New Hampshire Provider News

March 2020 Anthem New Hampshire Provider News

Level of care medical necessity reviews for upper and lower endoscopy procedures begin June 1, 2020

Published: Mar 1, 2020 - **Products & Programs**

We are committed to being a valued health care partner in identifying ways to achieve better health outcomes, lower costs and deliver access to a better healthcare experience for consumers.

Effective with dates of service on or after June 1, 2020, a medical necessity review of the hospital outpatient level of care for certain upper endoscopy and colonoscopy procedures will be required for members with commercial plans covered by Anthem.The clinical guideline, *Level of Care: Hospital-Based Ambulatory Surgical Procedures and Endoscopic Services, CG-SURG-52*, will apply to the review process. The review will be administered by AIM Specialty Health® (AIM).

AIM will evaluate the clinical information in the request against CG-SURG-52, to determine if the hospital-based outpatient setting is the appropriate level of care for the endoscopy service. Your office may contact AIM to request a peer-to-peer discussion before or after the determination.

The level of care medical necessity review only applies to procedures performed in an outpatient hospital setting. This does not apply to requests for review of endoscopy performed in a non-hospital setting or as part of an inpatient stay. Reviews also do not apply when Anthem is the secondary payer.

For a complete list of procedures subject to the medical necessity level of care review, and additional information, such as Frequently Asked Questions, visit aimproviders.com/surgicalprocedures.

Submit a request for review

Starting May 18, 2020 ordering providers may submit precertification requests for the hospital outpatient level of care for these procedures for dates of service on or after June 1, 2020 to AIM in one of the following ways:

- Access AIM ***Provider****Portal*$_{SM}$ directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web Portal at availity.com

- Call the AIM Contact Center toll-free number at 866-714-1107, Mon. - Fri., 8:00 a.m. - 5:00 p.m.

Beginning in May, AIM will offer webinars to provide information on navigating the AIM ***Provider****Portal*. To register for a webinar visit aimproviders.com/surgicalprocedures.

Please note, this review does not apply to the following plans: BlueCard®, Federal Employee Program® (FEP®), Medicaid, Medicare Advantage and Medicare Supplemental plans. Providers can view prior authorization requirements for Anthem members at Medical Policies & Clinical UM Guidelines and Prior Authorization at anthem.com.

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 back of the member's ID card.

Note: In some plans "site of service" or another term such as "setting" or "place of service" may be the term used in benefit plans, provider contracts or other materials instead of or in addition to "level of care" and in some plans, these terms may be used interchangeably. For simplicity, we will hereafter use "level of care."

URL: https://providernews.anthem.com/new-hampshire/article/level-of-care-medical-necessity-reviews-for-upper-and-lower-endoscopy-procedures-begin-june-1-2020-1

Clinical criteria updates for specialty pharmacy

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

The following clinical criteria documents were endorsed at the December 20, 2019 Clinical Criteria meeting. To access the clinical criteria information please click here.

If you do not have access to the internet, you may request a hard copy of any updated policy by contacting the Provider Call Center.

New clinical criteria effective December 24, 2019
The following clinical criteria is new and has been adopted.

- ING-CC-0152 - Vyondys 53 (golodirsen)

New clinical criteria effective January 20, 2020
The following clinical criteria are new and have been adopted.

- ING-CC-0153 - Adakveo (crizanlizumab)
- ING-CC-0154 - Givlaari (givosiran)

Revised clinical criteria effective January 20, 2020
The following clinical criteria were revised to expand medical necessity indications or criteria.

- ING-CC-0032 - Botulinum Toxin
- ING-CC-0099 - Abraxane (paclitaxel, protein bound)
- ING-CC-0128 - Tecentriq (atezolizumab)

Revised clinical criteria effective June 1, 2020
The following clinical criteria were revised and might result in services that were previously covered but may now be found to be not medically necessary.

- ING-CC-0004 - H.P. Acthar Gel (repository corticotropin injection)
- ING-CC-0027 - Denosumab Agents

URL: https://providernews.anthem.com/new-hampshire/article/pharmacy-information-available-on-anthemcom-54

Pharmacy information available on anthem.com

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

For more information on copayment/coinsurance requirements and their applicable drug classes, drug lists and changes, prior authorization criteria, procedures for generic substitution, therapeutic interchange, step therapy or other management methods subject to

anthem.com/pharmacyinformation. To locate the commercial drug list, select ‘Click here to access your drug list’. To locate the Marketplace Select Formulary and pharmacy information, scroll down to ‘Select Drug Lists’, then select the applicable state’s drug list link.

The commercial and marketplace drug lists are reviewed and updates are posted to the website quarterly (the first of the month for January, April, July and October).

Federal Employee Program (FEP) pharmacy updates and other pharmacy related information may be accessed at www.fepblue.org > Pharmacy Benefits. This drug list is also reviewed and updated regularly as needed.

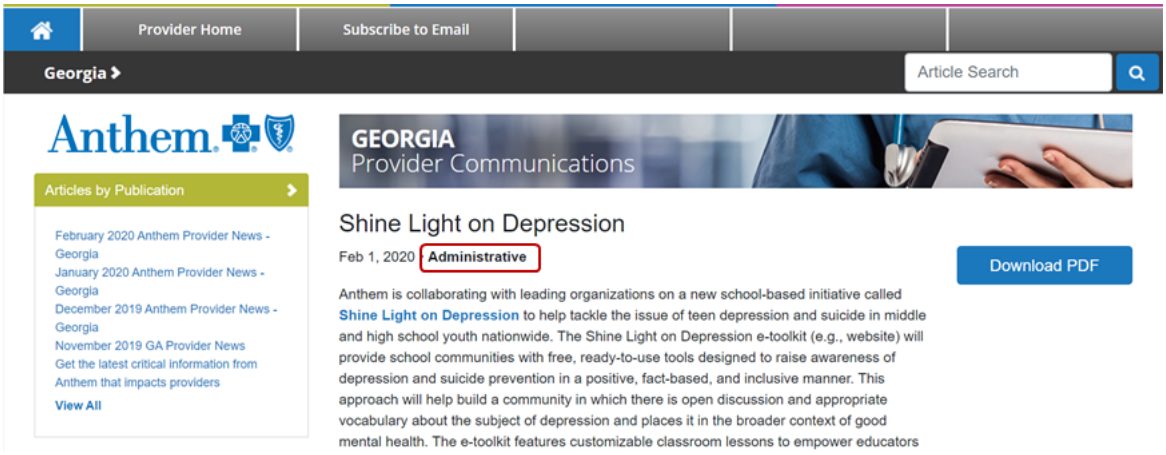
URL: https://providernews.anthem.com/new-hampshire/article/pharmacy-information-available-on-anthemcom-55

New enhancements with Provider News

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

We'd like to share some recent enhancements to the online site for our monthly provider publication – *Provider News*.

1. Article categories – such as “Administrative”, "Medicare", “Products and Programs” and so on – are now appearing directly under the article title on the website and in PDFs. (This will help differentiate between commercial and government business content.) Please see the sample illustration below.



Article Attachments

phase 2.png
image/png - 176.63 KB

1. We've also enhanced the look and feel of PDFs for individual articles and publications. Within PDFs for publications, you'll find:

- A table of contents
- A bold line separating each article
- The URL for each article is included so users can access online if desired
- Attachments will show if appropriate

We hope you find these changes helpful, as we continue to work to improve our provider communications vehicle and to make the tool even easier to use.

URL: https://providernews.anthem.com/new-hampshire/article/new-enhancements-with-provider-news-2

Reminder: non-physical, occupational or speech therapists must include modifiers on physical, occupational, or speech therapy claims

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

As recently reiterated in the December 2019 edition of *Provider News*, effective November 1, 2019, all qualified providers who perform physical, occupational or speech therapy services for Anthem members are required to request prior authorization review from AIM Specialty Health® (AIM). Prior authorization review requests for PT, OT and ST may be submitted to AIM via the AIM *ProviderPortal*$_{SM}$.

The AIM Rehab Program follows the Anthem Clinical Guidelines that state the services must be delivered by a qualified provider of therapy services acting within the scope of their licensure. Qualified providers acting within the scope of their license, including chiropractors, who intend to provide PT, OT or ST services must request prior authorization for those services through AIM. All non-physical therapists, non-occupational therapists and non-speech therapists must submit claims that include therapy codes contained in CG-REHAB-04, CG-REHAB-05 or CG-REHAB 06 with the modifiers GP (physical therapy services), GO (occupational therapy services) or GN (speech therapy services).

We are also transitioning vendors for review of rehabilitative services for our Medicare members to include outpatient PT, OT, and ST to AIM Specialty Health. The AIM Rehab program will begin in April 2020. Modifiers must be appended when submitting claims for services delivered under an outpatient occupational or physical therapy plan of care on a CMS -1500 form. Use modifier **GP** (physical therapy services), **GO** (occupational therapy services) or **GN** (speech therapy services).

Please see the notice in the Medicare section of this March 2020 issue of *Provider News* for more information about the AIM Rehabilitative Program for Medicare members.

URL: https://providernews.anthem.com/new-hampshire/article/reminder-non-physical-occupational-or-speech-therapists-must-include-modifiers-on-physical-occupational-or-speech-therapy-claims

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Patient360 enhancement for medical providers

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

Patient360 is a real time dashboard you can access through the Availity Portal that gives you a robust picture of your Anthem patient’s health and treatment history and will help you facilitate care coordination.

If an Anthem member has a Care Gap Alert, your medical practice can locate Active Alerts on the Member Summary page of the Patient360 application.

What's new: Medical providers now have the option available on Patient360 to include feedback for each gap in care that is listed on the patient's active alerts. However, to be able to access the Care Gap Alert Feedback you will need to provide an individual NPI. If you select an NPI from Express Entry menu, the feedback options will not be available.

Article Attachments

Patient 360 March 2020.jpg
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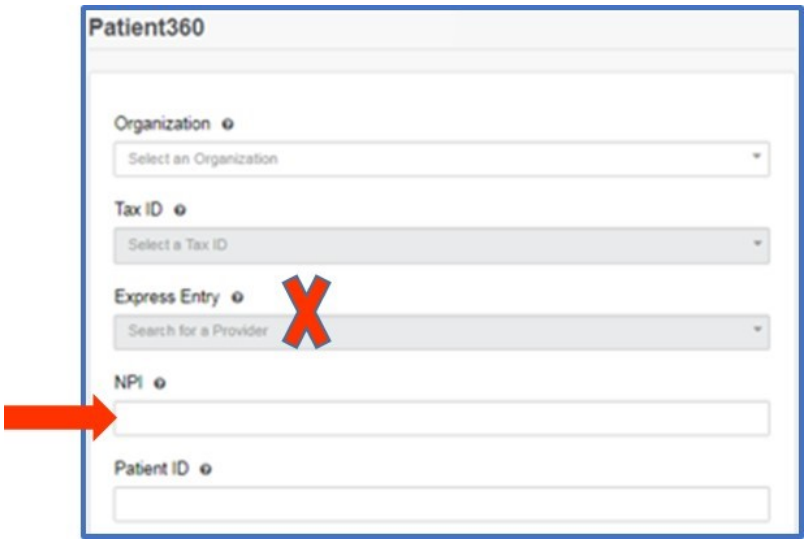

Once you have completed all the required fields you will land on the Member Summary page of the application. To provide feedback, select the Resolution Health Index (RHI) within the Active Alerts section. This will open the Care Gap Alert Feedback Entry screen. You can choose the feedback menu option that applies to your patient's care gap.

Are you using Patient360 for the first time? You can easily access Patient360 on the Availity Portal.
First, you need to be assigned to the Patient360 Role that your Availity Administrators can locate within the Clinical Roles options.

Once you have the Availity role assignment, navigate to Patient360 through the Availity Portal by selecting the application on Anthem Payer Spaces or by choosing the Patient360 link located on the patient's benefits screen.

Commercial Risk Adjustment (CRA) Program update: Medical chart collection for ACA members due March 31, 2020

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

Each year, we request your assistance in our Commercial Risk Adjustment (CRA) Program. There are two distinct programs (Retrospective and Prospective), that work to improve risk adjustment accuracy and focus on performing appropriate interventions and chart reviews for patients with undocumented Hierarchical Condition Categories (HCC) in order to document and close the coding gaps.

The CRA Program is specific to our Affordable Care Act (ACA) members who have purchased our individual and small group health insurance plans on or off the Health Insurance Marketplace (commonly referred to as the exchange).

With our Retrospective Program, we focus on medical chart collection. We continue to request members' medical records to obtain information required by the Centers for Medicare & Medicaid Services (CMS). This particular effort is part of our compliance with provisions of the ACA that require our company to collect and report diagnosis code data for our ACA membership. The members' medical record documentation helps support this data requirement.

Analytics are performed internally on claims that do not have the ICD-10 code for which we suspect a chronic condition. These medical records will be requested, reviewed and any additional codes abstracted can be submitted to CMS to increase our risk score values.

Anthem network providers - PCPs, specialists, facilities, behavioral health, ancillary, etc. - may receive letters from vendors such as Inovalon, Verscend, Ciox, Sharecare, and Episource requesting access to medical records for chart review. These vendors are independent companies that provide secure, clinical documentation services and contact providers on our behalf.

We ask that our network providers provide the medical record information to the designated vendor within 30 days of the request (by March 31, 2020). While faxing remains our primary method for record retrieval, we offer many other electronic ways for providers to submit information.

Electronic options that may make medical chart collection easier for providers:

- EMR Interoperability
- Allscripts (Opt in -- signature required to allow for remote review)
- NextGen (Opt out -- auto-enrolled)
- Athenahealth (Opt out -- auto-enrolled)
- MEDENT
- Remote/Direct Anthem access
- Vendor virtual or onsite visit
- Secure FTP

The goal of these electronic options is to both improve the medical record data extraction and the experience for Anthem's network-participating hospitals, clinics and physician offices. If you are interested in this type of set up or any other remote access options, please contact our Commercial Risk Adjustment Network Education Representative, Alicia.Estrada@anthem.com.

Thank you for your continued efforts with our CRA Program and expediting these medical chart collection requests.

URL: https://providernews.anthem.com/new-hampshire/article/commercial-risk-adjustment-cra-program-update-medical-chart-collection-for-aca-members-due-march-31-2020

Modifier use reminders

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

Billing of patient treatment can be complex, particularly when determining whether modifiers are required for proper payment. Our reimbursement policy and correct coding guidelines

Things to remember

- Review the “CPT Surgical Package Definition” found in the current year’s CPT Professional Edition. Use modifiers such as 25 and 59 only when the services are not included in the surgical package.
- Review the current year’s CPT Professional Edition Appendix A - Modifiers for the appropriate use of modifiers 25, 57 and 59.
- When an evaluation and management (E/M) code is reported on the same date of service as a procedure, the use of the modifier 25 should be limited to situations where the E/M service is “above and beyond” or “separate and significant” from any procedures performed the same day.
- When appropriate, assign anatomical modifiers (Level II HCPCS modifiers) to identify different areas of the body that were treated. Proper application of the anatomical modifiers helps ensure the highest level of specificity on the claim and can help show that different anatomic sites received treatment.
- Use modifier 59 to indicate that a procedure or service was distinct or independent of other “non E/M services” performed on the same date of service. The modifier 59 represents services not **normally** performed together but which may be reported together under the circumstances.

If you feel that you have received a denial after applying a modifier appropriately under correct coding guidelines, please follow the normal claims dispute process and include medical records that support the usage of the modifiers when submitting claims for consideration.

We will be publishing additional articles on correct coding in upcoming newsletters.

URL: https://providernews.anthem.com/new-hampshire/article/modifier-use-reminders-4

Important coding reminder for Walk-in Retail Health Clinics

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

Some professional (837P/CMS-1500) claims for services rendered to non-Anthem/BlueCard

If your practice is a Walk-in Retail Health Clinic, please remind your coding staff to report the most accurate place of service, Walk-in Retail Health Clinic (17), for professional claims when submitting claims for non-Anthem/BlueCard members.

URL: https://providernews.anthem.com/new-hampshire/article/important-coding-reminder-for-walk-in-retail-health-clinics-3

Provider Maintenance Form (PMF) enhancement

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

In an effort to improve the process for submitting a demographic change request for multiple providers *such as change of address/termination etc.,* we have enhanced the PMF to allow for the usage of an excel spreadsheet. Please submit one PMF with an excel spreadsheet indicating all provider names and demographic information including a comments column noting the action(s) needed for each provider along with the appropriate effective date. Reminder, please notify us at least 30 days prior of any provider demographic and/or practice changes. For notices of termination from our network, refer to the termination clause in your Agreement for specific notification requirements.

URL: https://providernews.anthem.com/new-hampshire/article/provider-maintenance-form-pmf-enhancement

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Clinical guideline update effective June 1, 2020 - Paraesophageal Hernia Repair

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

recertification review will be required effective June 1, 2020 for the following new Anthem Clinical Guideline.

CG-SURG-92	Paraesophageal Hernia Repair	• PEH repair is considered medically necessary (MN) for symptomatic individuals when criteria are met • PEH repair during operation for Roux-en-Y gastric bypass, sleeve gastrectomy, or the placement of an adjustable gastric band is considered MN when criteria are met • Recurrent PEH repair is considered MN when criteria are met • PEH repair is considered not medically necessary when criteria are not met and for all other indications	Existing codes 43280, 43281, 43282, 43283, 43325, 43327, 43328, 43330, 43331, 43332, 43333, 43334, 43335, 43336, 43337, 43338, 0BQT0ZZ, 0BQT3ZZ, 0BQT4ZZ and 0BUT0JZ will be reviewed for MN criteria

URL: https://providernews.anthem.com/new-hampshire/article/clinical-guideline-update-effective-june-1-2020-paraesophageal-hernia-repair

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Outpatient Rehabilitation Program transition: new prior authorization requirements effective April 1, 2020

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

Effective April 1, 2020, we will transition the utilization management of our Outpatient Rehabilitation Program to AIM Specialty Health® (AIM). AIM is a specialty health benefits company. The Outpatient Rehabilitation Program includes physical, occupational and speech therapy services. We have an existing relationship with AIM in the administration of other programs.

This relationship with AIM will enable us to expand and optimize this program, further ensuring that care aligns with established evidence-based medicine. AIM will follow the clinical hierarchy established by Anthem for medical necessity determination. We make coverage determinations based on guidance from CMS, including national coverage determinations, local coverage determinations, other coverage guidelines and instructions issued by CMS, and legislative changes in benefits. When existing guidance does not provide sufficient clinical detail, AIM will determine medical necessity using an objective, evidence-based process.

AIM will continue to use criteria documented in Anthem clinical guidelines *CG.REHAB.04*, *CG.REHAB.05* and *CG.REHAB.06* for review of these services. These clinical guidelines can be reviewed online at https://medicalpolicies.amerigroup.com/am_search.html.

Detailed prior authorization requirements are available online https://www.availity.com by accessing the Precertification Lookup Tool under *Payer Spaces*. Contracted and non-contracted providers should call Provider Services at the phone number on the back of the member's ID card for prior authorization requirements.

Prior authorization review requirements
For outpatient rehabilitation services rendered, or to be rendered, for dates of service from October 1, 2019 through March 31, 2020, no prior authorization is required. For these service dates, in addition to all other rights Anthem has under our provider contract and law, Anthem and AIM will continue to monitor claims history and utilization trends and will validate provider and member information.

AIM will facilitate training sessions to provide an overview of the program and demonstrate the AIM ***Provider****Portal*SM. Please access the AIM Rehabilitation Provider Portal to register for an upcoming session.

For services that are scheduled on or after April 1, 2020, providers must contact AIM to obtain prior authorization. Beginning March 19, 2020, providers will be able to contact AIM for prior authorization of services to take place on or after April 1, 2020. Providers are strongly encouraged to verify that they have obtained prior authorization before scheduling and performing services.

How to place a review request
Beginning March 19, 2020, you may place a prior authorization request online via the AIM ***Provider****Portal*. This service is available 24/7 to process requests in real time using clinical criteria. Go to www.providerportal.com to register. You can also call AIM at 800-714-0040, Monday through Friday, 8:00 a.m. to 8:00 p.m.

For more information
For resources to help your practice get started with the Outpatient Rehabilitation Program, go to www.aimproviders.com/rehabilitation. For portal login Issues, call 800-252-2021.

The AIM website provides access to useful information and tools, such as order entry checklists, clinical guidelines and an FAQ.

ABSCARE-0322-19

URL: https://providernews.anthem.com/new-hampshire/article/outpatient-rehabilitation-program-transition-new-prior-authorization-requirements-effective-april-1-2020

Non-preferred products and corresponding preferred alternatives

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

Beginning January 1, 2020, we will be contacting members using non-preferred products with a high patient cost share about the availability of lower patient cost share preferred alternatives. If the member is interested in switching, we will call or fax their provider who can determine whether the preferred alternative is clinically appropriate. This is strictly informational and not a substitute for physician-directed medical evaluations or treatments.

A list of the included non-preferred products and corresponding preferred alternatives is provided below.

Nonpreferred products	Preferred alternative(s)
Aciphex DR	omeprazole pantoprazole
Actos	pioglitazone HCL
Advair Diskus	fluticasone-salmeterol Wixela Inhub
Aggrenox	aspirin-dipyridamole ER
Ampyra ER	dalfampridine ER
Breo Ellipta	fluticasone-salmeterol Wixela Inhub
Cambia	diclofenac sumatriptan
chlorzoxazone	cyclobenzaprine
Coumadin	warfarin
Crestor	rosuvastatin
Dexilant	omeprazole pantoprazole
Dilantin	phenytoin
Diovan HCT	valsartan/hydrochlorothiazide
Duexis	ibuprofen & famotidine
Dymista	fluticasone & azelastine
Epzicom	abacavir-lamivudine
Evzio	naloxone HCL
Farxiga	Jardiance
Gleevec	imatinib
Glumetza	metformin ER (generic Glucophage XR)
Incruse Ellipta	Spiriva
Invega	paliperidone ER
Invokana	Jardiance
Jublia	ciclopirox
Kerydin	ciclopirox
Kombiglyze	Janumet XR
Lamictal	lamotrigine
Lanoxin	digoxin
Lipitor	atorvastatin

Livalo	atorvastatin lovastatin pravastatin simvastatin
Lovaza	omega-3 acid ethyl esters
Mestinon	pyridostigmine
metformin ER (generic Glumetza)	metformin ER (generic Glucophage XR)
metformin ER OSM (generic Fortamet)	metformin ER (generic Glucophage XR)
Mirapex	pramipexole
Myrbetriq ER	oxybutynin
Nexium	omeprazole pantoprazole
Nilandron	nilutamide
Novolin N	Humulin N
Novolog	Humalog
omeprazole-bicarbonate	omeprazole pantoprazole
Onfi	clobazam
Onglyza	Januvia
Pennsaid	meloxicam
Protonix	omeprazole pantoprazole
Renvela	sevelamer
Requip	ropinirole
Restasis	Xiidra
Soolantra	metronidazole azelaic acid
Symbicort	fluticasone-salmeterol Wixela Inhub
Synthroid	levothyroxine
Tresiba	Basaglar Lantus Toujeo
Trokendi XR	topiramate
Tudorza Pressair	Spiriva
Vasotec	enalapril
Vimovo	naproxen & omeprazole

Wellbutrin XL	bupropion XL
Xalatan	latanoprost
Xenazine	tetrabenazine
Zestoretic	lisinopril/hydrochlorothiazide
Zestril	lisinopril
Zileuton ER	montelukast

ABSCRNU-0123-20

URL: https://providernews.anthem.com/new-hampshire/article/non-preferred-products-and-corresponding-preferred-alternatives-2

Keep up with Medicare news

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

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

- Prior authorization requirements for CardioMEMS

URL: https://providernews.anthem.com/new-hampshire/article/keep-up-with-medicare-news-118
