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Anthem prior authorization updates for specialty pharmacy are available (MAC)

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

Material Adverse Change (MAC)

[Anthem prior authorization updates for specialty pharmacy are available](#)

432-0520-PN-CONV

Article Attachments

[20200501-432-0520-PN-CONV_MAC - Anthem Prior Auth Update for Specialty Rx - CO final rv 20200418.pdf](#)
application/pdf - 681.62 KB

URL: <https://providernews.anthem.com/colorado/article/anthem-prior-authorization-updates-for-specialty-pharmacy-are-available-mac-2>

COVID-19 information repository for Anthem care Providers

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.

For a repository of all COVID-19 related articles in one location, please reference the [COVID-19 Information - Colorado](#) under *Articles by Publication*.

Article Attachments

The screenshot shows the Anthem Colorado Provider Communications website. The navigation bar includes 'Provider Home', 'Subscribe to Email', and 'Archive'. A search bar is present with the text 'Article Search'. The main content area features a 'Provider Spotlight' section with three articles:

- Apr 17, 2020**
Important COVID-19 update: Prior authorization and other policy adjustments (Updated April 17, 2020)
Anthem previously announced the suspension of select prior authorization requirements and other policy adjustments in response to unprecedented demands on health care providers. We've updated information about peer to peer reviews, self-funded customers, and Federal Employee Program (FEP®) membership.
- Apr 16, 2020**
Information from Anthem for Care Providers about COVID-19 (Updated April 16, 2020)
We recently updated FAQs about coding for telephonic-only visits, and Anthem's affiliated health plan's membership.
- Apr 10, 2020**
Federal Resources Available for Care Providers and Employers in the Federal CARES Act
During the COVID-19 crisis, care providers are working to keep the country running while navigating the financial impact it is having on them. To help care providers navigate the resources available to them Anthem has compiled information on programs we have learned about that could provide additional financial relief during this crisis.

Below the spotlight is an 'Articles | Recent' section with a table:

Title	Publication	Category	Date
Important COVID-19 update: Prior authorization and other policy adjustments (Updated April 17, 2020) Anthem previously announced the suspension of select prior authorization requirements and other policy adjustments in response to unprecedented demands on health care providers. We've updated information about peer to peer reviews, self-funded customers, and Federal Employee Program (FEP®) membership.	COVID-19 Information - Colorado	Administrative	Apr 17, 2020

444-0520-PN-CONV

URL: <https://providernews.anthem.com/colorado/article/covid-19-information-repository-for-anthem-care-providers-6>

CU Health Plan and UCHealth changes effective July 1, 2020

Published: May 1, 2020 - Administrative

Anthem Blue Cross and Blue Shield (Anthem) is proud to be the payer for the CU Health Plan, which currently includes the UCHealth employees and dependents. Effective July 1, 2020, UCHealth will become its own employer group with Anthem, which will be supported by its own new network called the UCHealth Network.

Effective July 1, 2020, Anthem will be supporting both employer groups through different network options:

- **CU Health Plan**

- **Includes the following employees / dependents as part of this employer group:**

- **University of Colorado (CU):**

- CU Boulder
- CU Denver
- CU Colorado Springs
- Anschutz Medical Campus

- **University of Colorado Medicine (CU Medicine)**

- **Anthem Health Plan/Network offerings:**

- Exclusive plan, utilizing Exclusive network
- Extended plan, utilizing Anthem's PPO Network
- High Deductible Health Plan, utilizing Anthem's PPO network
- Medicare plan, utilizing providers accepting Medicare assignment

- **Pharmacy Benefits:**

- Pharmacy benefits provided by CVS, previously IngenioRx

- **Member ID cards:**

- All CU Health Plan members will receive new ID cards for July 1, 2020

- **UCHealth**

- **Includes the following employees / dependents as part of this employer group:**

- **UCHealth:**

- University of Colorado Hospital
- UCHealth Broomfield
- UCHealth Greeley
- UCHealth Grandview
- UCHealth Highlands Ranch
- UCHealth Longs Peak
- UCHealth Medical Center of the Rockies
- UCHealth Memorial Hospital Central
- UCHealth Memorial Hospital North
- UCHealth Poudre Valley Hospital
- UCHealth Pikes Peak Regional Hospital
- UCHealth Yampa Valley Medical Center
- UCHealth Inverness Orthopedics and Spine Surgery Center
- UCHealth Longs Peak Surgery Center
- CeDAR Substance Abuse
- UCHealth Medical Group
- 150 clinics

- **Anthem Health Plan/Network offerings:**

- UCHealth Network Plan, utilizing UCHealth Network (***NEW as of July 1, 2020***)
- UCHealth High Deductible HSA, utilizing a 3-tiered network (***NEW as of July 1, 2020***):
 - Tier 1, UCHealth Network;
 - Tier 2, Anthem's PPO network; and
 - Tier 3 out of network.

- **Pharmacy Benefits:**

- Pharmacy benefits will be managed by IngenioRx
- **Member ID cards:**
 - All UCHHealth members will receive new ID cards for July 1, 2020

We will be sharing more details about these changes taking effective on July 1, 2020 in upcoming newsletter articles as needed, and through our “Working with Anthem” webinars in July. If you haven’t done so already, make sure you are receiving up-to-date information by registering for our Provider Communications via email:

<https://messageinsite.com/networkupdate>.

Provider Webinar opportunities discussing CU Health Plan and UCHHealth changes

We will be conducting a “Working with Anthem” webinar regarding the CU Health Plan and UCHHealth changes on May 27, 2020 at 12pm MT. Please join us to learn about the changes in the Anthem Health Plan/Network offerings coming for these two groups coming July 1, 2020.

Webinar Registration link: go to **anthem.com**, and select **Provider**. Under the *Communications* heading, select **Education an Training**. (*Select Colorado, if you have not done so already*). Under the *Seminars and Webinars* heading, select the plus sign next to *Working with Anthem webinars*, then **Register for a Working with Anthem Webinar**.

If you have any questions, please contact your Anthem Provider Solutions Representative. If you don’t know your assigned contracting representative, please reference the **Escalation Contact List** available on **anthem.com**. Select **Providers**, and select **Colorado** as your state if you haven’t done so already. Under the *Communications* heading, select **Contact Us**, then **Escalation Contact List**, and search “Provider Solutions” to find your representative.

444-0520-PN-CO

URL: <https://providernews.anthem.com/colorado/article/cu-health-plan-and-uchealth-changes-effective-july-1-2020>

Working with Anthem Webinars -- May 2020 schedule: CU Health Plan and UCHealth changes effective July 1, 2020

Published: May 1, 2020 - Administrative

We are continuing our series of "Working with Anthem" webinars for 2020. These webinars are focused on one topic each session, and designed to help our providers and their staff learn how to use the tools currently available to improve operational efficiency when working with Anthem Blue Cross and Blue Shield (Anthem).

2020 Subject Specific Webinars -- May schedule

Topic:	CU Health Plan and UCHealth changes effective July 1, 2020
Date/Time:	Wednesday, May 27, 2020 from 12:00-1:00pm MT
Description:	<p>Anthem Blue Cross and Blue Shield (Anthem) is proud to be the payer for the CU Health Plan, which currently includes the UCHealth employees and dependents. Effective July 1, 2020, UCHealth will become its own employer group with Anthem, which will be supported by its own new network called the UCHealth Network.</p> <p>Learn about the changes in the Anthem Health Plan/Network offerings coming for these two groups coming July 1, 2020.</p>
Registration link:	https://anthem.webex.com/anthem/onstage/g.php?PRID=b6a696587e498199466cadc7231c908d

Webinars are offered using Cisco WebEx. There is no cost to attend. Access to the internet, an email address and telephone is all that's needed. **Attendance is limited, so please register today.**

Watch for additional topics and dates in future issues of our monthly provider newsletter throughout the year. We also will continue to offer our Fall Provider Seminars which will continue to cover a variety of topics in face-to-face and webinar options.

Recorded sessions:

Most sessions are recorded and playback versions are available on our Registration Page. The top portion of the page will show “**Upcoming Events**” and the bottom portion will show “**Event Recordings**”.

Note: Even if you are unavailable to attend, please register to ensure you receive the event recording password once available as it's distributed to all that register.

401-0520-PN-CO

URL: <https://providernews.anthem.com/colorado/article/working-with-anthem-webinars-may-2020-schedule-cu-health-plan-and-uchealth-changes-effective-july-1-2020>

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.html>

402-0520-PN-CONV

URL: <https://providernews.anthem.com/colorado/article/quality-corner-diabetes-hba1c8-hedis-guidance-2>

Updated Escalation Contact List -- Colorado

Published: May 1, 2020 - Administrative

The Escalation Contact List has been updated and is available online. Please go to **anthem.com**. Select **Providers**. Under the *Communications* heading, select **Contact Us**. Choose **Colorado**, then select **Escalation Contact List**.

403-0520-PN-CO

URL: <https://providernews.anthem.com/colorado/article/updated-escalation-contact-list-colorado-1>

Non-participating lab referrals

Published: May 1, 2020 - Administrative

This is a reminder to ensure that you are referring Anthem members to participating labs. LabCorp is our preferred lab provider and offers a Single Source Solution to your testing needs. ***The relationship with LabCorp does not affect network hospital-based lab***

service providers, contracted pathologists, or contracted independent laboratories. Physicians may continue to refer to all par providers as they have in the past.

Not only does your Anthem agreement obligate you to refer to participating labs where available, but members will only receive their full benefits from participating providers. As a result, referring your patient and our member to a non-participating lab may expose them to a greater financial responsibility. *As a reminder, Quest Diagnostics is a non-participating laboratory for all lines of business in Colorado.*

Unfortunately, there are certain non-participating labs that are offering to waive or cap co-payments, coinsurance or deductibles to our members in order to increase their overall revenue. These practices undermine member benefits and may encourage over-utilization of services.

These billing practices are also questionable in their legality. Such a practice may present violations under state or federal anti-kickback laws, and may constitute abuse of health insurance under the Colorado criminal code.

For a listing of Anthem participating laboratories, please check our online directory. Go to **[anthem.com](https://www.anthem.com)**, and select **Providers**. Select your state if you haven't done so already. Under the *Provider Resources* heading, select **Find a Doctor**. Select your state if you haven't done so already.

Note: When searching for laboratory, pathology, or radiology services, under the field "*I am looking for a:*" select **Lab/Pathology/Radiology**; and then under the field "*Who specializes in:*", select **Laboratories, Pathology, or Radiology** as appropriate for your inquiry.

LabCorp is our preferred lab provider and offers a Single Source Solution to your testing needs:

LabCorp is capable of providing services that range from routine testing, such as basic blood counts and cholesterol tests, to highly complex diagnosing of genetic conditions, cancers, and other rare diseases. LabCorp has specialized laboratories which cover the following areas of testing:

<ul style="list-style-type: none"> · Allergy Program · Cancer Testing · Cardiovascular Disease · Companion Diagnostics · Dermatology · Diabetes · DNA Testing · Endocrine Disorders · Esoteric Coagulation · Gastroenterology 	<ul style="list-style-type: none"> · Genetic Testing · Genetic Counseling · Genomics · HLA Lab for National Marrow Donor Program · Hematopathology · Infectious Disease · Immunology · Liver Disease · Kidney Disease 	<ul style="list-style-type: none"> · Medical Drug Monitoring · Molecular Diagnostics · Newborn Screening · Pain Management · Pathology Expertise w/range of Subspecialties · Pharmacogenomics · Preimplantation Genetic Diagnosis · Reproductive Health 	<ul style="list-style-type: none"> · Obstetrics / Gynecology · Oncology · Toxicology · Whole Exome Sequencing · Virology · Women's Health · Urology
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Note: This relationship with LabCorp **does not affect** network hospital-based lab service providers, contracted pathologists, or contracted independent laboratories.

409-0520-PN-CONV

URL: <https://providernews.anthem.com/colorado/article/non-participating-lab-referrals-10>

Anthem Commercial Risk Adjustment (CRA) Prospective Program Update: Assessing Your 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. Anthem's 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 physicians (PCP) in-person or telehealth visits
- Refer to Anthem's [COVID-19 FAQ](#) 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 1-877-448-8125.

Prospective Program ask of Providers:

- **Anthem network providers – usually PCPs – receive letters from Inovalon, requesting that they:**
 1. **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;
 2. **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 - 4:00 PM EST

- **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 1-866-682-6680 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 1-866-682-6680 with coversheet indicating, "see attached Anthem Progress Note," which is eligible for a \$50 incentive payment.

Please contact our Commercial Risk Adjustment Network Education Representative if you have any questions:

Socorro.Carrasco@anthem.com.

Thank you for your continued efforts with our CRA Program.

416-0520-PN-CONV

URL: <https://providernews.anthem.com/colorado/article/anthem-commercial-risk-adjustment-cra-prospective-program-update-assessing-your-patients-for-risk-adjustable-conditions-3>

Medical Policy and Clinical UM Guidelines notification letter (MAC)

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

Material Adverse Change (MAC)

[Medical Policy and Clinical UM Guidelines notification letter](#)

408-0520-PN-CONV

Article Attachments

[20200501-408-0520-PN-CONV_MAC - MPTAC Q1 2020_CO final rv 20200416.pdf](#)
application/pdf - 741.91 KB

URL: <https://providernews.anthem.com/colorado/article/medical-policy-and-clinical-um-guidelines-notification-letter-mac-4>

AIM Specialty Health Clinical Appropriateness Guidelines update -- Advanced Imaging (MAC)

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

Material Adverse Change (MAC)

[AIM Specialty Health Clinical Appropriateness Guidelines update -- Advanced Imaging](#)

426-0520-PN-CONV

Article Attachments

[20200501-426-0520-PN-CONV_MAC - Update to AIM CGs - Advanced Img - CO final rv 20200416.pdf](#)
application/pdf - 782.36 KB

URL: <https://providernews.anthem.com/colorado/article/aim-specialty-health-clinical-appropriateness-guidelines-update-advanced-imaging-mac>

AIM Specialty Health Clinical Appropriateness Guidelines update -- Sleep Disorder Management (MAC)

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

Material Adverse Change (MAC)

[AIM Specialty Health Clinical Appropriateness Guidelines update -- Sleep Disorder Management](#)

427-0520-PN-CONV

Article Attachments

[20200501-427-0520-PN-CONV_MAC - Update to AIM CGs - Sleep Disorder - CO final rv 20200417.pdf](#)
application/pdf - 762.3 KB

URL: <https://providernews.anthem.com/colorado/article/aim-specialty-health-clinical-appropriateness-guidelines-update-sleep-disorder-management-mac>

AIM Specialty Health Clinical Appropriateness Guidelines update -- MSK Interventional Pain Management (MAC)

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

Material Adverse Change (MAC)

[AIM Specialty Health Clinical Appropriateness Guidelines update -- MSK Interventional Pain Management](#)

428-0520-PN-CONV

Article Attachments

[20200501-428-0520-PN-CONV_MAC - Update to AIM CGs - MSK - CO final rv 20200417.pdf](#)
application/pdf - 783.69 KB

URL: <https://providernews.anthem.com/colorado/article/aim-specialty-health-clinical-appropriateness-guidelines-update-msk-interventional-pain-management-mac>

Updates to AIM Musculoskeletal Program Joint Surgery Clinical Appropriateness Guidelines

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

As recently communicated in the February 2020 edition of Anthem's Provider News, effective for dates of service on and after May 17, 2020, updates will apply to the AIM Musculoskeletal Program: Joint Surgery Clinical Appropriateness Guidelines. 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 **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: 877-291-0366, Monday–Friday, 8:00 a.m.–6:00 p.m. MT.

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-CONV

URL: <https://providernews.anthem.com/colorado/article/updates-to-aim-musculoskeletal-program-joint-surgery-clinical-appropriateness-guidelines-4>

Claims requiring additional documentation (Facility Reimbursement Policy -- Update for Outpatient) (MAC)

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

Material Adverse Change (MAC)

[Claims requiring additional documentation \(Facility Reimbursement Policy -- Update for Outpatient\)](#)

433-0520-PN-CO

Article Attachments

[20200501-433-0520-PN-CO_MAC - Claims Req Addl documentation OP - Facility - CO final rv 20200420.pdf](#)
application/pdf - 602.3 KB

URL: <https://providernews.anthem.com/colorado/article/claims-requiring-additional-documentation-facility-reimbursement-policy-update-mac>

Reminder about System Updates

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

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-CONV

URL: <https://providernews.anthem.com/colorado/article/reminder-about-system-updates-4>

Reimbursement Policy: Policy Update-Unlisted, Unspecified or Miscellaneous Codes

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

Effective August 1, 2020, Anthem Blue Cross and Blue Shield 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 [here](#).

URL: <https://providernews.anthem.com/colorado/article/reimbursement-policy-policy-update-unlisted-unspecified-or-miscellaneous-codes-1>

Multi-dose packaging

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

Background: Anthem Blue Cross and Blue Shield wants 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 **1-866-282-9462**.

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