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

Published: Jan 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.

- Evaluation and management changes 2021
- Prior authorization updates for specialty pharmacy are available – January 2021*
- Medical Policy and Clinical Guideline Updates – January 2021*
- MCG Care Guidelines 24th Edition Customization*
- Anthem implements pilot program for in-network skilled nursing facilities (SNF)
- Reimbursement policy update: Multiple diagnostic imaging procedures – Professional
- Reimbursement policy update: Frequency Editing – Professional*
- Reimbursement policy update: Guidelines for Reporting Timed Units for Physical Medicine and Rehabilitation – Professional*
- Reimbursement policy update: Modifier Rules – Professional*
- Reimbursement policy update: Unit Frequency Maximum for Drugs and Biologicals – Professional*

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

IngenioRx introduces new pharmacy network in 2021

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

Starting **January 1, 2021**, IngenioRx, the pharmacy benefit manager for our affiliated health plans, will make its new standard pharmacy network available to your patients. The standard network will be made up of about 58,000 pharmacies nationwide, including well-known national chains like Costco, CVS, Kroger, Sam's Club, Target and Walmart.

With robust access, your patients can use any participating pharmacy across the country in the standard network to fill their prescriptions.

Network Notification Plan

Some of your patients covered by an Anthem Blue Cross and Blue Shield (Anthem) health plan may currently use pharmacies that are not in this new network. They'll need to transfer their active prescription(s) to a network pharmacy to ensure there is no interruption of their coverage.

Prior to the network effective date, we'll notify your patients by letter outlining the easy steps about transferring their prescriptions to another pharmacy in the network.

In addition, to help you easily send prescriptions to a participating pharmacy, upon the member's effective date, we'll include messaging via your patients' electronic medical record. This message will appear if you attempt to submit a prescription to a pharmacy that's not included in the standard network. This will ensure your patients' prescriptions are properly routed to a network pharmacy and will help them continue to receive their medications worry-free.

If your patients would like to search for a network pharmacy prior to the new network effective date, they can log in to [anthem.com](https://www.anthem.com), where instructions will appear with a helpful link to our online pharmacy search tool. They can enter their address/city/state or their zip code to begin searching.

Questions?

Please refer to our helpful Frequently Asked Questions below for more details about the new standard network.

Frequently Asked Questions

What is the standard pharmacy network?

The standard pharmacy network is being added to the IngenioRx network portfolio, beginning **January 1, 2021**. The standard pharmacy network will be made up of approximately 58,000 pharmacies nationwide, including well-known national retailers and big-box stores. These include Costco, CVS, Kroger, Sam's Club, Target and Walmart.

How will my patients who have used a non-network pharmacy and are moving to the standard pharmacy network be notified?

Prior to January 1, we'll notify your patients who are currently utilizing a pharmacy that will not be part of the standard network on the effective date via letter. The information will help patients easily transfer their prescriptions to a participating network pharmacy with no interruption when they need to fill their prescriptions.

How will I be notified if an ePrescription is routed to a non-network pharmacy?

An alert will be provided to you via your patients' electronic medical records if you attempt to forward a prescription to a pharmacy that doesn't participate in the standard network. This will ensure your patients' prescriptions are properly routed to a network pharmacy and this will help them seamlessly receive their medications.

If I'm alerted through my patients' electronic medical record that a pharmacy will not be part of the standard network, how can my patient move their prescription to another participating pharmacy?

You can choose another pharmacy in the patient's EMR where the ePrescription will be routed, or your patient can **take a printed copy of your prescription to the new pharmacy of their choosing and ask the new pharmacy to contact the non-network pharmacy to make arrangements for the transfer.**

How can my patients search for a pharmacy that participates in the standard pharmacy network?

Starting in November 2020, your patients can log in to [anthem.com](https://www.anthem.com), where information about their new pharmacy network will appear. The information will also outline how to transfer prescriptions to a network pharmacy with a helpful link to our online pharmacy search tool. They can enter their address/city/state or their zip code to begin searching.

Can my patients obtain maintenance medications at a standard network pharmacy?

While pharmacies in the standard network often fill prescriptions for both acute and maintenance medications, we encourage your patients who will be moving to the standard network in 2021 to use home delivery or their 90-day retail benefit after January 1, 2021, such as Retail 90 or Rx Maintenance 90, depending on their benefit design, to fill prescriptions for maintenance medications and possibly save on their out-of-pocket cost.

If my patients have questions about the new standard pharmacy network or need help with having their prescriptions transferred, whom should they contact?

If your patients have questions, they can call Pharmacy Member Services at the phone number on their member ID card.

887-0121-PN-CNT

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

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.

[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
* <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.*

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.

[Click here to access the step therapy information for Ocrevus.](#)

Anthem's prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Anthem's medical specialty drug review team.

Clinical Criteria	Status	Drug(s)	HCPCS Codes
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-IN.OH.WI

URL: <https://providernews.anthem.com/wisconsin/article/prior-authorization-updates-for-specialty-pharmacy-are-available-january-2021-1>

It is almost CAHPS survey time!

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

Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a standardized survey conducted between February to 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-CNT

URL: <https://providernews.anthem.com/wisconsin/article/it-is-almost-cahps-survey-time-2>

Evaluation and management changes 2021

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

Anthem Blue Cross and Blue Shield (Anthem) recognizes all coding changes from both the

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.

936-0121-PN-CNT

URL: <https://providernews.anthem.com/wisconsin/article/evaluation-and-management-changes-2021-3>

Outpatient system updates for 2021 - Facility

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

As a reminder, Anthem Blue Cross and Blue Shield (Anthem) will update our claim editing software monthly for outpatient facility services throughout 2021 with the majority of maintenance updates occurring quarterly in 2021.

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-CNT

URL: <https://providernews.anthem.com/wisconsin/article/outpatient-system-updates-for-2021-facility-2>

Professional system updates for 2021

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

As a reminder, Anthem Blue Cross and Blue Shield (Anthem) 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 of 2021.

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

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. Anthem Blue Cross and Blue Shield (Anthem) has 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 check list of the supporting clinical information that will assist Anthem 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 Anthem received the request, when the clinical review is underway and completed and 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-CNT

URL: <https://providernews.anthem.com/wisconsin/article/new-features-added-to-interactive-care-reviewer-4>

Procedure searches in Find Care: New sort option

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

Find Care, the doctor finder and transparency tool in Anthem Blue Cross and Blue Shield (Anthem)'s online directory, provides many Anthem members with the ability to search and compare cost and quality measures for in-network providers using the secure member portal at [anthem.com](https://www.anthem.com). This tool currently offers multiple sorting options, such as sorting providers based on distance, name, or personalized match.

Beginning **March 1, 2021**, the personalized match sorting option will be available for searches by procedure type. This sorting option is based on algorithms which will use a combination of member and provider features to intelligently sort and display results for a member's search. The sorting results will take into account member factors such as the member's medical conditions and demographics. Provider factors such as surgeon-facility pairing (an individual provider who performs a procedure at a specific facility), cost efficiency measures, volumes of patients treated across various disease conditions, and outcome-based quality measures.

These member and provider features will be combined to generate a unique ranking of surgeon-facility pairings or facility providers for each member conducting the procedure search. Surgeon-facility pairings with the highest overall ranking within the search radius will be displayed first with other pairings displayed in descending order based on overall rank and proximity to the center of the search radius.

The personalized match methodology for specialty-based searches remains unchanged. Members continue to have the ability to sort from a variety of sorting orders (such as distance), and this enhancement in sorting methodology has no impact on member benefits.

- Providers may review a copy of the new sorting methodology which has been posted on Availity – our secure Web-based provider tool – using the following navigation: Go to Availity > Payer Spaces > Anthem > Education & Reference Center > Administrative Support > Personalized Provider Procedure Search Methodology.pdf.
- If you have general questions about the Find Care tool or this new sorting option, please contact Provider Services.
- If you would like detailed information about quality or cost factors used as part of this unique sorting or you would like to request reconsideration of those factors, you may do so by emailing personalizedmatchsorting@anthem.com or by calling 833-292-2601.

Going forward, Anthem will continue to focus and expand our consumer tools and content to assist members in making more informed and personalized health care decisions.

Availity attachment tools for Anthem and affiliate payers - 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 ***medattach***.

- 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	TIME
Friday, January 8, 2021	1:00 p.m. to 2:00 p.m. Eastern time
Tuesday, January 19, 2021	3:00 p.m. to 4:00 p.m. Eastern time

909-0121-PN-CNT

URL: <https://providernews.anthem.com/wisconsin/article/availability-attachment-tools-for-anthem-and-affiliate-payers-live-webinars-6>

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 50 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 Blue Cross and Blue Shield (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](https://www.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](https://www.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.

946-0121-PN-CNT

URL: <https://providernews.anthem.com/wisconsin/article/self-service-digital-transactions-are-fast-and-easy-4>

Medical Policy and Clinical Guideline Updates - January 2021*

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

The following Anthem Blue Cross and Blue Shield (Anthem) medical policies and clinical guidelines were reviewed on November 5, 2020 for Indiana, Kentucky, Missouri, Ohio and Wisconsin.

Below are new medical policies and/or clinical guidelines.

*NOTE *Precertification required*

Title	Information	Effective Date
GENE.00055 Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity	<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>	4/1/2021
LAB.00037 Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)	<ul style="list-style-type: none"> Serological testing for biomarkers of irritable bowel syndrome (for example, CdtB and anti-vinculin), using tests such as, IBSDetex, ibs-smart or IBSchek, is considered INV&NMN for screening, diagnosis or management of irritable bowel syndrome, and for all other indications. <p>CPT PLA codes 0164U (effective 04/01/2020) and 0176U (effective 07/01/2020) will be considered INV&NMN.</p>	4/1/2021

<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>12/16/2020</p>
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The current clinical guidelines and/or medical policies below were reviewed and updates were approved.

*NOTE *Precertification required*

Title	Change	Effective date
*CG-GENE-21 Cell-Free Fetal DNA-Based Prenatal Testing	<ul style="list-style-type: none"> • Content moved from GENE.00026 • INV&NMN changed to NMN as a result of MP to CUMG transition • Re-formatted clinical indications 	12/16/2020
DME.00011 Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices	<ul style="list-style-type: none"> • Revised scope to only include non-implantable devices • Reformatted Position Statement section to a single bulleted list of INV&NMN devices • Added “non-implantable” to bullet point on percutaneous neuromodulation therapy • Added percutaneous electrical nerve field stimulation (PENFS) as INV&NMN for all indications including, but not limited to, functional abdominal pain associated with irritable bowel syndrome • Moved content addressing implantable devices (temporarily or permanently implanted) to SURG.00158 	4/1/2021
*SURG.00062 Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele Previous title: Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome	<ul style="list-style-type: none"> • Revised title • Expanded scope to include percutaneous testicular vein embolization for varicocele • Added embolization of the testicular (spermatic) veins as INV&NMN as a treatment of testicular varicocele. <p>Added ICD-10-PCS codes for testicular vein embolization and ICD-10-CM code for varicocele</p>	4/1/2021

MCG Care Guidelines 24th Edition Customization*

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

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:

- Go to Anthem's *Medical Policies & Clinical UM Guidelines* page for your state: [Indiana](#), [Kentucky](#), [Missouri](#), [Ohio](#), [Wisconsin](#).
- Scroll down to other criteria section and select *Customizations to MCG Care Guidelines 24th Edition*.

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

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, Anthem Blue Cross and Blue Shield (Anthem) policy language has been updated to apply a five percent multiple imaging reduction to the professional component of diagnostic imaging procedures that have a Multiple Procedure Indicator (MPI) of 4.

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

925-0121-PN-IN.OH.WI

URL: <https://providernews.anthem.com/wisconsin/article/reimbursement-policy-update-multiple-diagnostic-imaging-procedures-professional-1>

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, Anthem Blue Cross and Blue Shield (Anthem) has updated our policy to reflect that constant attendance, timed modalities for physical therapy, occupational therapy or speech therapy are limited to 4 Units or 1 hour per date of service for the same member, by the same provider, per therapy type for (97110-97124, 97129, 97130, 97140, 97533-97542, 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, view Anthem's reimbursement policies online for your state: [Indiana](#), [Kentucky](#), [Missouri](#), [Ohio](#), [Wisconsin](#).

928-0121-PN-IN.OH.WI

URL: <https://providernews.anthem.com/wisconsin/article/reimbursement-policy-update-frequency-editing-professional-9>

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, Anthem Blue Cross and Blue Shield (Anthem) has 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, view Anthem's reimbursement policies online for your state: [Indiana](#), [Kentucky](#), [Missouri](#), [Ohio](#), [Wisconsin](#).

930-0121-PN-IN.OH.WI

URL: <https://providernews.anthem.com/wisconsin/article/reimbursement-policy-update-guidelines-for-reporting-timed-units-for-physical-medicine-and-rehabilitation-professional-2>

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, Anthem Blue Cross and Blue Shield (Anthem) has 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, view Anthem's reimbursement policies online for your state: [Indiana](#), [Kentucky](#), [Missouri](#), [Ohio](#), [Wisconsin](#).

931-0121-PN-IN.OH.WI

URL: <https://providernews.anthem.com/wisconsin/article/reimbursement-policy-update-modifier-rules-professional-6>

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, Anthem Blue Cross and Blue Shield (Anthem) 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, view Anthem's reimbursement policies online for your state: [Indiana](#), [Kentucky](#), [Missouri](#), [Ohio](#), [Wisconsin](#).

933-0121-PN-IN.OH.WI

URL: <https://providernews.anthem.com/wisconsin/article/reimbursement-policy-update-unit-frequency-maximum-for-drugs-and-biologicals-professional-2>

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 fepblue.org > select Tools & Resources > Brochure & Resources > Plan Brochures. Here you will find the Service Benefit Plan Brochure and Benefit Plan Summary information for year 2021.

For questions please contact FEP Customer Service at:

IN – 800-382-5520

KY – 800-456-3967

MO – 800-392-8043

OH – 800-451-7602

WI – 800-242-9635

907-0121-PN-CNT

URL: <https://providernews.anthem.com/wisconsin/article/2021-fep-benefit-information-available-online-7>

Medicaid News - January 2021

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

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

- [August 2020 Medical Policies and Utilization Management Guidelines update](#)
- [Independent laboratory provider – Place of service 81](#)
- [New specialty pharmacy medical step therapy requirements](#)
- [Prior authorization requirements for Moderate to Deep Anesthesia for Dental Surgery in the Facility Setting](#)
- [Policy Update – Nurse Practitioner and Physician Assistant Services, Professional](#)
- [Updates to AIM Clinical Appropriateness Guidelines for Radiation Oncology](#)
- [Updates to AIM Specialty Health Cardiac Clinical Appropriateness Guidelines](#)

URL: <https://providernews.anthem.com/wisconsin/article/medicaid-news-january-2021-1>

Updates to AIM clinical appropriateness guidelines for Advanced Imaging

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

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

The following updates will apply to the *AIM Clinical Appropriateness Guidelines for Advanced Imaging* for claims with dates of service on and after March 14, 2021.

Chest imaging, and head and neck imaging

Hoarseness, dysphonia and vocal cord weakness/paralysis — primary voice complaint:

- Required laryngoscopy for the initial evaluation of all patients with primary voice complaint

Brain imaging, and head and neck imaging

Hearing loss:

- Added CT temporal bone for evaluation of sensorineural hearing loss in any pediatric patients or in adults for whom MRI is non-diagnostic or unable to be performed
- Higher allowed threshold for consecutive frequencies to establish sensorineural hearing loss
- Removed CT brain as an alternative to evaluating hearing loss based on ACR guidance

Tinnitus:

- Removed sudden onset symmetric tinnitus as an indication for advanced imaging

Head and neck imaging

Sinusitis/rhinosinusitis:

- Added more flexibility for the method of conservative treatment in chronic sinusitis
- Required conservative management prior to repeat imaging for patients with prior sinus CT

Temporomandibular joint dysfunction:

- Removed requirement for radiographs/ultrasound

Cerebrospinal fluid (CSF) leak of the skull base:

- Added scenario for management of known leak with change in clinical condition

Brain imaging

Ataxia, congenital or hereditary:

- Combined with congenital cerebral anomalies to create one section

Acoustic neuroma:

- More frequent imaging for a watch and wait or incomplete resection
- New indication for neurofibromatosis type 2 (NF 2) Neurofibromatosis type 2

- More frequent imaging when MRI shows findings suspicious for recurrence
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- Included pediatrics with known acoustics (rare but NF 2)

Tumor — not otherwise specified:

- Repurposed for surveillance imaging of low grade neoplasms

Seizure disorder and epilepsy:

- Limited imaging for the management of established generalized epilepsy
- Required optimal medical management (aligning adult and pediatric language) prior to imaging for management in epilepsy

Headache:

- Removed response to treatment as a primary headache red flag
- Include pregnancy as a red flag risk factor

Mental status change and encephalopathy:

- Added requirement for initial clinical and lab evaluation to assess for a more specific cause

Oncologic imaging

General enhancements — Updates to Scope/Definitions, general language standardization
 General content enhancements — Overall alignment with current National Comprehensive Cancer Network (NCCN) recommendations, resulting in:

- Removal of indications/parameters not addressed by NCCN
- Average risk inclusion criteria for CT colonography
- New allowances for MRI abdomen and/or MRI pelvis by tumor type, liver metastatic disease
- New indications for acute leukemia (CT, PET/CT), multiple myeloma (MRI, PET/CT), ovarian cancer surveillance (CT), bone sarcoma (PET/CT)
- Updated standard imaging prerequisites prior to PET/CT for bladder/renal pelvis/ureter, ectal, esophageal/GE junction, gastric and non-small cell lung cancers
- Additional PET/CT management scenarios for cervical cancer, Hodgkin Lymphoma

Other content enhancements by section

Cancer screening: New indication for pancreatic cancer screening

Breast cancer: New PET/CT indication for restaging/treatment response for bone-only metastatic disease and limitation of post-treatment breast MRI after breast conserving therapy or unilateral mastectomy

Prostate cancer: MRI pelvis: removal of TRUS biopsy requirement, allowance if persistent/unexplained elevation in PSA or suspicious DRE

Axumin PET/CT: Updated inclusion criteria (removal of general MRI pelvis requirement, additional allowance for rising PSA with non-diagnostic mpMRI)

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM Specialty Health®* (AIM) in one of several ways:

- Access the AIM *ProviderPortal*_{SM} directly at [com/providerportal](https://com.providerportal).
- Online access is available 24/7 to process orders and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity* Portal at com.
- Call the AIM Contact Center toll-free number at **1-800-714-0040** from 7 a.m. to 7 p.m. CT.

If you have questions related to guidelines, please contact AIM by 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/wisconsin/article/updates-to-aim-clinical-appropriateness-guidelines-for-advanced-imaging-5>

FDA approvals and expedited pathways used - new molecular entities (NMEs)

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

Anthem Blue Cross and Blue Shield (Anthem) reviews the activities of the Food and Drug Administration (FDA)'s approval of drugs and biologics on a regular basis to understand the potential effects for our providers and members.

The FDA approves new drugs and biologics using various pathways. Recent studies on the effectiveness of drugs and biologics going through different FDA pathways illustrate the importance of clinicians' awareness of the clinical data behind a drug or biologic approval in making informed decisions.

Here is a list of the approval pathways the FDA uses for drugs/biologics:

- **Standard review** — The standard review process follows well-established paths to make sure drugs/biologics are safe and effective when they reach the public. From concept to approval and beyond, FDA performs these steps: reviews research data and information about drugs and biologics before they become available to the public; watches for problems once drugs and biologics are available to the public; monitors drug/biologic information and advertising; and protects drug/biologic quality. Follow this [link](#) to learn more about the standard review process.
- **Fast track** — Fast track is a process designed to facilitate the development and expedite the review of drugs/biologics to treat serious conditions and fill an unmet medical need. Follow this [link](#) to learn more about the fast track process.
- **Priority review** — A priority review designation means FDA's goal is to take action on an application within six months. Follow this [link](#) to learn more about the priority review process.
- **Breakthrough therapy** — This process is designed to expedite the development and review of drugs/biologics which may demonstrate substantial improvement over available therapy. Follow this [link](#) to learn more about the breakthrough therapy review process.
- **Orphan review** — This refers to the review of drugs that demonstrate promise for the diagnosis and/or treatment of rare diseases or conditions. Follow this [link](#) to learn more about the orphan drug review process.
- **Accelerated approval** — These regulations allowed drugs/biologics for serious conditions that filled an unmet medical need to be approved based on a surrogate endpoint. To learn more about the accelerated approval process, follow this [link](#).

New molecular entities approvals: January 2020 through August 2020

Certain drugs/biologics are classified as new molecular entities (NMEs) for purposes of FDA review. Many of these products contain active ingredients that have not been approved by FDA previously, either as a single ingredient drug or as part of a combination product; these products frequently provide important new therapies for patients.

Anthem reviews the FDA-approved NMEs on a regular basis. To facilitate the decision-making process, we are providing a list of NMEs approved from January to August 2020 along with the FDA approval pathway utilized.

Note: This information has no impact on our standard prior authorization/pre-certification process.

Generic name	Trade name	Standard review	Fast track	Priority	Break-through therapy	Orphan review	Accelerated approval	Approval date
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Indication									
Abametapir	Xeglyze	X						7/24/2020	Head lice
Amisulpride	Barhemys	X						2/26/2020	Postoperative nausea and vomiting
Avapritinib	Ayvakit		X	X	X	X		1/9/2020	PDGFRa exon 18 mutant gastrointestinal stromal tumor
Belantamab mafodotin	Blenrep			X	X	X	X	8/05/2020	Multiple myeloma
Bempedoic acid	Nexletol	X						2/21/2020	Dyslipidemia
Brexucabtagene autoleucel	Tecartus			X	X	X	X	7/24/2020	Mantle cell lymphoma
Capmatinib	Tabrecta			X	X	X	X	5/6/2020	Non-small cell lung cancer (NSCLC)
Decitabine/cedazuridine	Inqovi			X		X		7/07/2020	Myelodysplastic syndromes
Eptinezumab-jjmr	Vyepti	X						2/21/2020	Migraine prevention
Fostemsavir	Rukobia		X	X	X			7/02/2020	Human immunodeficiency virus (HIV) treatment
Inebilizumab	Uplizna	X			X	X		6/11/2020	Neuromyelitis optica spectrum disorder
Isatuximab	Sarclisa	X				X		3/2/2020	Multiple myeloma
Lurbinectedin	Zepzelca			X		X	X	6/15/2020	NSCLC
Nifurtimox	Lampit			X		X	X	8/06/2020	Chagas disease
Oliceridine	Olinvyk	X	X					8/07/2020	Moderate to severe acute pain
Opicapone	Ongentys	X						4/24/2020	Parkinson's disease
Osilodrostat	Isturisa	X				X		3/6/2020	Cushing's disease
Ozanimod	Zeposia	X						3/25/2020	Multiple sclerosis

Peanut (Arachis hypogaea) allergen powder-dnfp	Palforzia	X	X		X			1/31/2020	Peanut allergy
Pemigatinib	Pemazyre			X	X	X	X	4/17/2020	Cholangiocarcinoma
Remimazolam	Byfavo	X						7/02/2020	Sedation for procedures
Rimegepant	Nurtec ODT			X				2/27/2020	Migraine treatment
Risdiplam	Evrysdi		X	X	X	X		8/07/2020	Spinal muscular atrophy
Ripretinib	Qinlock		X	X	X	X		5/15/2020	Gastrointestinal stromal tumor
Sacituzumab-hziy	Trodelyv		X	X	X	X	X	4/22/2020	Triple negative breast cancer
Selpercatinib	Retevmo			X	X	X	X	5/8/2020	NSCLC and thyroid cancers
Selumetinib	Koselugo		X	X	X	X		4/10/2020	Neurofibromatosis type 1
Tafasitamab	Monjuvi	X	X		X	X	X	7/31/2020	Large B-cell lymphoma
Tazemetostat	Tazverik			X		X	X	1/23/2020	Epithelioid sarcoma
Teprotumumab-trbw	Tepezza		X	X	X	X		1/21/2020	Thyroid eye disease
Triheptanoin	Dojolvi	X	X			X		6/30/2020	Long-chain fatty acid oxidation disorders
Tucatinib	Tukysa		X	X	X	X		4/17/2020	Breast cancer
Viltolarsen	Viltepso		X	X		X	X	8/12/2020	Duchenne muscular dystrophy

Source: www.fda.gov

URL: <https://providernews.anthem.com/wisconsin/article/fda-approvals-and-expedited-pathways-used-new-molecular-entities-nmes-9>

Medical drug benefit clinical criteria updates

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

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. 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](#). Visit [Clinical Criteria](#) to search for specific policies.

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

URL: <https://providernews.anthem.com/wisconsin/article/medical-drug-benefit-clinical-criteria-updates-83>

Disease Management/Population Health program

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

Disease Management/Population Health is designed to support providers in caring for patients with chronic health care needs. Anthem Blue Cross and Blue Shield (Anthem) provides members enrolled in the program with continuous education on self-management, assistance in connecting to community resources, and coordination of care by a team of highly qualified professionals whose goal is to create a system of seamless health care interventions and communications.

Who is eligible?

Disease Management/Population Health case managers provide support to members with:

- Asthma
- Bipolar disorder
- COPD
- Diabetes
- Congestive heart failure
- Coronary artery disease

- HIV/AIDS
- Hypertension
- Major depressive disorder — adults
- Major depressive disorder — children and adolescents
- Schizophrenia
- Substance use disorder

Our case managers use member-centric motivational interviewing to identify and address health risks, such as tobacco use and obesity, to improve condition-specific outcomes. Interventions are rooted in evidence-based clinical practice guidelines from recognized sources. We implement continuous improvement strategies to increase evaluation, management and health outcomes.

For more information on our program and how to refer an Anthem member for this program, please visit our website at <https://mediproviders.anthem.com/wi>.

Your input and partnership is valued. Once your patient is enrolled in the Disease Management/Population Health program, you will be notified by the case manager assigned.

We look forward to working with you.

URL: <https://providernews.anthem.com/wisconsin/article/disease-managementpopulation-health-program-2>

Coding spotlight: HEDIS MY 2021

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

HEDIS overview

The National Committee for Quality Assurance (NCQA) is a non-profit organization that accredits and certifies health care organizations. The NCQA establishes and maintains the Healthcare Effectiveness Data and Information Set (HEDIS[®]). HEDIS is a tool comprised of standardized performance measures used to compare managed care plans. The overall goal is to measure the value of health care based on compliance with HEDIS measures. HEDIS also allows stakeholders to evaluate physicians based on health care value rather than cost. This article will outline specific changes to the HEDIS measures as outlined by the NCQA. The changes are effective for the measurement year (MY) 2020 to 2021. It is important to note that the state health agency has the authority to determine which measures and rates managed care organizations should capture.

HEDIS data helps calculate national performance statistics and benchmarks and sets standards for measures in NCQA Accreditation.

Health plans use HEDIS performance results to:

- Evaluate the quality of care and services.
- Evaluate provider performance.
- Develop performance improvement initiatives.
- Perform outreach to providers and members.
- Compare performance with other health plans.

-

HEDIS MY 2020 new measures:

- Follow-up After High-Intensity Care for Substance Use Disorder (FUI)
- Pharmacotherapy for Opioid Use Disorder (POD)
- Breast Cancer Screening (BCS-E)
- Follow-up Care for Children Prescribed ADHD Medication (ADD-E)
- Prenatal Depression Screening and Follow-up (PND)
- Postpartum Depression Screening and Follow-up (PDS)

-

HEDIS MY 2020 retired measures:

- Annual Monitoring for Patients on Persistent Medications (MPM)
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)
- Standardized Healthcare-Associated Infection Ratio (HAI).

Retired measures are no longer maintained by NCQA or included in the HEDIS measurement set. NCQA has determined that specific measures are clinically inappropriate and are no longer in use. Once retired, the measures are not used in any product, program or service, and all use must stop.

HEDIS MY 2020 revised hybrid measures:

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- Childhood Immunization Status (CIS)
- Immunizations for Adolescents (IMA)
- Cervical Cancer Screening (CCS)
- Colorectal Cancer Screening (COL)
- Care for Older Adults (COA)
- Controlling High Blood Pressure (CBP)
- Medication Reconciliation Post-Discharge (MRP)
- Transitions of Care (TRC)
- Prenatal and Postpartum Care (PPC)
- Well-Child Visits in the First 15 Months of Life (W15)
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)
- Adolescent Well-Care Visits (AWC)

HEDIS MY 2020 revised administrative measures:

- Appropriate Testing for Children with Pharyngitis (CWP)
- Statin Therapy for Patient's with Cardiovascular Disease (SPC)
- Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)
- Osteoporosis Management in Women Who Had a Fracture (OMW)
- Follow-Up After Hospitalization for Mental Illness (FUH)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP).

HEDIS and telehealth

HEDIS measures include synchronous telehealth (which requires real-time interactive audio and video telecommunications), telephone visits and online assessments, as appropriate. A measure specification will indicate when telephone visits or online assessments are eligible for use in reporting.

A measure specification that is silent about telehealth is assumed to include telehealth. Correct coding requires billing telehealth services using standard CPT[®] and HCPCS codes for professional services in conjunction with a telehealth modifier and a telehealth POS code. Therefore, the CPT or HCPCS code in the value set will meet criteria (regardless of whether a telehealth modifier or POS code is present). A measure specification will indicate when telehealth is not eligible for use and is excluded.

The future of HEDIS

The future of HEDIS focuses on six core ideas:

- **Allowable adjustments:** New flexibility lets users modify measures without changing their clinical intent.
- **Licensing and certification:** Updated requirements ensure the accuracy of the results.
- **Digital measures:** HEDIS specifications that download directly into users' data systems bring new ease of use.
- **Electronic clinical data systems (ECDS):** This new reporting method helps clinical data create insight for managing the health of individuals and groups.
- **Schedule change:** A new schedule gives users more time by providing the complete measure specifications sooner – 11 months earlier than the traditional timeline
- **Telehealth:** The access to care that telehealth has brought during COVID-19 is vital to quality now after the pandemic.

Resources:

HEDIS[®] Measures and Technical Resources. [ncqa.org/HEDIS[®]/measures](https://www.ncqa.org/HEDIS/Measures)

URL: <https://providernews.anthem.com/wisconsin/article/coding-spotlight-hedis-my-2021-2>

Keep up with Medicare news - January 2021

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

Please continue to read news and updates at [anthem.com/medicareprovider](https://www.anthem.com/medicareprovider) for the latest Medicare Advantage information, including:

- [Medicare Advantage Group Retiree Quick Reference Guide and FAQ](#)
- [Medicare Advantage Group Retiree Member Eligibility, Alpha Prefix FAQ](#)
- [SNF admission reporting requirements for D-SNP plans](#)
- [Policy Update: Nurse Practitioner and Physician Assistant Services - Professional](#)
- [Updates to AIM Clinical Appropriateness Guidelines for Radiation Oncology](#)
- [Updates to AIM Specialty Health Cardiac Clinical Appropriateness Guidelines](#)

URL: <https://providernews.anthem.com/wisconsin/article/keep-up-with-medicare-news-january-2021-1>

2020 Medicare risk adjustment provider trainings

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

The Medicare Risk Adjustment Regulatory Compliance team at Anthem Blue Cross and Blue Shield offers two provider training programs regarding Medicare risk adjustment and documentation guidelines. Information for each training is outlined below.

Medicare risk adjustment and documentation guidance (General):

- **Series:** Offered the first Wednesday of each month from 1:00 to 2:00 P.M. (ET)*
- **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 for one of the monthly training sessions at this link: <https://bit.ly/2TYMgbn>

** 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. (ET)
- **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 at this link:

<https://bit.ly/2lgxDO9>

** 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.

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- Required laryngoscopy for the initial evaluation of all patients with primary voice complaint

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Cerebrospinal fluid (CSF) leak of the skull base:

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Tumor — not otherwise specified:

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- Call the AIM Contact Center toll-free number at **1-800-714-0040** from 7 a.m. to 7 p.m. CT

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](#).

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Anthem Blue Cross and Blue Shield. Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield.
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URL: <https://providernews.anthem.com/wisconsin/article/updates-to-aim-clinical-appropriateness-guidelines-for-advanced-imaging-6>

Updates to AIM Specialty Health Cardiac clinical appropriateness guidelines

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

Effective for dates of service on and after March 14, 2021, the following updates will apply to the AIM Specialty Health®* (AIM) *Advanced Imaging of the Heart and Diagnostic Coronary Angiography Clinical Appropriateness Guidelines*.

Evaluation of patients with cardiac arrhythmias:

- Updated repeat transthoracic echocardiography (TTE) criteria.
- Added restrictions for patients whose initial echocardiogram shows no evidence of structural heart disease, and follow-up echocardiography is not appropriate for ongoing management of arrhythmia.

Evaluation of signs, symptoms or abnormal testing:

- Added restrictions for TTE in evaluation of palpitation and lightheadedness based on literature.

Diagnostic coronary angiography:

- Updated criteria to evaluate patients with suspected congenital coronary artery anomalies.

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM Specialty Health^{®*} (AIM) in one of several ways:

- Access the AIM *ProviderPortal*_{SM} directly at aimspecialtyhealth.com/providerportal.
- Online access is available 24/7 to process orders and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity* Portal at availity.com.
- Call the AIM Contact Center toll-free number at **1-800-714-0040** from 7 a.m. to 7 p.m. CT

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](#).

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Anthem Blue Cross and Blue Shield. Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield.

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URL: <https://providernews.anthem.com/wisconsin/article/updates-to-aim-specialty-health-cardiac-clinical-appropriateness-guidelines-3>

Medical drug benefit clinical criteria updates

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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. 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](#). 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/wisconsin/article/medical-drug-benefit-clinical-criteria-updates-84>
