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Register now to learn strategies to help you and your practice improve clinical quality

Published: Jul 1, 2021 - Administrative



Join us throughout the year in a new Continuing Medical Education (CME) webinar series as we share practices and success stories to overcoming barriers in achieving clinical quality goals, attaining better patient outcomes and improving Star ratings.

Program objectives:

- Learn strategies to help you and your healthcare team improve your performance across a range of clinical areas including telehealth, pharmacy measures, chronic disease monitoring, cancer screenings, documentation and more.
- Apply the knowledge you gain from the webinars to improve your organization's quality.

Attendees will receive one CME credit upon completion of a program evaluation at the conclusion of each webinar.

REGISTER HERE for our upcoming clinical quality webinars!

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URL: <https://providernews.anthem.com/wisconsin/article/register-now-to-learn-strategies-to-help-you-and-your-practice-improve-clinical-quality-1>

Timely receipt of primary payer's EOB can help reduce timely filing denials for secondary claims

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Many members have both primary and secondary insurance policies, and it's important to

Before the member arrives for their appointment, check the primary insurance carrier using the Eligibility and Benefits app in Availity. Log onto [availity.com](https://www.availity.com), go to payer spaces, select us as the payer and use the Patient Registration tab to run an Eligibility and Benefits Inquiry. If you find that we are the primary payer, confirm that when the member arrives for their appointment. After providing services, submit the member's claim as usual – you can use Availity for that, too, through the Claims & Payments app.

If we are the secondary payer, we will need the explanation of benefits (EOB) from the primary carrier along with the claim submission to determine our payment amount. You can submit the EOB and the claim through Availity using the Claims & Payments app.

When a claim is submitted to us as the primary payer, and we are the secondary payer, our claim system will deny the claim because we don't have the EOB. This can cause a delay in receipt of your payment and can even cause you to miss the timely filing guideline.

We want you to have of the information you need to know the very best way to file your claims. For more information about filing claims, visit [anthem.com](https://www.anthem.com) > Provider > Claims Submissions. For help using Availity, log onto [availity.com](https://www.availity.com) and select the Help & Training tab.

1234-0721-PN-CNT

URL: <https://providernews.anthem.com/wisconsin/article/timely-receipt-of-primary-payers-eob-can-help-reduce-timely-filing-denials-for-secondary-claims-3>

Proper coding for in-home monitoring can make a measurable difference for INR

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

It wasn't too long ago when patients taking warfarin (brand name Coumadin) were heading off to the lab or clinic every few weeks for an international normalized ratio (INR) blood test. Thanks to a small, portable device, patients on warfarin can now self-test with a finger prick drop of blood. There is more to self-testing than the ease and convenience, though. Patients are happier! Their quality of life improved because they can keep up with their activities – even travel, without the stress of making and keeping testing appointments.

Self-testing: Measurable difference when correct coding is reflected

This type of quality care and improved outcomes are making a measurable difference in the lives of our members. We want this success accounted for in the INR clinical quality measure and with your help, we can do it. Use these codes to reflect INR In-home monitoring when noting the INR results for your patients.

Value set ID and subgroup	Code	Description
INR Home Monitoring	CPT code 93792	Patient/caregiver training for initiation of home INR monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results.
INR Home Monitoring	CPT code 93793	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab INR test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed.
INR Home Monitoring	HCPCS code G0248	Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results.
INR Home Monitoring	HCPCS code G0249	Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include four tests.

INR Home Monitoring	HCPCS code G0250	Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include four tests.
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INR clinical quality measure

The percentage of members 18 years of age and older who had at least one 56-day interval of warfarin therapy and who received at least one international normalized ratio (INR) monitoring test during each 56-day interval with active warfarin therapy.

Clinical Quality Measure	Required documentation	CPT, HCPCS, LOINC and CPT Performance Codes	Provider Specialty
INR Monitoring for Individuals on Warfarin*	Adults 18 years of age and older who have had at least one 56- day interval of warfarin therapy and received at least one INR monitoring test during each 56-day interval with active warfarin therapy in the measurement year. Excludes patients who are monitoring INR at home during the treatment period	-CPT 85610 Prothrombin time -LOINC 34714-6 INR blood by coagulation assay -6301-6 INR in platelet poor plasma by coagulation assay -38875-1 INR in platelet poor plasma or blood by coagulation assay -46418-0 INR in capillary blood by coagulation assay -52129-4 INR in platelet poor plasma by coagulation - post heparin adsorption Excludes: -G0248 Demonstrate use home INR monitoring -G0249 Provide test materials and equipment for home INR monitoring -G0250 Physician INR test review interpretation and management	No provider type restrictions

1231-0721-PN-CNT

URL: <https://providernews.anthem.com/wisconsin/article/proper-coding-for-in-home-monitoring-can-make-a-measurable-difference-for-inr-2>

Another mark of the pandemic: An increase in childhood obesity

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More potato chips, sugary drinks and less physical activity are key contributors

In a recent study published by Pediatrics¹, economic hardship, school closing and shutdowns led to sedentary lifestyles and increases in childhood obesity. The research analyzed doctor visits pre-pandemic then during the pandemic period and the increases were dramatic. Overall obesity increased from 13.7% to 15.4%. Increases observed range from 1% in children aged 13 to 17 years to 2.6% for those aged 5 to 9 years.

The study recommended new approaches to Weight Assessment and Counseling. These include recommending virtual activities that promote increased physical activity. Focusing on ways to remain safe and active with outside activities, such as park visits, walks and bike riding were also suggested.

The Centers for Disease Control and Prevention has a great resource, “Ways to promote health with preschoolers.” This fun flyer shows how we can all work together to support a healthy lifestyle. You can download a copy [here](#).



The HEDIS[®] measure **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)** requires a nutritional evaluation and pro-active guidance as part of a routine health visit.

- When counseling for nutrition, document current nutritional behavior, such as meal patterns, eating and diet habits, and weight counseling.

- When counseling for physical activity, document current physical activity behavior, such as exercise routine, participation in sports activities, bike riding and play groups.
- Handouts about nutrition and physical activity also count toward meeting this HEDIS measure when documented in the member’s health record.

HEDIS® measure WCC looks at the percentage of members, 3 to 17 years of age, who had an outpatient visit with a PCP or OB/GYN and have documented evidence for all the following during the measurement year:

- Body mass index (BMI) percentile (percentage, not value)
- Counseling for nutrition
- Counseling for physical activity

Telehealth, virtual check-in, and telephone visits all meet the criteria for nutrition and physical activity counseling. Counseling does not need to take place only during a well-visit, WCC can also be completed during sick visits. Documenting guidance in your patient’s records is key.

Code services correctly to measure success

These diagnosis and procedure codes are used to document BMI percentile, weight assessment, and counseling for nutrition and physical activity:

Description	CPT®	ICD-10-CM	HCPCS
BMI percentile		Z68.51-Z68.54	
Counseling for nutrition	97802, 97803, 97804	Z71.3	G0270, G0271, G0447, S9449, S9452, S9470
Counseling for physical activity		Z02.5, Z71.82	G0447, S9451

Codes to identify outpatient visits

CPT®	HCPCS
99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483	G0402, G0438, G0439, G0463, T1015

Article Attachments

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

American Academy of Pediatrics. American Academy of Pediatrics raises concern about children’s nutrition and physical activity during pandemic. Available at:

<http://services.aap.org/en/news-room/news-releases/aap/2020/american-academy-of-pediatrics-raises-concern-about-childrens-nutrition-and-physical-activity-during-pandemic/>. Accessed December 10, 2020.

1

<https://pediatrics.aappublications.org/content/147/5/e2021050123?cct=2287#F1>

1232-0721-PN-CNT

URL: <https://providernews.anthem.com/wisconsin/article/another-mark-of-the-pandemic-an-increase-in-childhood-obesity-4>

How to enroll in electronic fund transfer (EFT) for faster remittance

Published: Jul 1, 2021 - **Administrative** / Digital Tools

Like the payroll direct deposit service that most businesses offer their employees, electronic

funds transfer (EFT) is a digital payment solution that uses the automated clearinghouse (ACH) network to transmit health care payments from a health plan to a health care provider's bank account. Health plans can use a provider's banking information **only** to deposit funds, not to withdraw funds.

Anthem Blue Cross and Blue Shield (Anthem) expects providers to accept payment via EFT in lieu of paper checks. Providers can register or manage account changes for EFT via the CAQH enrollment tool called [EnrollHub™](#). This tool will help eliminate the need for paper registration, reduce administrative time and costs and allows physicians and facilities to register with multiple payers at one time. By eliminating paper checks, EFT payments are deposited directly into your account faster.

Read more about going digital with Anthem in the [Provider Digital Engagement Supplement](#) available online. Go to [anthem.com](#), select **Providers**, under the *Provider Resources* heading select **Forms and Guides**. Select your state if you haven't done so already. From the Category drop down, select **Digital Tools**, then [Provider Digital Engagement Supplement](#).

1172-0721-PN-CNT

URL: <https://providernews.anthem.com/wisconsin/article/how-to-enroll-in-electronic-fund-transfer-eft-for-faster-remittance-2>

Electronic claim response files

Published: Jul 1, 2021 - **Administrative** / Digital Tools

Anthem Blue Cross and Blue Shield (Anthem) uses Availity as its exclusive partner for managing all electronic data interchange (EDI) transactions.

When your organizations claims are submitted either by your clearinghouse/vendor or submitted directly using practice management software, it's important to review and utilize all responses to understand where your claims are in the adjudication process and if any action is required.

Below is a summary of the process for electronic files, and the response reports that are returned by Availity:

Electronic File is submitted to Availity

- Availity acknowledges receipt of file and validates for X12 format in a series of responses.
- The series of initial responses indicate whether an electronic file was successfully received in correct format and accepted by Availity.
- If errors occur, the impacted file will require resubmission to Availity.
- ***If your organization uses a clearinghouse/vendor, they are responsible for reviewing these response files.***

HIPAA and Business Validation

- **Electronic Batch Report (EBR)** – This response acknowledges accepted claims and identifies claims with a HIPAA and business edits prior to routing for adjudication.
- Impacted claims require resubmission to view on payer spaces Remittance Inquiry Tool and the 835 Electronic Remittance Advice. *(Edit examples include - Invalid subscriber ID for the date of service and invalid billing and coding per industry standards)*
- **Clearinghouse/vendors may provide their own version of this report to your organization.**

Availity Routes Claims to Payer Anthem

- **Delayed Payer Report (DPR)** – This response file contains an additional level of editing by the membership adjudication system.
- Currently this response only returns for the Medicare/ Medicaid lines of business.
- **The Commercial lines will return this response in the future, look for forthcoming communications with the details.**
- Impacted claims require resubmission to view on payer spaces Remittance Inquiry Tool and the 835 Electronic Remittance Advice.
- **Clearinghouses/vendors may provide their own version of this report to your organization.**

If you have further questions on the response reports, please contact Availity at 1-800-282-4548.

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Interactive Care Reviewer (ICR): New search option for cases submitted through ICR

Published: Jul 1, 2021 - **Administrative** / Digital Tools

Locating a case using Interactive Care Reviewer (ICR), Anthem Blue Cross and Blue Shield (Anthem) digital authorization tool just got easier. We added the **ICR Case Search** tab within the tool so you can find cases submitted through ICR. Cases submitted through both ICR and other sources can still be located using the other search options: Member, Date Range, Reference/Authorization Request Number or Discharge Date.

The steps to access ICR through the Availity Portal have not changed. You are required to have the *Authorization & Referral Request* role or the *Authorization & Referral Inquiry* role. Your organization's Availity administrator can assign these roles.

1. Log onto Availity's home page with your unique user ID and password
2. Select Patient Registration
3. Select Authorizations & Referrals
4. Select Authorization Inquiry
5. Choose the Payer and Organization
6. Accept the ICR Disclaimer
7. Select Check Case Status from the ICR navigation bar

Here is what's new:

The ICR Inquiry dashboard displays the new **ICR Case Search** tab. This new option is currently available for users who have the *Authorization & Referral Request* role. Users with the *Authorization & Referral Inquiry* role will be able to access the ICR Case Search tab in mid-July. Until then, the additional search options are available.

To locate a case submitted through ICR, select the **ICR Case Search** tab then choose the criteria to complete your search.

My Organization's Requests Create New Request **Check Case Status** Check Appeal Status

ICR Case Search Search by Member/Date range Search By Reference/Authorization Request Number Search by Discharge Date

Required Fields *

Search results will be limited to requests associated or submitted for your organization on Interactive Care Reviewer. For all other requests such as phone or fax, please use the Check Case Status tab. Only requests submitted on Interactive Care Reviewer by your organization can be updated using this tool. For all other updates, please follow your normal process.

Only display cases submitted by organization Display all cases associated with my organization

Request Tracking ID Reference No Subscriber ID

Patient Last Name Patient First Name Patient Birth Date

Request Type Service Date From Service Date To Requesting or Servicing Provider / Facility NPI

MM/DD/YYYY MM/DD/YYYY

CLEAR SEARCH

Article Attachments

Use the additional search options to find cases submitted through both ICR and other sources.

Register for our monthly new user ICR webinar to learn about basic navigation and features: [ICR Webinar Registration](#)

Or you can visit the Custom Learning Center located on Availity Payer Spaces to access ICR navigation demonstrations and reference guides.

1233-0721-PN-CNT

URL: <https://providernews.anthem.com/wisconsin/article/interactive-care-reviewer-icr-new-search-option-for-cases-submitted-through-icr-1>

Update: Site of care medical necessity reviews for long-acting colony-stimulating factors not implemented on June 1, 2021*

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

This is an update to the [article published in the March 2021 edition of Provider News](#) regarding Site of Care medical necessity reviews for long-acting colony-stimulating factors effective June 1, 2021.

This program was not implemented on June 1, 2021, and it will not be implemented.

Medical necessity review of the site of care for the following long acting colony-stimulating factors for oncology indications will not be required as originally communicated.

- Neulasta[®] and Neulasta Onpro[®] (pegfilgrastim)
- Fulphila[®] (pegfilgrastim-jmdb)
- Udenyca[®] (pegfilgrastim-cbqv)
- Ziextenzo[®] (pegfilgrastim-bmez)
- Nyvepria[™] (pegfilgrastim-apgf)

There have been no changes for ordering providers who submit prior authorization requests for the hospital outpatient site of care for these medications for dates of service on or after June 1, 2021.

Providers should continue to verify eligibility and benefits for all members prior to rendering services. If you have questions, please call the Provider Service phone number on the member's ID card.

1210-0721-PN-CNT

URL: <https://providernews.anthem.com/wisconsin/article/update-site-of-care-medical-necessity-reviews-for-long-acting-colony-stimulating-factors-not-implemented-on-june-1-2021-4>

Designated specialty pharmacy network updates effective October 1, 2021*

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

As we previously communicated, Anthem Blue Cross and Blue Shield (Anthem)'s Designated Specialty Pharmacy Network requires providers who are not part of the Designated Specialty Pharmacy Network to acquire certain select specialty pharmacy medications administered in the hospital outpatient setting through CVS Specialty Pharmacy.

This update is to advise of the following changes:

Effective for dates of service on and after October 1, 2021, the following specialty pharmacy medications will be **added** to the Designated Medical Specialty Pharmacy drug list. Accordingly, hospitals that are not in the Designated Specialty Pharmacy Network will be required to acquire these specialty medications administered in the hospital outpatient setting from CVS Specialty Pharmacy.

HCPCS	Description	Brand Name
Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR 10MG	Kanjinti
J1558	INJECTION, IMMUNE GLOBULIN 100MG	Xembify
Q5123	INJECTION, RITUXIMAB-ARRX, BIOSIMILAR	Riabni

To access the current Designated Medical Specialty Pharmacy drug list, please visit anthem.com, select *Providers*, select *Forms and Guides* (under the Provider Resources column), select your state, scroll down and select *Pharmacy* in the Category drop down. The Designated Medical Specialty Pharmacy drug list may be updated periodically by Anthem.

If you have questions or would like to discuss the terms and conditions to be included as a Designated Specialty Pharmacy Network provider, please contact your Anthem Contract Manager. Thank you for your continued participation in the Anthem networks and the services you provide to our members.

1227-0721-PN-IN.WI

URL: <https://providernews.anthem.com/wisconsin/article/designated-specialty-pharmacy-network-updates-effective-october-1-2021-2>

Updates for specialty pharmacy are available - July 2021*

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

Prior authorization updates

Effective for dates of service on and after October 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](#).

Prior authorization clinical review of non-oncology use of specialty pharmacy drugs is managed by the medical specialty drug review team. Review of specialty pharmacy drugs for oncology use is managed by AIM Specialty Health® (AIM).

Clinical Criteria	HCPCS or CPT Code(s)	Drug
*ING-CC-0195	J3490 J9999 C9399 J3590	Abecma

* Non-oncology use is managed by the medical specialty drug review team.

** Oncology use is managed by AIM.

Step therapy updates

Effective for dates of service on and after October 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 [Clinical Criteria information](#).

Prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by medical specialty drug review team. Review of specialty pharmacy drugs for oncology use is managed by AIM Specialty Health® (AIM).

Clinical Criteria	HCPCS Code	Status	Drug(s)
ING-CC-0020	J2323	Non-preferred	Tysabri

1221-0721-PN-CNT

URL: <https://providernews.anthem.com/wisconsin/article/updates-for-specialty-pharmacy-are-available-july-2021-4>

Certain specialty medication prior authorization requests may require additional documentation*

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

As part of our ongoing quality improvement efforts, Anthem Blue Cross and Blue Shield (Anthem) is updating our prior authorization processes for certain specialty medications. **Effective August 1, 2021**, we may request additional documentation for impacted medications to determine medical necessity.

Upon request, providers shall submit documentation from the member's medical record for each policy question flagged for documentation. A denial may result if documentation does not support medical necessity.

Should you have any questions, please refer to the [Clinical Criteria policy website](#) for specific medication criteria details, including documentation requirements.

Impacted Policy	Impacted Medication(s)
ING-CC-0153: Adakveo (crizanlizumab)	Adakveo
ING-CC-0065: Agents for Hemophiilia A and von Willebrand Disease	Advate, Adynovate, Afstyla, Alphanate, Eloctate, Esperoct, Helixate FS, Hemlibra, Hemofil-M, Humate-P, Jivi, Koate-DVI, Kogenate FS, Kovaltry, Monoclote-P, Novoeight, Nuwiq, Obizur, Recombinate, Wilate, Xyntha
ING-CC-0148: Agents for Hemophilia B	Alphanine SD, Alprolix, Bebulin, Benefix, Idelvion, Ixinity, Mononine, Profilnine SD, Rebinyn, Rixubis
ING-CC-0025: Aldurazyme (laronidase)	Aldurazyme
ING-CC-0073: Alpha-1 Proteinase Inhibitor Therapy	Aralast, Glassia, Prolastin-C, Zemaira
ING-CC-0028: Benlysta (belimumab)	Benlysta
ING-CC-0012: Brineura (cerliponase alfa)	Brineura
ING-CC-0137: Cablivi (caplacizumab-yhdp)	Cablivi
ING-CC-0041: Complement Inhibitors	Soliris, Ultomiris
ING-CC-0081: Crysvita (burosumab-twza)	Crysvita
ING-CC-0035: Duopa (carbidopa and levodopa enteral suspension)	Duopa
ING-CC-0029: Dupixent (dupilumab)	Dupixent
ING-CC-0069: Egrifta (tesamorelin)	Egrifta
ING-CC-0024: Elaprase (idursufase)	Elaprase
ING-CC-0173: Enspryng (satralizumab-mwge)	Enspryng
ING-CC-0051: Enzyme Replacement Therapy for Gaucher Disease	Cerezyme, Elelyso, Vpriv
ING-CC-0044: Exondys 51 (eteplirsen)	Exondys 51
ING-CC-0021: Fabrazyme (agalsidase beta)	Fabrazyme
ING-CC-0068: Growth hormone	Genotropin, Humatrope, Norditropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Zomacton, Zorbtive

ING-CC-0034: Hereditary Angioedema Agents	Berinert, Cinryze, Firazyr, Haegarda, Kalbitor, Ruconest, Takhzyro
ING-CC-0188: Imcivree (setmelanotide)	Imcivree
ING-CC-0070: Jetrea (ocriplasmin)	Jetrea
ING-CC-0037: Kanuma (sebelipase alfa)	Kanuma
ING-CC-0057: Krystexxa (pegloticase)	Krystexxa
ING-CC-0018: Lumizyme (alglucosidase alfa)	Lumizyme
ING-CC-0013: Mepsevii (vestronidase alfa)	Mepsevii
ING-CC-0043: Monoclonal Antibodies to Interleukin-5	Cinqair, Fasenra, Nucala
ING-CC-0023: Naglazyme (galsulfase)	Naglazyme
ING-CC-0111: Nplate (romiplostim)	Nplate
ING-CC-0082: Onpattro (patisiran)	Onpattro
ING-CC-0077: Palynziq (pegvaliase-pqpz)	Palynziq
ING-CC-0049: Radicava (edaravone)	Radicava
ING-CC-0156: Reblozyl (luspatercept)	Reblozyl
ING-CC-0159: Scenesse (afamelanotide)	Scenesse
ING-CC-0149: Select Clotting Agents for Bleeding Disorders	Feiba, Novoseven
ING-CC-0079: Strensiq (asfotase alfa)	Strensiq
ING-CC-0008: Subcutaneous Hormonal Implants	Testopel
ING-CC-0084: Tegsedi (inotersen)	Tegsedi
ING-CC-0162: Tepezza (teprotumumab-trbw)	Tepezza
ING-CC-0170: Uplizna (inebilizumab)	Uplizna
ING-CC-0172: Viltepsa (viltolarsen)	Viltepsa
ING-CC-0022: Vimizim (elosulfase alfa)	Vimizim
ING-CC-0152: Vyondys 53 (golodirsen)	Vyondys 53
ING-CC-0017: Xiaflex (clostridial collagenase histolyticum) injection	Xiaflex
ING-CC-0033: Xolair (omalizumab)	Xolair

1204-0721-PN-CNT

Medical Policy and Clinical Guideline Updates - July 2021*

Published: Jul 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 May 13, 2021 for Indiana, Kentucky, Missouri, Ohio and Wisconsin.

Determine if prior authorization is needed for an Anthem member by going to [anthem.com](https://www.anthem.com) > select "Providers" > under "Claims" > select "Prior Authorization", then select your state. Or, you may call the prior authorization phone number on the back of the member's ID card.

To view medical policies and utilization management guidelines applicable to members enrolled in the Blue Cross and Blue Shield Service Benefit Plan (commonly referred to as the Federal Employee Program® (FEP®)), please visit [fepblue.org](https://www.fepblue.org) > Policies & Guidelines.

Below are the new medical policies that have been approved.

Title	Information	Effective date
GENE.00057 Gene Expression Profiling for Idiopathic Pulmonary Fibrosis	<ul style="list-style-type: none"> The use of gene expression profiling to assist in the diagnosis or management of idiopathic pulmonary fibrosis is considered investigational and not medically necessary (INV&NMN) in all situations 	10/1/2021
LAB.00041 Machine Learning Derived Probability Score for Rapid Kidney Function Decline	<ul style="list-style-type: none"> Use of a machine learning derived probability score (e.g., KidneyIntelX) to predict rapid kidney function decline in chronic kidney disease is considered INV&NMN for all indications Existing CPT PLA code 0105U will be considered INV&NMN 	10/1/2021
MED.00137 Eye Movement Analysis Using Non-spatial Calibration for the Diagnosis of Concussion	<ul style="list-style-type: none"> Eye movement analysis using non-spatial calibration is considered INV&NMN for the diagnosis of concussion Existing CPT Category III code 0615T will be considered INV&NMN 	10/1/2021
CG-MED-89 Home Parenteral Nutrition	<ul style="list-style-type: none"> Outlines the MN and NMN criteria for initial and continuing use of home parenteral nutrition -Existing codes B4164, B4168, B4172, B4176, B4178, B4180, B4185, B4187, B4189, B4193, B4197, B4199, B4216, B4220, B4222, B4224, B5000, B5100, B5200, B9004, B9006, B9999, S9364, S9365, S9366, S9367, S9368 for parenteral nutrition will be reviewed for MN criteria 	11/1/2021

The current clinical guidelines and/or medical policies listed below were reviewed and updates were approved.

*Note: *Prior authorization required*

Title	Change	Effective date
<p>*CG-SURG-27 Gender Affirming Surgery</p> <p><i>Previously titled: Gender Reassignment Surgery</i></p>	<ul style="list-style-type: none"> • Revised title • Replaced the word 'reassignment' with the word 'affirming' in title and throughout document • Alphabetized procedures in MN statements • Revised gender dysphoria criteria in all MN statements • Added "or intolerance" to hormone therapy related criteria • Clarified hair removal MN statement • Moved bilateral mastectomy and nipple reconstruction from MN to REC section • Added breast augmentation and breast reduction to REC section and reframed procedures as "gender affirming chest procedures" • Moved gender affirming facial surgical procedures from cosmetic and not medically necessary (COS&NMN) to REC section • Moved voice modification surgery from COS&NMN to reconstructive (REC) section • Removed voice therapy from scope of document • Clarified the NMN and the COS&NMN statements to reflect changes listed above • Revised the Further Considerations statement to include all gender affirming chest procedures • Added CPT codes for urethroplasty (pelvic surgery); added facial reconstructive procedures including rhinoplasty, fat grafting, collagen injections, liposuction, and NOC code for thyroid cartilage chondroplasty; added NOC code for voice modification surgery; added liposuction and fat grafting as chest procedures 	<p>5/20/2021</p>

<p>MED.00004 Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy, Ultrasonography)</p>	<ul style="list-style-type: none"> • Added electrical impedance spectroscopy for the evaluation of skin lesions as INV&NMN • Added CPT category III code 0658T effective 07/01/2021 for electrical impedance spectroscopy; considered INV&NMN 	<p>10/1/2021</p>
<p>*OR-PR.00003 Microprocessor Controlled Lower Limb Prosthesis</p>	<ul style="list-style-type: none"> • Revised medical necessity (MN) criteria for microprocessor controlled lower limb prosthesis • Added microprocessor controlled foot or ankle systems as MN when criteria are met • Clarified INV&NMN statement addressing microprocessor controlled foot-ankle prosthesis • HCPCS code L5973 for microprocessor controlled ankle-foot system will be reviewed for MN criteria (was INV&NMN) 	<p>5/20/2021</p>
<p>*SURG.00129 Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring</p>	<ul style="list-style-type: none"> • Added hypoglossal nerve stimulation as MN when criteria are met • Revised NMN and INV&NMN statements • CPT category III codes 0466T, 0467T, 0468T for hypoglossal nerve stimulators and related nonspecific codes 64568, C1767, C1778, C1787, L8680, L8681, L8688 will be reviewed for MN criteria for obstructive sleep apnea (OSA) diagnoses (were INV&NMN) 	<p>5/20/2021</p>
<p>SURG.00143 Perirectal Spacers for Use During Prostate Radiotherapy</p>	<ul style="list-style-type: none"> • Added the use of perirectal spacers during prostate radiotherapy as MN when criteria are met • Revised INV&NMN statement • CPT code 55874 will be reviewed for MN criteria for prostate cancer diagnoses (was INV&NMN) 	<p>5/20/2021</p>

<p>*TRANS.00031 Hematopoietic Stem Cell Transplantation for Autoimmune Disease and Miscellaneous Solid Tumors</p>	<ul style="list-style-type: none"> • Added a single autologous (ablative or non-myeloablative [mini-transplant]) hematopoietic stem cell transplantation as MN for the treatment of relapsing-remitting multiple sclerosis when criteria are met. • Added a single autologous (ablative or non-myeloablative [mini-transplant]) hematopoietic stem cell transplant as INV&NMN for the treatment of multiple sclerosis when the MN criteria are not met, including for primary progressive or secondary progressive forms of multiple sclerosis • Added a repeat autologous (ablative or non-myeloablative [mini-transplant]) hematopoietic stem cell transplant as INV&NMN for the treatment of relapsing-remitting multiple sclerosis. • Added an allogeneic (ablative or non-myeloablative [mini-transplant]) hematopoietic stem cell transplantation, or planned tandem as INV&NMN for the treatment of multiple sclerosis. • Revised INV&NMN statement for all other autoimmune diseases • CPT codes 38206, 38232, 38241 and related non-specific CPT and ICD-10-PCS codes for autologous HSCT will be reviewed for diagnosis G35 multiple sclerosis for MN criteria (were INV&NMN) 	<p>5/20/2021</p>
<p>*CG-DME-49 Standing Frames</p>	<ul style="list-style-type: none"> • Content moved from DME.00034 • No change to Clinical Indications 	<p>10/1/2021</p>

1201-0721-PN-CNT

URL: <https://providernews.anthem.com/wisconsin/article/medical-policy-and-clinical-guideline-updates-july-2021-3>

Reimbursement policy update: Consultations - Professional*

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

Beginning with dates of service on or after October 1, 2021, Anthem Blue Cross and Blue Shield (Anthem)'s current Documentation and Reporting Guidelines for Consultations will be renamed Consultations. This policy aligns with CMS guidance, does not allow reimbursement for inpatient (99251-99255) and outpatient (99241-99245) consultation codes and requires providers to bill the appropriate office visit E/M code for consultation services.

For more information about this policy, visit the reimbursement policy page on [anthem.com](https://www.anthem.com).

1226-0721-PN-CNT

URL: <https://providernews.anthem.com/wisconsin/article/reimbursement-policy-update-consultations-professional-4>

Medicaid News - July 2021

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

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

- [Specialty pharmacy prior authorization retraction notice](#)
- [Infusion step therapy retraction notice](#)
- [Specialty Rx Precertification additional documentation notice effective August 1, 2021](#)
- [Prior authorization requirement changes effective September 1, 2021 – UM AROW 1327](#)
- [February 2021 medical policies and utilization management guidelines update](#)

AWI-NU-0277-21
AWI-NU-0279-21
AWI-NU-0287-21
AWI-NU-0282-21

Let's Vaccinate

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

Help increase your vaccination rates and close gaps-in-care with these tools and strategies

Healthcare providers are seen as trusted sources of medical information and are in a unique position to improve lives and community health. Research shows that a strong vaccination recommendation from a provider is the greatest motivator for people of all ages to vaccinate themselves and their family members against serious infectious diseases.

Let's Vaccinate offers providers tools and strategies to aid in vaccinating people of all ages. This website will help your practice:

- Address disparities for vaccine-preventable diseases.
- Identify and fill workflow gaps, including assessing vaccination status, enhancing vaccine, communications, providing vaccine education, and improving vaccine management and administration in your office.
- Access up-to-date guidance from the Centers for Disease Control and Prevention (CDC) for vaccines.
- Connect with your state immunization program, local immunization coalition, or other vaccine advocates in your community to collaborate.

Keeping all patients healthy and safe requires the support and collaboration of the entire healthcare industry. So, together, let's vaccinate.

Let's Vaccinate is a collaboration of Anthem, Inc., Pfizer Inc., and Vaccinate Your Family.

Attention facilities: Sending admission, discharge and transfer data to Anthem results in improved care management for patients

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

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

CMS issued an [Interoperability and Patient Access Policy](#) to reduce the burden of certain administrative processes. The CMS policy requires providers to implement application programming interfaces (APIs) to improve the electronic exchange of healthcare data between patient, provider and payer. The policy reiterates that in partnership with the Office of the National Coordinator for Health Information (ONC), CMS identified Health Level 7® (HL7) as the foundational standard to support data exchange via secure API. Implementation of this CMS mandate is expected by July 1, 2021.

The Clinical Data Acquisition Group for Anthem integrates admission, discharge and transfer (ADT) data from facility providers, health information exchanges and third-party aggregators. ADT data exchange helps Anthem:

- Better support members with care coordination and discharge planning — leading to healthier outcomes for our members, your patients.
- Proactively manage care transitions to avoid waste.
- Close care gaps and educate members about appropriate care settings.

Anthem would like to digitally exchange HL7 ADT messaging data for our members using secure data collection and transmission capabilities currently in use by facility systems. Facilities with network connections through vendors or health information exchanges can integrate ADT data with Anthem through these channels as well. Near real-time HL7 ADT messaging data — or at least within 24 hours of admission, discharge or transfer — enables Anthem to most effectively manage care transitions.

Email the Clinical Data and Analytics team at ADT_Intake@anthem.com to get started today.

AWI-NU-0264-21

URL: <https://providernews.anthem.com/wisconsin/article/attention-facilities-sending-admission-discharge-and-transfer-data-to-anthem-results-in-improved-care-management-for-patients-5>

What Matters Most: Improving the patient experience

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

What Matters Most: Improving the Patient Experience is an online course for providers and office staff that addresses gaps in care and offers approaches to communication with patients. 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 patientexptraining.com.

AWI-NU-0273-21

URL: <https://providernews.anthem.com/wisconsin/article/what-matters-most-improving-the-patient-experience-10>

Resources to support your diverse patient panel

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

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

Cultural competency resources

Here is an overview of the cultural competency resources available on our provider website.

- *Cultural Competency and Patient Engagement* includes:
 - The impact of culture and cultural competency on healthcare.
 - A **cultural competency continuum**, which can help providers assess their level of cultural competency.
 - Disability competency and information on the Americans with Disabilities Act (ADA).

- *Caring for Diverse Populations Toolkit* includes:
 - Comprehensive information, tools and resources to support enhanced care for diverse patients and mitigate barriers.
 - Materials that can be printed and made available for patients in provider offices.
 - Regulations and standards for cultural and linguistic services.
- *My Diverse Patients* offers:
 - A comprehensive repository of resources to providers to help support the needs of diverse patients and address disparities.
 - Courses with free continuing education credit through the American Academy of Family Physicians.
 - Free accessibility from any device (for example, desktop computer, laptop, phone or tablet), no account or login required.

To access these resources, go to mediproviders.anthem.com/wi > Manuals, Directories, Training & More > Cultural & Linguistic Resources.

In addition, providers can access [Stronger Together](#), which offers free resources to support the diverse health needs of all people where they live, learn, work and play. These resources were created by our parent company in collaboration with national organizations and are available for you to share with your patients and communities.



Prevalent non-English languages (based on population data)

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

Prevalent non-English languages in Wisconsin

- Spanish

Language support services

As a reminder, Anthem provides language assistance services for our members with limited English proficiency (LEP) or hearing, speech, or visual impairments. Please see the provider manual for details on what is available and how to access resources. In addition, the cultural competency resources shared above provide guidance on communicating and serving diverse populations effectively.

¹ Source: American Community Survey, 2019 American Community Survey 1-Year Estimates, Table B16001, generated 10/04/2020.

AWI-NU-0278-21

URL: <https://providernews.anthem.com/wisconsin/article/resources-to-support-your-diverse-patient-panel-8>

Coding spotlight: Mental disorders in childhood

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

Mental disorders among children may cause serious changes in the way children typically learn, behave or handle their emotions, which cause distress and problems getting through the day. Healthcare professionals use the guidelines in the *American Psychiatric Association's Diagnostic and Statistical Manual, Fifth Edition (DSM-5)*,¹ to help diagnose mental health disorders in children.

The most common mental disorders of childhood and adolescence fall into the following categories:

- Anxiety disorders (generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobic disorder)
- Depression
- Posttraumatic stress disorder (PTSD)
- Separation anxiety disorder
- Social anxiety disorder
- Obsessive-compulsive disorder
- Bipolar disorder

- Disruptive behavioral disorders (attention-deficit/hyperactivity disorder ADHD, conduct disorder, and oppositional defiant disorder)
- Eating disorders
- Schizophrenia (less common).

Other conditions and concerns that affect children's learning, behavior and emotions include learning and developmental disabilities, autism, and risk factors like substance use and self-harm.

ICD-10-CM coding:

- Chapter 5 of the ICD-10-CM code set categorizes mental disorders.
- Codes from chapter 5 are assigned based on the express documentation of the provider's clinical judgment regarding the patient's mental or behavioral disorder(s). The codes are not assigned based on symptoms, signs, or abnormal clinical laboratory findings.

Affective disorders

Major depressive disorder (MDD) is classified in ICD-10-CM as:

- F32: Major depressive disorder, single episode
- F33: Major depressive disorder, recurrent

When documenting major depressive disorder, keep in mind that proper and specific coding requires clear documentation of the:

- Episode: single versus recurrent.
- Severity: mild, moderate, or severe.
- Psychotic features, when present.
- Status of remission as either partial or full.

Remember to document any established causality between multiple mental health conditions. For example:

- Suppose the patient has a diagnosis of depression and a diagnosis of anxiety with a causal relationship between the two conditions. In such cases, documentation must establish the relationship by stating depression with, due to, or related to anxiety

ICD-10-CM classifies bipolar disorders under the following categories:

- F30: Manic episode (bipolar disorder, single manic episode, and mixed affective episode)
- F31: Bipolar disorder (manic-depressive illness, manic-depressive psychosis, and manic-depressive reaction)
- F34: Persistent mood affective disorders (cyclothymic disorder and dysthymic disorder)
- F39: Unspecified mood affective disorder (affective psychosis not otherwise specified).

Nonpsychotic mental disorders

Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders are classified in categories F40 to F48.

Anxiety disorders are classified in ICD-10-CM under the following categories:

- F40: Phobic anxiety disorders
- F41: Other anxiety disorders
- F42: Obsessive-compulsive disorder.

Reactions to stress

ICD-10-CM provides category F43 for coding reactions to severe stress and adjustment disorders. Code F43.0, Acute stress reaction, classifies acute reaction to stress, including acute crisis reaction, crisis state, and psychic shock.

Posttraumatic stress disorder (PTSD) is classified in ICD-10-CM to subcategory F43.1, with fifth-character for unspecified, acute, or chronic.

Adjustment disorders are classified to subcategory F43.2, with the fifth-character axis being the nature of the reaction, such as anxiety, depression, or other symptoms. For example:

- F43.24: Child adopted from a foreign country, suffering from culture shock with conduct disturbance.

Behavioral syndromes associated with physiological disturbances and physical factors

Categories F50 to F59 are devoted to behavioral syndromes associated with physiological disturbances and physical factors. These codes are not assigned when the conditions are present due to mental disorders classified elsewhere or organic in origin. This grouping includes, for example:

- F50: Eating disorders (such as anorexia nervosa and bulimia nervosa)
- F51: Sleep disorders, not due to a substance or known physiological condition
- F54*: Psychological and behavioral factors associated with disorders or diseases classified elsewhere

*Note: Code F54 classifies psychological and behavioral factors associated with diseases classified elsewhere. Typical conditions that are often associated with code F54 include asthma and dermatitis.

- F59: Unspecified behavioral syndromes associated with physiological disturbances and physical factors

Schizophrenic disorders:

- Those types of disorders are classified in category F20, with a fourth character indicating the type of schizophrenia.
- The codes from category F20 are followed by an excludes one note indicating they should not be reported with codes classifying a brief psychotic disorder (F23), cyclic schizophrenia (F25.0), schizoaffective disorder (F25-F25.9) and schizophrenic reaction not otherwise specified (NOS) (F23).
- Assign code F20.9, Schizophrenia, unspecified, for chronic schizophrenia with acute exacerbation. The existing ICD-10-CM codes for schizophrenia do not differentiate severity or an acute exacerbation (*AHA Coding Clinic*, Second Quarter 2019, p.32).

Attention deficit hyperactivity disorder (ADHD)

ICD-10-CM codes for ADHD include:

- F90.0: Attention-deficit hyperactivity disorder, predominantly inattentive type.
- F90.1: Attention-deficit hyperactivity disorder, predominantly hyperactive type.
- F90.2: Attention-deficit hyperactivity disorder, combined type.
- F90.8: Attention-deficit hyperactivity disorder, other types.
- F90.9: Attention-deficit hyperactivity disorder, unspecified type.

The ADHD diagnosis may not be established at the time of the initial physician office visit. Therefore, it may take two or more visits before the diagnosis is confirmed or ruled out. ICD-10-CM outpatient coding guidelines specify not to assign a diagnosis code when documented as *rule out*, *working diagnosis* or other similar terms indicating uncertainty.

Instead, the outpatient coding guidelines instruct to code the condition(s) to the highest degree of certainty for that encounter/visit, requiring the use of codes that describe symptoms, signs or another reason for the visit.

History codes (categories Z80 to Z87) may be used as secondary codes if the historical condition or family history impacts current care or influences treatment. Personal and family history of ADHD has an impact on the clinical assessment of an individual for this disorder; the ICD-10-CM codes to report the history of ADHD in an individual include:

- Z86.59: Personal history of other mental and behavioral disorders.
- Z81.8: Family history of other mental and behavioral disorders.

Psychosocial circumstances

ICD-10-CM provides codes for behaviors that are not classified as behavioral disorders, such as:

- R41.840: Attention and concentration deficit
- R45.83: Excessive crying of child, adolescent, or adult
- R45.87: Impulsiveness
- R46.81: Obsessive-compulsive behavior.

Resources:

1 American Psychiatric Association's Diagnostic and Statistical Manual, Fifth Edition (DSM-5)

- *ICD-10-CM Expert, 2021*. Optum
- *Coding Clinic*. Optum
- Mental illness in children. <https://www.webmd.com/anxiety-panic/mental-health-illness-in-children>
- Children's Mental Health <https://www.cdc.gov/childrensmentalhealth/symptoms.html>

AWI-NU-0267-21

URL: <https://providernews.anthem.com/wisconsin/article/coding-spotlight-mental-disorders-in-childhood-1>

March 2021 medical drug benefit clinical criteria updates

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

On March 25, 2021, and April 8, 2021, the Pharmacy and Therapeutics (P&T) Committee approved the following *Clinical Criteria* applicable to the **medical drug benefit** for Anthem Blue Cross and Blue Shield and AMH Health, LLC. These policies were developed, revised, or reviewed to support clinical coding edits.

Visit [Clinical Criteria](#) to search for specific policies. If you have questions or would like additional information, use this [email](#).

Please see the explanation/definition for each category of *Clinical Criteria* below:

- New: newly published criteria
- Revised: addition or removal of medical necessity requirements, new document number
- Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive

Please share this notice with other members of your practice and office staff.

Note: The *Clinical Criteria* listed below applies only to the medical drug benefits contained within the member's medical policy. This does not apply to pharmacy services.

Effective date	Document number	<i>Clinical Criteria</i> title	New or revised
July 16, 2021	ING-CC-0195*	Abecma (idecabtagene vicleucel)	New
July 16, 2021	ING-CC-0191*	Pepaxto (melphalan flufenamide; melflufen)	New
July 16, 2021	ING-CC-0192*	Cosela (trilaciclib)	New
July 16, 2021	ING-CC-0193*	Evkeeza (evinacumab)	New
July 16, 2021	ING-CC-0194*	Cabenuva (cabotegravir extended-release; rilpivirine extended-release) Injection	New
July 16, 2021	ING-CC-0125	Opdivo (nivolumab)	Revised
July 16, 2021	ING-CC-0064	Interleukin-1 Inhibitors	Revised
July 16, 2021	ING-CC-0159*	Scenesse (afamelanotide)	Revised
July 16, 2021	ING-CC-0151	Yescarta (axicabtagene ciloleucel)	Revised
July 16, 2021	ING-CC-0145*	Libtayo (cemiplimab-rwlc)	Revised
July 16, 2021	ING-CC-0130*	Imfinzi (durvalumab)	Revised
July 16, 2021	ING-CC-0127	Darzalex (daratumumab) and Darzalex Faspro (daratumumab and hyaluronidase-fihj)	Revised
July 16, 2021	ING-CC-0075*	Rituximab Agents for Non-Oncologic Indications	Revised

AWI-NU-0291-21

URL: <https://providernews.anthem.com/wisconsin/article/march-2021-medical-drug-benefit-clinical-criteria-updates>

Prior authorization requirement changes effective September 1, 2021 - UM AROW 1837

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

Effective September 1, 2021, prior authorization (PA) requirements will change for multiple codes. The medical codes listed below will require PA by Anthem Blue Cross and Blue Shield for BadgerCare Plus members. Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following:

- 0045U — oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score
- 0153U — oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement
- 0244U — oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue
- 81404 — molecular pathology procedure level 5
- 81414 — cardiac ion channelopathies (for example, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1
- 81439 — hereditary cardiomyopathy (for example, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (for example, DSG2, MYBPC3, MYH7, PKP2, TTN)
- 81518 — oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy
- 81519 — oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score

- paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis
- 81522 — oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and
- 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score

To request PA, you may use one of the following methods:

- **Web:** mediproviders.anthem.com/wi
- **Fax:** 800-964-3627
- **Phone:** 855-558-1443

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the provider self-service tool on the Availity* Portal at availity.com or on the provider website at mediproviders.anthem.com/wi > Login. Contracted and non-contracted providers who are unable to access Availity can call our Provider Services at 855-558-1443 for assistance with PA requirements.

AWI-NU-0289-21

URL: <https://providernews.anthem.com/wisconsin/article/prior-authorization-requirement-changes-effective-september-1-2021-um-arow-1837>

Updates to AIM Specialty Health Musculoskeletal Program clinical appropriateness guidelines

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

The following updates will be **effective for dates of service on and after September 12, 2021**. The following updates will apply to the *AIM Musculoskeletal Program: Joint Surgery, Spine Surgery, and Interventional Pain Clinical Appropriateness Guidelines*. These AIM Specialty Health®* guideline updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

Joint surgery updates by section

Shoulder arthroplasty:

- Added steroid injection for all joints; exclusion based on panel recommendation.
- Added exclusions for use of xenografts or biologic scaffold for augmentation or bridging reconstruction, use of platelet rich plasma or other biologics, and concomitant subacromial decompression.
- Removed indication for subacromial impingement with rotator cuff tear.

Hip arthroplasty:

- Added exclusion for steroid injection for joint being replaced within the past six weeks.
- Added labral tear indication.

Knee arthroscopy and open procedures:

- Added chondroplasty indication.
- Narrowed use of lateral release to lateral compression as a cause for anterior knee pain or chondromalacia patella.
- Added a conservative management and advanced osteoarthritis exclusion to patellar compression syndrome section.

Musculoskeletal program: Interventional pain management guideline updates by section

General requirements — conservative management:

- Addition of physical therapy or home therapy requirement and one complementary modality based on preponderance of benefit over harm to conservative care.
- Aligned with approach to conservative management defined in spine and joint surgery guidelines.
- Epidural injection procedures and diagnostic selective nerve root blocks:
- Addition of statement about adherence to the emergency severity index (ESI) procedural best practices established by FDA Safe Use Initiative. Recommendations are intended for provider education and will not be used for adjudication.
- Clarification of intent around requirement for advanced imaging for repeat injections.

Paravertebral facet injection/nerve block/neurolysis:

- Removed indication for four unilateral medial branch blocks per session based on panel consensus
- Procedural clarification restricting use of corticosteroids for diagnostic medial branch block (MBB) based on panel consensus.
- Limited use of intra-articular steroid injection to mechanical disruption of a facet synovial cyst.
- Removed indication for intra-articular steroid injections based on new evidence for lack of efficacy.
- Increased duration of initial radiofrequency neurotomy (RFN) efficacy needed to avoid a MBB to six months based on panel consensus.
- Clarification that MBB or RFN is not medically necessary after spinal fusion.

Spinal cord and nerve root stimulators:

- Clarified inclusion of different stimulation methods for spinal cord stimulation.
- Added new indication for dorsal root ganglion stimulation.
- Clarified exclusions for spinal cord and dorsal root ganglion stimulation.

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

- Access AIM's **ProviderPortal**_{SM} directly at providerportal.com.
- Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Portal* at availity.com. Call the AIM Contact Center toll-free number at 800-714-0040, Monday through Friday, from 7 a.m. to 7 p.m. Eastern time.

If you have 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](#).

If you have any questions regarding this communication or any other items, you can call Provider Services at **855-558-1443**.

* 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.

AWI-NU-0290-21

URL: <https://providernews.anthem.com/wisconsin/article/updates-to-aim-specialty-health-musculoskeletal-program-clinical-appropriateness-guidelines-1>

New reimbursement policy: Modifier 90: Reference (outside) laboratory and pass-through billing

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

Effective October 1, 2021, Anthem Blue Cross and Blue Shield does not allow pass-through billing for lab services. Claims appended with Modifier 90 and an office place of service will be denied unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.

Reimbursement will be made directly to the laboratory that performed the clinical diagnostic laboratory test based on 100% of the applicable fee schedule or contracted/negotiated rate.

Modifier 90 is defined as when laboratory procedures are performed by a party other than the treating or reporting physician or other qualified healthcare professional. The procedure may be identified by adding Modifier 90 to the usual procedure number.

For additional information, please review the Modifier 90: Reference (Outside) Laboratory and Pass-Through Billing reimbursement policy at mediproviders.anthem.com/wi.

AWI-NU-0255-21

URL: <https://providernews.anthem.com/wisconsin/article/new-reimbursement-policy-modifier-90-reference-outside-laboratory-and-pass-through-billing-1>

Medicare News - July 2021

Published: Jul 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:

- [Prior authorization requirement changes effective September 1, 2021 – UM Authorization Rule Operations Workgroup \(AROW\) Item 1845](#)
- [Provider notification for UM Authorization Rule Operations Workgroup \(AROW\) Item 1846](#)

ABSCRNU-0227-21
ABSCRNU-0230-21

URL: <https://providernews.anthem.com/wisconsin/article/medicare-news-july-2021>

Let's Vaccinate

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

Help increase your vaccination rates and close gaps-in-care with these tools and strategies

Healthcare providers are seen as trusted sources of medical information and are in a unique position to improve lives and community health. Research shows that a strong vaccination recommendation from a provider is the greatest motivator for people of all ages to vaccinate themselves and their family members against serious infectious diseases.

Let's Vaccinate offers providers tools and strategies to aid in vaccinating people of all ages. This website will help your practice:

- Address disparities for vaccine-preventable diseases.
- Identify and fill workflow gaps, including assessing vaccination status, enhancing vaccine, communications, providing vaccine education, and improving vaccine management and administration in your office.

- Access up-to-date guidance from the Centers for Disease Control and Prevention (CDC) for vaccines.
- Connect with your state immunization program, local immunization coalition, or other vaccine advocates in your community to collaborate.

Keeping all patients healthy and safe requires the support and collaboration of the entire healthcare industry. So, together, let's vaccinate.

Let's Vaccinate is a collaboration of Anthem, Inc., Pfizer Inc., and Vaccinate Your Family.

ABSCRNU-0228-21

URL: <https://providernews.anthem.com/wisconsin/article/lets-vaccinate-12>

Attention facilities: Sending admission, discharge and transfer data to Anthem results in improved care management for patients

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

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

CMS issued an [Interoperability and Patient Access Policy](#) to reduce the burden of certain administrative processes. The CMS policy requires providers to implement application programming interfaces (APIs) to improve the electronic exchange of healthcare data between patient, provider and payer. The policy reiterates that in partnership with the Office of the National Coordinator for Health Information (ONC), CMS identified Health Level 7[®] (HL7) as the foundational standard to support data exchange via secure API. Implementation of this CMS mandate is expected by July 1, 2021.

The Clinical Data Acquisition Group for Anthem integrates admission, discharge and transfer (ADT) data from facility providers, health information exchanges and third-party aggregators. ADT data exchange helps Anthem:

- Better support members with care coordination and discharge planning — leading to healthier outcomes for our members, your patients.

- Proactively manage care transitions to avoid waste.
- Close care gaps and educate members about appropriate care settings.

Anthem would like to digitally exchange HL7 ADT messaging data for our members using secure data collection and transmission capabilities currently in use by facility systems. Facilities with network connections through vendors or health information exchanges can integrate ADT data with Anthem through these channels as well. Near real-time HL7 ADT messaging data — or at least within 24 hours of admission, discharge or transfer — enables Anthem to most effectively manage care transitions.

Email the Clinical Data and Analytics team at ADT_Intake@anthem.com to get started today.

AWI-NU-0264-21

URL: <https://providernews.anthem.com/wisconsin/article/attention-facilities-sending-admission-discharge-and-transfer-data-to-anthem-results-in-improved-care-management-for-patients-7>

Medical drug benefit clinical criteria updates

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

On March 25, 2021, and April 8, 2021, the Pharmacy and Therapeutics (P&T) Committee approved the following *Clinical Criteria* applicable to the **medical drug benefit** for Anthem Blue Cross and Blue Shield and AMH Health, LLC. These policies were developed, revised, or reviewed to support clinical coding edits.

Visit [Clinical Criteria](#) to search for specific policies. If you have questions or would like additional information, use this [email](#).

Please see the explanation/definition for each category of *Clinical Criteria* below:

- New: newly published criteria
- Revised: addition or removal of medical necessity requirements, new document number
- Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive

Please share this notice with other members of your practice and office staff.

Note: The *Clinical Criteria* listed below applies only to the medical drug benefits contained within the member’s medical policy. This does not apply to pharmacy services.

Effective date	Document number	<i>Clinical Criteria</i> title	New or revised
July 16, 2021	ING-CC-0195*	Abecma (idecabtagene vicleucel)	New
July 16, 2021	ING-CC-0191*	Pepaxto (melphalan flufenamide; melflufen)	New
July 16, 2021	ING-CC-0192*	Cosela (trilaciclib)	New
July 16, 2021	ING-CC-0193*	Evkeeza (evinacumab)	New
July 16, 2021	ING-CC-0194*	Cabenuva (cabotegravir extended-release; rilpivirine extended-release) Injection	New
July 16, 2021	ING-CC-0125	Opdivo (nivolumab)	Revised
July 16, 2021	ING-CC-0064	Interleukin-1 Inhibitors	Revised
July 16, 2021	ING-CC-0159*	Scenesse (afamelanotide)	Revised
July 16, 2021	ING-CC-0151	Yescarta (axicabtagene ciloleucel)	Revised
July 16, 2021	ING-CC-0145*	Libtayo (cemiplimab-rwlc)	Revised
July 16, 2021	ING-CC-0130*	Imfinzi (durvalumab)	Revised
July 16, 2021	ING-CC-0127	Darzalex (daratumumab) and Darzalex Faspro (daratumumab and hyaluronidase-fihj)	Revised
July 16, 2021	ING-CC-0075*	Rituximab Agents for Non-Oncologic Indications	Revised

ABSCRNU-0233-21

URL: <https://providernews.anthem.com/wisconsin/article/medical-drug-benefit-clinical-criteria-updates-108>

Prior authorization requirement changes for codes A0426 and A0428 effective October 1, 2021

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

Effective October 1, 2021, prior authorization (PA) requirements will change for A0426 and A0428 covered by Anthem Blue Cross and Blue Shield. Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these prior authorization rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

PA requirements will be added for the following codes:

- A0426 — ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
- A0428 — ambulance service, basic life support, nonemergency transport (BLS)

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the provider self-service tool on the Availity* Portal at availity.com or on the provider website at anthem.com/medicareprovider > Login. Contracted and non-contracted providers unable to access Availity can call the Provider Services located on the back of their patient's member ID card for PA requirements.

* Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield.

ABSCRNU-0232-21

URL: <https://providernews.anthem.com/wisconsin/article/prior-authorization-requirement-changes-for-codes-a0426-and-a0428-effective-october-1-2021>

New reimbursement policy: Modifier 90: Reference (outside) laboratory and pass-through billing

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

Effective October 1, 2021, Anthem Blue Cross and Blue Shield does not allow pass-through billing for lab services. Claims appended with Modifier 90 and an office place of

Reimbursement will be made directly to the laboratory that performed the clinical diagnostic laboratory test based on 100% of the applicable fee schedule or contracted/negotiated rate.

Modifier 90 is defined as when laboratory procedures are performed by a party other than the treating or reporting physician or other qualified healthcare professional. The procedure may be identified by adding Modifier 90 to the usual procedure number.

For additional information, please review the Modifier 90: Reference (Outside) Laboratory and Pass-Through Billing reimbursement policy at [anthem.com/medicareprovider](https://www.anthem.com/medicareprovider).

ABSCRNU-0212-21

URL: <https://providernews.anthem.com/wisconsin/article/new-reimbursement-policy-modifier-90-reference-outside-laboratory-and-pass-through-billing-2>

Prior authorization requirement changes effective September 1, 2021

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

Effective September 1, 2021, prior authorization (PA) requirements will change for the following codes. The medical codes listed below will require PA by Anthem Blue Cross and Blue Shield for BadgerCare Plus members. Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following:

- 0203U — Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness
- 0208U — Oncology (medullary thyroid carcinoma), mRNA, gene expression analysis of 108 genes, utilizing fine needle aspirate, algorithm reported as positive or negative for medullary thyroid carcinoma

- 0230U — Androgen receptor (AR) (for example, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
- 0231U — Calcium voltage-gated channel subunit alpha 1A (CACNA1A) (for example, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, STR gene expansions, mobile element insertions, and variants in non-uniquely mappable regions
- 0232U — Cystatin B (CSTB) (for example, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, STR expansions, mobile element insertions, and variants in non-uniquely mappable regions
- 0233U — Frataxin (FXN) (for example, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, STR expansions, mobile element insertions, and variants in non-uniquely mappable regions
- 0234U — Methyl CpG binding protein 2 (MECP2) (for example, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
- 0235U — Phosphatase and tensin homolog (PTEN) (for example, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
- 0236U — Survival of motor neuron 1, telomeric (SMN1) and survival of motor neuron 2, centromeric (SMN2) (for example, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions
- 0238U — Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
- 0620T — Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed

- 33995 — Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only
- 58999 — Unlisted Proc, Female Genital System (Nonobstetrical)
- 81191 — Neurotrophic receptor tyrosine kinase 1 (NTRK1) (for example, solid tumors) translocation analysis
- 81192 — Neurotrophic receptor tyrosine kinase 2 (NTRK2) (for example, solid tumors) translocation analysis
- 81193 — Neurotrophic receptor tyrosine kinase 3 (NTRK3) (for example, solid tumors) translocation analysis
- 81194 — Neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3 (NTRK) (for example, solid tumors) translocation analysis
- 81279 — Janus kinase 2 (JAK2) (for example, myeloproliferative disorder) targeted sequence analysis (for example, exons 12 and 13)
- 81338 — MPL proto-oncogene, thrombopoietin receptor (MPL) (for example, myeloproliferative disorder) gene analysis; common variants (for example, W515A, W515K, W515L, W515R)
- 81339 — MPL proto-oncogene, thrombopoietin receptor (MPL) (for example, myeloproliferative disorder) gene analysis; sequence analysis, exon 10
- 81351 — Tumor protein 53 (TP53) (for example, Li-Fraumeni syndrome) gene analysis; full gene sequence
- 81352 — Tumor protein 53 (TP53) (for example, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (for example, 4 oncology)
- 81353 — Tumor protein 53 (TP53) (for example, Li-Fraumeni syndrome) gene analysis; known familial variant
- 81546 — Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (for example, benign or suspicious)
- C1778 — Lead, neurostimulator (implantable)
- C1883 — Adaptor/extension, pacing lead or neurostimulator lead (implantable)
- G0068 — Professional services for the administration of antiinfective, pain management, chelation, pulmonary hypertension, and/or inotropic infusion drug(s) for each infusion drug administration calendar day in the individual's home, each 15 minutes
- G0069 — Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes

- G0070 — Professional services for the administration of chemotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes
- G0088 — Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes
- G0089 — Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
- G0090 — Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes

To request PA, you may use one of the following methods:

- **Web:** Once logged in to Availity* at [availity.com](https://www.availity.com), select Patient Registration > Authorizations & Referrals, then choose Authorizations or Auth/Referral Inquiry, as appropriate.
- **Fax:** 800-964-3627
- **Phone:** 855-558-1443

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider website at mediproviders.anthem.com/wi > Login. Contracted and noncontracted providers who are unable to access the provider website may call our Provider Services at 855-558-1443 for assistance with PA requirements.

* Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield.

AWI-NU-0285-21

URL: <https://providernews.anthem.com/wisconsin/article/prior-authorization-requirement-changes-effective-september-1-2021-1>
