

**Pharmacy:**

Specialty pharmacy medical step therapy drug list clarification about non-oncology colony stimulating factor agents . . . . . 3

Specialty pharmacy medical step therapy drug list expanded . . . . . 4

Pharmacy information available on anthem.com . . . . . 5

**Administrative:**

MCG care guidelines 23rd Edition . . . . . 6

Electronic member ID cards – Easy online access on the Availity portal . . . . . 7

Attention! Availity launches changes to the Medical Attachment submission tool . . . . . 10

Provider Manual to be updated July 1, 2019 . . . . . 11

Changes to the Timely Filing for Adjustments & Corrected Claims Administrative Policy . . . . . 12

Commercial Risk Adjustment (CRA) Reporting Update: Health Assessment requests for 2019 / Alternative reporting engagement . . . . . 12

Review of professional claims with emergency room level 5 E/M codes . . . . . 15

Referring to contracted ambulance providers . . . . . 16

Access surveys for PCPs, specialists and behavioral health practitioners to be conducted . . . . . 19

Clinical practice and preventive health guidelines available on anthem.com . . . . . 30

**Reimbursement Policies:**

Drug Screen Testing update: professional . . . . . 21

**Medical Policy & Clinical Guidelines:**

Medical policy updates are available on anthem.com . . . . . 21

Clinical guideline updates are available on anthem.com . . . . . 25

**Medicare:**

Fall prevention tips ..... 28

Medical records request for risk adjustment ..... 28

Partial hospitalization services ..... 28

Keep up with Medicare news ..... 29

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# Specialty pharmacy medical step therapy drug list clarification about non-oncology colony stimulating factor agents

Published: May 1, 2019 - Products & Programs / Pharmacy

In the February edition of our provider newsletter, *Provider News*, we shared that the following clinical criteria will be effective May 1, 2019. We will begin the medical step therapy review process for **non-oncology** uses of these drugs at this time. We will notify you when we begin the medical step therapy review process for oncology indications.

## Colony Stimulating Factor Agents ING-CC-0002

Effective for dates of service on and after May 1, 2019, the following specialty pharmacy codes from new or current criteria will be included in our existing specialty pharmacy medical step therapy review process. Zarxio® will be the preferred short-acting colony stimulating factor (CSF) agent over Neupogen®, Granix®, and Nivestym™®.

Pre-service clinical review of these specialty pharmacy drugs will be managed by AIM Specialty Health® (AIM), a separate company.

Additional information regarding biosimilar drugs can be found by viewing the attached reference document, “Biosimilar Drugs – What are they?”.

To access the clinical criteria information please click [here](#).

Clinical Criteria	Status	Drug	HCPCS or CPT Code	NDC Code
ING-CC-0002	Preferred Agent	Zarxio®	Q5101	61314-0304-01 61314-0304-10 61314-0312-01 61314-0312-10 61314-0318-01 61314-0318-10 61314-0326-01 61314-0326-10
ING-CC-0002	Non-Preferred Agent	Neupogen®	J1442	55513-0530-01 55513-0530-10 55513-0546-01 55513-0546-10 55513-0924-01 55513-0924-10

55513-0924-91 55513-0209-01 55513-0209-10 55513-0209-91				
ING-CC-0002	Non-Preferred Agent	Granix®	J1447	63459-0910-11 63459-0910-12 63459-0910-15 63459-0910-17 63459-0910-36 63459-0912-11 63459-0912-12 63459-0912-15 63459-0912-17 63459-0912-36
ING-CC-0002	Non-Preferred Agent	Nivestym™	Q5110	00069-0291-10 00069-0291-01 00069-0292-01 00069-0292-10

**URL:** <https://providernews.anthem.com/new-hampshire/article/specialty-pharmacy-medical-step-therapy-drug-list-clarification-about-non-oncology-colony-stimulating-factor-agents>

## Specialty pharmacy medical step therapy drug list expanded

Published: May 1, 2019 - **Products & Programs** / Pharmacy

### Agents for Hereditary Angioedema ING-CC-0034

Effective for dates of service on and after August 1, 2019, the following specialty pharmacy codes from new or current clinical criteria will be included in our existing specialty pharmacy medical step therapy review process. Haegarda® and Takhzyro™ will be the preferred prophylactic agents over Cinryze®.

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

To access the clinical criteria information please click [here](#).

Clinical Criteria	Status	Drug	HCPCS or CPT Code	NDC Code
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ING-CC-0034	Preferred Agent	Haegarda®	J0599	63833-0828-02 63833-0829-02
ING-CC-0034	Preferred Agent	Takhzyro™	J3490, J3590, C9399	47783-0644-01
ING-CC-0034	Non-Preferred Agent	Cinryze®	J0598	42227-0081-05

URL: <https://providernews.anthem.com/new-hampshire/article/specialty-pharmacy-medical-step-therapy-drug-list-expanded-1>

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## Pharmacy information available on anthem.com

Published: May 1, 2019 - **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 prescribing decisions and other requirements, restrictions or limitations that apply to certain drugs, visit [anthem.com/pharmacyinformation](https://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](https://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-33>

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## MCG care guidelines 23rd Edition

Published: May 1, 2019 - Administrative

Effective August 1, 2019, we will upgrade to the 23rd edition of MCG care guidelines for the following modules: Inpatient & Surgical Care (ISC), General Recovery Care (GRC), Chronic Care (CC), Recovery Facility Care (RFC), Behavioral Health Care (BHC).

### Goal Length of Stay (GLOS) changes for Inpatient & Surgical Care (ISC)

Guideline	MCG Number	23rd Edition GLOS	22nd Edition GLOS
Neurology-Traumatic Brain Injury, Nonsurgical Treatment	M-78	Ambulatory or 2 days	2 days
Orthopedics-Lumbar Fusion	S-820	2 days postoperative	3 days postoperative

### New Optimal Recovery Guidelines (ORGs), Common Complications and Conditions (CCC) and Level of Care (LOC) Guidelines

Module	Guideline	Title	MCG Number
ISC	ORG	Anorexia Nervosa, Child or Adolescent	P-585
ISC	ORG	Substance-Related Disorders, Child or Adolescent	P-596
ISC	ORG	Left Atrial Appendage Closure, Percutaneous	M-333
ISC	ORG	Abdominal Pain, Undiagnosed, Pediatric	P-05
ISC	ORG	Craniotomy for Traumatic Brain Injury or Intracerebral Hemorrhage, Pediatric	P-414
ISC	ORG	Craniotomy, Supratentorial, Pediatric	P-411
ISC	ORG	Headaches, Pediatric	P-185
ISC	ORG	Hernia Repair (Non-Hiatal), Pediatric	P-1305
ISC	ORG	Inflammatory Bowel Disease, Pediatric	P-565
ISC	ORG	Pelvic Inflammatory Disease (PID), Acute, Pediatric	P-260
ISC	ORG	Spine, Scoliosis, Posterior Instrumentation, Pediatric	P-1056
ISC	ORG	Supraventricular Arrhythmias, Pediatric	P-510
ISC	CCC	Pain: Common Complications and Conditions	CCC-050

RFC	ORG	Degenerative Joint Disease (DJD)	M-7030
BHC	LOC	Obsessive-Compulsive and Related Disorders, Adult: Inpatient Care	B-030-IP
BHC	LOC	Obsessive-Compulsive and Related Disorders, Child or Adolescent: Inpatient Care	B-029-IP
BHC	LOC	Obsessive-Compulsive and Related Disorders: Residential Care	B-030-RES
BHC	LOC	Obsessive-Compulsive and Related Disorders: Partial Hospital Program	B-030-PHP
BHC	LOC	Obsessive-Compulsive and Related Disorders: Intensive Outpatient Program	B-030-IOP
BHC	LOC	Obsessive-Compulsive and Related Disorders: Acute Outpatient Care	B-030-AOP

**Anthem Customizations to MCG care guideline 23rd Edition**

Effective August 1, 2019, the following MCG care guideline 23rd edition customizations will be implemented.

- Left Atrial Appendage Closure, Percutaneous (W0157) - customized to refer to SURG.00032 Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention
- Spine, Scoliosis, Posterior Instrumentation, Pediatric (W0156) - customized to refer to Musculoskeletal Program Clinical Appropriateness Guidelines, Level of Care Guidelines and Preoperative Admission Guidelines

To see a more detailed summary of customizations, visit our [website](#).

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

**URL:** <https://providernews.anthem.com/new-hampshire/article/mcg-care-guidelines-23rd-edition>

# Electronic member ID cards – Easy online access on the Availity portal

Published: May 1, 2019 - Administrative

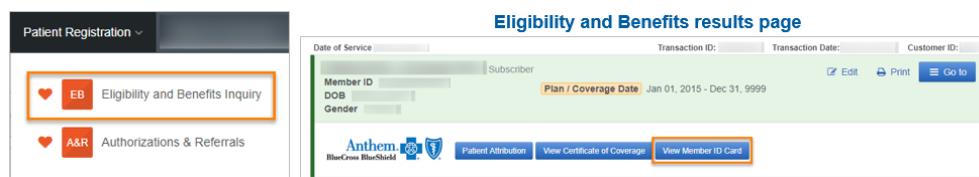
Have you had more Anthem members present with their ID card on their smartphone lately? We want to remind you of the ways you can access your own copy of their ID card.

In the [October 2017 issue of Network Update](#), we informed you about our mobile app called Anthem Anywhere that allows members to manage their benefits on their smart phones, including the option of an electronic only version of their ID cards. We want to ensure a member's electronic only ID card meets your needs.

Based on member requests and growing trends, we anticipate that *by the year 2020, nearly 50% of our Local Plan members may choose the electronic ID card option*, so we urge you to start using the available retrieval tools today.

## Provider options for obtaining a copy of an electronic member ID card

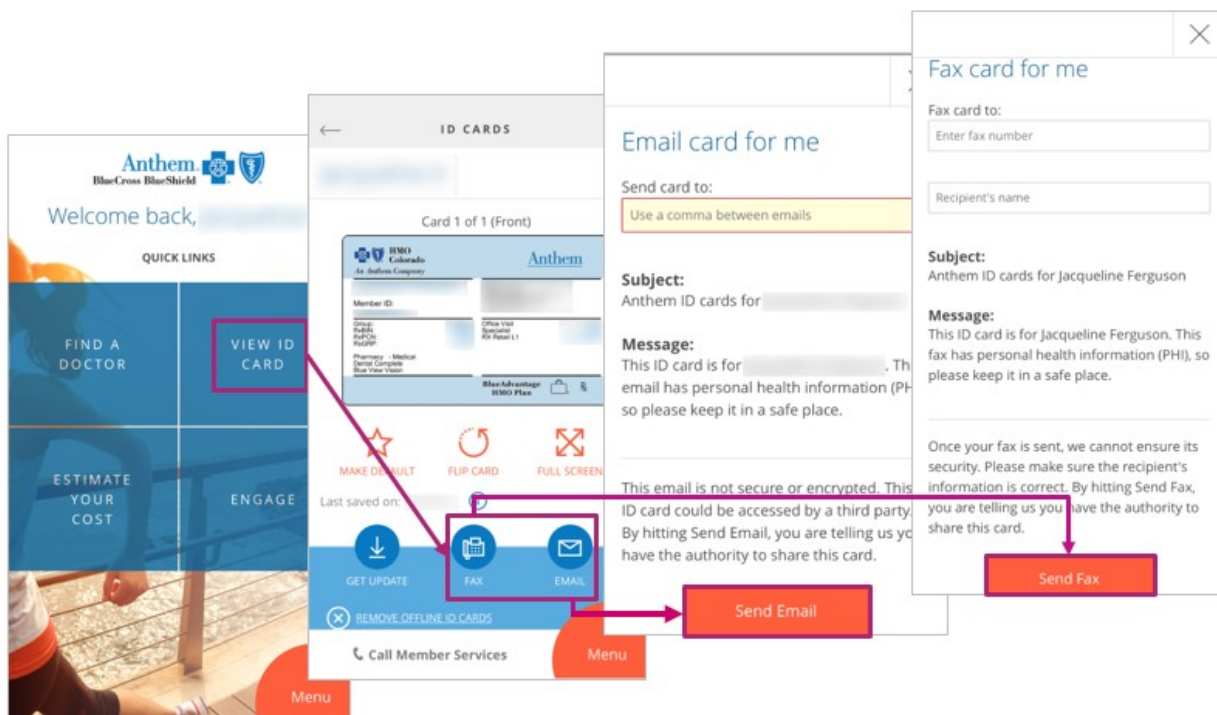
- **Online -- through the Availity Portal:** Providers also have the option to view Anthem member ID cards online (and print if needed) from the Availity Portal at [availity.com](http://availity.com). When conducting an Eligibility and Benefits (E&B) Inquiry -- from the E&B Results page, select the blue button titled **View Member ID Card**. (Currently excludes BlueCard®, Federal Employee Program® (FEP) and some health plans' Medicare Advantage and Medicaid members.)



**Note:** As with all E&B Inquiries on Availity, providers must have the member ID number (including the three-character prefix) and one or more search options of date of birth, first name and last name.



- **Email or Fax:** Members can email/fax the card from his/her phone. When members are viewing their ID card on their phone, they will select the **email** or **fax** icon to forward their ID card.



These options are available for your patients who are members covered by our affiliated health plans in CA, CO, CT, GA, IN, KY, ME, MO, NH, NV, NY, OH, WI and VA.

Members are still required to have a copy of their card in one format or another, whether hard copy or electronic, in order for services to be rendered. See our *Quick Reference Guide for further details.*

### Quick Reference Guide

See our [Electronic Member ID Cards – Quick Reference Guide](#) for more details and information on:

- Frequently Asked Questions
- Details on provider options for obtaining a copy of an electronic member ID card
- Sample electronic member ID cards

## Attention! Availity launches changes to the Medical Attachment submission tool

Published: May 1, 2019 - **Administrative**

In the March 2019 edition of our newsletter, *Provider News*, we announced the exciting updates we've made to the Medical Attachment submission tool. As you start using the updated medical attachment tool on the Availity Portal, you will see the following changes from the information we shared in March:

- File size – each attachment can be up to 10 MB with a maximum of 30 MB as the file size limit
- The addition of logos in your dashboard make it easy to quickly identify each payer
- The Medical Attachment tool will be retired from the Availity Portal soon, so we encourage you to start utilizing the 'Attachment – New' option now. We will provide an update in a future *Provider News* once the Medical Attachment tool retirement date is determined.

Other features of the updated medical attachment include:

- The ability to submit an itemized bill
- A different link titled "Attachment – New" where you will now submit medical records when Anthem has requested additional information to process a claim
- A new link on the attachment page called "Send Attachment" will allow you to start the process
- A record history of each entry provides you increased visibility of your submission

The Medical Attachment tool makes the process of submitting electronic documentation in support of a claim, simple and streamlined. You can use your tax identification number (TIN) or your NPI to register and submit *solicited* (requested by Anthem) medical record attachments through the Availity Portal.

Note: We will continue to keep you informed of upcoming changes to the 'Attachment – New' platform as we progress toward streamlining our electronic documentation functionality.

### **How to access/setup the *solicited* medical attachments tool for your office**

Availity Administrators must complete these steps:

From My Account Dashboard, select Enrollments Center > Medical Attachments Setup, follow the prompts and complete the following sections:

Select Application > choose Medical Attachments Registration

Provider Management > Select Organization from the drop-down. Add NPIs and/or tax IDs. (Multiples can be added separated by spaces or semi-colons.)

Assign user access by checking the box in front of the user's name. Users may be removed by unchecking their name.

### **Submitting medical attachments**

Once the above setup is completed, Availity Users will complete these steps:

Log in to [www.availity.com](http://www.availity.com).

Select Claims and Payments > Attachments-New > Send Attachment Tab.

Complete all required fields of the form.

Attach supporting documentation.

Submit.

### **Need training?**

To access additional training for this Availity feature:

Log in to the Availity Portal at [www.availity.com](http://www.availity.com).

At the top of any Availity portal page, click **Help and Training | Get Trained** to open the Availity Learning Center (ALC) Catalog in a new browser tab. It is your dedicated ALC account.

Search the Catalog using keyword **Attachments** to find training demo and on-demand courses.

Select **Enroll** to register for a course and then go to your Dashboard to access it any time.

**URL:** <https://providernews.anthem.com/new-hampshire/article/attention-availity-launches-changes-to-the-medical-attachment-submission-tool>

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## **Provider Manual to be updated July 1, 2019**

Published: May 1, 2019 - **Administrative**

The Provider Manual will be updated for an effective date of July 1, 2019. To view the updated manual, please visit [anthem.com/provider](https://anthem.com/provider). Select 'Find Resources in Your State' and select New Hampshire. On the provider home page, go to Provider Reference Materials > Provider Manual.

In addition, a new BlueCard® Provider Manual has also been published with an effective date of January 1, 2019. This manual can also be found by visiting [anthem.com/provider](https://anthem.com/provider). Select 'Find Resources in Your State' and select New Hampshire. On the provider home page, go to Provider Reference Materials > [Provider Manual](#) > BlueCard Provider Manual (effective January 1, 2019).

**URL:** <https://providernews.anthem.com/new-hampshire/article/provider-manual-to-be-updated-july-1-2019-2>

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## **Changes to the Timely Filing for Adjustments & Corrected Claims Administrative Policy**

Published: May 1, 2019 - **Administrative**

Effective July 1, 2019 there will be a change to the Timely Filing for Adjustments & Corrected Claims Administrative Policy timeframe. We will be moving from 18 months to 12 months for corrected claims.

You can view the updated administrative policy by visiting [anthem.com/provider](https://anthem.com/provider). Select 'Find Resources in Your State' and select New Hampshire. On the provider home page, go to Provider Reference Materials > [Administrative Policies](#).

**URL:** <https://providernews.anthem.com/new-hampshire/article/changes-to-the-timely-filing-for-adjustments-corrected-claims-administrative-policy>

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## **Commercial Risk Adjustment (CRA) Reporting Update: Health Assessment requests for 2019 / Alternative reporting engagement**

Published: May 1, 2019 - **Administrative**

In a continuation of our CRA reporting update articles throughout 2019, we request your assistance with respect to our Commercial Risk Adjustment (CRA) reporting processes.

As a reminder, there are two approaches that we take (retrospective and prospective) to improve risk adjustment reporting accuracy. We are focusing on performing appropriate interventions and chart reviews for patients with undocumented hierarchical condition categories (HCC), to close the documentation and coding gaps that we are seeing with our members enrolled in our Affordable Care Act (ACA) compliant plans.

This month we'd like to focus on the Prospective approach, and the request to our providers:

Anthem network providers -- usually primary care physicians -- may receive letters from our vendor, Inovalon, requesting that physicians:

**Schedule a comprehensive visit** with patients identified to confirm or deny if previously coded or suspected diagnoses exists, and

**Submit a Health Assessment** documenting the previously coded or suspected diagnoses (also called a SOAP Note -- *Subjective, Objective, Assessment and Plan*).

Incentives for properly submitted Health Assessments (in addition to the office visit reimbursement):

- \$100 submitted electronically
- \$50 submitted via fax

### **Health Assessment requests through Inovalon**

We have engaged Inovalon -- an independent company that provides secure, clinical documentation services -- to help us comply with provisions of the ACA that require us to assess members' relative health risk level. In the coming weeks and months, Inovalon will be sending letters to providers as part of our risk adjustment cycle, asking for their help with completing health assessments for some of our members.

This year will bring a new round of assessments. As a reminder, chronic conditions must be coded every year, and we encourage you to code to the greatest level of specificity on all Anthem claim submissions. If you have questions about the requests you receive, you can reach Inovalon directly at 866-682-6680.

**Maximize your Incentive opportunity: submit electronically via Inovalon’s ePASS® tool**

Join an ePASS webinar to learn how to submit a Health Assessment electronically and maximize your incentive opportunities. They are offered every Wednesday from 3:00 p.m. - 4:00 p.m. Register by sending an email to [ePASSProviderRelations@inovalon.com](mailto:ePASSProviderRelations@inovalon.com) with your name, organization, contact information and the date of the webinar you wish to attend.

- Teleconference: Dial 415-655-0002 (US Toll) and enter access code: 736 436 872
- WebEx: Visit <https://inovalonmeet.webex.com> and enter meeting number: 736 436 872
- Once you join the call, live support is available at any time by dialing \*0

**Alternative reporting engagement**

ePASS is our preferred method for submission for the Prospective approach. However to improve engagement and collaborate with our Providers who are not submitting via ePASS, we have identified other alternatives which may be helpful and provide more flexibility with your current processes.

If you are interested in any of these alternative options, please contact Alicia Estrada, our CRA Network Education Representative, at [Alicia.Estrada@anthem.com](mailto:Alicia.Estrada@anthem.com).

<b>Alternative reporting option/Description</b>
<b>Availity Comprehensive Health Assessment</b> Availity will send a notification of members who have gaps and need assessments. The office will schedule members to be seen, at this time open gaps are displayed. Once the visit is completed, the office will complete the health assessment via Availity and the provider will review and sign off. <i>Eligible for \$100 incentive.</i>
<b>EPIC Patient Assessment Form (PAF)</b> Providers with EPIC as their EMR system can fax the EPIC PAF to Inovalon at 866-682-6680 without a coversheet. <i>Eligible for \$50 incentive.</i>
<b>Providers Existing Patient Assessment Form (PAF)</b> -- Utilize providers existing EMR system and applicable PAF and fax to Inovalon at 866-682-6680. Must be submitted with a coversheet indicating "see attached Anthem Progress Note". <i>Eligible for \$50 incentive.</i>

*Note: Please reach out to the CRA Network Education Representative listed above for confirmation that your EMR system's PAF is compliant.*

**EPHC providers using PCMS** -- Providers participating in our Enhanced Personal Health Care (EPHC) program can use member reports from our PCMS tool within Availity to schedule members for comprehensive visits. Providers use normal gap closure through claims submission. No Health Assessment needed.

**List of members to be scheduled** -- Anthem provides a member report for providers to schedule members for comprehensive visits. Providers use normal gap closure through claims submission. No Health Assessment needed.

**Allscripts push notifications** (*combine with EMR Interoperability for Chart Requests from our Retrospective approach*)  
Once a member is scheduled for visit, provider will get notification of outstanding gaps. Benefit: Provider is aware upfront, at the time of the visit to address chronic conditions with members and code them accurately on their claim. No Health Assessment needed.

**URL:** <https://providernews.anthem.com/new-hampshire/article/commercial-risk-adjustment-cra-reporting-update-health-assessment-requests-for-2019-alternative-reporting-engagement>

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## Review of professional claims with emergency room level 5 E/M codes

Published: May 1, 2019 - **Administrative**

We have identified an increasing trend in the billing of emergency room (ER) level 5 Evaluation and Management (E/M) codes. To help manage increasing healthcare costs, beginning August 1, 2019, we will initiate the post-pay review of professional ER claims billed with level 5 E/M Codes (99285 or G0384) to help ensure documentation meets or exceeds the components necessary to support its billing. Professional ER claims with the highest potential for up-coding will be selected.

We will request documentation for identified claims, and level 5 ER professional reviews will evaluate the appropriate use of the level 5 ER code based on the AMA CPT coding manuals, and Anthem guidelines. Reimbursement will be based on the ER E/M code the submitted documentation supports.

Please note, these coding reviews are not related to any prior notifications of reviews which examine the appropriate use of ERs for non-emergencies, nor do they include the examination of emergent versus non-emergent reasons patient utilize emergency room services.

**URL:** <https://providernews.anthem.com/new-hampshire/article/review-of-professional-claims-with-emergency-room-level-5-em-codes-2>

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## **Referring to contracted ambulance providers**

Published: May 1, 2019 - **Administrative**

As a contracted provider with Anthem, please remember that you are obligated when medically appropriate to refer our members to in-network providers. This includes physicians and all provider types including, but not limited to, ambulance transport (ground and air), ambulatory surgical centers, behavioral health services, physical medicine providers and ancillary providers. Referring to in-network providers allows members to receive the highest level of benefits under their Health Benefit Plan. As a reminder, call Anthem first for prior authorization if required by the member's policy.

### **Ground Ambulance Providers**

You can search for participating ground providers using our online tool, Provider Finder, located at [anthem.com/provider](https://anthem.com/provider). Search parameters include distance from your location (zip code, address or county). To use the tool, go to [anthem.com/provider](https://anthem.com/provider), scroll down and select 'Find Resources for New Hampshire', and follow these steps in our "Find a Doctor" tool:

Select "all plans/networks"

Select type of coverage

I am looking for a : "other medical services"

Who specializes in: "ambulance companies"

Located near: add your address, zip code or county

### **Air Ambulance Providers**

The providers listed below are participating air ambulance providers with Anthem in New Hampshire. This means that these providers have contractually agreed to accept the Anthem Rate as payment in full for covered services, and they will bill members only for



allowable benefit cost-share obligations when transporting members who are picked up in New Hampshire.

Some air ambulance providers choose not to participate with us.

- These air ambulance providers may charge members rates that are much higher than our contracted provider rates.
- Depending on their benefits, members who utilize non-participating air ambulance providers can be left with significant out-of-pocket expenses, which the ambulance providers and their billing agents may seek to collect.

To avoid these situations, we ask that, whenever possible, you use a participating air ambulance provider for your patients who are our members. Utilizing participating providers:

- **Protects** the member from balance billing for what may be excessive amounts,
- **Assures** the most economical use of the member's benefits, and
- **Is consistent** with your contractual obligations to refer to in-network providers where available.

To schedule fixed wing or rotary wing air ambulance services, please contact us for prior authorization if required by the member's policy, then call one of the phone numbers listed below. Please have the following information ready when you call:

- Basic medical information about the patient, including the patient's name and date of birth or age. If the service was not prior authorized with Anthem, the air ambulance provider will also need to receive a full medical report from the attending facility.
- Current location of the patient, the name of the hospital or facility caring for the patient and its address (city and state)
- Location where patient is to be transported, including the name of the destination hospital/facility and address
- Approximate transport date or time frame
- Special equipment or care needs

Should you have questions regarding the air ambulance network, including providers contracted for air ambulance pickups outside of New Hampshire, please contact the Provider Call Center.

**Fixed Wing (Airplane) Providers (HCPCS Codes: A0430 & A0435)**

Provider Name	Phone#	Location Address	Web site
Air Ambulance Specialists, Inc. dba AMR Air Ambulance	800-424-7060	8001 S Interport Blvd, #150, Englewood, CO 80112	<a href="http://www.AMRAirAmbulance.com">www.AMRAirAmbulance.com</a>
AeroCare Medical Transport Systems	630-466-0800	43W 752 Hwy 30, Sugar Gove, IL 60554	<a href="http://www.aerocare.com">www.aerocare.com</a>
Center for Emergency Medicine of Western PA dba Stat MedEvac	416-460-3000	10 Alleghany County Airport, West Mifflin, PA 15122	<a href="http://www.upmc.edu">www.upmc.edu</a>
Medway Air Ambulance, Inc.	800-233-0655	570 Briscoe Blvd, Lawrenceville, GA 30046	<a href="http://www.medwayair.com">www.medwayair.com</a>
Life Guard International, Inc. dba Flying ICU	702-740-5952	145 E. Reno Avenue, Ste. E-7, Las Vegas, NV 89119	<a href="http://www.flyingicu.com">www.flyingicu.com</a>

**Rotary Wing (Helicopter) Providers (HCPCS Codes: A0431 and A0436)**

Provider Name	Phone#	Location Address	Web site
LifeFlight of Maine	888-421-4228	6 State St, Ste. 508, Bangor, Maine 04401	<a href="http://www.lifeflightmaine.org">www.lifeflightmaine.org</a>

To arrange air transport originating outside the U.S., U.S. Virgin Islands and Puerto Rico, call 800-810-BLUE for BCBS Global Core formerly Bluecard Worldwide.

## Access surveys for PCPs, specialists and behavioral health practitioners to be conducted

Published: May 1, 2019 - Administrative

As a participating provider, please be reminded of your contractual obligation to help ensure our members have prompt access to services. Please visit [anthem.com](http://anthem.com) to access our Provider Manual for our guidelines for access to care for primary care practitioners (PCPs), specialty care practitioners (SCPs) and behavioral health practitioners (BHPs).

We use several methods to monitor adherence to these standards. Monitoring is accomplished by:

- Assessing the availability of services via phone calls by our staff or designated vendor to the provider's office
- Analysis of member complaint data
- Analysis of member satisfaction

Providers are expected to make best efforts to meet these access standards for all members.

Here's a quick reminder of our guidelines for PCPs:

- Preventive care – for members scheduling periodic routine exams (well care/preventive visits), appointments should be available within 45 calendar days of a member's call. Care provided to prevent illness or injury; examples include, but are not limited to routine physical examinations, immunizations, mammograms and pap smears.
- Urgent care services with acute symptoms – appointments should be available within 24 hours of the member's call. Care provided for a non-emergent illness or injury with acute symptoms that require immediate care; examples include, but are not limited to sprains, flu symptoms, minor cuts and wounds, sudden onset of stomach pain and severe, non-resolving headache.
- Routine check-up – members must have access to care within 10 business days of their call. Care provided for non-symptomatic visits for health check.

- After-hours access – members must have access to care 24 hours a day, 7 days a week, 365 days a year. PCPs must arrange after-hours care to provide 24 hour coverage for our members by a network provider during non-business office hours. Members should have the ability to reach a recorded message or a live voice providing instructions on how to access care for emergencies and conditions requiring urgent attention.

Though it is important for members to have the continuity of receiving care from their PCPs, there are occasions when you may not be available at a time that meets their scheduling needs. As a reminder, we now contract with walk-in centers and urgent care facilities which are listed in our directory.

Here's a quick reminder of our guidelines for SCP's. At this time these guidelines apply to certain specialties but will expand to other specialties in the near future. To view those current impacted specialties, please view the access standards on [anthem.com](http://anthem.com).

- Urgent care services with acute symptoms – appointments should be available within 24 hours of the member's call. Care provided for a non-emergent illness or injury with acute symptoms that require immediate care; examples include, but are not limited to sprains, flu symptoms, minor cuts and wounds, sudden onset of stomach pain and severe, non-resolving headache.
- Routine check-up – members must have access to care within 30 calendar days of their call. Care provided for non-symptomatic visits for health check.

Here's a quick reminder of our guidelines for BHPs:

- Non-life threatening emergency services – must be seen, or have appropriate coverage directing the member, within six (6) hours. Emergent behavioral health care provided when a member is in crisis, experiencing acute distress and/or other symptoms and needs immediate attention; no risk of loss of life.
- Urgent services – must be seen, or have appropriate coverage directing the member, within 24 hours. Non-emergent behavioral health services that requires immediate care; member is experiencing significant psychological distress with symptoms that impairs daily functioning; no risk of loss of life.
- Initial routine services – must be seen within 10 business days. New patient non-urgent appointment scheduled after intake assessment or a direct referral from a treating

practitioner.

- Follow-up routine services – must be seen within 30 calendar days. Non-urgent behavioral health care; member has been scheduled for a non-urgent consultation or requires services including, but not limited to, follow-up and existing medication management.
- BH follow-up appointment after discharge (Inpatient psychiatric hospital release) – this standard is currently used for HEDIS ® measures. Members must be seen within 7 calendar days. Members can be seen in office by their practitioner or another practitioner in the practice within the same timeframe.
- After-hours access – members must have access to care 24 hours a day, 7 days a week, 365 days a year. Must have arrangement for after-hours care to provide 24 hour coverage for our members by a network provider during non-business office hours. Members should have the ability to reach a recorded message or a live voice providing instructions on how to access care for emergencies and conditions requiring urgent attention.

**URL:** <https://providernews.anthem.com/new-hampshire/article/access-surveys-for-pcps-specialists-and-behavioral-health-practitioners-to-be-conducted>

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## **Drug Screen Testing update: professional**

Published: May 1, 2019 - **Guideline Updates** / Reimbursement Policies

Beginning with dates of service on or after April 28, 2019, our policy language will be updated to allow the lower level definitive code drug testing of 1-7 drug class(es) (G0480) on the same day as presumptive services. Additionally, the definitive drug testing related coding section was expanded for clarification. For more information about this policy, visit the [Reimbursement Policy](#) page at [anthem.com/provider](https://anthem.com/provider).

**URL:** <https://providernews.anthem.com/new-hampshire/article/drug-screen-testing-update-professional-2>

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## **Medical policy updates are available on anthem.com**

Published: May 1, 2019 - **Policy Updates** / Medical Policy & Clinical Guidelines

The following new and revised medical policies were endorsed at the January 24, 2019 Medical Policy & Technology Assessment Committee (MPTAC) meeting. These, and all Anthem medical policies, are available at [anthem.com/provider](http://anthem.com/provider) > scroll down and select 'Find Resources for [state]' > [Medical Policies and Clinical UM Guidelines](#).

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](#).

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

### **Revised Medical Policies effective January 31, 2019**

(The following policies were revised to expand medical necessity indications or criteria.)

- DRUG.00071 - Pembrolizumab (Keytruda®)
- DRUG.00088 - Atezolizumab (Tecentriq®)
- OR-PR.00003 - Microprocessor Controlled Lower Limb Prostheses

### **Revised Medical Policies effective February 27, 2019**

(The following policies were revised to expand medical necessity indications or criteria.)

- SURG.00011 - Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting
- TRANS.00035 - Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases

### **Revised Medical Policies effective February 27, 2019**

(The following policies were reviewed and had no significant changes to the policy position or criteria.)

- ANC.00009 - Cosmetic and Reconstructive Services of the Trunk and Groin
- DME.00025 - Self-Operated Spinal Unloading Devices
- DRUG.00013 - Administration of Immunoglobulin as a Treatment of Recurrent Spontaneous Abortion
- DRUG.00027 - Ziconotide Intrathecal Infusion (Prialt®) for Severe Chronic Pain
- DRUG.00078 - Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors
- DRUG.00080 - Monoclonal Antibodies for the Treatment of Eosinophilic Conditions

- DRUG.00081 - Eteplirsen (Exondys 51®)
- DRUG.00082 - Daratumumab (DARZALEX®)
- GENE.00010 - Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status
- GENE.00016 - Gene Expression Profiling for Colorectal Cancer
- GENE.00034 - SensiGene™ Fetal RHD genotyping
- GENE.00036 - Genetic Testing for Hereditary Pancreatitis
- GENE.00037 - Genetic Testing for Macular Degeneration
- GENE.00039 - Genetic Testing for Frontotemporal Dementia
- GENE.00046 - Prothrombin G20210A (Factor II) Mutation Testing
- LAB.00024 - Immune Cell Function Assay
- LAB.00034 - Serological Antibody Testing for Helicobacter Pylori
- MED.00002 - Selected Sleep Testing Services
- MED.00007 - Prolotherapy for Joint and Ligamentous Conditions
- MED.00013 - Parenteral Antibiotics for the Treatment of Lyme Disease
- MED.00065 - Hepatic Activation Therapy
- MED.00074 - Computer Analysis and Probability Assessment of Electrocardiographic-Derived Data
- MED.00091 - Rhinophototherapy
- MED.00092 - Automated Nerve Conduction Testing
- MED.00097 - Neural Therapy
- MED.00115 - Outpatient Cardiac Hemodynamic Monitoring Using a Wireless Sensor for Heart Failure Management
- MED.00116 - Near-Infrared Spectroscopy Brain Screening for Hematoma Detection
- MED.00117 - Autologous Cell Therapy for the Treatment of Damaged Myocardium
- MED.00122 - Wilderness Programs
- RAD.00012 - Ultrasound for the Evaluation of the Paranasal Sinuses
- RAD.00053 - Cervical and Thoracic Discography
- REHAB.00003 - Hippotherapy
- SURG.00007 - Vagus Nerve Stimulation
- SURG.00036 - Fetal Surgery for Prenatally Diagnosed Malformations
- SURG.00047 - Transendoscopic Therapy for Gastroesophageal Reflux Disease and Dysphagia
- SURG.00073 - Epiduroscopy

- SURG.00079 - Nasal Valve Suspension
- SURG.00097 - Vertebral Body Stapling for the Treatment of Scoliosis in Children and Adolescents
- SURG.00099 - Convection Enhanced Delivery of Therapeutic Agents to the Brain
- SURG.00100 - Cryoablation for Plantar Fasciitis and Plantar Fibroma
- SURG.00102 - Artificial Anal Sphincter for the Treatment of Severe Fecal Incontinence
- SURG.00106 - Ablative Techniques as a Treatment for Barrett's Esophagus
- SURG.00111 - Axial Lumbar Interbody Fusion
- SURG.00112 - Occipital Nerve and Supraorbital Nerve Stimulation
- SURG.00122 - Venous Angioplasty with or without Stent Placement or Venous Stenting Alone
- SURG.00123 - Transmyocardial/ periventricular Device Closure of a Ventricular Septal Defect
- SURG.00138 - Laser Treatment of Onychomycosis
- SURG.00146 - Extracorporeal Carbon Dioxide Removal
- THER-RAD.00008 - Neutron Beam Radiotherapy
- THER-RAD.00009 - Intraocular Epiretinal Brachytherapy
- TRANS.00004 - Cell Transplantation (Adrenal-Brain, Fetal Mesencephalic, and Fetal Xenograft)
- TRANS.00008 - Liver Transplant
- TRANS.00009 - Lung and Lobar Transplant
- TRANS.00010 - Autologous and Allogenic Pancreatic Islet Cell Transplant
- TRANS.00026 - Heart-Lung Transplantation
- TRANS.00033 - Heart Transplant

### **Archived Medical Policies effective March 21, 2019**

(The following policies have been archived and their content has been transferred to new Clinical UM Guidelines.)

- SURG.00115 – Keratoprosthesis (Recategorized to CG-SURG-94)
- SURG.00117 - Sacral Nerve Stimulation (SNS) and Percutaneous Tibial Nerve Stimulation (PTNS) for Urinary and Fecal Incontinence; Urinary Retention (Recategorized to CG-SURG-95)
- SURG.00136 - Intraocular Telescope (Recategorized to CG-SURG-96)



### **Revised Medical Policy effective August 1, 2019**

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

- TRANS.00035 - Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases

### **Revised Medical Policies effective August 1, 2019**

(The policies below were revised and might result in services that were previously covered but may now be found to be either not medically necessary and/or investigational.)

- MED.00110 - Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting
- SURG.00037 - Treatment of Varicose Veins (Lower Extremity)

### **New Medical Policy effective August 1, 2019**

(The policy below was created and might result in services that were previously covered but may now be found to be either not medically necessary and/or investigational.)

- LAB.00036 - Multiplex Autoantigen Microarray Testing for Diagnosing Systemic Lupus Erythematosus

**URL:** <https://providernews.anthem.com/new-hampshire/article/medical-policy-updates-are-available-on-anthemcom-14>

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## **Clinical guideline updates are available on anthem.com**

Published: May 1, 2019 - **Policy Updates** / Medical Policy & Clinical Guidelines

The following new and revised medical policies were endorsed at the January 24, 2019 Medical Policy & Technology Assessment Committee (MPTAC) meeting. These, and all Anthem medical policies, are available at [anthem.com/provider](http://anthem.com/provider) > scroll down and select 'Find Resources for [state]' > [Medical Policies and Clinical UM Guidelines](#).

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](#).

### **Revised Clinical Guidelines effective January 31, 2019**

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

- CG-DRUG-50 - Paclitaxel, protein-bound (Abraxane®)
- CG-DRUG-99 - Elotuzumab (Empliciti™)
- CG-SURG-27 - Sex Reassignment Surgery
- CG-SURG-83 - Bariatric Surgery and Other Treatments for Clinically Severe Obesity

### **Revised Clinical Guidelines effective February 27, 2019**

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

- CG-SURG-77 - Refractive Surgery
- CG-DRUG-106 - Brentuximab Vedotin (Adcetris®)

### **Revised Clinical Guidelines effective February 27, 2019**

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

- CG-ANC-04 - Ambulance Services; Air and Water
- CG-BEH-14 - Intensive In-Home Behavioral Health Services
- CG-BEH-15 - Activity Therapy for Autism Spectrum Disorders and Rett Syndrome
- CG-DME-10 - Durable Medical Equipment
- CG-DME-31 - Wheeled Mobility Devices: Wheelchairs - Powered, Motorized, with or without Power Seating Systems, and Power Operated Vehicles (POVs)
- CG-DME-33 - Wheeled Mobility Devices: Manual Wheelchairs - Ultra Lightweight
- CG-DME-43 - Oscillatory Devices for Airway Clearance (High Frequency Chest Compression)
- CG-DRUG-01 - Off-Label Drug and Approved Orphan Drug Use
- CG-DRUG-28 - Alglucosidase alfa (Lumizyme®)
- CG-DRUG-29 - Hyaluronan Injections
- CG-DRUG-43 - Natalizumab (Tysabri®)

- CG-DRUG-82 - Prostacyclin Infusion Therapy and Inhalation Therapy for Treatment of Pulmonary Arterial Hypertension
- CG-DRUG-83 - Growth Hormone
- CG-DRUG-84 - Belimumab (Benlysta®)
- CG-DRUG-85 - Tesamorelin (Egrifta®)
- CG-DURG-86 - Ocriplasmin (Jetrea®) Intravitreal Injection Treatment
- CG-DRUG-93 - Sarilumab (Kevzara®)
- CG-LAB-13 - Skin Nerve Fiber Density Testing
- CG-MED-23 - Home Health
- CG-MED-38 - Inpatient Admission for Radiation Therapy for Cervical or Thyroid Cancer
- CG-MED-39 - Central (Hip or Spine) Bone Density Measurement and Screening for Vertebral Fractures Using Dual Energy X-Ray Absorptiometry
- CG-OR.PR-05 - Myoelectric Upper Extremity Prosthetic Devices
- CG-SURG-03 - Blepharoplasty, Blepharoptosis Repair, and Brow Lift
- CG-SURG-70 - Gastric Electrical Stimulation
- CG-SURG-71 - Reduction Mammoplasty
- CG-SURG-72 - Endothelial Keratoplasty
- CG-SURG-75 - Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions
- CG-THER-RAD-07 - Intravascular Brachytherapy (Coronary and Noncoronary)

### **Adopted Clinical Guidelines effective March 21, 2019**

(The following guidelines were previously medical policies and have been adopted with no significant changes.)

- CG-SURG-94 - Keratoprosthesis (was SURG.00115)
- CG-SURG-95 - Sacral Nerve Stimulation (SNS) and Percutaneous Tibial Nerve Stimulation (PTNS) for Urinary and Fecal Incontinence; Urinary Retention (was SURG.00117)
- CG-SURG-96 - Intraocular Telescope (was SURG.00136)

### **Revised Clinical Guidelines effective August 1, 2019**

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

- CG-DRUG-106 - Brentuximab Vedotin (Adcetris®)
- CG-MED-73 - Hyperbaric Oxygen Therapy (Systemic/Topical)
- CG-SURG-27 - Sex Reassignment Surgery

**URL:** <https://providernews.anthem.com/new-hampshire/article/clinical-guideline-updates-are-available-on-anthemcom-15>

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## Fall prevention tips

Published: May 1, 2019 - **State & Federal** / Medicare

Each year, falls result in more than 2.8 million ER visits, 800,000 hospitalizations and 27,000 deaths. Additional information about helping patients enrolled in Medicare Advantage prevent falls is available on our [website](#).

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**URL:** <https://providernews.anthem.com/new-hampshire/article/fall-prevention-tips-1>

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## Medical records request for risk adjustment

Published: May 1, 2019 - **State & Federal** / Medicare

In 2019, Anthem will work with Optum Health, using their copy partner CiOX, to request medical records with dates of service for the target year 2018, through present day, then review and code the record. [Read the full article online](#).

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**URL:** <https://providernews.anthem.com/new-hampshire/article/medical-records-request-for-risk-adjustment-2>

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## Partial hospitalization services

Published: May 1, 2019 - **State & Federal** / Medicare

Anthem Medicare Advantage plans follow original Medicare guidelines and billing requirements for partial hospitalization services. CMS regulations (*42 CFR 410.43(c)(1)*) state that partial hospitalization programs (PHPs) are intended for members who require a minimum of 20 hours per week of therapeutic services as evidenced in their plan of care. All partial hospitalization services require prior authorization. [The full article is located online.](#)

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**URL:** <https://providernews.anthem.com/new-hampshire/article/partial-hospitalization-services-1>

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## Keep up with Medicare news

Published: May 1, 2019 - **State & Federal** / Medicare

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

- [Update: New MediBlue Select HMO Provider Services phone number](#)
- [Latest updates to Electronic Data Interchange Gateway migration](#)
- [Evaluation and management with Modifier 25 update](#)
- [New incentive program for reimbursement for select CPT Category II codes](#)
- [Medicare Advantage Group Retiree PPO plans and National Access Plus FAQ](#)
- [Group Retiree members and National Access Plus](#)
- [Prior authorization requirements for DME repair and portable oxygen](#)
- [New provider learning opportunity: Put the AIM \*\*ProviderPortal\*\* to work for you](#)
- [Modifier 63: Procedure Performed on Infants Less Than 4 kg](#)

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**URL:** <https://providernews.anthem.com/new-hampshire/article/keep-up-with-medicare-news-57>

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## Clinical practice and preventive health guidelines available on anthem.com

Published: May 1, 2019 - Administrative

As part of our commitment to provide you with the latest clinical information and educational materials, we have adopted nationally recognized medical, behavioral health and preventive health guidelines which are available to providers on our website. The guidelines, which are used for our Quality programs, are based on reasonable, medical evidence, and are reviewed for content accuracy, current primary sources, the newest technological advances and recent medical research.

All guidelines are reviewed annually, and updated as needed. The current guidelines are available on our website at [anthem.com/provider](https://anthem.com/provider) > scroll down and select 'Find Resources for [state]' > Health and Wellness > Practice Guidelines.

**URL:** <https://providernews.anthem.com/new-hampshire/article/clinical-practice-and-preventive-health-guidelines-available-on-anthemcom-8>

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