topics, led by the Indiana University Department of Psychiatry, will work with participants who want to learn more about treating their patients with opioid use disorder or treating children/adolescents with mental health needs, such as disruptive behavior disorders, mood disorders, anxiety and tic disorders, and autism and developmental disabilities.

Anthem and the Indiana University School of Medicine's Division of Continuing Medical Education collaborate to provide lifelong learning opportunities that enable health care professionals to improve performance in practice. Continuing Medical Education Credit is provided to all participants through the Indiana University School of Medicine's Division of Continuing Medical Education. For more information or to sign up for Project ECHO, please visit <https://echo.iu.edu>.

If you have questions about this communication or any other item, please contact Provider Services:

- Hoosier Healthwise — **1-866-408-6132**
- Healthy Indiana Plan — **1-844-533-1995**
- Hoosier Care Connect — **1-844-284-1798**

URL: <https://providernews.anthem.com/indiana/article/project-echo-clinics-now-available>

August 2019 Medical policies and clinical utilization management guidelines update

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

Category: Medicaid

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

On August 16, 2019, the Pharmacy and Therapeutics (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* is publicly available on the provider website, and the effective dates will be reflected in the [Clinical Criteria Web Posting August 2019](#). Visit [Clinical Criteria](#) to search for specific policies.

For questions or additional information, use this [email](#).

URL: <https://providernews.anthem.com/indiana/article/august-2019-medical-policies-and-clinical-utilization-management-guidelines-update>

September 2019 Medical drug benefit clinical criteria updates

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

Category: Medicaid

On September 19, 2019, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the **medical drug benefit** for Anthem Blue Cross and Blue Shield. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the provider website, and the effective dates will be reflected in the [Clinical Criteria Web Posting September 2019](#). Visit [Clinical Criteria](#) to search for specific policies.

For questions or additional information, use this [email](#).

URL: <https://providernews.anthem.com/indiana/article/september-2019-medical-drug-benefit-clinical-criteria-updates-2>

Coding spotlight: Provider's guide to coding hypertension

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

Category: Medicaid

ICD-10-CM coding for hypertension

ICD-10-CM hypertension coding highlights:

- Hypertensive crisis can involve hypertensive urgency or emergency.
- Hypertension can occur with heart disease, chronic kidney disease (CKD) or both.
- ICD-10-CM classifies hypertension by type as essential or primary (categories I10-I13) and secondary (category I15).¹
- Categories I10-I13 classify primary hypertension according to a hierarchy of the disease from its vascular origin (I10) to the involvement of the heart (I11), CKD (I12), or heart and CKD combined (I13).¹

Hypertension category codes

Code	Description
I10	Essential (primary) hypertension
I11.0	Hypertensive heart disease with heart failure
I11.9	Hypertensive heart disease without heart failure
I12.0	Hypertensive CKD with stage 5 CKD or end-stage renal disease (ERSD)
I12.9	Hypertensive CKD with stage 1 through stage 4 CKD or unspecified CKD
I13.0	Hypertensive heart and CKD with heart failure and stage 1 through stage 4 CKD or unspecified CKD
I13.10	Hypertensive heart and CKD without heart failure with stage 1 through stage 4 CKD or unspecified CKD
I13.11	Hypertensive heart and CKD without heart failure with stage 5 CKD or ERSD
I13.2	Hypertensive heart and CKD with heart failure and with stage 5 CKD or

ERSD	
I15	Secondary hypertension
I16.	Hypertensive crisis

Hypertensive heart disease

ICD-10-CM presumes a causal relationship between hypertension and heart involvement and classifies hypertension and heart conditions to category I11 (hypertensive heart disease) because the two conditions are linked by the term “with” in the *Alphabetic Index of ICD-10-CM*. These conditions should be coded as related even in the absence of provider documentation linking them. Code first I11.0 (hypertensive heart disease with heart failure) as instructed by the note at category I50 (heart failure). If the provider specifically documents different causes for the hypertension and the heart condition, the heart condition (I50.-, I51.4 to I51.9) and hypertension are coded separately.¹

Category I11 is subdivided to indicate whether heart failure is present. However, an additional code from category I50 is required to specify the type of heart failure, if known.

Documentation may vary, but coding instructions remain the same. For example:

- Congestive heart failure due to hypertension: I11.0 + I50.9
- Hypertensive heart disease with congestive heart failure: I11.0 + I50.9
- Congestive heart failure with hypertension: I11.0 + I50.9

Other heart conditions that have an assumed causal connection to hypertensive heart disease:

Code	Description
I51.4	Myocarditis, unspecified
I51.5	Myocardial degeneration
I51.7	Cardiomegaly
I51.81	Takotsubo syndrome
I51.89	Other ill-defined heart diseases
I51.9	Heart disease, unspecified

Hypertension and CKD

When the diagnostic statement includes both hypertension and CKD, ICD-10-CM assumes there is a cause-and-effect relationship. A code from category I12 (hypertensive CKD) is assigned because the two conditions are linked by the term “with” in the *Alphabetic Index of*

ICD-10-CM. These conditions should be coded as related even in the absence of provider documentation linking them, unless the documentation clearly states the conditions are unrelated.¹

A fourth character is used with category I12 to indicate the stage of the CKD. The appropriate code from category N18 should be used as a secondary code to identify the stage of CKD.

Hypertensive heart and CKD

Combination category I13 codes are assigned for hypertensive heart and CKD when there is hypertension with both heart and kidney involvement. If heart failure is present, an additional code from category I50 is assigned to identify the type of heart failure.¹

The appropriate code from category N18 (CKD) should be used as secondary code with a code from category I13 to identify the stage of CKD.

Hypertensive cerebrovascular disease

For hypertensive cerebrovascular disease, first the appropriate code from categories I60 to I69 is assigned followed by the hypertension code.

Hypertensive retinopathy

Subcategory H35.0 (background retinopathy and retinal vascular changes) should be used with a code from category I10 to I15 (hypertensive disease to include the systemic hypertension).²

Hypertension, secondary

Two codes are required — one to identify the underlying etiology and one from category I15 to identify the hypertension. For example:

- Hypertension due to systemic lupus erythematosus: M32.10 + I15.8
- Acromegaly with secondary hypertension seen for hypertension management: I15.2 + E22.0

Hypertension, transient

Code R03.0 (elevated blood pressure reading without diagnosis of hypertension) is assigned unless the patient has an established diagnosis of hypertension. For transient hypertension of pregnancy, code O13.- (gestational [pregnancy-induced] hypertension without significant proteinuria) or O14.- (pre-eclampsia).

Hypertensive crisis

A code from category I16 (hypertensive crisis) is assigned for any documented hypertensive urgency, hypertensive emergency or unspecified hypertensive crisis. Report two codes, at a minimum, for hypertensive crisis. The crisis code is reported in addition to the underlying hypertension code (I10 to I15).¹

- Hypertensive urgency: I16.0
- Hypertensive emergency: I16.1
- Hypertensive crisis, unspecified: I16.9

Pulmonary hypertension

Pulmonary hypertension is classified to category I27 (other pulmonary heart diseases). For secondary pulmonary hypertension (I27.1, I27.2-), any associated conditions or adverse effect of drugs or toxins should be coded.²

More coding tips

Blood pressure and medication management should be assessed at every encounter involving a hypertensive patient. Clarity is important in documenting hypertension. Ensure that the diagnosis is captured by noting it in the medical record documentation:

- Specify a pregnant patient with hypertension as having a pre-existing, gestational, pre-eclampsic or eclampsic hypertension.
- Document and code the smoking status of a patient with hypertension:
 - For current smokers: use category 17 codes
 - Personal history of tobacco dependence: Z87.891
 - Tobacco use: Z72.0
 - Exposure to environmental tobacco smoke: Z57.31
- Document any causal relationship between hypertension and background retinopathy or other condition in which the hypertension caused vascular changes and organ damage.

HEDIS Quality Measures for hypertension

The Controlling High Blood Pressure (CBP) measure looks at a sample of members ages 18 to 85 years of age who have a diagnosis of hypertension and whose blood pressure (BP) is

regularly monitored and controlled.³

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

Record your efforts

Document blood pressure and diagnosis of hypertension. Patients whose BP is adequately controlled include patients ages 18 to 59 with less than 140/90 mm Hg.

Both systolic and diastolic values must be below the stated value. The most recent BP measurement during the year counts toward compliance.

What does not count?

- A BP measurement taken on the same day or one day before the test or procedure (fasting blood tests not included).
- Patient reported BP measurements.
- A BP measurement taken on the same day as a diagnostic test or procedure that requires a change in diet or medication regimen. For example:
 - Procedures that require a change in diet or medication regimen: colonoscopy, dialysis, infusions, chemotherapy, nebulizer treatment with albuterol and injection of lidocaine prior to mole removal
 - Procedures (low-intensity or preventive) that would not disqualify the BP reading: vaccinations, injections, TB test, intrauterine device insertion and eye exam with dilating agents

Codes to identify hypertension

ICD-10-CM	CPT Category II codes ⁴
I10	3074F: systolic BP <130 3075F: systolic BP 130 to 139 3077F: systolic BP ≥140 3078F: diastolic BP <80 3079F: diastolic BP 80 to 89 3080F: diastolic BP ≥90

Strategies for success

- Improve the accuracy of BP measurements performed by your clinical staff by:

- Providing training materials from the American Heart Association.
 - Conducting BP competency tests to validate the education of each clinical staff member.
 - Making a variety of cuff sizes available.
- Instruct your office staff to recheck BPs for all patients with initial recorded readings greater than systolic 140 mm Hg and diastolic of 90 mm Hg during outpatient office visits; have your staff record the recheck in the patient's medical records.
 - Educate your patients (and their spouses, caregivers or guardians) about the elements of a healthy lifestyle, such as:
 - Heart-healthy eating and low-salt diet.
 - Smoking cessation and avoiding secondhand smoke.
 - Adding regular exercise to daily activities.
 - Home BP monitoring.
 - Ideal body mass index.
 - The importance of taking all prescribed medications as directed.
 - Remember to include the applicable Category II reporting codes on the claim form to help reduce the burden of HEDIS medical record review.

Resources

- 1 "ICD-10-CM Expert for Physicians. The complete official code set," Optum360, LLC (2019).
- 2 Elsevier, "ICD-10-CM/PCS Coding, Theory and Practice — 2019/2020 Edition."
- 3 "HEDIS Measures and Technical Resources," NCQA, accessed April 15, 2019, <https://www.ncqa.org/hedis/measures>.
- 4 "CPT 2019 Professional Edition," American Medical Association (2019).
- 5 "HCPCS Level II," American Medical Association (2019).

URL: <https://providernews.anthem.com/indiana/article/coding-spotlight-providers-guide-to-coding-hypertension>

Coding spotlight: Provider's guide to coding respiratory diseases

Published: Feb 1, 2020 - State & Federal / Medicaid

Category: Medicaid

ICD-10-CM coding

Respiratory diseases are classified in categories J00 through J99 in Chapter 10, "Diseases of the Respiratory System" of the *ICD-10-CM Official Guidelines for Coding and Reporting*.

Pneumonia

Pneumonia is coded in several ways in ICD-10-CM. Combination codes that account for both pneumonia and the responsible organism are included in Chapter 1, "Certain Infectious And Parasitic Diseases" and Chapter 10, "Diseases of the Respiratory System." Examples of appropriate codes for pneumonia include:

- J15.0 — pneumonia due to Klebsiella
- J15.211 — pneumonia due to Staphylococcus aureus
- J11.08 + J12.9 — viral pneumonia with influenza.

According to ICD-10-CM instructions, when coding J15:

- Code first associated influenza, if applicable (J09.X1, J10.0-J10.08, J11.0-)
- Code also associated abscess, if applicable (J85.1)

Other types of pneumonia are coded as manifestations of underlying infections classified in chapter 1; two codes are required in such cases. Examples of this dual classification coding include I00 + J17 — pneumonia in rheumatic fever. When the diagnostic statement is pneumonia without any further specification and the organism is not identified, the assigned code is J18.9 — pneumonia, unspecified organism.

Influenza

ICD-10-CM classifies influenza as the following categories:

- J09 — due to certain identified influenza viruses
- J10 — due to other identified influenza virus
- J11 — due to unidentified influenza virus.

Codes from categories J09 and J10 should be assigned only for confirmed cases of avian flu and other novel influenza A, or for other identified influenza virus. If applicable, also code the associated lung abscess (J85.1).

Chronic obstructive pulmonary disease (COPD) and asthma

COPD is a general term used to describe a variety of conditions that result in obstruction of the airway. ICD-10-CM classifies these conditions to category J44, other chronic obstructive pulmonary disease. Category J44 includes the following conditions:

- Asthma with chronic obstructive pulmonary disease
- Chronic asthmatic (obstructive) bronchitis
- Chronic bronchitis with airways obstruction
- Chronic bronchitis with emphysema
- Chronic emphysematous bronchitis
- Chronic obstructive asthma
- Chronic obstructive bronchitis
- Chronic obstructive tracheobronchitis

Category J44 is further subdivided to specify whether there is an acute lower respiratory infection (J44.0) and whether there is an exacerbation of the condition (J44.1). If applicable, a code from category J45 is assigned to specify the type of asthma. It is appropriate to code both the COPD with acute exacerbation and COPD with a lower respiratory infection. Be specific in the documentation, including the type of infection and the infective agent.

For COPD, document severity as either mild, moderate or severe. COPD can occur with or without acute or chronic respiratory failure, so any respiratory failure should be separately noted.

Asthma is classified into category J45; a fourth character indicates the severity as either mild intermittent, mild persistent, moderate persistent, severe persistent, other and unspecified; also, a final character indicates whether the condition is uncomplicated, or whether status asthmaticus or exacerbation is present.

Asthma characterized as obstructive or diagnosed in conjunction with COPD is classified to category J44 — other chronic obstructive pulmonary disease. If the specific type of asthma is documented, also use code J45.

Signs and symptoms of COPD or asthma that are separately reported when they occur include hypercapnia, hypoxemia, polycythemia, and acute or chronic respiratory failure. Document any dependence on a ventilator or supplemental oxygen.

A diagnosis of asthmatic bronchitis without further specification is coded as J45.9; if the diagnosis is stated as exacerbated or acute chronic asthmatic bronchitis, code J44.1 is assigned. A diagnosis of asthmatic bronchitis with COPD or chronic asthmatic bronchitis is coded to J44.9.

Examples of coding for asthma include the following:

- J45.902 — asthmatic bronchitis with status asthmaticus
- J44.9 + J45.40 — moderate persistent asthma with COPD.

In addition to codes in categories J44 and J45, codes may also be assigned to identify exposure to environmental tobacco smoke (Z77.22), history of tobacco dependence (Z87.891), occupational exposure to environmental tobacco smoke (Z57.31), tobacco dependence (F17. or tobacco use (Z72.0).

HEDIS® quality measures for respiratory conditions

Medication Management for People with Asthma (MMA)

This HEDIS measure looks at patients who have been identified as having persistent asthma and have been dispensed appropriate medication on which they remained during the treatment period.

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

Two rates are reported:

- The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period
- The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period

For patients with asthma, you should:

- Prescribe controller medication.
- Educate them on identifying asthma triggers and taking controller medications.
- Create an asthma action plan (document in the medical record).
- Remind them to get their controller medication filled regularly.
- Remind them to continue taking the controller medications even if they are feeling better and free of symptoms.

Exclusions:

- Acute respiratory failure
- Chronic respiratory conditions due to fumes/vapors
- COPD
- Cystic fibrosis
- Emphysema
- Other emphysema

Asthma Medication Ratio (AMR)

This HEDIS measure looks at patients who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.5 or greater during the measurement year.

Helpful tips:

- For each member, count the units of asthma controller medications dispensed during the measurement year.
- For each member, count the units of asthma reliever medications dispensed during the measurement year.
- For each member, sum the units calculated in step 1 and step 2 to determine units of total asthma medications.
- For each member, calculate the ratio of controller medications to total asthma medications (units of controller medications divided by units of total asthma).

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

This HEDIS measure looks at members 40 years of age and older with a new diagnosis of COPD or newly active COPD who received appropriate spirometry testing to confirm the diagnosis.

Helpful tips:

- Managing chronic conditions takes planning. A pre-visit chart review is a good place to start.
- Proper diagnosis is needed to ensure members receive appropriate short- and long-term treatment.
- Both symptomatic and asymptomatic patients suspected of COPD should have spirometry performed to establish airway limitation and severity.

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/indiana/article/coding-spotlight-providers-guide-to-coding-respiratory-diseases-4>

Improving the patient experience

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

Category: Medicaid

Are you looking for innovative ways to improve your patients' health care experiences?

Numerous studies have shown a patient's primary health care experience and, to some extent, their health care outcomes, are largely dependent upon health care provider and patient interactions. That's why Anthem Blue Cross and Blue Shield has an online learning site called *My Diverse Patients* that offers insight on how to communicate with your diverse

patient population, including a course titled: [What Matters Most: Improving the Patient Experience](#). Learn more by visiting the course link or on the *My Diverse Patients* site at www.mydiversepatients.com.

URL: <https://providernews.anthem.com/indiana/article/improving-the-patient-experience-2>

Use the Provider Maintenance Form for professional providers to verify and update your information

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

Category: Medicaid

Maintaining accurate provider information is critically important to ensure that our members have timely and accurate access to care. Additionally, Anthem Blue Cross and Blue Shield is required by Centers for Medicare & Medicaid Services (CMS) to include accurate information in provider directories for certain key provider data elements. To remain compliant with federal and state requirements, changes must be communicated within 30 days in advance of a change or as soon as possible.

Key data elements include physician name, address, phone number, accepting new patient status, hospital affiliations and medical group affiliations.

Please notify us by completing the *Provider Maintenance Form for Professional Providers* available at www.anthem.com/inmedicaiddoc. Thank you for your help and continued efforts in keeping our records up to date.

URL: <https://providernews.anthem.com/indiana/article/use-the-provider-maintenance-form-for-professional-providers-to-verify-and-update-your-information>

Resources to support your diverse patient panel

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

Category: Medicaid

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

Cultural competency resources

We have cultural competency resources available on our provider website. Leveraging content created by the Industry Collaboration Effort (ICE) Cultural and Linguistic Workgroup, the *Cultural Competency Training* and the *Caring for Diverse Populations Toolkit* have enhanced content.

- *Cultural Competency Training* includes:
 - Enhanced content regarding culture, including language and the impact on health care.
 - A cultural competency continuum that can help providers assess their level of cultural competency.
 - Guidance on working effectively with interpreters.
 - Comprehensive content on serving patients with disabilities.
- *Caring for Diverse Populations Toolkit* includes:
 - Comprehensive information on working with diverse patients and effectively supporting culture, language and disabilities in health care delivery.
 - Tools and resources to help mitigate barriers, including materials that can be printed and made available for patients in your office.
 - Guidance on regulations and standards for cultural and linguistic services.

In addition, providers can access <https://mydiversepatients.com> for tools and resources that are accessible from any smartphone, tablet or desktop. Providers will find free continuing medical education courses that cover topics relevant to providing culturally competent care and services for diverse individuals.

Prevalent non-English languages (based on population data)

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

individuals in Indiana. (Source: American Community Survey, 2016 American Community Survey 5-Year Estimates, Table B16001, generated 10/03/2018)

Prevalent non-English languages in IN
Spanish

Language support services

As a reminder, Anthem provides language support services for our members with limited English proficiency (LEP) or hearing, speech or visual impairments. Please see the provider manual at <https://mediproviders.anthem.com/in> for details on the available services and how to access them.

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