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Anthem Chat: A fast, easy way to have your questions answered

Published: Nov 1, 2020 - Administrative

If you have questions, you now have a new option to have them answered quickly and easily. With Anthem Chat, providers can have a real-time, online discussion through a new digital service, **available through Payer Spaces on [Availity](#)**.

- Faster access to provider services for all questions
- Real-time answers to your questions about PA and appeals status, claims, benefits, eligibility, and more
- A platform that is easy to use making it simpler to receive help
- The same high level of safety and security you have come to expect with Anthem

Chat is one example of how Anthem is using digital technology to improve the health care experience, with a goal to save you valuable time. To get started, please access the service through Payer Services on [Availity](#).

Use Provider Chat: Select **Payer Spaces**, select **Anthem**, and from *Applications* select **Chat**.

775-1120-PN-GA

URL: <https://providernews.anthem.com/georgia/article/anthem-chat-a-fast-easy-way-to-have-your-questions-answered-4>

REMINDER: Post-service reviews using AIM

Published: Nov 1, 2020 - Administrative

As previously communicated in the October 2017 edition of *Provider News*, Anthem uses AIM to administer pre-service clinical reviews for services noted below. AIM reviews requests in real time against evidence-based clinical guidelines and Anthem medical policies. Providers are notified via letter or remit message when claims are submitted without the appropriate pre-service review by AIM. If such a letter or message is received, providers will need to obtain a post-service clinical review for the service via the AIM

ProviderPortal_{SM}. If documentation/post-service review request is submitted to Anthem, Providers are notified via another letter or remit message to submit to AIM.

To help prevent delays in claim processing and post-service reviews, ordering providers submit pre-service request to AIM in one of the following ways:

- Access AIM **ProviderPortal** directly at providerportal.com available 24/7 to process orders in real-time
- Access AIM via the Availity web portal at availity.com

As a reminder, AIM reviews the following services for clinical appropriateness:

- Advanced diagnostic imaging
- Cardiology tests and procedures (e.g. MPI, echocardiography, PCI, cardiac catheterization)
- Medical oncology treatments through the Cancer Care Quality Program
- Radiation oncology treatments (e.g. IMRT, brachytherapy)
- Sleep testing, treatment and supplies
- Genetic testing
- Musculoskeletal (e.g., spine and joint surgeries, pain management)
- Rehabilitative services (physical, speech and occupational therapy)
- Surgical Site of Care (e.g., gastroenterology, other surgeries will be implemented which will be communicated via *Provider News*)

Services performed in an emergency or inpatient setting are excluded from AIM programs. This update applies to local fully-insured Anthem members and members who are covered under a self-insured (ASO) benefit plan, with services medically managed by AIM. It does not apply to BlueCard, Medicare Advantage, Medicaid, Medicare Supplement, and Federal Employee Program (FEP).

For more information please contact the phone number on the back of the member ID card.

711-1120-PN-GA

URL: <https://providernews.anthem.com/georgia/article/reminder-post-service-reviews-using-aim-3>

US Antibiotic Awareness Week

Published: Nov 1, 2020 - Administrative

US Antibiotic Awareness Week is November 18-24, 2020! This is a one week observance that gives organizations and providers an opportunity to raise awareness on the appropriate use of antibiotics and reduce the threat of antibiotic resistance. The Centers for Disease Control and Prevention (CDC) has over 10 hours of **free Continuing Education** available for providers at [cdc.gov/antibiotic-use/community/for-hcp/continuing-education.html](https://www.cdc.gov/antibiotic-use/community/for-hcp/continuing-education.html).

The CDC promotes *Be Antibiotics Aware*, an educational effort to raise awareness encouraging safe antibiotic prescribing practices and use. *Be Antibiotics Aware* has many resources for health care professionals (in outpatient and inpatient settings) including videos such as [The Right Tool](#) and [Antibiotics Aren't Always the Answer](#) that can be utilized in provider's waiting rooms.

722-1120-PN-GA

URL: <https://providernews.anthem.com/georgia/article/us-antibiotic-awareness-week-2>

Additional information about Clinical Laboratory Improvement Amendments (CLIA) number

Published: Nov 1, 2020 - Administrative

The purpose of this article is to provide additional information regarding submission of the CLIA number on claims for laboratory services that include QW or 90 modifiers. As a reminder, claims filed without the CLIA number are considered incomplete and will reject.

Both paper and electronic claim formats accommodate the CLIA number.

- On the CMS-1500 form, Box 23 (Prior Authorization) is reserved for the CLIA number.
- On the 837P, REF segments are available: REF (X4) in loops 2300 and 2400, and REF (F4) in loop 2400.

Note: The CLIA number for the Referring Clinical Laboratory should be included in REF (F4)

The following examples illustrate how the CLIA number as well as procedure code modifiers QW and 90 should be filed:

Claim Format	Location(s) Reserved for Procedure Modifier and CLIA #		
Modifier QW – diagnostic lab service is a CLIA waived test			
CLIA Waived Tests - simple laboratory examinations and procedures that have an insignificant risk of an erroneous result			
CMS-1500	Procedure modifier 'QW': Box 24d	CLIA #: Box 23 Prior Authorization	
837P	Procedure modifier 'QW': Loop 2400 SV101-3 (1st position)	CLIA #: Loop 2300 or 2400 REF X4	
Modifier 90 – Reference (Outside) Laboratory			
Referring laboratory – refers a specimen to another laboratory for testing Reference laboratory – receives a specimen from another laboratory and performs one or more tests on that specimen			
CMS-1500	Procedure modifier '90': Box 24d	CLIA #: Box 23 Prior Authorization	
837P	Procedure modifier '90': Loop 2400 SV101-3 – SV101-6	CLIA #: Loop 2300 or 2400 REF X4	CLIA # - Referring Facility Identification: Loop 2400 REF F4

Additional information regarding CLIA is available on the CMS website at [cms.gov/Regulations-and-Guidance/Legislation/CLIA/](https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/)

If you have additional questions, please call the telephone number on the back of the member's identification card.

733-1120-PN-GA

NECA/IBEW Family Medical Care Plan medical ID cards notice

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

Effective January 1, 2021, all NECA/IBEW Family Medical Care Plan members will have new ID numbers. Please use this new number for services rendered as of January 1, 2021. FMCP has advised its membership to remember to share this new card/ID # with all their providers for all services obtained after the first of the year. After January 1, 2021, please contact Anthem Provider Services at 833-835-2714 for eligibility and benefit questions and 855-343-4851 to request prior authorization.

744-1120-PN-GA

URL: <https://providernews.anthem.com/georgia/article/necaibew-family-medical-care-plan-medical-id-cards-notice>

Claims editing update for ICD-10-CM Excludes 1 notes

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

Beginning with dates of service on or after November 1, 2020 Anthem will be implementing revised claims editing logic tied to Excludes 1 notes from ICD-10-CM 2020 coding guidelines. To help ensure the accurate processing of claims, use ICD-10-CM Coding Guidelines when selecting the most appropriate diagnosis for member encounters. Please remember to code to the highest level of specificity. For example, if there is an indication at the Category level that a code can be billed with another range of codes, it is imperative to look for Excludes 1 notes that may prohibit billing a specific code combination.

For assistance in determining proper coding guidance, the following site should be helpful: cdc.gov/nchs/icd/icd10cm.htm

One of the unique attributes of the ICD-10 code set and coding conventions is the concept of Excludes 1 notes. An Excludes 1 note indicates that the excluded code identified in the note should not be billed with the code or code range listed above the Excludes 1 note. These notes appear below the affected codes – if the note appears under the Category (first three characters of a code), it applies to the entire series of codes within that category. If the Excludes 1 note appears beneath a specific code (3, 4, 5, 6 or 7 characters in length) then it applies only to that specific code

- Reporting Z01.419 with Z12.4
 - Z01.41X (encounter GYN exam w/out abnormal findings) has an Excludes 1 note below that includes Z12.4.
 - Z12.4 (encounter for screening malignant neoplasm cervix)

- Reporting Z79.891with F11.2X
 - Z79.891 (long-term use of Opiates) has an Excludes 1 note after it for F11.2X. F11.2X (Opioid dependence)

- Reporting M54.2 with M50.XX
 - M54.2 (Cervicalgia) has an Excludes 1 note below it for M50.XX (cervicalgia due to intervertebral disc disorder)

- Reporting M54.5 with S39.012X and/or M54.4x
 - M54.5 (low back pain) has an Excludes 1 note below it which includes; S93.012X (strain of muscle, fascia and tendon of lower back), M54.4X (low back pain) M51.2X (lumbago due to intervertebral disc disorder)

- Reporting J03.XX with J02.XX, J35.1, J36, J02.9
 - J03. - (Acute tonsillitis) has an Excludes 1 note below it which includes; J02. - (acute sore throat), J35.1 (hypertrophy of tonsils), J36 (Peritonsillar abscess)

- Reporting N89 with R87.62X, D07.2, R87.623, N76.XX, N95.2, 00
 - N89 (Other inflammatory disorders of the vagina) has an Excludes 1 note below the category for

- R87.62X(abnormal results from vaginal cytological exam), D07.2 (vaginal intraepithelial neoplasia),
- R87.623(HGSIL of vagina), N76.XX inflammation of the vagina), N95.2 (senile [atrophic] vaginitis),
- A59.00 (trichomonal leukorrhea)

Finally, if you believe an Excludes1 note denial is incorrect, please consult the ICD-10-CM codebook to verify appropriate use of the billed codes and provide supporting documentation through the normal dispute process as to why the billed diagnoses codes are appropriately used together.

752-1120-PN-GA

URL: <https://providernews.anthem.com/georgia/article/claims-editing-update-for-icd-10-cm-excludes-1-notes-1>

Availity attachment tools for Anthem and affiliate payers: live webinars

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

In this 60-minute webinar, you will learn how to use Availity's* Attachment tools to submit and track supporting documentation electronically to Anthem and affiliate payers.

We will explore key workflow options to fit your organization's needs, including how to:

- Work a request in the inbox of your Attachments Dashboard.
- Enter and submit a web claim including supporting documentation.
- Use EDI batch options to trigger a request in your inbox.
- Track attachments you submitted using sent and history lists in your Attachments Dashboard.
- Get set up to use these tools.

As part of the session, we'll answer questions and provide handouts and a job aid for you to reference later.

Register for an upcoming webinar session:

1. In the Availity Portal, select Help & Training > Get Trained.
2. The Availity Learning Center opens in a new browser tab.
3. Search for and enroll in a session using one of these options:
 - In the Catalog, search by webinar title or keyword.
 - To find this specific live session quickly, use keyword ***medattach***.
 - Select the **Sessions** tab to scroll the live session calendar.
4. After you enroll, you'll receive emails with instructions to join the session.

Webinar Dates:

DATE	DAY	TIME
November 4, 2020	Wednesday	Noon to 1 p.m. ET
November 17, 2020	Tuesday	2 p.m. to 3 p.m. ET
December 4, 2020	Friday	3 p.m. to 4 p.m. ET
December 15, 2020	Tuesday	3 p.m. to 4 p.m. ET

762-1120-PN-GA

URL: <https://providernews.anthem.com/georgia/article/availity-attachment-tools-for-anthem-and-affiliate-payers-live-webinars-1>

Get the full picture of your patient's health through their smartphone

Published: Nov 1, 2020 - Administrative

Anthem is committed to creating innovative tools that help simplify health care. In pursuit of that commitment, we recently enhanced our digital tool that enables members to share their personal health data with physicians and hospitals. This tool, referred to as My Health Records, merges patient health records from providers who may have cared for an individual

member and stores the data in one secure place that is accessible to the member via the Sydney Health mobile app and [anthem.com](https://www.anthem.com). My Health Records provides a new way for members to access their personal health information from multiple providers' databases then view, download and share their health data and medical records with doctors via their smartphone or computer.

My Health Records allows members to share important health information with physicians, such as:

- Lab results and historical insights with visualizations
- Medications, Conditions, Immunizations, Vaccinations
- Health records
- Health records of dependents (14 years and under)
- Easy access to provider information
- Personalized health data tracking over time
- Integration for member authorization to more health record data

The enhanced digital tool gives physicians and hospitals a holistic view of a member's up-to-date health data. This complete health data in one trusted place enables providers and members to feel more confident in making important life decisions easily and quickly.

*This tool is now available to Anthem members in our Medicare, Individual, Small Group and Fully Insured Large Group business segments and will be available to members in our Large Group ASO and Anthem National Account business segments in early 2021.

763-1120-PN-GA

URL: <https://providernews.anthem.com/georgia/article/get-the-full-picture-of-your-patients-health-through-their-smartphone-2>

Digital transactions cut administrative tasks in half

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

Introducing the Anthem Provider Digital Engagement Supplement to the provider manual

Using our secure provider portal or EDI submissions (via Availity), administrative tasks can be reduced by more than fifty percent when filing claims with or without attachments, checking statuses, verifying eligibility, benefits and when submitting prior authorizations electronically. In addition, it could not be easier. Through self-service functions, you can accomplish digital transactions all at one time, all in one place. If you are not already registered, just click [here](#) for EDI or [here](#) for the secure provider portal (Availity).

Get payments faster

By eliminating paper checks, Electronic Funds Transfer (EFT) is a digital payment solution that deposits payments directly into your account. It is safe, secure and you can receive payments faster. Electronic remittance advice (ERA) is completely searchable and downloadable from the secure provider portal or the EDI 835 remittance, which meets all HIPAA mandates - eliminating the need for paper remittances.

Member IDs go digital

Anthem members are transitioning to digital member identification cards making it easier for them and you. The ID card is easily emailed directly to you for file upload, eliminating the need to scan or print. In addition, the new digital member ID card can be directly accessed through the secure provider portal via Availity. Providers should begin accepting the digital member ID cards when presented by the member. For more information on accessing this tool, see our October Provider News article: [Electronic member ID cards available on the Availity Portal](#).

Anthem makes going digital easy with the Provider Digital Engagement Supplement

From our digital member identification cards to EDI transactions, application programming interface (API) to Direct Data Entry, we cover it all in our Provider Digital Engagement Supplement to the provider manual available [here](#) and on our secure provider portal through [Availity](#). The Supplement outlines Anthem provider expectations, processes and self-service tools across all electronic channels, including medical, dental, and vision benefits.

The Provider Digital Engagement Supplement to the provider manual is another example of how Anthem is using digital technology to improve the health care experience. We are asking providers to go digital with Anthem no later than January 1, 2021, so we can realize our mutual goals of reducing administrative burden and increasing provider satisfaction and collaboration. Read the Digital Engagement Supplement now and go digital with Anthem.

774-1120-PN-GA

Anthem clinical criteria updates for specialty pharmacy are available

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

Effective for dates of service on and after February 1, 2021, the following current and new clinical criteria were revised and might result in services that were previously covered but may now be found to be not medically necessary.

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

Anthem's prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Anthem's medical specialty drug review team. Drugs used for the treatment of Oncology will be managed by AIM Specialty Health® (AIM), a separate company

- ING-CC-0029 Dupixent (dupilumab)
- ING-CC-0038 Human Parathyroid Hormone Agent
- ING-CC-0042 Monoclonal Antibodies to Interleukin-17
- ING-CC-0044 Exondys 51 (eteplirsen)
- ING-CC-0048 Spinraza (nusinersen)
- ING-CC-0050 Monoclonal Antibodies to Interleukin-23
- ING-CC-0058 Octreotide Agents (Byngezia Pen, Sandostatin, or Sandostatin LAR)
- ING-CC-0061 GnRH Analogs for the Treatment of Non-Oncologic Indications
- ING-CC-0094 Alimta (pemetrexed disodium)
- ING-CC-0119 Yervoy (ipilimumab)
- ING-CC-0124 Keytruda (pembrolizumab)
- ING-CC-0125 Opdivo (nivolumab)
- ING-CC-0139 Evenity (romosozumab-aqqg)
- ING-CC-0152 Vyondys 53 (golodirsen)

740-1120-PN-GA

November 2020 prior authorization updates for specialty pharmacy are available

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

Prior authorization updates

Effective for dates of service on and after February 1, 2021, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our prior authorization review process.

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

To access the Clinical Criteria information please click [here](#).

Anthem's prior authorization clinical review 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 shown in italics in the table below.*

Clinical Criteria	HCPCS or CPT Code(s)	Drug
<i>*ING-CC-0127</i>	<i>J9999, C9399</i>	<i>Darzalex Faspro</i>

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

Step therapy updates

Effective for dates of service on and after February 1, 2021, 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.

To access the Clinical Criteria information related to Step Therapy, please click [here](#).

Anthem's prior authorization clinical review 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 shown in italics in the table below.*

Clinical Criteria	Status	Drug(s)	HCPCS Codes
ING-CC-0160	Non-preferred	Vyepti	J3032
ING-CC-0160	Non-preferred	Vyepti	C9063
ING-CC-0011	Non-preferred	Ocrevus	J2350

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

Correction to a prior authorization update

In the October 2020 edition of *Provider News*, we published a prior authorization update regarding clinical criteria **ING-CC-0174** on the drug Kesimpta.

- One HCPCS code has been added, J9302. This is the valid code for the drug Kesimpta.

743-1120-PN-GA

URL: <https://providernews.anthem.com/georgia/article/november-2020-prior-authorization-updates-for-specialty-pharmacy-are-available>

IngenioRx introduces new pharmacy network in 2021

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

Starting **January 1, 2021**, IngenioRx, the pharmacy benefit manager for our affiliated health plans, will make its new standard pharmacy network available to your patients. The standard network will be made up of about 58,000 pharmacies nationwide, including well-known national chains like Costco, CVS, Kroger, Sam's Club, Target and Walmart.

With robust access, your patients can use any participating pharmacy across the country in the standard network to fill their prescriptions.

Network Notification Plan

Some of your patients covered by an Anthem health plan may currently use pharmacies that are not in this new network. They'll need to transfer their active prescription(s) to a network pharmacy to ensure there is no interruption of their coverage.

Prior to the network effective date, we'll notify your patients by letter outlining the easy steps about transferring their prescriptions to another pharmacy in the network.

In addition, to help you easily send prescriptions to a participating pharmacy, we'll include messaging via your patients' electronic medical record. This message will appear if you attempt to submit a prescription to a pharmacy that's not included in the standard network. This will ensure your patients' prescriptions are properly routed to a network pharmacy and will help them continue to receive their medications worry-free.

If your patients would like to search for a network pharmacy prior to the new network effective date, they can log in to [anthem.com](https://www.anthem.com), where instructions will appear with a helpful link to our online pharmacy search tool. They can enter their address/city/state or their zip code to begin searching.

Questions?

Please refer to our helpful **Frequently Asked Questions** that are attached to this article for more details about the new standard network.

750-1120-PN-GA

URL: <https://providernews.anthem.com/georgia/article/ingeniorx-introduces-new-pharmacy-network-in-2021-2>

Anthem Georgia preapproval list change notification 11/1/2020

Published: Nov 1, 2020 - **Policy Updates**

AIM Specialty Health®

AIM Specialty Health, a separate company, is a nationally recognized leader delivering specialty benefits management on behalf of Anthem for certain health plan members. Determine if preapproval is needed for a Georgia Anthem member by visiting the “[Medical Policy and Clinical UM Guidelines](#)” page on our [provider website](#) or by calling the preapproval phone number printed on the back of the member’s ID card. To submit your request for any of the services below, contact AIM online via AIM’s ProviderPortal at aimspecialtyhealth.com/goweb. From the drop-down menu, select GA. You may also call AIM toll-free at 866-714-1103, Monday–Friday, 8:00 a.m.–6:00 p.m. ET

AIM provides benefits management for the programs listed below:

- Imaging Level of Care
- Genetic Testing
- Diagnostic Imaging Management
- Cardiovascular Services
- Radiation Therapy Services
- Outpatient Sleep Testing and Therapy Services
- Cancer Care Quality Program
- Musculoskeletal (for Fully Insured)
- Upper Gastrointestinal Endoscopy

For more details on these programs, please visit the AIM Specialty Health® site at aimspecialtyhealth.com/marketing/guidelines/185/index.html. By clicking on the previous links, you will be directed to sites created and/or maintained by another, separate entity (“External Site”). Upon linking you are subject to the terms of use, privacy, copyright and security policies of the External Sites. We provide these links solely for your information and convenience. We encourage you to review the privacy practices of the External Sites. The information contained on the External Sites should not be interpreted as medical advice or treatment provided by us.

Eligibility and benefits

Eligibility and benefits can be verified by through [anthem.com/provider](https://www.anthem.com/provider) or by calling the number on the back of the member’s identification card. Service preapproval is based on member’s benefit plan/eligibility at the time the service is reviewed/approved. Benefit plans vary widely and are subject to change based on the contract effective dates. The provider is responsible for verification of member eligibility and covered benefits. Except in the case of an emergency, failure to obtain preapproval prior to rendering the designated services listed below will result in denial of reimbursement.

Add to preapproval		
MED.00134 Non-invasive Heart Failure and Arrhythmia Management and Monitoring System	0607T, 0608T	Add 2/1/2021
SURG.00156 Implanted Artificial Iris Devices	0616T, 0617T, 0618T, C1839	Add 2/1/2021
SURG.00157 Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis	30999, 30117	Add 2/1/2021

Codes added to existing preapproval documents		
MED.00103 Automated Evacuation of Meibomian Gland	0563T	Add 2/1/2021
SURG.00077 Uterine Fibroid Ablation: Laparoscopic, Percutaneous or Transcervical Image Guided Techniques Previous title: Uterine Fibroid Ablation: Laparoscopic or Percutaneous Image Guided Techniques	0404T	Add 2/1/2021
SURG.00112 Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures) Previous title: Occipital Nerve and Supraorbital Nerve Stimulation	61885, 64568, 64569, C1767, C1778	Add 2/1/2021
SURG.00129 Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring	C1767, C1778, C1787, L8680, L8681, L8688	Add 2/1/2021
SURG.00011 Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting	Q4249, Q4250, Q4254, Q4255	Add 10/1/2020, New Code

OR-PR.00006 Powered Robotic Lower Body Exoskeleton Devices	K1007	Add 10/1/2020, New Code
GENE.00037 Genetic Testing for Macular Degeneration	0205U	Add 10/1/2020, New Code
CG-GENE-05 Genetic Testing for DMD Mutations (Duchenne or Becker Muscular Dystrophy)	0218U	Add 10/1/2020, New Code
CG-GENE-10 Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies	0209U	Add 10/1/2020, New Code
GENE.00052 Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	0212U-0217U	Add 10/1/20- New Codes
CG-SURG-27 Gender Reassignment Surgery	54400, 54401, 54405, 55899, C1813, C2622, L8699	Add 9/01/2020

734-1120-PN-GA

URL: <https://providernews.anthem.com/georgia/article/anthem-georgia-preapproval-list-change-notification-1112020>

New reimbursement policy: Documentation Standards for Episodes of Care (Professional)

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

The new professional reimbursement policy for Documentation Standards for Episodes of Care will be effective February 1, 2021. This policy will replace the current Documentation Guidelines for Adaptive Behavior Assessments and Treatment for Autism Spectrum Disorder and Documentation Guidelines for Central Nervous System Assessments and Tests policies. Those policies will be retired as of February 1, 2021. The Documentation Standards for Episodes of Care policy will be considered an administrative policy and will serve as an overarching documentation standards policy.

For more information about this policy, visit the [Reimbursement Policy](#) page at anthem.com/provider.

748-1120-PN-GA

URL: <https://providernews.anthem.com/georgia/article/new-reimbursement-policy-documentation-standards-for-episodes-of-care-professional>

Reimbursement policy update: Modifier Rules (Professional)

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

Beginning with dates of service on or after February 1, 2021, Anthem policy language has been updated to add Modifier FB to the related coding section and indicate that when used in the adjudication of a claim reimbursement may be affected.

Modifier FB is defined as an item provided without cost to provider, supplier or practitioner, or full credit received for replaced device.

For more information about this policy, visit the [Reimbursement Policy](#) page at anthem.com/provider website.

751-1120-PN-GA

Reimbursement policy update: Bundled Services and Supplies (Professional)

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

Beginning with dates of service on or after February 1, 2021, Anthem will update Bundled Services and Supplies Section 2 Coding list to indicate that the following codes:

- 43281 - laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh,
- 43282 - laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh,
- 43283 - laparoscopy, surgical, esophageal lengthening procedure,
- 43332 - repair paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis, and
- 43333 - repair paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis,

are not eligible for separate reimbursement when reported with bariatric procedure codes 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887 and 43888.

Additionally, the Bundled Services Section 2 coding list will be updated to include the telehealth originating site facility fee HCPCS code (Q3014) when reported with an E&M code in place of service 11.

For more information about this policy, visit the [Reimbursement Policy](#) page at [anthem.com/provider](https://www.anthem.com/provider).

754-1120-PN-GA

URL: <https://providernews.anthem.com/georgia/article/reimbursement-policy-update-bundled-services-and-supplies-professional>

Georgia Medical Policy and Clinical Guideline updates 11/1/2020

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

The Medical Policy and Technology Assessment Committee adopted the attached new and/or revised Medical Policies and Clinical Guidelines. Some may have expanded rationales, medical necessity indications or criteria and some may involve changes to policy position statements that might result in services that previously were covered being found to be either not medically necessary or investigational/not medically necessary. Clinical Guidelines adopted by Anthem Blue Cross and Blue Shield and all the [Medical Policies](#) are available on the [Anthem provider website](#). Please note our medical policies now include NOC (Not Otherwise Classified) codes to expedite the process of determining services that may require medical review. If you don't have access to the internet, you may request a hard copy of a specific Medical or Behavioral Health Policy or Clinical UM Guideline by calling Provider Services at (800) 241-7475 Monday–Friday from 8:00 a.m. to 7:00 p.m. Or send written requests (specifying medical policy or guideline of interest, your name and address to where information should be sent) to:

Anthem Blue Cross and Blue Shield
Attention: Prior Approval, Mail Code GAG009-0002
3350 Peachtree Road NE
Atlanta, GA 30326

NOTE: Any Clinical Guideline included in this standard MPTAC notification is only effective for GA if included on the GA Standard Adopted Clinical Guideline List unless there is a group-specific review requirement in which case it will be considered 'Adopted' for that group only and for the specific type of review required. Additionally, as part of the Pre-Payment Review Program for commercial or Federal Employee Health Benefits Program (FEHBP) plans, Clinical Guidelines approved by Medical Policy and Technology Assessment Committee (MPTAC) but not included in the GA Standard Adopted Clinical Guideline List may be used to review a provider's claims when a provider's billing practices are not consistent with other providers in terms of frequency or in some other manner or for provider education and are "Adopted" for those purposes.

Open the attached document titled "**GA medical policy and clinical guideline updates 11.1.2020**" to view the new and/or revised Medical Policies and Clinical Guidelines adopted by the Medical Policy and Technology Assessment Committee.

738-1120-PN-GA

URL: <https://providernews.anthem.com/georgia/article/georgia-medical-policy-and-clinical-guideline-updates-1112020>

Article Attachments

[Georgia Medical Policy and Clinical Guideline updates 11.1.2020.pdf](#)

application/pdf - 704.95 KB

FDA approvals and expedited pathways used: new molecular entities

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

Anthem Blue Cross and Blue Shield (Anthem) reviews the activities of the FDA's approval of drugs and biologics on a regular basis to understand the potential effects for both our providers and members.

The FDA approves new drugs/biologics using various pathways of approval. Recent studies on the effectiveness of drugs/biologics going through these different FDA pathways illustrates the importance of clinicians being aware of the clinical data behind a drug or biologic approval in making informed decisions.

Here is a list of the approval pathways the FDA uses for drugs/biologics:

- **Standard Review:** The Standard Review process follows well-established paths to make sure drugs/biologics are safe and effective when they reach the public. From concept to approval and beyond, FDA performs these steps: reviews research data and information about drugs and biologics before they become available to the public, watches for problems once drugs and biologics are available to the public, monitors drug/biologic information and advertising, and protects drug/biologic quality. To learn more about the Standard Review process, go [here](#).
- **Fast Track:** Fast Track is a process designed to facilitate the development and expedite the review of drugs/biologics to treat serious conditions and fill an unmet medical need. To learn more about the Fast Track process, go [here](#).
- **Priority Review:** A Priority Review designation means FDA's goal is to take action on an application within six months. To learn more about the Priority Review process, go [here](#).
- **Breakthrough Therapy:** A process designed to expedite the development and review of drugs/biologics that may demonstrate substantial improvement over available therapy. To learn more about the Breakthrough Therapy process, click [here](#).
- **Orphan Review:** Orphan Review is the evaluation and development of drugs/biologics that demonstrate promise for the diagnosis and/or treatment of rare diseases or conditions. To learn more about the Orphan Review process, click [here](#).
- **Accelerated Approval:** These regulations allowed drugs/biologics for serious conditions that filled an unmet medical need to be approved based on a surrogate endpoint. To learn more about the Accelerated Approval process, click [here](#).

Please open the attached PDF titled "**New molecular entities approvals. January to August 2020.pdf**" to view new molecular entities approvals from January to August 2020.

ABSCRNU-0178-20

Article Attachments

[New molecular entities approvals. January to August 2020.pdf](#)

application/pdf - 264.27 KB

URL: <https://providernews.anthem.com/georgia/article/fda-approvals-and-expedited-pathways-used-new-molecular-entities-2>

Medical drug benefit Clinical Criteria updates

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

On February 21, 2020, May 15, 2020, and June 18, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the **medical drug benefit** for Anthem Blue Cross and Blue Shield. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the provider websites, and the effective dates will be reflected in the [Clinical Criteria Web Posting June 2020](#). Visit [Clinical Criteria](#) to search for specific policies.

If you have questions or would like additional information, use this [email](#).

ABSCRNU-0173-20

URL: <https://providernews.anthem.com/georgia/article/medical-drug-benefit-clinical-criteria-updates-69>

Provider Chat: A fast, easy way to get your questions answered

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

You now have a new option to have questions answered quickly and easily. With Anthem Blue Cross and

Blue Shield (Anthem) and AMH Health, LLC Chat, providers can have a real-time, online discussion through a new digital service, **available through Payer Spaces on [Availity](#)**.^{*} Provider Chat offers:

- Faster access to Provider Services for all questions.
- Real-time answers to your questions about prior authorization and appeals status, claims, benefits, eligibility, and more.
- An easy to use platform that makes it simple to receive help.
- The same high level of safety and security you have come to expect with Anthem and AMH Health.

Chat is one example of how Anthem and AMH Health are using digital technology to improve the health care experience, with the goal of saving valuable time. To get started, access the service through Payer Services on [Availity](#).

^{*} Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield and AMH Health, LLC.

ABSCARE-0683-20

URL: <https://providernews.anthem.com/georgia/article/provider-chat-a-fast-easy-way-to-get-your-questions-answered-3>

Preferred continuous glucose monitors

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

On January 1, 2020, Anthem Blue Cross and Blue Shield (Anthem) implemented a preferred edit on Medicare Part B eligible continuous glucose monitors (CGMs). The preferred CGM is **Freestyle Libre**.

Preferred CGM edits do not apply to the following plans/plan types:

- Employer Group Waiver Plans (EGWP) Medicare Advantage Part D (MAPD) through Anthem
- Employer Group Waiver Plans (EGWP) Medicare Advantage (MA only) through Anthem
- Individual Medicare Advantage Plans (MA only) through Anthem

Delivery channels

Only members enrolled in a plan using preferred CGM edits will need to obtain their CGM systems from a retail or mail order pharmacy. Members on a plan without preferred CGM edits will be able to obtain their CGM systems through durable medical equipment (DME) providers in addition to retail and mail order pharmacies. Please check member and plan benefits to confirm the available delivery channels for accessing CGM products.

ABSCARE-0664-20

URL: <https://providernews.anthem.com/georgia/article/preferred-continuous-glucose-monitors-2>

Keep up with Medicare news

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

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

- [Prior authorization requirements for the below codes](#)
- [AIM Musculoskeletal program expansion update](#)
- [AIM rehabilitation prior authorizations suspended for Group Retiree Solutions members until December 31, 2020](#)
- [Transition to AIM Rehabilitative Service Clinical Appropriateness Guidelines](#)

ABSCRNU-0172-20

ABSCRNU-0174-20

ABSCRNU-0175-20

ABSCRNU-0177-20

URL: <https://providernews.anthem.com/georgia/article/keep-up-with-medicare-news-166>
