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Notice of Material Changes/Amendments to Contract and Prior Authorization Changes - February 2021

Published: Feb 1, 2021 - **Administrative**

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 starred (*) below.

- Designated specialty pharmacy network*
- Prior authorization updates for specialty pharmacy are available – February 2021*
- Medical Policy and Clinical Guideline Updates – February 2021*
- Reimbursement policy update: Emergency Room Transfers – Facility*
- Reimbursement policy update: Treatment Rooms with Office Evaluation and Management Services – Facility*

URL: <https://providernews.anthem.com/ohio/article/notice-of-material-changesamendments-to-contract-and-prior-authorization-changes-february-2021>

Anthem to update formulary lists for commercial health plan pharmacy benefit

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

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

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.

981-0221-PN-CNT

URL: <https://providernews.anthem.com/ohio/article/anthem-to-update-formulary-lists-for-commercial-health-plan-pharmacy-benefit-13>

Designated specialty pharmacy network*

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

Beginning June 1, 2021, Anthem Blue Cross and Blue Shield (Anthem) is implementing a designated network for select specialty pharmacy medications administered in the outpatient facility setting, **Designated SRx Network**. This applies to all Anthem Ohio commercial members.

Providers who are Designated SRx Network providers can continue to acquire and administer the specialty pharmacy medications covered under the member's medical benefit plan.

Providers who are **not** Designated SRx Network providers will be required to acquire the select specialty pharmacy medications administered in the hospital outpatient setting through CVS Specialty Pharmacy. The failure to do so may result in claim denials and the member cannot be billed for these specialty medications. Providers may continue to submit a claim for administration of the specialty pharmacy medications, which will be reimbursed at the current contracted rates.

The list of specialty pharmacy medications subject to the above will be posted at anthem.com for reference and is subject to change. All specialty pharmacy prior authorization requirements will still apply and are the responsibility of the ordering provider.

This will have no impact on how members obtain non-specialty pharmacy medications at retail pharmacies or by mail-order.

To access the current Designated Medical Specialty Pharmacy Drug List, visit [anthem.com](https://www.anthem.com), select *Providers*, select the state *Ohio* (top right of page), select *Forms and Guides* (under the *Provider Resources* column). Scroll down and select *Pharmacy* in the Category drop down.

If you are interested in participating in the Designated SRx Network, please contact your provider contracting representative for more details.

986-0221-PN-OH

URL: <https://providernews.anthem.com/ohio/article/designated-specialty-pharmacy-network-1>

Prior authorization updates for specialty pharmacy are available - February 2021*

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

Prior authorization updates

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

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

[Click here to access the Clinical Criteria information.](#)

Anthem Blue Cross and Blue Shield (Anthem)'s prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Anthem's medical specialty drug review team. *Review of specialty pharmacy drugs for oncology indications will be managed by AIM Specialty Health® (AIM), a separate company and are shown in italics in the table below.*

Clinical Criteria	HCPCS or CPT Code(s)	Drug
*ING-CC-0183	J3590	Sogroya
*ING-CC-0001	J0886	Injection, epoetin alfa (Procrit/Epogen)
*ING-CC-0019	J3489	Reclast, Zometa

* Non-oncology use is managed by Anthem’s medical specialty drug review team. *Oncology use is managed by AIM.*

Quantity Limit Updates

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

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

[Click here to access the Clinical Criteria information.](#)

Anthem Blue Cross and Blue Shield (Anthem)’s prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Anthem’s medical specialty drug review team. *Review of specialty pharmacy drugs for oncology indications will be managed by AIM Specialty Health® (AIM), a separate company and are shown in italics in the table below.*

Clinical Criteria	HCPCS or CPT Code(s)	Drug
*ING-CC-0019	J3489	Reclast, Zometa

979-0221-PN-IN.OH.WI

URL: <https://providernews.anthem.com/ohio/article/prior-authorization-updates-for-specialty-pharmacy-are-available-february-2021-2>

Pharmacy information available at anthem.com

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

Visit [Pharmacy Information for Providers](#) on anthem.com for more information on:

- Copayment/coinsurance requirements and their applicable drug classes
- Drug lists and changes
- Prior authorization criteria
- Procedures for generic substitution
- Therapeutic interchange
- Step therapy or other management methods subject to prescribing decisions
- Any other requirements, restrictions, or limitations that apply to using certain drugs

The commercial 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.

977-0221-PN-IN.OH.WI

URL: <https://providernews.anthem.com/ohio/article/pharmacy-information-available-at-anthemcom-29>

New provider directory indicator for telehealth services

Published: Feb 1, 2021 - **Administrative**

Anthem will begin publishing a new indicator in our online provider directories to help members easily identify professional providers who offer telehealth services.

We encourage providers who offer telehealth services to utilize the online Provider Maintenance Form to notify us and we will add a telehealth indicator to your online provider directory profile.

Visit anthem.com to locate the [Provider Maintenance Form](#). Contact Provider Services if you have any questions.

New Anthem utilization management tool now available on Availity: Authorization Rules Lookup tool

Published: Feb 1, 2021 - Administrative

In January we introduced our new **Authorization Rules Lookup tool** that you can access through Availity Payer Spaces. This new self-service application displays prior authorization rules so you can quickly verify if the outpatient services require prior authorization for members enrolled in Anthem's commercial plans.

In addition to verifying whether an outpatient authorization is needed, the tool provides the following details that apply to the procedure code:

- Medical Policies and Clinical Guidelines
- Third Party Guidelines, if applicable (such as AIM Specialty Health, IngenioRx)

Steps to access the Authorization Lookup application through Availity Payer Spaces

Access to the tool does not require an Availity role assignment.

1. Select **Payer Spaces**
2. Select the **Anthem Blue Cross Blue Shield** tile from the Payer Spaces menu
3. Select the **Applications** tab
4. Select the **Authorization Rules Lookup** tile

Once you are in the tool you will need to provide the following information to display the service's prior authorization rules:

- Tax ID
- National Provider Identifier (NPI)
- Member ID and birth date

- Member's Group number or Contract Code
(This information can be found on the member's ID card or through the Eligibility & Benefits return on the Patient Information tab)
- CPT/HCPCS code

Give this new tool a try and discover how much this will improve the efficiency of your authorization process.

Please note: If a prior authorization is required for outpatient services, you can submit the case through Interactive Care Reviewer Anthem's online authorization tool which you can also access through the Availity Portal.

970-0221-PN-CNT

URL: <https://providernews.anthem.com/ohio/article/new-anthem-utilization-management-tool-now-available-on-availity-authorization-rules-lookup-tool>

Medical Policy and Clinical Guideline Updates - February 2021*

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

The following Anthem Blue Cross and Blue Shield medical policies will require prior authorization for Indiana, Kentucky, Missouri, Ohio and Wisconsin.

NOTE *Precertification required

Title	Information	Effective Date
<p>* GENE.00055 Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity</p>	<ul style="list-style-type: none"> • Gene expression profiling for risk stratification of inflammatory bowel disease (IBD) severity, including use of PredictSURE IBD, is considered Investigational and not medically necessary (INV&NMN) for all indications. <p>CPT PLA code 0203U (effective 10/01/2020) will be considered INV&NMN; also listed NOC codes 81479, 81599 considered NMN when specified as this test.</p>	<p>5/1/2021</p>
<p>* SURG.00158 Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain</p>	<ul style="list-style-type: none"> • Implantable peripheral nerve stimulation devices are considered INV&NMN for all indications including, but not limited to, treatment of acute and chronic pain • Moved content addressing implantable devices (temporarily or permanently implanted) from DME.00011 to this new policy with no change in criteria. <p>Existing nonspecific codes 64555, 64575, 64590, C1767, C1778, C1787, L8679, L8680, L8683 for neurostimulator implantation and devices will be reviewed and considered INV&NMN for description of PNS systems for pain</p>	<p>5/1/2021</p>

<p>* CG-SURG-93 Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction</p>	<p>This document addresses angiographic evaluation for dialysis access circuit dysfunction and treatment for stenotic or thrombosed arterio-venous grafts (AVG) or fistulas (AVF). This document does not address angiographic evaluation as a treatment for venous thoracic outlet syndrome, superior vena cava syndrome, Budd-Chiari syndrome, congenital cardiac defects, lower extremity venous congestion, or improving venous flow in individuals with multiple sclerosis and chronic cerebrospinal venous insufficiency (CCSVI).</p>	<p>5/1/2021</p>
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976-0221-PN-IN.OH.WI

URL: <https://providernews.anthem.com/ohio/article/medical-policy-and-clinical-guideline-updates-february-2021>

Reimbursement policy update: Emergency Room Transfers - Facility*

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

A new facility reimbursement policy titled Emergency Room Transfers will be implemented beginning with dates of service on, or after May 1, 2021. The policy allows reimbursement for one emergency room visit when a patient is transferred between facilities operating under the same agreement, have the same tax identification number (TIN), or is under common ownership. The transferring facility will not be eligible for separate reimbursement.

For more information about this policy, view Anthem's reimbursement policies online for your state: [Indiana](#), [Kentucky](#), [Missouri](#), [Ohio](#), [Wisconsin](#).

974-0221-PN-IN.OH.WI

URL: <https://providernews.anthem.com/ohio/article/reimbursement-policy-update-emergency-room-transfers-facility-1>

Reimbursement policy update: Treatment Rooms with Office Evaluation and Management Services - Facility*

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

A new facility reimbursement policy titled Treatment Rooms with Office Evaluation and Management Services will be implemented beginning with dates of service on, or after May 1, 2021. Anthem does not allow reimbursement for office evaluation and management services when reported on a CMS 1450 (UB-04) with revenue code 761 (treatment rooms). Modifiers will not override the edit.

For more information about this policy, view Anthem's reimbursement policies online for your state: [Indiana](#), [Kentucky](#), [Missouri](#), [Ohio](#), [Wisconsin](#).

975-0221-PN-IN.OH.WI

URL: <https://providernews.anthem.com/ohio/article/reimbursement-policy-update-treatment-rooms-with-office-evaluation-and-management-services-facility-1>

PN for UM AROW Item 1330

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

On April 1, 2021, Anthem Blue Cross and Blue Shield prior authorization (PA) requirements will change for the some codes. [Click here for more information about PN for UM AROW Item 1330.](#)

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URL: <https://providernews.anthem.com/ohio/article/pn-for-um-arow-item-1330>

Medical drug benefit clinical criteria updates - February 2021

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

On November 15, 2019, February 21, 2020, May 15, 2020, August 21, 2020, August 28, 2020, and September 24, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the **medical drug benefit** for Anthem Blue Cross and Blue

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

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

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URL: <https://providernews.anthem.com/ohio/article/medical-drug-benefit-clinical-criteria-updates-february-2021-2>
