Maine Provider News

May 2020 Anthem Maine Provider News

Updates to AIM Advanced Imaging Clinical Appropriateness Guideline

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

Effective for dates of service on and after August 16, 2020, the following updates will apply to the AIM Advanced Imaging of the Chest and AIM Oncologic Imaging Clinical Appropriateness Guidelines.

Advanced Imaging of the Chest:
Tumor or neoplasm

- Allowed follow up of nodules less than 6 mm in size seen on incomplete thoracic CT, in alignment with follow up recommendations for nodules of the same size seen on complete thoracic CT
- Added new criteria for which follow up is indicated for mediastinal and hilar lymphadenopathy
- Separated mediastinal/hilar mass from lymphadenopathy, which now has its own entry

Parenchymal lung disease – not otherwise specified

- Removed as it is covered elsewhere in the document (parenchymal disease in Occupational lung diseases and pleural disease in Other thoracic mass lesions)

Interstitial lung disease (ILD), non occupational including idiopathic pulmonary fibrosis (IPF)

- Defined criteria warranting advanced imaging for both diagnosis and management

Occupational lung disease (adult only)

- Moved parenchymal component of asbestosis into this indication
- Added Berylliosis

Chest wall and diaphragmatic conditions

- Removed screening indication for implant rupture due to lack of evidence indicating that outcomes are improved

- Limited evaluation of clinically suspected rupture to patients with silicone implants

Oncologic Imaging:
MRI breast

- New indication for BIA-ALCL
- New indication for pathologic nipple discharge
- Further define the population of patients most likely to benefit from preoperative MRI

Breast cancer screening

- Added new high risk genetic mutations appropriate for annual breast MRI screening

Lung cancer screening

- Added asbestos-related lung disease as a risk factor

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 Web Portal at availity.com.
- Call the AIM Contact Center toll-free number: 866-714-1107, Monday – Friday, 8:00 a.m. – 5:00 p.m.

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines here.

426-0520-PN-NE

URL: https://providernews.anthem.com/maine/article/updates-to-aim-advanced-imaging-clinical-appropriateness-guideline-5

Updates to AIM Sleep Disorder Management Clinical Appropriateness Guideline

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

Effective for dates of service on and after August 16, 2020, the following updates will apply to the AIM Sleep Disorder Management Clinical Appropriateness Guideline.

Sleep Disorder Management:
Bi-Level Positive Airway Pressure Devices

- Change in BPAP FiO2 from 45 to 52 mmHg based on strong evidence and aligns with Medicare requirements for use of BPAP.

Multiple Sleep Latency Testing and/or Maintenance of Wakefulness Testing

  - Style change for clarity
- Code Changes: None

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427-0520-PN-NE

Updates to AIM MSK Interventional Pain Management Clinical Appropriateness Guideline

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

Effective for dates of service on and after August 16, 2020, the following updates will apply to the AIM Musculoskeletal Program: Interventional Pain Management Clinical Appropriateness Guideline.

Musculoskeletal Program: Interventional Pain Management Guideline:
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
- Align 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 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

- Remove indication for 4 unilateral medial branch blocks per session based on panel consensus
- Procedural clarification restricting use of corticosteroids for diagnostic MBB based on panel consensus
- Limit use of intra-articular steroid injection to mechanical disruption of a facet synovial cyst

- Remove indication for intra-articular steroid injections based on new evidence for lack of efficacy
- Increase duration of initial RFN efficacy needed to avoid a MBB to 6 months based on panel consensus
- Clarification that MBB or RFN is not medically necessary after spinal fusion

Spinal cord and nerve root stimulators

- Clarify inclusion of different stimulation methods for spinal cord stimulation
- Add new indication for dorsal root ganglion stimulation
- Clarify exclusions for spinal cord and dorsal root ganglion stimulation

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For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines here.

428-0520-PN-NE

URL: https://providernews.anthem.com/maine/article/updates-to-aim-msk-interventional-pain-management-clinical-appropriateness-guideline-5

Updates to AIM Musculoskeletal Program Joint Surgery Clinical Appropriateness Guidelines

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

As we communicated in the February 2020 edition of *Provider News*, effective for dates of service on and after May 17, 2020, the AIM Musculoskeletal Program: Joint Surgery Clinical Appropriateness Guidelines will be updated. These updates relate to the criteria in the following sections:

- Hip arthroplasty
- Knee arthroscopy and open procedures
- Shoulder arthroplasty including the removal of the indication for subacromial impingement with rotator cuff tear

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

- Access AIM's ***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: 866-714-1107, Monday – Friday, 8:00 a.m. – 5:00 p.m.

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines here.

438-0520-PN-NE

URL: https://providernews.anthem.com/maine/article/updates-to-aim-musculoskeletal-program-joint-surgery-clinical-appropriateness-guidelines-7

Clinical criteria updates for specialty pharmacy

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

The following clinical criteria documents were endorsed at the February 21, 2020 clinical criteria meeting. To access the clinical criteria information please click here.

Revised clinical criteria effective March 3, 2020
(The following criteria was reviewed and may have word changes or clarifications, but had no significant changes to the policy position or criteria.)

- ING-CC-0140: Zulresso (brexanolone)

Revised clinical criteria effective March 23, 2020
(The following criteria were revised to expand medical necessity indications or criteria.)

- ING-CC-0002: Colony Stimulating Factor Agents
- ING-CC-0090: Ixempra (ixabepilone)
- ING-CC-0091: Lartruvo (olaratumab)
- ING-CC-0094: Alimta (pemetrexed disodium)
- ING-CC-0119: Yervoy (ipilimumab)
- ING-CC-0121 Gazyva (obinutuzumab)
- ING-CC-0123: Cyramza (ramucirumab)
- ING-CC-0124: Keytruda (pembrolizumab)
- ING-CC-0125: Opdivo (nivolumab)
- ING-CC-0130: Imfinzi (durvalumab)
- ING-CC-0131: Besponsa (inotuzumab ozogamicin)

Revised clinical criteria effective March 23, 2020
(The following criteria were reviewed and may have word changes or clarifications, but had no significant changes to the policy position or criteria.)

- ING-CC-0044: Eteplirsen (Exondys 51®)
- ING-CC-0067: Prostacyclin Infusion and Inhalation Therapy
- ING-CC-0072: Selective Vascular Endothelial Growth Factor (VEGF) Antagonists
- ING-CC-0075: Rituximab Agents for Non-Oncology Indications

- ING-CC-0085: Actimmune (interferon gamma-1B)
- ING-CC-0086: Spravato (esketamine) Nasal Spray
- ING-CC-0088: Elzonris (tagraxofusp-erzs)
- ING-CC-0089: Mozobil
- ING-CC-0096: Asparagine Specific Enzymes: Oncaspar (pegaspargase), Erwinaze (asparaginase [erwinia chrysanthemi])
- ING-CC-0103: Faslodex (fulvestrant)
- ING-CC-0108: Halaven (eribulin)
- ING-CC-0110: Perjeta (pertuzumab)
- ING-CC-0113: Sylvant (siltuximab)
- ING-CC-0115: Kadcyla (ado-trastuzumab)
- ING-CC-0117: Empliciti (elotuzumab)
- ING-CC-0120: Kyprolis (carfilzomib)
- ING-CC-0122: Arzerra (ofatumumab)
- ING-CC-0126: Blincyto (blinatumomab)
- ING-CC-0129: Bavencio (avelumab)
- ING-CC-0132: Mylotarg (gemtuzumab ozogamicin)
- ING-CC-0152: Vyondys 53 (golodirsen)

Archived clinical criteria effective March 23, 2020

- ING-CC-0138: Asparlas (calaspargase pegol-mknl)

Revised clinical criteria effective July 1, 2020
(The following criteria listed below might result in services that were previously covered now being considered either not medically necessary and/or investigational.)

- ING-CC-0078: Orencia (abatacept)

New clinical criteria effective August 1, 2020
(The criteria below is new and may result in services previously covered now being considered either not medically necessary and/or investigational.)

- ING-CC-0155: Ethyol (amifostine)

- ING-CC-0156: Reblozyl (luspatercept)
- ING-CC-0157: Padcev (enfortumab vedotin)
- ING-CC-0158: Enhertu (fam-trastuzumab deruxtecan-nxki)
- ING-CC-0159: Scenesse (afamelanotide)
- ING-CC-0160: Vyepti (eptinezumab-jjmr)

Revised clinical criteria effective August 1, 2020
(The following criteria listed below might result in services that were previously covered now being considered either not medically necessary and/or investigational.)

- ING-CC-0002: Colony Stimulating Factor Agents
- ING-CC-0015: Infertility and HCG Agents
- ING-CC-0033: Xolair (omalizumab)
- ING-CC-0038: Human Parathyroid Hormone Agents
- ING-CC-0043: Monoclonal Antibodies to Interleukin-5
- ING-CC-0049: Radicava (edaravone)
- ING-CC-0062: Tumor Necrosis Factor Antagonists
- ING-CC-0088: Elzonris (tagraxofusp-erzs)
- ING-CC-0094: Alimta (pemetrexed disodium)
- ING-CC-0099: Abraxane (paclitaxel, protein bound)
- ING-CC-0109: Zaltrap (ziv-aflibercept)
- ING-CC-0112: Xofigo (Radium Ra 223 Dichloride)
- ING-CC-0118: Radioimmunotherapy: Zevalin; azedra; Lutathera
- ING-CC-0119: Yervoy (ipilimumab)
- ING-CC-0123: Cyramza (ramucirumab)
- ING-CC-0125: Opdivo (nivolumab)
- ING-CC-0135: Melanoma Vaccines

419-0520-PN-NE

URL: https://providernews.anthem.com/maine/article/clinical-criteria-updates-for-specialty-pharmacy-42

Specialty pharmacy updates effective August 1, 2020

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

Prior authorization updates

Effective for dates of service on and after August 1, 2020, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our prior authorization process.

Please note: inclusion of NDC code on claims will help expedite claim processing of drugs billed with a not otherwise classified (NOC) code.

To access the clinical criteria document information please click here.

Prior authorization of non-oncology specialty pharmacy drugs will be managed by Anthem's medical specialty drug review team. *Review of specialty pharmacy drugs for oncology indications will be managed by AIM Specialty Health® (AIM), a separate company, and are in italics below.*

Clinical Criteria	HCPCS or CPT Code	Drug
ING-CC-0156	J3490	Reblozyl
ING-CC-0156	J3590	Reblozyl
ING-CC-0156	C9399	Reblozyl
ING-CC-0157	*C9399*	*Padcev*
ING-CC-0157	*J9309*	*Padcev*
ING-CC-0158	*J3490*	*Enhertu*
ING-CC-0158	*J3590*	*Enhertu*
ING-CC-0158	*C9399*	*Enhertu*
ING-CC-0158	*J9999*	*Enhertu*
ING-CC-0159	J3490	Scenesse
ING-CC-0159	J3590	Scenesse
ING-CC-0155	*J0207*	*Ethyol*
ING-CC-0160	J3490	Vyepti
ING-CC-0160	J3590	Vyepti
**ING-CC-0002*	*J3590*	*Ziextenzo*
**ING-CC-0002*	*C9399*	*Ziextenzo*
ING-CC-0062	J3590	Avsola
ING-CC-0062	J3590	Abrilada
ING-CC-0062	C9399	Abrilada
ING-CC-0065	J7192	Esperoct

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

Site of care updates

Effective for dates of service on and after August 1, 2020, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our existing site of care prior authorization process.

To access the site of care drug list, please click here.

Prior authorization of non-oncology specialty pharmacy drugs will be managed by Anthem's medical specialty drug review team. Review of specialty pharmacy drugs for oncology indications will be managed by AIM Specialty Health® (AIM), a separate company.

Clinical Criteria	HCPCS or CPT Code	Drug
ING-CC-0082	J0222	Onpattro
ING-CC-0043	J0517	Fasenra
ING-CC-0049	J1301	Radicava
ING-CC-0041	J1303	Ultomiris
ING-CC-0003	J1599	Asceniv
ING-CC-0047	J1746	Trogarzo
ING-CC-0050	J3245	Ilumya
ING-CC-0013	J3397	Mepsevii
ING-CC-0002	Q5110	Nivestym
ING-CC-0002	Q5111	Udenyca

Step therapy updates

Effective for dates of service on and after August 1, 2020, the following specialty pharmacy code from current or new clinical criteria documents will be included in our existing specialty pharmacy medical step therapy prior authorization process. Avsola will be added as a non-preferred agent to clinical criteria ING-CC-0062.

Clinical Criteria	Status	Drug	HCPCS Code
ING-CC-0062	Non-preferred	Avsola	J3590

To access the step therapy drug list, please click here.

Prior authorization will be managed by Anthem's medical specialty drug review team.

432-0520-PN-NE

URL: https://providernews.anthem.com/maine/article/specialty-pharmacy-updates-effective-august-1-2020

View all COVID-19 related articles in one repository location - COVID-19 Information - Maine

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

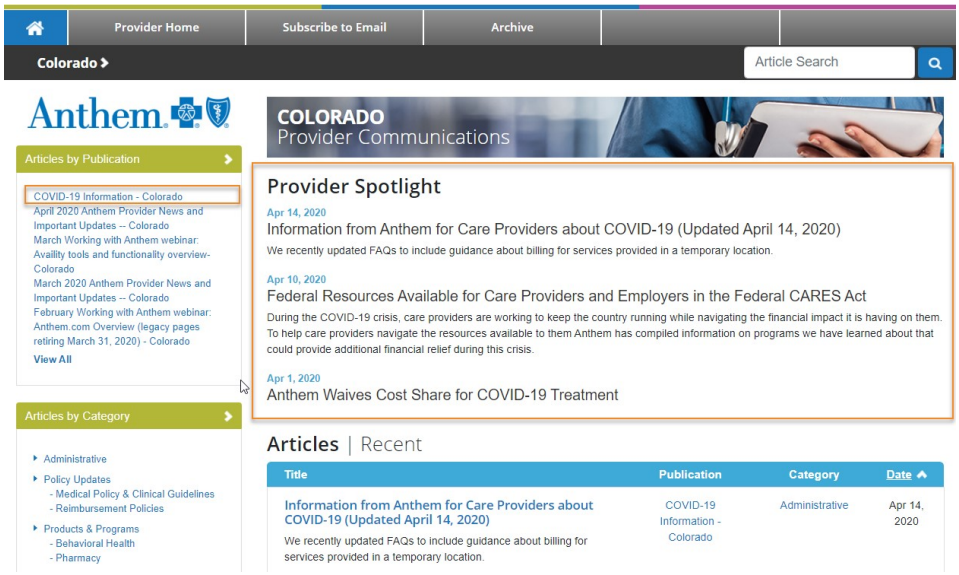
For the most up-to-date information from Anthem about COVID-19, please bookmark

Provider News Home and check back often. The most recent articles will be displayed in the Provider Spotlight section.

Article Attachments

For a repository of all COVID-19 related articles in one location, please reference COVID-19 Information – Maine under Articles by Publication.

See sample screenshot below.



444-0520-PN-ME

URL: https://providernews.anthem.com/maine/article/view-all-covid-19-related-articles-in-one-repository-location-covid-19-information-maine

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Provider Manual to be updated July 1, 2020

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

The Provider Manual will be updated for an effective date of July 1, 2020, and is now available on the provider portal of our website, anthem.com. Select Providers, then under the Provider Resources heading, select Policies, Guidelines and Manuals. Enter Maine as state, scroll to Provider Manuals and select Download the Manual. Archived copies of the 2018 and 2019 provider manual will remain available at the same location for reference to prior information. However, for current reference needs, please ensure that you select the July 2020 manual after July 1, 2020.

395-0520-PN-ME

URL: https://providernews.anthem.com/maine/article/provider-manual-to-be-updated-july-1-2020-2

Reminder about system updates

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

As a reminder, we are continuing to update our claim editing software for outpatient claims on a monthly basis throughout 2020. These updates will:

- reflect the addition of new, and revised codes (e.g. CPT, HCPCS, ICD-10, modifiers) and their associated edits
- include updates to National Correct Coding Initiative (NCCI) edits
- include updates to incidental, mutually exclusive, and unbundled (rebundle) edits
- include assistant surgeon eligibility in accordance with the policy
- include edits associated with reimbursement policies including, but not limited to, frequency edits, medically unlikely edits, bundled services and global surgery preoperative and post-operative periods assigned by The Centers for Medicare & Medicaid Services (CMS)
- apply to any provider or provider group (tax identification number) and may apply to both institutional and professional claim types including looking across claim types to determine where conflicts may exist between professional (CMS-1500) claims and institutional (CMS-1450) claims.

413-0520-PN-NE

URL: https://providernews.anthem.com/maine/article/reminder-about-system-updates-5

Quality Corner - Diabetes HbA1c<8 HEDIS guidance

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

Diabetes is a complex chronic illness requiring ongoing patient monitoring. NCQA includes diabetes in its HEDIS® measures on which providers are rated annually. Since diabetes HbA1c testing is a key measure to assess for future medical conditions related to complications of undiagnosed diabetes, the National Committee for Quality Assurance (NCQA) requires health plans to review claims for diabetes in patient health records. The findings contribute to health plan stars ratings for commercial and Medicare plans and the Quality Rating System (QRS) measurement for Marketplace plans. A systematic sample of patient records is pulled annually as part of the HEDIS® medical record review to assess for documentation.

Which HEDIS measures are diabetes measures?
The diabetes measures focus on members 18-75 years of age with diabetes (type 1 and type 2) who had each of the following assessments:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- Dilated retinal exam
- Medical attention for nephropathy

The American College of Physicians' guidelines for people with type 2 diabetes recommend the desired A1c blood sugar control levels remain between 7 to 8 percent.[1]

In order to meet the HEDIS measure "HbA1c control <8", you must document the date the test was performed and the corresponding result. For this reason, report one of the four Category II codes and use the date of service as the date of the test, not the date of the reporting of the Category II code.

To report most recent hemoglobin A1c level	Use
HbA1c level less than 7.0%	3044F
HbA1c level greater than or equal to 7.0% and less than 8.0%	3051F
HbA1c level greater than or equal to 8.0% and less than or equal to 9.0%	3052F
HbA1c level greater than 9.0%	3046F
HbA1c level ≤9.0%	3044F, 3051F, 3052F[2]

NOTE: Multiple dates of service may be associated with a single lab test (e.g., a collection date, a reported date and a claim date). For a laboratory test CPT II code to count toward HEDIS, the Category II date of service and the test result date must be no more than seven days apart.

Continued management and diverse pathways to care are essential in controlling blood glucose and reducing the risk of complications. While it is extremely beneficial for the patient to have continuous management, it also benefits our providers. As HEDIS rates increase, there is potential for the provider to earn maximum or additional revenue through Pay for Quality, Value Based Services, and other pay-for-performance models.[3]

Sources include:
− Diabetes Prevalence: 2015 state diagnosed diabetes prevalence, cdc.gov/diabetes/data; 2012 state undiagnosed diabetes prevalence, Dall et al., "The Economic Burden of Elevated Blood Glucose Levels in 2012", Diabetes Care, December 2014, vol. 37.
− Diabetes Incidence: 2015 state diabetes incidence rates, cdc.gov/diabetes/data
− Cost: American Diabetes Association, "Economic Costs of Diabetes in the U.S. in 2017", Diabetes Care, May 2018.
− Research expenditures: 2017 NIDDK funding, projectreporter.nih.gov; 2017 CDC diabetes funding, www.cdc.gov/fundingprofiles

1 https://www.medicalnewstoday.com/articles/321123#An-A1C-of-7-to-8-percent-is-recommended
2 https://www.ama-assn.org/system/files/2020-01/cpt-cat2-codes-alpha-listing-clinical-topics.pdf
3 https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/value-based-programs/value-based-programs.htm

402-0520-PN-NE

URL: https://providernews.anthem.com/maine/article/quality-corner-diabetes-hba1c8-hedis-guidance-4

Commercial Risk Adjustment (CRA) Prospective Program update: Assessing patients for risk adjustable conditions

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

We understand the increased risk and strain on the health care system during the fight against COVID-19, and we support you in the response and treatment of your patients. Telehealth is now an option to assess your patients with risk adjustable conditions.Our Prospective Risk Adjustment program works to improve risk adjustment accuracy and focus on performing appropriate interventions for patients with undocumented hierarchical condition categories (HCC), in order to help you close your patients' gaps in care. This program involves:

- Member outreach encouraging primary care physician (PCP) in-person or telehealth visits
- Refer to our COVID-19 FAQs in *Provider News* for updates about telehealth reimbursement guidance.
- Provider outreach sharing previously coded and suspected conditions, and encouraging member visits
- PCP alternatives to complete health assessments

Inovalon Requests

Consistent with 2019, we have again engaged a vendor, Inovalon – an independent company that provides secure, clinical documentation services – to help us comply with the provisions of the Affordable Care Act that require us to assess members' relative health risk levels. In the coming weeks and months, Inovalon will begin sending letters to providers as part of a new risk adjustment cycle, asking for your help with completing Health Assessments for some of our members.

If you worked with Inovalon in 2019, many thanks for your help. This year will bring a new round of assessments because chronic conditions must be assessed and coded each and every year. As always, if you have questions about the requests you receive, you can reach Inovalon directly at 877-448-8125.

Prospective program ask of providers:

- Anthem network providers – usually PCPs – receive letters from Inovalon, requesting that they:
    - Schedule a comprehensive in-person or telehealth visit with patients identified by Inovalon 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 SOAP Notes - *Subjective, Objective, Assessment* and *Plan*).
- Incentives for properly submitted health assessments (these incentives are in addition to the office visit reimbursement):
    - $100 for each health assessment properly submitted electronically
    - $50 for each health assessment properly submitted via fax

Submit electronically via Inovalon's ePASS tool:

- Inovalon ePASS® training webinars
    - Every Wednesday - 3:00 p.m. - 4:00 p.m.
- Join an ePASS webinar:
    - Register by sending an email to ePASSProviderRelations@inovalon.com with your name, organization, contact information and the date of the webinar you wish to attend.

Alternative Engagement
ePASS® is our preferred method for submission. However, to improve engagement and collaborate with our providers who are not submitting via ePASS®, we have identified other tools which may be helpful. If in 2019 your practice utilized some of these alternative options for prospective member outreach, we thank you for continuing on these alternative forms of program participation into 2020.

For those providers not familiar with our alternative options, they are listed here. Telehealth visits are also an acceptable form of a patient visit for these alternative engagement options. Any questions your office has on these can be directed to either your local Provider Representative, or the Anthem CRA Network Education Representative listed below.

- **EPHC providers using PCMS** - Providers participating in our Enhanced Personal Health Care (EPHC) program can use member reports from our PCMS tool to schedule

members for comprehensive visits. PCMS does have a link to take you directly to the Inovalon ePASS® tool where completed health assessments will result in a $100 incentive payment per submitted health assessment.

- **List of members to be scheduled** - Anthem CRA provides member/patient reports for providers to schedule members for comprehensive visits. Providers use normal gap closure through claims submission. No health assessment needed. Not eligible for additional incentive.
- **EPIC Patient Assessment Form (PAF)** - Providers with EPIC as their electronic medical record (EMR) system can fax the EPIC PAF to Inovalon at 866-682-6680 with a coversheet indicating "see attached Anthem Progress Note," which is eligible for a $50 incentive payment.
- **Providers Existing Patient Assessment Form (PAF)** - Utilize providers existing EMR system and applicable PAF. Must be submitted to Inovalon at 866-682-6680 with coversheet indicating, "see attached Anthem Progress Note," which is eligible for a $50 incentive payment.

If you have any questions please contact our Commercial Risk Adjustment Network Education Representative, Alicia Estrada, at Alicia.Estrada@anthem.com. Thank you for your continued efforts with our CRA Program.

416-0520-PN-NE

URL: https://providernews.anthem.com/maine/article/commercial-risk-adjustment-cra-prospective-program-update-assessing-patients-for-risk-adjustable-conditions-1

Reimbursement policy update: Claims Requiring Additional Documentation (facility)

Published: May 1, 2020 - **Policy Updates** / Reimbursement Policies

We continue to take steps to improve the payment accuracy of provider claims and reduce post-payment recoveries. To this end, beginning with dates of service on or after August 1, 2020, we will update our Claims Requiring Additional Documentation policy to include the following requirement:

- Outpatient facility claims reimbursed at a percent of charge with billed charges above $20,000 require an itemized bill to be submitted with the claim.

For more information about this policy, visit the Reimbursement Policies page at anthem.com.

433-0520-PN-ME

URL: https://providernews.anthem.com/maine/article/reimbursement-policy-update-claims-requiring-additional-documentation-facility-12

Medical policy and clinical guideline updates are available on anthem.com

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

The following new and revised medical policies and clinical guidelines were endorsed at the February 20, 2020 Medical Policy & Technology Assessment Committee (MPTAC) meeting. These, and all Anthem medical policies and clinical guidelines, are available at anthem.com/provider > select state > scroll down and select 'See Policies and Guidelines.'

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

Medical policy updates

Revised medical policies effective February 27, 2020

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

- GENE.00011 - Gene Expressions Profiling for Managing Breast Cancer Treatment
- SURG.00103 - Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)

Coding updates effective April 1, 2020

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

- LAB.00019 - Serum Markers for Liver Fibrosis in the Evaluation and Monitoring of Patients with Chronic Liver Disease
- GENE.00052 - Whole Genome Sequencing, Exome Sequencing, Gene Panels, and Molecular Profiling
- SURG.00023 - Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures

Revised medical policies effective April 1, 2020
The following policies were reviewed and may have word changes or clarifications, but had no significant changes to the policy position or criteria

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

Revised medical policies effective April 15, 2020
The following policies were reviewed and may have word changes or clarifications, but had no significant changes to the policy position or criteria.

- ANC.00008 - Cosmetic and Reconstructive Services of the Head and Neck
- DME.00009 - Vacuum Assisted Wound Therapy in the Outpatient Setting
- DME.00022 - Functional Electrical Stimulation (FES); Threshold Electrical Stimulation (TES)
- DME.00032 - Automatic External Defibrillators for Home Use
- GENE.00003 - Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer's Disease
- GENE.00007 - Cardiac Ion Channel Genetic Testing
- GENE.00009 - Gene-Based Tests for Screening, Detection and Management of Prostate Cancer
- GENE.00017 - Genetic Testing for Diagnosis and Management of Hereditary Cardiomyopathies (including arrhythmogenic right ventricular dysplasia/cardiomyopathy)
- GENE.00038 - Genetic Testing for Statin-Induced Myopathy
- GENE.00050 - Gene Expression Profiling for Coronary Artery Disease
- LAB.00003 - In Vitro Chemosensitivity Assays and In Vitro Chemoresistance Assays
- LAB.00011 - Analysis of Proteomic Patterns
- LAB.00015 - Detection of Circulating Tumor Cells in the Blood as a Prognostic Factor for Cancer

- LAB.00025 - Topographic Genotyping
- MED.00004 - Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy, Ultrasonography)
- MED.00011 - Sensory Stimulation for Brain-Injured Individuals in Coma or Vegetative State
- MED.00024 - Adoptive Immunotherapy and Cellular Therapy
- MED.00053 - Noninvasive Measurement of Left Ventricular End Diastolic Pressure in the Outpatient Setting
- MED.00057 - MRI Guided High Intensity Focused Ultrasound Ablation for Non-Oncologic Indications
- MED.00059 - Idiopathic Environmental Illness (IEI)
- MED.00077 - In Vivo Analysis of Gastrointestinal Lesions
- MED.00087 - Imaging Techniques for Screening and Identification of Cervical Cancer
- MED.00101 - Physiologic Recording of Tremor using Accelerometer(s) and Gyroscope(s)
- MED.00102 - Ultrafiltration in Decompsensated Heart Failure
- MED.00104 - Non-invasive Measurement of Advanced Glycation Endproducts (AGEs) in the Skin
- MED.00105 - Bioimpedance Spectroscopy Devices for the Detection and Management of Lymphedema
- MED.00111 - Intracardiac Ischemia Monitoring
- MED.00112 - Autonomic Testing
- MED.00118 - Continuous Monitoring of Intraocular Pressure
- MED.00120 - Gene Therapy for Ocular Conditions
- MED.00125 - Biofeedback and Neurofeedback
- OR-PR.00004 - Partial-Hand Myoelectric Prosthesis
- RAD.00001 - Computed Tomography of Detect Coronary Artery Calcification
- RAD.00044 - Magnetic Resonance Neurography
- RAD.00052 - Positional MRI
- RAD.00059 - Catheter-based Embolization Procedures for Malignant Lesions Outside the Liver
- SURG.00022 - Lung Volume Reduction Surgery
- SURG.00026 - Deep Brain, Cortical, and Cerebellar Stimulation
- SURG.00043 - Electrothermal Shrinkage of Joint Capsules, Ligaments and Tendons

- SURG.00053 - Unicondylar Interpositional Spacer
- SURG.00056 - Transanal Radiofrequency Treatment of Fecal Incontinence
- SURG.00061 - Presbyoia and Astigmastism-Correcting Intraocular Lenses
- SURG.00062 - Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome
- SURG.00070 - Photocoagulation of Macular Drusen
- SURG.00072 - Lysis of Epidural Adhesions
- SURG.00075 - Intervertebral Stabilization Devices
- SURG.00089 - Self-Expanding Absorptive Sinus Ostial Dilation
- SURG.00107 - Prostate Saturation Biopsy
- SURG.00113 - Artificial Retinal Devices
- SURG.00124 - Carotid Sinus Baroreceptor Stimulation Devices
- SURG.00127 - Sacroiliac Joint Fusion
- SURG.00132 - Drug-Eluting Devices for Maintaining Sinus Ostial Patency
- SURG.00137 - Focused Microwave Thermotherapy for Breast Cancer
- SURG.00139 - Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery with Radiofrequency Spectroscopy or Optical Coherence Tomography
- SURG.00143 - Perirectal Spacers for Use During Prostate Radiotherapy
- SURG.00148 - Spectral Analysis of Prostate Tissue by Fluorescence Spectroscopy
- SURG.00149 - Percutaneous Ultrasonic Ablation of Soft Tissue
- SURG.00150 - Leadless Pacemaker
- SURG.00151 - Balloon Dilation of Eustachian Tubes
- SURG.00152- Wireless Cardiac Resynchronization Therapy for Left Ventricular Pacing
- TRANS.00011 - Pancreas Transplant and Pancreas-Kidney Transplant
- TRANS.00013 - Small Bowel and Multivisceral Transplant including Small Bowel/Liver
- TRANS.00016 - Umbilical Cord Blood Progenitor Cell Traansplant
- TRANS.00025 - Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection
- TRANS.00028 - Hematopoietic Stem Cell Transplant for Hodkin's Disease & Non-Hodgkins Lymphoma
- TRANS.00031 - Hematopoietic Stem Cell Transplant for Autoimmune Disease & Misc. Solid Tumors

Archived medical policies effective April 15, 2020
These polices are now an Anthem Clinical Guidelines.

- SURG.00016 - Stereotactic Radiofrequency Pallidotomy (recategorized to CG-SURG-108)

Archived medical policies effective April 15, 2020

- MED.00007 - Prolotherapy for Joint and Ligamentous Conditions
- MED.00074 - Computer Analysis and Probability Assessment of Electrocardiographic-Derived Data
- RAD.00012 - Ultrasound for the Evaluation of the Paranasal Sinuses
- THER-RAD.00009 - Intraocular Epiretinal Brachytherapy

Archived medical policy effective May 17, 2020
This policy has been archived and transitioned to an AIM Guideline.

- SURG.00067 - Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty

Archived medical policies effective July 1, 2020
This policy has been archived and transitioned to an Anthem Clinical Guideline.

- SURG.00028 - Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) (recategorized to CG-SURG-107)

Archived medical policy effective July 1, 2020
This policy has been archived and transitioned to a MCG Behavioral Health Guideline.

- BEH.00002 - Transcranial Magnetic Stimulation

New medical policy effective August 1, 2020
The policy below is new and may result in services previously covered, but now being considered either not medically necessary and/or investigational.

- DME.00041 - Low Intensity Therapeutic Ultrasound for the Treatment of Pain
- GENE.00053 - Metagenomic Sequencing for Infectious Disease in the Outpatient Setting
- GENE.00054 - Paired DNA and Messenger RNA (mRNA) Genetic Testing to Detect, Diagnose and Manage Cancer
- SURG.00154 - Microsurgical Procedures for the Treatment of Lymphedema
- SURG.00155 - Cryoneurolysis for Treatment of Peripheral Nerve Pain

Revised medical policies effective August 1, 2020
The following policies listed below might result in services that were previously covered now being considered either not medically necessary and/or investigational.

- DME.00011 - Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices
- RAD.00038 - Use of 3-D, 4-D or 5-D Ultrasound in Maternity Care
- SURG.00032 - Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention
- SURG.00096 - Surgical and Ablative Treatments for Chronic Headaches

Clinical guideline updates

Revised clinical guidelines effective February 27, 2020
The following guidelines were revised to expand medical necessity indications or criteria.

- CG-REHAB-04 - Rehabilitative and Habilitative Services: Physical Medicine/Physical Therapy
- CG-REHAB-05 - Rehabilitative and Habilitative Services: Occupational Therapy
- CG-REHAB-06 - Rehabilitative and Habilitative Services: Speech-Language Pathology

Coding updates effective April 1, 2020
The following guidelines were updated with new procedure and/or diagnosis codes.

- CG-GENE-12 - PIK3CA Mutation Testing for Malignant Conditions
- CG-MED-23 – Home Health

- CG-REHAB-04 - Rehabilitative and Habilitative Services: Physical Medicine/Physical Therapy
- CG-REHAB-05 - Rehabilitative and Habilitative Services: Occupational Therapy
- CG-SURG-27 - Gender Reassignment Surgery

Revised clinical guidelines effective April 15, 2020
The following guidelines were reviewed and may have word changes or clarifications, but had no significant changes to the policy position or criteria.

- CG-DME-06 - Pneumatic Compression Devices for Lymphedema
- CG-GENE-01 - JAK2, CALR and MPL Gene Mutation Testing for Myeloproliferative Disorders
- CG-GENE-04 - Molecular Marker Evaluation of Thyroid Nodules
- CG-GENE-07 - BCR-ABL Mutation Analysis
- CG-GENE-08 - Genetic Testing for PTEN Hamartoma Tumor Syndrome
- CG-GENE-09 - Genetic Testing for CHARGE Syndrome
- CG-MED-37 - Intensive Programs for Pediatric Feeding Disorders
- CG-MED-55 - Level of Care: Advanced Radiologic Imaging
- CG-MED-69 - Inhaled Nitric Oxide
- CG-SURG-09 - Temporomandibular Disorders
- CG-SURG-74 - Total Ankle Replacement
- CG-SURG-97 - Cardioverter-Defibrillators
- CG-SURG-99 - Panniculectomy, Abdominoplasty
- CG-TRANS-02 - Kidney Transplantation

Archived clinical guideline effective April 15, 2020
This clinical guideline has been archived and renumbered as another clinical guideline.

- CG-GENE-06 - Preimplantation Genetic Diagnosis Testing [renumbered as CG-MED-88]

Archived clinical guideline effective April 15, 2020

- CG-MED-82 - Intravenous versus Oral Drug Administration

Revised clinical guideline effective May 1, 2020
The following adopted clinical guideline was updated with a new procedure code.

- CG-GENE-13 - Genetic Testing for Inherited Diseases

Adopted clinical guideline effective July 1, 2020
The following guideline was previously a medical policy and has been adopted with no significant changes.

- CG-SURG-107 - Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) [previously SURG.00028]

430-0520-PN-NE

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

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Unlisted, Unspecified or Miscellaneous Codes policy update effective August 1, 2020

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

Effective August 1, 2020, Anthem will continue to allow reimbursement for unlisted, unspecified or miscellaneous codes. Unlisted, unspecified or miscellaneous codes should only be used when an established code does not exist to describe the service, procedure or item rendered. Reimbursement is based on review of the unlisted, unspecified or miscellaneous codes on an individual claim basis. Claims submitted with unlisted, unspecified or miscellaneous codes must contain specific information and/or documentation for consideration during review.

For additional information, please review the Unlisted, Unspecified or Miscellaneous Codes reimbursement policy.

ABSCRNU-0105-19

URL: https://providernews.anthem.com/maine/article/unlisted-unspecified-or-miscellaneous-codes-policy-update-effective-august-1-2020

Multi-dose packaging

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

Anthem and AMH Health, LLC want to make multi-dose packaging available to your patients to help support medication adherence. It’s a simpler, safer way for your patients to manage their medications. Multi-dose packaging is a free service available to members at select network pharmacies.

What is multi-dose packaging?

Multi-dose packaging (MDP) involves organizing prescription and over-the-counter products to provide ease to patients when taking their routine medications. Each MDP dispenser provides patients with a personalized roll of pre-sorted medication packs, labeled with the date and time of the patient's next scheduled dose. MDP helps reduce the stress of determining which medications to take, when to take them and how much of them to take.

Who provides these services?

MDPs can be shipped to the CVS retail pharmacy of choice or directly to a patient’s home at no additional charge. The MDP Care team is available 24/7 to address patient questions and concerns. The team also coordinates mid-month prescription changes with local CVS pharmacies. CVS MDP is licensed in all states and the District of Columbia.

If CVS isn't the right fit based on geography, PillPack can provide MDP services for your patients. Packages can include prescription medication, over-the-counter medication and vitamins, and will include a date and time stamp on each packet to help your patients remember to take their medications. Patient copays should be the same; in some cases, it may be cheaper.

How do I refer my patients to MDP providers?

For CVS: Patients can enroll online at https://www.CVS.com/multidose or call 1-800-753-0596. Patients residing in the District of Columbia, Georgia or South Carolina should call 1-844-650-1637 (due to remote practice restrictions). Members may also enroll at their local CVS pharmacy.

For PillPack: Patients interested in PillPack can enroll online at https://www.pillpack.com/blue or via phone by calling 866-282-9462.

AMHCRNU-0012-20
ABSCRNU-0137-20

URL: https://providernews.anthem.com/maine/article/multi-dose-packaging-4

Keep up with Medicare news

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

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

- New Prior Authorization requirements for Medicare Advantage
- New behavioral health Medicare Advantage individual and Group Retiree Solutions provider fax
- New behavioral health Medicare Advantage individual and Group Retiree Solutions provider fax for AMH Health, LLC

URL: https://providernews.anthem.com/maine/article/keep-up-with-medicare-news-131
