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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](#) under *Articles by Publication*.

Article Attachments

[COVID-19 Repository VA.jpg](#)
image/jpeg - 291.09 KB

The screenshot shows the Anthem Virginia 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 the following articles:

- Apr 22, 2020**
Information from Anthem for Care Providers about COVID-19 (Updated April 22, 2020)
We recently updated FAQs about: billing for services provided in a temporary location, coding for telehealth, COVID-19 lab testing, and Anthem's affiliated health plan's membership.
- 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 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' table:

Title	Publication	Category	Date
Information from Anthem for Care Providers about COVID-19 (Updated April 22, 2020)	COVID-19 information	Administrative	Apr 22, 2020
Important COVID-19 update: Prior authorization and other policy adjustments (Updated April 17, 2020)	COVID-19	Administrative	Apr 17, 2020

URL: <https://providernews.anthem.com/virginia/article/covid-19-information-repository-for-anthem-care-providers-8>

Anthem in Virginia makes mail and fax changes for provider demographics

Published: May 1, 2020 - Administrative

Anthem Blue Cross and Blue Shield in Virginia has made a business decision that provider demographic updates will only be accepted through our secure, online [Provider Maintenance Form](#) (excludes facility providers with the exception of ancillary facility providers). We are no longer accepting demographic updates via mail or fax requests. This change does not affect requests from our other departments for W-9 forms or medical records.

If you are unable to submit electronically, or have questions about updating your demographic information, please contact your Anthem network manager.

As a reminder, you should routinely check your current practice information by going to [anthem.com](#) and access our “Find a Doctor” tool. If information is incorrect and updates are needed, please provide us with the correct information as soon as possible by visiting [anthem.com](#).

- Select the “Providers” tab.
- Select “[Provider Maintenance](#)” under the “Provider Resources” column.
- Complete the online prompts. (Please verify before proceeding that “Information for Virginia” is displayed. Either choose “Select a State” or “Change State” if necessary.)

If you have questions about using the Provider Maintenance Form, see the Related Resources section below the Provider Maintenance Form on the webpage for the “[Instruction Presentation](#)” and “[Quick Tips](#)” links.

448-0520-PN-VA

URL: <https://providernews.anthem.com/virginia/article/anthem-in-virginia-makes-mail-and-fax-changes-for-provider-demographics>

Quality Corner: Diabetes HbA1c<8 HEDIS guidance

Published: May 1, 2020 - Administrative

Diabetes is a complex chronic illness requiring ongoing patient monitoring. The National Committee for Quality Assurance (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, 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 hemoglobin A1c level greater than or equal to 8.0% and less than 9.0%, use 3052F. To report most recent A1c level \leq 9.0%, use codes 3044F, 3051F, 3052F.²

1. Most recent hemoglobin A1c level less than 7.0% use 3044F

1. Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% use 3051F

1. Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% use 3052F

1. Most recent hemoglobin A1c level greater than 9.0% use 3046F

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](https://www.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](https://www.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-VA

URL: <https://providernews.anthem.com/virginia/article/quality-corner-diabetes-hba1c8-hedis-guidance-3>

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 (such as 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-VA

URL: <https://providernews.anthem.com/virginia/article/reminder-about-system-updates-3>

REMINDER: Anthem's spring webinar takes place on May 13; Register now

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

If you haven't yet registered, please consider doing so to attend Anthem's spring provider education webinar scheduled for **May 13, 2020**. Designed for our network-participating providers, the webinar addresses Anthem business updates and billing guidelines that impact your business interactions with us.

For your convenience, we offer these informative, hourly sessions online to eliminate travel time and help minimize disruptions to your office or practice. The date for the spring webinar is:

- **Wednesday, May 13, 2020, from 10:30 a.m. to 11:30 a.m. ET**

Don't miss this opportunity, so take time to register now (or by May 6) for the webinar using the registration form to the right under the "Article Attachments" section. If you have already registered for the May webinar, please ensure you have received a fax confirmation or a confirmation from an Anthem representative to ensure we've received your registration form. Contact janice.madison@anthem.com if you need to confirm your registration.

465-0520-PN-VA

URL: <https://providernews.anthem.com/virginia/article/anthems-spring-webinar-takes-place-on-may-13-register-now>

Article Attachments

[Anthem Webinar and Registration Form.pdf](#)

application/pdf - 292.44 KB

Updates to AIM Advanced Imaging Clinical Appropriateness Guideline

Published: May 1, 2020 - **Guideline Updates**

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 updates by section:

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 updates by section:

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 availability.com.

- Call the AIM Contact Center toll-free number: **866-789-0397**, Monday - Friday, 8 a.m. to 5 p.m. ET.

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](#).

426-0520-PN-VA

URL: <https://providernews.anthem.com/virginia/article/updates-to-aim-advanced-imaging-clinical-appropriateness-guideline-4>

Updates to AIM MSK Interventional Pain Management Clinical Appropriateness Guideline

Published: May 1, 2020 - **Guideline Updates**

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 updates by section:

General Requirements – Conservative Management

- Addition of physical therapy or home therapy requirement and one complementary modality based on preponderance of benefit over harm to conservative care

- 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

Paravertebral Facet Injection/Nerve Block/Neurolysis continued

- 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

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.
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- Call the AIM Contact Center toll-free number: **866-789-0397**, Monday - Friday, 8 a.m. to 5 p.m. ET.

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](#).

428-0520-PN-VA

URL: <https://providernews.anthem.com/virginia/article/updates-to-aim-msk-interventional-pain-management-clinical-appropriateness-guideline-4>

Updates to AIM Sleep Disorder Management Clinical Appropriateness Guideline

Published: May 1, 2020 - Guideline Updates

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 updates by section:

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

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: **866-789-0397**, Monday - Friday, 8 a.m. to 5 p.m. ET.

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](#).

427-0520-PN-VA

URL: <https://providernews.anthem.com/virginia/article/updates-to-aim-sleep-disorder-management-clinical-appropriateness-guideline-12>

Updates to AIM Musculoskeletal Program Joint Surgery Clinical Appropriateness Guidelines

Published: May 1, 2020 - **Guideline Updates**

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: **866-789-0397**, Monday - Friday, 8 a.m. to 5 p.m. ET.

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](#).

438-0520-PN-VA

URL: <https://providernews.anthem.com/virginia/article/updates-to-aim-musculoskeletal-program-joint-surgery-clinical-appropriateness-guidelines-6>

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

Published: May 1, 2020 - Products & Programs

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 exist, and;

1. **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 to 4 p.m. 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 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 about these options 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.

If you have questions, please contact our Commercial Risk Adjustment network education representative – Alicia Estrada via email at Alicia.Estrada@anthem.com. Thank you for your continued efforts with our CRA Program.

416-0520-PN-VA

URL: <https://providernews.anthem.com/virginia/article/anthem-commercial-risk-adjustment-cra-prospective-program-update-assessing-your-patients-for-risk-adjustable-conditions-5>

Anthem prior authorization updates for specialty pharmacy are available

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 pre-service review process.

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

Access the [clinical criteria document information](#).

For Anthem Blue Cross and Blue Shield and affiliate HealthKeepers, Inc., pre-service clinical review of these specialty pharmacy drugs will be managed by Anthem. Drugs used for the treatment of Oncology will still require prior authorization by AIM Specialty Health® (AIM), a separate company.

This applies to members with Preferred Provider Organization (PPO), HealthKeepers (HMO), POS AdvantageOne, and Act Wise (CDH plans).

Clinical Criteria	HCPCS or CPT Code(s)	Drug
ING-CC-0156	J3490	Reblozyl
ING-CC-0156	J3590	Reblozyl
ING-CC-0156	C9399	Reblozyl
<i>ING-CC-0157</i>	<i>C9399</i>	<i>Padcev</i>
<i>ING-CC-0157</i>	<i>J9309</i>	<i>Padcev</i>
<i>ING-CC-0158</i>	<i>J3490</i>	<i>Enhertu</i>
<i>ING-CC-0158</i>	<i>J3590</i>	<i>Enhertu</i>
<i>ING-CC-0158</i>	<i>C9399</i>	<i>Enhertu</i>
<i>ING-CC-0158</i>	<i>J9999</i>	<i>Enhertu</i>
ING-CC-0159	J3490	Scenesse
ING-CC-0159	J3590	Scenesse
<i>ING-CC-0155</i>	<i>J0207</i>	<i>Ethyol</i>
ING-CC-0160	J3490	Vyepti
ING-CC-0160	J3590	Vyepti
<i>*ING-CC-0002</i>	<i>J3590</i>	<i>Ziextenzo</i>
<i>*ING-CC-0002</i>	<i>C9399</i>	<i>Ziextenzo</i>
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 pre-service site of care review process.

Access the [site of care drug list](#).

For Anthem Blue Cross and Blue Shield and affiliate HealthKeepers, Inc., pre-service clinical review of these specialty pharmacy drugs will be managed by Anthem. Drugs used for the treatment of Oncology will still require prior authorization by AIM Specialty Health® (AIM), a separate company.

This applies to members with Preferred Provider Organization (PPO), HealthKeepers (HMO), POS AdvantageOne, and Act Wise (CDH plans).

Clinical Criteria	HCPCS or CPT Code(s)	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 codes from current or new clinical criteria documents will be included in our existing specialty pharmacy medical step therapy review process. Avsola will be added as a non-preferred agent to clinical criteria ING-CC-0062.

Access the [step therapy drug list](#).

For Anthem Blue Cross and Blue Shield and affiliate HealthKeepers, Inc., pre-service clinical review of these specialty pharmacy drugs will be managed by Anthem. Drugs used for the treatment of Oncology will still require prior authorization by AIM Specialty Health® (AIM), a separate company.

This applies to members with Preferred Provider Organization (PPO), HealthKeepers (HMO), POS AdvantageOne, and Act Wise (CDH plans).

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

432-0520-PN-VA

URL: <https://providernews.anthem.com/virginia/article/anthem-prior-authorization-updates-for-specialty-pharmacy-are-available-3>

Reimbursement Policy: Unlisted, unspecified or miscellaneous codes

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

Policy Update

Unlisted, unspecified or miscellaneous codes

(Policy 06-004, effective 08/01/20)

Effective **August 1, 2020**, for Anthem HealthKeepers Plus providers, HealthKeepers, Inc. 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](#) or call Provider Services at **1-800-901-0020**.

AVA-NU-0208-19

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

New functionality added to Availity's provider enrollment tool for Virginia

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

Recently, HealthKeepers, Inc. added new functionality to the Anthem HealthKeepers Plus provider enrollment tool on the Availity Portal* to further automate and improve your online enrollment experience. You can now use the online enrollment application for new groups and new solo professional providers applying for the Anthem HealthKeepers Plus network.

When you use this efficient online tool to submit new provider information, a contract will be generated and sent back to you digitally for an electronic signature. This eliminates the need for paper applications or paper contracts. As a reminder, you can continue to access the new provider enrollment application on the Availity Portal to enroll additional providers under your existing group/practice participation agreement.

How the online enrollment application works

The system automatically accesses the Council for Affordable Quality Healthcare, Inc. EnrollHub tool (EnrollHub) to pull in all updated information you've already included in your CAQH application. The CAQH information automatically populates the information we need to complete the enrollment process — including credentialing and loading your new provider to our database. Please ensure that your provider information on EnrollHub is updated and is in a complete or re-attested status. Availity's online application will guide you throughout the enrollment process, providing status updates using a dashboard. As a result, you know where each provider is in the process without having to call or email for a status.

Please note: For any changes to your practice profile and demographics, continue to use the new online *Provider Maintenance Form* to submit changes to your practice profile and demographics electronically. Availity administrators and assistant administrators can access the form on <https://www.availity.com> > Payer Spaces > Resources.

Accessing the provider enrollment application

Log on to the Availity Portal and select Payer Spaces > Anthem HealthKeepers Plus > Applications > Provider Enrollment to begin the enrollment process.

If your organization is not currently registered for the Availity Portal, the person in your organization designated as the Availity administrator should go to <https://www.availity.com> and select **Register**.

For organizations already using the Availity Portal, your organization's Availity administrator should go to **My Account Dashboard** from the Availity home page to register new users and update or unlock accounts for existing users. Staff who need access to the provider enrollment tool need to be granted the role of **provider enrollment**. Availity administrators and user administrators will automatically be granted access to provider enrollment.

If you are using Availity today and need access to provider enrollment, please work with your organization's administrator to update your Availity role. To determine who your administrator is, you can go to My Account Dashboard > My Administrators.

Need assistance with registering for the Availity Portal?

Contact Availity Client Services at **1-800-AVAILITY (1-800-282-4548)**.

If you have any other questions about this communication, call Provider Services at **1-800-901-0020** or Anthem CCC Plus Provider Services at **1-855-323-4687**.

Acquisition of Beacon Health Options

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

Anthem, Inc. completed its acquisition of Beacon Health Options (Beacon), a large behavioral health organization that serves more than 36 million people across the country. Beacon will operate as a wholly owned subsidiary of Anthem. HealthKeepers, Inc. is the contracting entity for Anthem HealthKeepers Plus providers and Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus) providers. Anthem HealthKeepers Plus and Anthem CCC Plus are wholly owned subsidiaries of Anthem, Inc.

Bringing together our existing solid behavioral health business with Beacon's successful model and support services creates one of the most comprehensive behavioral health networks in the country. It's also an opportunity to offer best-in-class behavioral health capabilities and whole-person care solutions in new and meaningful ways to help people live their best lives.

From the standpoint of our customers and providers at this time, it's business as usual:

- Members should continue to call the customer service number on the back of their membership card or access their health plan's website for online self-service.
- Providers should continue to use the provider service contact information, websites and online self-service websites as part of their agreement with either HealthKeepers, Inc. or Beacon.
- There will be no immediate changes to the way HealthKeepers, Inc. or Beacon manage their respective provider networks, contracts and fee arrangements. The provider

networks, contracts and fee arrangements for HealthKeepers, Inc. and Beacon will remain separate at this time.

We know our providers continue to expect more of their health care partner, and at HealthKeepers, Inc., we aim to deliver more in return.

If you have any questions about this communication, call Provider Services at **1-800-901-0020** or Anthem CCC Plus Provider Services at **1-855-323-4687**.

For more details, please see the [press release](#), and/or additional details will be shared in future communications.

AVA-NU-0235-20

URL: <https://providernews.anthem.com/virginia/article/acquisition-of-beacon-health-options-2>

Keep up with Medicaid news

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

Please continue to check our website <https://mediproviders.anthem.com> for the latest Medicaid information for members enrolled in HealthKeepers, Inc.'s Anthem HealthKeepers Plus and the Commonwealth Coordinated Care Plus (Anthem CCC Plus) benefit plans. Here are topics we're addressing in this edition:

[Authorizations extended for LTSS services](#)

[Prior authorization requirements for 97537](#)

URL: <https://providernews.anthem.com/virginia/article/keep-up-with-medicaid-news-28>

Reimbursement Policy: Unlisted, unspecified or miscellaneous codes

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

Policy Update

Unlisted, unspecified or miscellaneous codes

(Policy 06-004, effective 08/01/20)

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](#).

ABSCRNU-0105-19 507050MUPENMUB

URL: <https://providernews.anthem.com/virginia/article/reimbursement-policy-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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URL: <https://providernews.anthem.com/virginia/article/multi-dose-packaging-5>

Keep up with Medicare news

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

Please continue to check Important [Medicare Advantage Updates](#) for the latest Medicare Advantage information, including:

- [Prior Authorization requirements](#)

ABSCRNU-0133-20 508300MUPENMUB

- [New behavioral health Medicare Advantage individual and Group Retiree Solutions provider tax](#)

ABSCRNU-0132-20 508286MUPENMUB

URL: <https://providernews.anthem.com/virginia/article/keep-up-with-medicare-news-132>
