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Prior authorization updates for specialty pharmacy

Published: Jan 1, 2021 - Products & Programs / Pharmacy

Prior authorization updates

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

Please note, inclusion of national drug code (NDC) code on your claim will help expedite claim processing of drugs billed with a not otherwise classified (NOC) code.

Access the clinical criteria information [here](#).

Prior authorization clinical review of non-oncology 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 Code	Drug
* <i>ING-CC-0095</i>	<i>J9041</i>	<i>Velcade (Bortezomib)</i>
* <i>ING-CC-0095</i>	<i>J9044</i>	<i>Bortezomib</i>
* <i>ING-CC-0093</i>	<i>J9171</i>	<i>Docetaxel</i>
* <i>ING-CC-0181</i>	<i>J3490</i>	<i>Veklury</i>

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

Step therapy update

Update on Ocrevus step therapy notification

Ocrevus will still be non-preferred as noted below, but please note that the step therapy criteria have been updated since the last publication.

Effective for dates of service on and after February 1, 2021, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our existing specialty pharmacy medical step therapy review process.

Access the step therapy drug list [here](#).

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	Status	Drug	HCPCS Code
ING-CC-0011	Non-preferred	Ocrevus	J2350

Correction to a prior authorization update

In the November 2020 edition of *Provider News*, we published a correction to an article originally published in the October 2020 *Provider News* regarding clinical criteria ING-CC-0174 for the drug Kesimpta. Please disregard the November update and refer to the original article published in October 2020 for the correct HCPCS codes. For your convenience, we’ve also listed the correct HCPCS codes for Kesimpta below.

- NOC codes J3490, J3590 and C9399 are valid codes for Kesimpta. Code J9302 is not a valid code for the drug Kesimpta.

915-0121-PN-NE

URL: <https://providernews.anthem.com/maine/article/prior-authorization-updates-for-specialty-pharmacy>

New features added to Interactive Care Reviewer

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

You no longer need to pick up the phone or head to the fax machine to check the status of an authorization request or update a case. We have added new features to Interactive Care Reviewer (ICR), our online medical and behavioral health authorization tool to improve your digital self-service experience.

- Do you need to update a case that was submitted by phone or fax? Now you can add clinical notes and make other updates to these authorization requests through ICR. To

make the update you need to have the Authorization & Referral Request role assigned to you by your Availity Administrator.

- To locate the case, log on to the Availity Portal and select **Patient Registration, Authorizations & Referrals**, then choose **Auth/Referral Inquiry**.
- Search for the case in ICR by **Member, Reference/Authorization Request Number**, or by **Date Range**.
- From the ICR **Case Overview** screen select **Update Case** to update service codes, provider information or clinical notes. If you only need to make changes or add to your notes, select **Update Clinical**. Select **Submit Update** to complete the request.
- We've removed the guesswork from the notes that are recommended for many standard authorization requests. ICR provides a checklist of the supporting clinical information that will assist us with completing the review. The list is located on the **Clinical Details** You can upload notes, images and photos directly through ICR. You can include the documentation immediately or you can submit your request then return to the case in ICR later and select **Update Clinical** to add the missing information.
- Check the status of a submitted case at a glance. The ICR **UM tracker**, located on the **Case Overview** screen provides a quick view of where the case is in the review process. You can view when we received the request, when the clinical review is underway and when we completed the final decision.

Additionally, we've added a new application to Payer Spaces – **Chat with Payer** that you can use to check the status of a submitted authorization request. This is a great option if you don't have the role assignments required to access ICR and research a case.

To access the **Chat with Payer** application from Availity's home page, select **Payer Spaces | Chat with Payer**. Complete the form with the required information. You need to include the patient name, birth date and health plan member ID number. Choose **Authorization Status** as your topic for chat to conduct a live chat with a representative.

922-0121-PN-NE

URL: <https://providernews.anthem.com/maine/article/new-features-added-to-interactive-care-reviewer-2>

Find out in minutes why your claim denied

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

Introducing self-service claim denial review on our secure provider portal

Anthem wants to make your job easier — and that includes real-time feedback to claim denials. Through predictive analytics, we now have insight into the reasons for claim denial. We have taken that information and streamlined the inquiries by reason codes, and have made that information available to you digitally, through our secure provider portal.

Within minutes, you will know why a claim denied. We will also provide the steps needed so you can take action faster to correct the claim. There is less wait time and faster payment.

There is no need to call for updates or experience unnecessary delays waiting for the explanation of benefit.

With little more than a click:

- Review a complete list of claims, including claims with proactive insights
- Learn the reasons for claim denial
- Access the information you need to move the claim forward

Predictive analytics and self-service claim denial information is just another way we are using digital technology to improve your health care experience.

From [anthem.com](https://www.anthem.com), use the [Log In](#) button to access our secure provider portal [Availity.com](https://www.availity.com). Go to Payer Spaces to access Claims Status Listing.

945-0121-PN-NE

URL: <https://providernews.anthem.com/maine/article/find-out-in-minutes-why-your-claim-denied>

Self-service, digital transactions are fast and easy

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

Reduce the amount of time spent on transactional tasks by more than fifty percent

when using our secure provider portal or EDI submissions (via Availity) to:

- File claims
- Check statuses
- Verify eligibility and benefits
- Submit prior authorizations

The [Provider Digital Engagement Supplement](#) outlines Anthem provider expectations, processes and self-service tools across all electronic channels, including medical, dental, and vision benefits - all in one comprehensive resource. Find it on [anthem.com > Providers > Forms & Guides > Digital Tools](#).

Through self-service functions, you can accomplish digital transactions all at one time, all in one place. If you are not already registered, visit [anthem.com](#) and use the [Log In](#) button for access to our secure provider portal, or via the [Availity EDI website](#).

Accept digital member ID cards

- Save time by accepting the digital member ID card when presented by the member via their App or email.

Register for EFT to get funds faster

- Electronic funds transfer (EFT) eliminate the need for paper checks. Safe, secure and faster, payments are deposited directly to your bank account. [Register here](#).

Eliminate paper remittances

- Electronic remittance advice (ERA) is completely searchable and downloadable from the secure provider portal or the EDI 835 remittance. Meeting all HIPAA mandates, ERAs eliminate the need for paper remittances.

We appreciate your health care team going digital with Anthem as of January 1, 2021, enabling us to realize our mutual goals of reducing administrative burden and increasing provider satisfaction and collaboration.

Evaluation and Management changes for 2021

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

We recognize all coding changes from both the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS) effective the date provided by the coding source. This includes the Evaluation and Management (E/M) changes effective January 1, 2021.

The following updates pertaining to Evaluation and Management services have been identified:

- CPT code 99201 (new patient E/M) will be a deleted code.
- CPT codes 99202 through 99215 (new/established E/M) definitions have changed. Selection of these E/M codes can now be based on either medical decision making or time.
- CPT code 99417 (prolonged services) and HCPCS code G2212 (prolonged services) will be recognized as billable codes. These codes will be payable based on our existing Prolonged Services policy, which will be updated to reflect the new code along with the modifications to existing prolonged service codes CPT codes 99354 and 99355.
- HCPCS code G2211 (complexity inherent to evaluation and management associated with primary medical care) will not be separately reimbursed for this service. We will be updating our Bundled Services and Supplies policy to reflect this position.

Additionally, we are in the process of updating reimbursement policies impacted by the E/M service changes such as the Documentation and Reporting Guidelines for Evaluation and Management Services.

System updates for 2021 for professional services - professional

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

As a reminder, we will update our claim editing software monthly for professional services throughout 2021 with the majority of maintenance updates occurring quarterly in February, May, August and November. 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 edits (NCCI) and medically unlikely edits (MUEs)
- include updates to incidental, mutually exclusive, and unbundled (rebundle) edits
- include assistant surgeon eligibility in accordance with the policy
- include edits associated with reimbursement policies including, but not limited to, frequency edits, bundled services and global surgery preoperative and post-operative periods assigned by The Centers for Medicare & Medicaid Services (CMS)
- apply to any provider, provider group (tax identification number) and/or across providers and claim type (professional/facility) for the same member

910-0121-PN-NE

URL: <https://providernews.anthem.com/maine/article/system-updates-for-2021-for-professional-services-professional>

System updates for 2021 for outpatient services - facility

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

As a reminder, we will update our claim editing software monthly for outpatient facility services throughout 2021 with the majority of maintenance updates occurring quarterly. These updates will:

- reflect the addition of new, and revised codes (e.g. CPT, HCPCS, ICD-10, modifiers, revenue codes) and their associated edits
- include appropriate use of various code combinations, which can include, but are not limited to, procedure code to revenue code, HCPCS to revenue code, type of bill to

procedure code, type of bill to HCPCS code, procedure code to modifier, and HCPCS to modifier

- include updates to National Correct Coding Initiative edits (NCCI) and medically unlikely edits (MUEs)
- include updates to reflect coding requirements as designated by industry standard sources such as The National Uniform Billing Committee (NUBC)

937-0121-PN-NE

URL: <https://providernews.anthem.com/maine/article/system-updates-for-2021-for-outpatient-services-facility>

Claims editing update for ICD-10-CM Excludes1 notes

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

Beginning with dates of service on or after January 1, 2021, we will be implementing revised claims editing logic tied to Excludes1 notes from ICD-10-CM 2020 coding guidelines. To help ensure the accurate processing of claims, use ICD-10-CM Coding Guidelines when selecting the most appropriate diagnosis for member encounters. Please remember to code to the highest level of specificity. For example, if there is an indication at the Category level that a code can be billed with another range of codes, it is imperative to look for Excludes1 notes that may prohibit billing a specific code combination. w q

Visit this [site](#) for assistance in determining proper coding guidance.

One of the unique attributes of the ICD-10 code set and coding conventions is the concept of Excludes1 notes. An Excludes1 note indicates that the excluded code identified in the note should not be billed with the code or code range listed above the Excludes1 note. These notes appear below the affected codes – if the note appears under the category (first three characters of a code), it applies to the entire series of codes within that category. If the Excludes1 note appears beneath a specific code (3, 4, 5, 6 or 7 characters in length) then it applies only to that specific code.

In ICD-10-CM, when a category includes an Excludes1 note, it outlines what codes should NOT be billed together. Examples of this code scenario would include but are not limited to the following:

- Reporting Z01.419 with Z12.4
 - Z01.41X (encounter GYN exam w/out abnormal findings) has an Excludes1 note below it that includes Z12.4 (encounter for screening malignant neoplasm cervix)
- Reporting Z79.891 with F11.2X
 - Z79.891 (long-term use of opiates) has an Excludes1 note below it for F11.2X (opioid dependence)
- Reporting M54.2 with M50.XX
 - M54.2 (cervicalgia) has an Excludes1 note below it for M50.XX (cervicalgia due to intervertebral disc disorder)
- Reporting M54.5 with S39.012X and/or M54.4X
 - M54.5 (low back pain) has an Excludes1 note below it which includes: S93.012X (strain of muscle, fascia and tendon of lower back), M54.4X (low back pain) M51.2X (lumbago due to intervertebral disc disorder)
- Reporting J03.XX with J02.XX, J35.1, J36, J02.9
 - J03.- (acute tonsillitis) has an Excludes1 note below it which includes: J02.- (acute sore throat), J35.1 (hypertrophy of tonsils), J36 (peritonsillar abscess)
- Reporting N89 with R87.62X, D07.2, R87.623, N76.XX, N95.2, A59.00
 - N89 (other inflammatory disorders of the vagina) has an Excludes1 note below the category for: R87.62X (abnormal results from vaginal cytological exam), D07.2 (vaginal intraepithelial neoplasia), R87.623 (HGSIL of vagina), N76.XX inflammation of the vagina), N95.2 (senile [atrophic] vaginitis), A59.00 (trichomonal leukorrhea)

Finally, if you believe an Excludes1 note denial is incorrect, please consult the ICD-10-CM codebook to verify appropriate use of the billed codes and provide supporting documentation through the normal dispute process as to why the billed diagnoses codes are appropriately used together.

896-0121-PN-NE

URL: <https://providernews.anthem.com/maine/article/claims-editing-update-for-icd-10-cm-excludes1-notes>

It's almost CAHPS survey time

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

Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a standardized survey conducted between February and May each year to assess consumers' experience with their provider and health plan. A random sample of your adult and child patients may receive the survey. Over half of the questions used for scoring are directly impacted by providers. The survey questions are:

- When you needed care right way, how often did you get it?
- How often did you get an appointment for a check-up or routine care as soon as you needed?
- How often was it easy to get the care, tests, or treatment you needed?
- How often did you get an appointment to see a specialist as soon as you needed?
- How often did your personal doctor seem informed and up-to-date about the care you got from other health providers?
- How would you rate your personal doctor?
- How would you rate the specialist you see most often?

To learn more about how you can improve the patient experience review *What Matters Most: Improving the Patient Experience*, an online course for providers and office staff. This course is available at no cost and is eligible for one CME credit by the American Academy of Family Physicians. The *What Matters Most* training can be accessed at www.patientexptraining.com.

Your efforts to create an exceptional care experience for your patients will help to strengthen their healthcare journey.

916-0121-PN-NE

URL: <https://providernews.anthem.com/maine/article/its-almost-cahps-survey-time>

Availity Attachment tools live webinars

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

You're invited!

In this 60-minute webinar, you will learn how to use Availity's Attachment tools to submit and track supporting documentation electronically to Anthem and affiliate payers.

We will explore new key workflow options to fit your organization's needs, including how to:

- Work a request in the inbox of your Attachments Dashboard
- Enter and submit a web claim including supporting documentation
- Use EDI batch options to trigger a request in your inbox
- Track attachments you submitted using sent and history lists in your Attachments Dashboard
- Get set up to use these tools

As part of the session, we'll answer questions and provide handouts and a job aid for you to reference later.

Register for an upcoming webinar session:

1. In the Availity Portal, select **Help & Training > Get Trained**.
2. The **Availity Learning Center** opens in a new browser tab.
3. Search for and enroll in a session using one of these options:
 - In the **Catalog**, search by webinar title or keyword.

- To find this specific live session quickly, use keyword
 - Select the **Sessions** tab to scroll the live session calendar.
4. After you enroll, you'll receive emails with instructions to join the session.

Webinar Dates and Times:

DATE	DAY	TIME
January 8, 2021	Friday	1:00 p.m. to 2:00 p.m.
January 19, 2021	Tuesday	3:00 p.m. to 4:00 p.m.

909-0121-PN-NE

URL: <https://providernews.anthem.com/maine/article/availability-attachment-tools-live-webinars-1>

MCG Care Guidelines 24th Edition customization

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

Effective April 1, 2021, the following new customizations will be implemented:

- Gastrointestinal bleeding, upper (W0170, previously ORG M-180) – Customized the clinical indications for admission to inpatient care by revising the hemoglobin; systolic blood pressure; pulse; melena; orthostatic hypotension; and BUN criteria.
- Gastrointestinal bleeding, upper observation care (W0171, previously OCG OC-021) – Customized the clinical indications for observation care by revising the systolic blood pressure and hemoglobin criteria and adding melena or hematochezia and suspected history of bleeding.

To view a detailed summary of customizations, visit our [website](#), scroll down to other criteria section and select Customizations to MCG Care Guidelines 24th Edition.

For questions, please contact the provider service number on the back of the member's ID card.

902-0121-PN-ME

URL: <https://providernews.anthem.com/maine/article/mcg-care-guidelines-24th-edition-customization-4>

Reimbursement policy update: Multiple Diagnostic Imaging Procedures - professional

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

Beginning with dates of service on or after April 1, 2021, our policy language has been updated to apply a five (5) percent multiple imaging reduction to the professional component of diagnostic imaging procedures that have a multiple procedure indicator (MPI) of four (4).

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

925-0121-PN-NE

URL: <https://providernews.anthem.com/maine/article/reimbursement-policy-update-multiple-diagnostic-imaging-procedures>

Reimbursement policy update: Frequency Editing - professional

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

Beginning with dates of service on or after April 1, 2021, we have updated our policy to reflect that constant attendance, timed modalities for physical therapy, occupational therapy or speech therapy are limited to four (4) units or one (1) hour per date of service for the same member, by the same provider, per therapy type for codes 97110 – 97124, 97129, 97130, 97140, 97533 – 97542 and 97760 – 97763.

Additionally, the policy was updated to remove deleted codes 99363, 99364 and J9031 and add the following codes effective January 1, 2020: 96158, 96164, 92273, 92274, 93792, 93973 and J9030.

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

928-0121-PN-NE

URL: <https://providernews.anthem.com/maine/article/reimbursement-policy-update-frequency-editing-professional-8>

Reimbursement policy update: Guidelines for Reporting Timed Units for Physical Medicine and Rehabilitation - professional

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

Beginning with dates of service on or after April 1, 2021, we have updated our policy to reflect services must be reported with appropriate modifiers GN, GO and GP to identify therapy type.

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

930-0121-PN-NE

URL: <https://providernews.anthem.com/maine/article/reimbursement-policy-update-guidelines-for-reporting-timed-units-for-physical-medicine-and-rehabilitation-professional-1>

Reimbursement policy update: Modifier Rules - professional

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

Beginning with dates of service on or after April 1, 2021, we have updated our Modifiers Impacting Adjudication to include GN, GO and GP to identify speech, occupational and physical therapy types and K0, K1, K2, K3 and K4 to be identify appropriate functional level.

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

931-0121-PN-NE

Reimbursement policy update: Unit Frequency Maximum for Drugs and Biologicals - professional

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

Beginning with dates of service on or after April 1, 2021, we will update the related coding section of the policy to include new HCPCS codes (J9312, Q5103-Q5104 Q5107, Q5109, Q5115 Q5118-Q5119 and Q5121) and their billable units.

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

933-0121-PN-NE

URL: <https://providernews.anthem.com/maine/article/reimbursement-policy-update-unit-frequency-maximum-for-drugs-and-biologicals-professional-1>

Medical policy and clinical guideline updates are available on [anthem.com](https://www.anthem.com)

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

The following new and revised medical policies and clinical guidelines were endorsed at the November 5, 2020 Medical Policy & Technology Assessment Committee (MPTAC) meeting. These, and all Anthem medical policies, are available at [anthem.com/provider](https://www.anthem.com/provider) > select state > scroll down and select 'See Policies and Guidelines.'

Please note that the Federal Employee Program® Medical Policy Manual may be accessed at www.fepblue.org > Benefit Plans > [Brochures and Forms](#) > Medical Policies.

Reviewed medical policy effective November 12, 2020

The following policy was reviewed, but had no significant changes to the policy position or criteria.

- ANC.00009 - Cosmetic and Reconstructive Services of the Trunk and Groin

Revised medical policies effective November 12, 2020

The following policy was revised to expand medical necessity indications or criteria.

- GENE.00052 - Whole Genome Sequencing, Exome Sequencing, Gene Panels, and Molecular Profiling
- MED.00129 - Gene Therapy for Spinal Muscular Atrophy

Revised medical policy effective December 16, 2020

The following policy was revised to expand medical necessity indications or criteria.

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

Reviewed medical policies effective December 16, 2020

The following policies were reviewed and may have word changes or clarifications, but had no significant changes to the policy position or criteria.

- ADMIN.00001 - Medical Policy Formation
- GENE.00003 - Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer's Disease
- GENE.00016 - Gene Expression Profiling for Colorectal Cancer
- GENE.00025 - Proteogenomic Testing for the Evaluation of Malignancies
- GENE.00036 - Genetic Testing for Hereditary Pancreatitis
- GENE.00037 - Genetic Testing for Macular Degeneration
- GENE.00039 - Genetic Testing for Frontotemporal Dementia
- GENE.00049 - Circulating Tumor DNA Testing for Cancer (Liquid Biopsy)
- LAB.00024 - Immune Cell Function Assay
- LAB.00026 - Systems Pathology Testing for Predicting Risk of Prostate Cancer Progression and Recurrence
- LAB.00034 - Serological Testing for Helicobacter Pylori

- MED.00002 - Selected Sleep Testing Services
- MED.00065 - Hepatic Activation Therapy
- MED.00091 - Rhinophototherapy
- MED.00092 - Automated Nerve Conduction Testing
- MED.00097 - Neural Therapy
- MED.00115 - Outpatient Cardiac Hemodynamic Monitoring Using a Wireless Sensor for Heart Failure Management
- MED.00116 - Near-Infrared Spectroscopy Brain Screening for Hematoma Detection
- MED.00117 - Autologous Cell Therapy for the Treatment of Damaged Myocardium
- MED.00121 - Implantable Interstitial Glucose Sensors
- MED.00122 - Wilderness Programs including Adventure Therapy
- MED.00126 - Fractional Exhaled Nitric Oxide and Exhaled Breath Condensate Measurements for Respiratory Disorders
- MED.00128 - Insulin Potentiation Therapy
- MED.00130 - Surface Electromyography Devices for Seizure Monitoring
- RAD.00036 - MRI of the Breast
- RAD.00053 - Cervical and Thoracic Discography
- RAD.00065 - Radiostereometric Analysis
- REHAB.00003 - Hippotherapy
- SURG.00019 - Transmyocardial Revascularization (TMR)
- SURG.00023 - Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures
- SURG.00026 - Deep Brain, Cortical, and Cerebellar Stimulation
- SURG.00036 - Fetal Surgery for Prenatally Diagnosed Malformations
- SURG.00037 - Treatment of Varicose Veins (Lower Extremity)
- SURG.00044 - Breast Ductal Examination and Fluid Cytology Analysis
- SURG.00073 - Epiduroscopy
- SURG.00079 - Nasal Valve Suspension
- SURG.00097 - Vertebral Body Stapling for the Treatment of Scoliosis in Children and Adolescents
- SURG.00098 - Mechanical Embolectomy for Treatment of Acute Stroke
- SURG.00099 - Convection Enhanced Delivery of Therapeutic Agents to the Brain
- SURG.00100 - Cryoblation for Plantar Fasciitis and Plantar Fibroma
- SURG.00102 - Artificial Anal Sphincter for the Treatment of Severe Fecal Incontinence

- SURG.00112 - Implanted Peripheral (Occipital, Supraorbital and Trigeminal) Nerve Stimulation
- SURG.00123 - Transmyocardial/periventricular Device Closure of a Ventricular Septal Defect
- SURG.00130 - Annulus Closure After Discectomy
- SURG.00138 - Laser Treatment of Onychomycosis
- SURG.00142 - Genicular Nerve Blocks and Ablation for Chronic Knee Pain
- SURG.00145 - Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)
- SURG.00146 - Extracorporeal Carbon Dioxide Removal
- THER-RAD.00008 - Neutron Beam Radiotherapy
- TRANS.00008 - Liver Transplant
- TRANS.00009 - Lung and Lobar Transplant
- TRANS.00010 - Autologous and Allogenic Pancreatic Islet Cell Transplant
- TRANS.00023 - Hematopoietic Stem Cell Transplantation for Multiple Myeloma and Other Plasma Cell Dyscrasias
- TRANS.00024 - Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome
- TRANS.00026 - Heart-Lung Transplantation
- TRANS.00027 - Hematopoietic Stem Transplant for Pediatric Solid Tumors
- TRANS.00029 - Hematopoietic Stem Cell Transplant for Genetic Diseases & Acquired Anemias
- TRANS.00030 - Hematopoietic Stem Cell Transplant for Germ Cell Tumors
- TRANS.00033 - Heart Transplant
- TRANS.00034 - Hematopoietic Stem Cell Transplantation for Diabetes Mellitus

Archived medical policy effective December 16, 2020

The following policy has been archived and has been transitioned to a Clinical UM Guideline.

- GENE.00026 - Cell-Free Fetal DNA-Based Prenatal Testing

Coding updates effective January 1, 2021

The following policies were updated with new procedure and/or diagnosis codes.

- GENE.00023 - Gene Expression Profiling of Melanomas
- GENE.00049 - Circulating Tumor DNA Testing for Cancer (Liquid Biopsy)
- GENE.00052 - Whole Genome Sequencing, Exome Sequencing, Gene Panels, and Molecular Profiling
- GENE.00053 - Metagenomic Sequencing for Infectious Disease in the Outpatient Setting
- SURG.00145 - Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)
- SURG.00151 - Balloon Dilation of Eustachian Tubes
- TRANS.00025 - Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection

New medical policies effective April 1, 2021

The following policies are new and may result in services previously covered now being considered either not medically necessary and/or investigational.

- GENE.00055 - Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD)
- LAB.00037 - Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)
- SURG.00158 - Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain

Revised medical policies effective April 1, 2021

The following policies listed below were revised and might result in services previously covered, but now being considered either not medically necessary and/or investigational.

- DME.00011 - Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices
- SURG.00062 - Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele

Revised clinical guidelines effective November 12, 2020

The following adopted guidelines were revised to expand medical necessity indications or criteria.

- CG-DME-42 - Non-implantable Insulin Infusion and Blood Glucose Monitoring Devices
- CG-GENE-14 - Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management
- CG-GENE-16 - BRCA Testing for Breast and/or Ovarian Cancer Syndrome
- CG-MED-87 - Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications

Reviewed clinical guideline effective November 12, 2020

The following adopted guideline was reviewed, but had no significant changes to the position or criteria.

- CG-MED-59 - Upper Gastrointestinal Endoscopy in Adults

Revised clinical guidelines effective November 16, 2020

The following adopted guidelines was revised to expand medical necessity indications or criteria.

- CG-GENE-04 - Molecular Marker Evaluation of Thyroid Nodules
- CG-GENE-18 - Genetic Testing for TP53 Mutations
- CG-GENE-20 - Epidermal Growth Factor Receptor (EGFR) Testing

Reviewed clinical guidelines effective December 16, 2020

The following adopted guidelines were reviewed and had no significant changes to the policy position or criteria.

- CG-ANC-04 - Ambulance Services; Air and Water
- CG-ANC-07 - Inpatient Interfacility Transfers
- CG-BEH-14 - Intensive In-Home Behavioral Health Services
- CG-BEH-15 - Activity Therapy for Autism Spectrum Disorders and Rett Syndrome
- CG-DME-31 - Wheeled Mobility Devices: Wheelchairs - Powered, Motorized, with or without Power Seating Systems, and Power Operated Vehicles (POVs)
- CG-DME-33 - Wheeled Mobility Devices: Manual Wheelchairs - Ultra Lightweight
- CG-DME-40 - Noninvasive Electrical Bone Growth Stimulation of the Appendicular Skeleton

- CG-DME-43 - Oscillatory Devices for Airway Clearance (High Frequency Chest Compression)
- CG-GENE-12 - PIK3CA Mutation Testing for Malignant Conditions
- CG-GENE-15 - Genetic Testing for Lynch Syndrome, Familial Adenomatous Polyposis (FAP), Attenuated FAP and MYH-associated Polyposis
- CG-GENE-17 - RET Proto-oncogene Testing for Endocrine Gland Cancer Susceptibility
- CG-GENE-19 - Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers
- CG-LAB-13 - Skin Nerve Fiber Density Testing
- CG-MED-19 - Custodial Care
- CG-MED-23 - Home Health
- CG-MED-26 - Neonatal Levels of Care
- CG-MED-38 - Inpatient Admission for Radiation Therapy for Cervical or Thyroid Cancer
- CG-MED-73 - Hyperbaric Oxygen Therapy (Systemic/Topical)
- CG-MED-79 - Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems
- CG-OR-PR-05 - Myoelectric Upper Extremity Prosthetic Devices
- CG-SURG-03 - Blepharoplasty, Blepharoptosis Repair, and Brow Lift
- CG-SURG-71 - Reduction Mammoplasty
- CG-SURG-72 - Endothelial Keratoplasty
- CG-SURG-75 - Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions
- CG-SURG-77 - Refractive Surgery
- CG-SURG-92 - Paraesophageal Hernia Repair
- CG-SURG-94 - Keratoprosthesis
- CG-SURG-96 - Intraocular Telescope
- CG-SURG-105 - Corneal Collagen Cross-Linking
- CG-SURG-106 - Venous Angioplasty with or without Stent Placement or Venous Stenting Alone
- CG-THER-RAD-07 - Intravascular Brachytherapy (Coronary and Non-coronary)

Coding updates effective January 1, 2021

The following adopted guidelines were updated with new procedure and/or diagnosis codes.

- CG-GENE-01 - JAK2, CALR and MPL Gene Mutation Testing for Myeloproliferative Disorders
- CG-GENE-08 - Genetic Testing for PTEN Hamartoma Tumor Syndrome
- CG-GENE-13 - Genetic Testing for Inherited Diseases
- CG-GENE-14 - Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management
- CG-MED-66 - Cryopreservation of Oocytes or Ovarian Tissue
- CG-SURG-27 - Gender Reassignment Surgery
- CG-SURG-49 - Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities
- CG-SURG-87 - Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring

Reviewed clinical guideline effective January 20, 2021

The following adopted guideline was reviewed and had no significant changes to the policy position or criteria.

- CG-BEH-02 - Adaptive Behavioral Treatment

Revised clinical guideline effective April 1, 2021

The following adopted guidelines were revised and might result in services that were previously covered but may now be found to be not medically necessary.

- CG-SURG-95 - Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention

911-0121-PN-NE

URL: <https://providernews.anthem.com/maine/article/medical-policy-and-clinical-guideline-updates-are-available-on-anthemcom-1>

2021 FEP® Benefit information available online

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

To view the 2021 benefits and changes for the Blue Cross Blue Shield Service Benefit Plan, also known as the Federal Employee Program® (FEP), go to www.fepblue.org > select Tools & Resources > Brochure & Resources > Plan Brochures. You'll find the Service Benefit Plan Brochure and Benefit Plan Summary information for year 2021.

For questions, please contact FEP Customer Service at 800-722-0203.

907-0121-PN-ME

URL: <https://providernews.anthem.com/maine/article/2021-fep-benefit-information-available-online-3>

Medical drug benefit clinical criteria updates

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

On August 21, 2020, the Pharmacy and Therapeutics (P&T) Committee approved clinical criteria applicable to the medical drug benefit for Anthem Blue Cross and Blue Shield and AMH Health, LLC (AMH Health). These policies were developed, revised or reviewed to support clinical coding edits.

The clinical criteria is publicly available on the provider websites, and the effective dates will be reflected in the [Clinical Criteria Web Posting August 2020 \(Anthem\)](#) and the [Clinical Criteria Web Posting August 2020 \(AMH Health\)](#). Visit [Clinical Criteria](#) to search for specific policies.

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

ABSCRNU-0187-20
AMHCRNU-0043-20

URL: <https://providernews.anthem.com/maine/article/medical-drug-benefit-clinical-criteria-updates-80>

2020 Medicare risk adjustment provider trainings

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

The Medicare Risk Adjustment Regulatory Compliance team at Anthem offers two provider

Medicare risk adjustment and documentation guidance (general):

- Series: Offered the first Wednesday of each month from 1:00 to 2:00 P.M.*
- Learning objective: This onboarding training will 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, from January 8, 2020 to December 2, 2020, has been reviewed and is acceptable for up to 1.00 prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

To learn how providers play a critical role in facilitating the risk adjustment process, [register here](#) for one of the monthly training sessions.

* Note: Dates may be modified due to holiday scheduling.

Medicare risk adjustment, documentation and coding guidance (condition specific)

- Series: Offered the third Wednesday of each month from 1:00 to 2:00 P.M.
- Learning objective: This training series will 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 15, 2020 to November 18, 2020, has been reviewed and is acceptable for credit by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity

For those interested in the following training topics, please [register here](#).

* Note: Enter the password provided, and the recording will play upon registration.

- Red flag HCCs
- Neoplasms
- Acute, chronic and status conditions
- Diabetes mellitus and other metabolic disorders

- Coinciding conditions in risk adjustment models

Please note that the original training events have been modified due to a transition within WebEx as of August 1, 2020. The date and time of the events have not changed but the program link and invitation detail have been updated. Previously registered participants will need to re-register for a training event using the updated registration link(s) provided in this announcement.

ABSCRNU-0192-20

URL: <https://providernews.anthem.com/maine/article/2020-medicare-risk-adjustment-provider-trainings-24>

Keep up with Medicare news

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

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

- [Medicare Advantage Group Retiree Quick Reference Guide and FAQ](#)
- [Policy Update — Emergency Department: Leveling of Evaluation and Management Services](#)
- [SNF admission reporting requirements for Anthem D-SNP plans](#)
- [SNF admission reporting requirements for AMH Health, LLC. D-SNP plans](#)
- [Anthem Policy Update — Nurse Practitioner and Physician Assistant Services, Professional](#)
- [AMH Health, LLC. Policy Update — Nurse Practitioner and Physician Assistant Services, Professional](#)

URL: <https://providernews.anthem.com/maine/article/keep-up-with-medicare-news-179>
