

Products & Programs:

UPDATE: new AIM Rehabilitative Program will begin November 1, 2019 3

Pharmacy:

Specialty pharmacy medical step therapy drug list clarification 3

Important update to Anthem’s commercial drug lists 5

Pharmacy information available on anthem.com 5

Administrative:

Sign up today for provider eUpdates 6

Additional changes launched to anthem.com 7

U.S. Antibiotic Awareness Week November 11-18 7

National Accounts 2020 precertification list 8

Commercial Risk Adjustment (CRA) Reporting Update: Retrospective Program continues 8

Matrix to provide mobile health clinic assessments to ACA members 9

Help ensure the accuracy of your information in the provider directory 10

Access standards for PCPs, specialists and behavioral health practitioners 11

Reimbursement Policies:

Reimbursement Policy update - Place of Service – professional 14

Telehealth Services – professional 15

Federal Employee Plan (FEP):

Federal Employee Program® specialty pharmacy clinical site-of-care prior authorization review 15

Precertification request turnaround times for the Federal Employee Program	17
--	----

Medicare:

Medicare preferred continuous glucose monitors	18
Aspire Health telephonic palliative care program for Medicare members	19
Update: 2019 risk adjustment provider trainings	20
Prior authorization requirements changes effective November 1, 2019	22
Medical drug clinical criteria updates	25
June 2019 Medical Policies and Clinical Utilization Management Guidelines update	25
Clinical laboratory improvement amendments	27
Lowering health risks with no-cost statins	28
Prior authorization requirements for continuous positive airway pressure supplies	28
Assisting your patients in managing the Donut Hole	28

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare or WCIC; CompCare Health Services Insurance Corporation (CompCare) underwrites or administers the HMO policies and Wisconsin Collaborative Insurance Company (WCIC) underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. Use of the Anthem websites constitutes your agreement with our Terms of Use.

UPDATE: new AIM Rehabilitative Program will begin November 1, 2019

Published: Oct 1, 2019 - **Products & Programs**

We announced [in July](#) that the AIM Rehabilitative Program for Anthem's Commercial membership was delayed. The AIM Rehabilitative Program for prior authorization for physical, speech and occupational therapy services is scheduled to relaunch on November 1, 2019. *Prior authorization requests for dates of service on or after November 1 may be submitted beginning October 21 via the AIM **ProviderPortal**SM.*

Coverage for physical, speech and occupational therapy services with dates of service *July 1, 2019 through October 31, 2019 will not require prior authorization*; processes have been created to allow providers to continue to provide treatment and to allow claims to adjudicate for those dates of service. Claims that were denied for no authorization in error for dates of service after July 1, 2019 are being reprocessed. The OrthoNet program is no longer active in applicable markets.

We invite you to take advantage of an informational webinar that will introduce you to the Rehabilitative Program and the capabilities of the AIM **ProviderPortal**SM. Visit the [AIM Rehabilitation microsite](#) to register for an upcoming training session.

URL: <https://providernews.anthem.com/new-hampshire/article/update-new-aim-rehabilitative-program-will-begin-november-1-2019-3>

Specialty pharmacy medical step therapy drug list clarification

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

In the February and May editions of *Provider News*, we shared that the following clinical criteria will be effective May 1, 2019 for the non-oncology uses of these drugs. We will now also begin the medical step therapy review process for **oncology** uses of these drugs starting October 1, 2019.

Colony Stimulating Factor Agents ING-CC-0002

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

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

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

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

Clinical Criteria	Status	Drug	HCPCS or CPT Code	NDC Code
ING-CC-0002	Preferred Agent	Zarxio®	Q5101	61314-0304-01 61314-0304-10 61314-0312-01 61314-0312-10 61314-0318-01 61314-0318-10 61314-0326-01 61314-0326-10
ING-CC-0002	Non-Preferred Agent	Neupogen®	J1442	55513-0530-01 55513-0530-10 55513-0546-01 55513-0546-10 55513-0924-01 55513-0924-10 55513-0924-91 55513-0209-01 55513-0209-10 55513-0209-91
ING-CC-0002	Non-Preferred Agent	Granix®	J1447	63459-0910-11 63459-0910-12 63459-0910-15 63459-0910-17 63459-0910-36 63459-0912-11 63459-0912-12 63459-0912-15 63459-0912-17

63459-0912-36				
ING-CC-0002	Non-Preferred Agent	Nivestym™	Q5110	00069-0291-10 00069-0291-01 00069-0292-01 00069-0292-10

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

Important update to Anthem’s commercial drug lists

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

Effective with dates of service on and after October 1, 2019, and in accordance with Anthem’s Pharmacy and Therapeutic (P&T) process, we will update our commercial drug lists. Updates may include changes to drug tiers or the removal of a drug.

To help ensure a smooth transition and minimize member costs, providers should review these changes and consider prescribing a preferred drug to patients currently using a non-preferred drug, if appropriate.

Please note, this update does not apply to the Select Drug List or drugs lists utilized by the Federal Employee Program (FEP).

To view a summary of changes, view the PDF attachment to this article.

URL: <https://providernews.anthem.com/new-hampshire/article/important-update-to-anthems-commercial-drug-lists-4>

Pharmacy information available on anthem.com

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

For more information on copayment/coinsurance requirements and their applicable drug classes, drug lists and changes, prior authorization criteria, procedures for generic substitution, therapeutic interchange, step therapy or other management methods subject to prescribing decisions and other requirements, restrictions or limitations that apply to certain drugs, visit anthem.com/pharmacyinformation.

- To locate the commercial drug list, select 'Click here to access your drug list'.
- To locate the Marketplace Select Formulary and pharmacy information, scroll down to 'Select Drug Lists', then select the applicable state's drug list link.

The commercial and marketplace drug lists are reviewed and updates are posted to the website quarterly (the first of the month for January, April, July and October).

Federal Employee Program (FEP) pharmacy updates and other pharmacy related information may be accessed at www.fepblue.org > Pharmacy Benefits. This drug list is also reviewed and updated regularly as needed.

URL: <https://providernews.anthem.com/new-hampshire/article/pharmacy-information-available-on-anthemcom-42>

Sign up today for provider eUpdates

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

Connecting with Anthem and staying informed is easy, fast and convenient with our provider eUpdates. eUpdates feature short topic summaries on late breaking news that impacts providers such as:

- Website updates
- System changes
- Policy updates
- Claims and billing updates
- And more.....

Registration is fast and easy. There is no limit to the number of subscribers who can register for our eUpdates, so your facility or practice can submit as many email addresses as you like. Sign up today!

Additional changes launched to anthem.com

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

Exciting new changes are on the horizon for the public provider site at anthem.com. These next wave of updates include:

- New Contact Us page that gives providers easy access to important contact information
- Redesigned Medicare Advantage page with an improved, effortless user experience
- New Enhanced Personal Health Care (EPHC) page that provides a more prominent and easier access to information that communicates Anthem's role in transforming health care. (EPHC is a program designed to advance and support a patient-centered approach to care delivery.)

URL: <https://providernews.anthem.com/new-hampshire/article/additional-changes-launched-to-anthemcom>

U.S. Antibiotic Awareness Week November 11-18

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

U.S. Antibiotic Awareness Week 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 many tools for providers on their [website](#). Posters, prescriptions pads, social media posts, patient education pieces, sticker and counter clings, and more can be found on the CDC website.

During U.S. Antibiotic Awareness Week and throughout the year, the CDC promotes *Be Antibiotics Aware*, an educational effort to raise awareness about the importance of safe antibiotic prescribing and use. Be Antibiotics Aware has resources to help healthcare professionals (in outpatient and inpatient settings) educate patients and families about

antibiotic use and risks for potential side effects. For more information visit the [CDC's website](#).

URL: <https://providernews.anthem.com/new-hampshire/article/us-antibiotic-awareness-week-november-11-18>

National Accounts 2020 precertification list

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

The [National Accounts 2020 precertification list](#) has been published. Please note, providers should continue to verify member eligibility and benefits prior to rendering services.

URL: <https://providernews.anthem.com/new-hampshire/article/national-accounts-2020-precertification-list-1>

Commercial Risk Adjustment (CRA) Reporting Update: Retrospective Program continues

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

Continuing our 2019 CRA updates, we request your assistance in helping us to accurately report our member's health status to the Centers for Medicare & Medicaid Services (CMS).

2019 retrospective chart request

Retrospective medical chart collection begins in November and it is the most significant and largest volume of our requests. We appreciate your collaboration as we work through the requests and submit to your medical records department in a timely manner.

Electronic options for chart collections

We have 4 electronic options for chart collections:

Remote/direct Anthem access

Electronic medical record (EMR) Interoperability with 4 EMR systems

Inovalon virtual visit or onsite

Secure FTP

Submitting medical charts can be time consuming for your staff. Utilizing an electronic option can help alleviate the constraints on your staff's resources and time.

The most efficient electronic option is to allow the Anthem medical coder team to have direct connection access to your EMR system (Option 1), so that we may retrieve the records ourselves. Our team has collaborated with several providers and facilities to have direct access to their EMR systems to collect the charts. This allows for no vendor interventions and fewer handoffs of the records. To address compliance concerns, please note that as a health plan, Anthem is a covered entity under the HIPAA Privacy Rule and is bound to protect PHI.

If you are interested in any of these electronic options, or you would like to grant Anthem medical coders direct access to your EMR system, please contact Alicia.Estrada@anthem.com, our Commercial Risk Adjustment Representative who supports your area.

Thank you for your continued efforts with our CRA Program, and your help in expediting chart collection requests.

URL: <https://providernews.anthem.com/new-hampshire/article/commercial-risk-adjustment-cra-reporting-update-retrospective-program-continues>

Matrix to provide mobile health clinic assessments to ACA members

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

As we continue our efforts to help ensure our members enrolled in Affordable Care Act (ACA) compliant plans have their chronic conditions assessed and documented each year, we are engaging Matrix, a vendor, to help encourage members – on our behalf – to schedule a mobile health clinic assessment. Matrix operates the largest fleet of mobile medical centers nationwide and has conducted more than 1,000,000 patient assessments since 1998 – providing convenient access to comprehensive health assessments.

The mobile clinic provides members with additional options to help them close any gaps in care that they may have. In late July, Matrix began reaching out to members on our behalf by letter and phone. Our outreach efforts will continue until the end of this year.

Matrix works with hospitals and health plans like Anthem to deliver preventive health testing to the communities Matrix serves. Each mobile clinic has a reception area and private

screening rooms. Matrix also helps members with scheduling follow-up appointments with their PCPs at the end of the assessments and forwards the PCPs a copy of any results from the health assessment.

Matrix in-home assessments

Matrix will perform in-home assessments where possible. The in-home assessments offer a board-certified nurse practitioner to come to a member's home to provide a general exam, suggestions for important screenings or other tests, a full review of the medicines they take, answers to health-related questions and a personal health summary detailing their health information. A copy of the assessment will be sent to members' PCPs to ensure continuity of care.

The overall goals of the mobile clinic program and the in-home program are to provide convenient, comprehensive appointments that are designed to complement the care provided by our network of physicians. These mobile clinic or in-home visits do not replace any active treatment plans members currently have with their physicians and are not considered wellness visits or a substitute for members' annual physical examinations.

We're including information about the program in this edition of *Provider News* should patients contact you about the program. Please refer members directly to Matrix if they have questions or need more information:

Mobile bus: 888-822-32471

In-home: 855-403-0967

URL: <https://providernews.anthem.com/new-hampshire/article/matrix-to-provide-mobile-health-clinic-assessments-to-aca-members>

Help ensure the accuracy of your information in the provider directory

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

CMS requires that we ensure that the information in our provider directories is accurate; therefore, we conduct quarterly verifications of provider demographic and participation information. You may receive a fax, email or letter requesting that this information be confirmed. We appreciate your continued cooperation with this initiative.

Upon receipt of your verification form, please validate your demographic information for the specific location identified, indicate if changes are required and fax back a revised form to the number indicated in your communication. If we need to verify information for your other locations or plans, we will contact you separately.

For reference, we will ask you to submit any changes to the information listed below. Upon receipt, we will include those changes in the provider directory within 30 days.

- Provider name
- Provider specialty
- Street address
- Phone number
- Fax number
- NPI
- Email
- Accepting new patients
- Handicap accessibility

URL: <https://providernews.anthem.com/new-hampshire/article/help-ensure-the-accuracy-of-your-information-in-the-provider-directory>

Access standards for PCPs, specialists and behavioral health practitioners

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

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

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

Assessing the availability of services via phone calls by our staff or designated vendor to the provider's office

Analysis of member complaint data

Analysis of member satisfaction

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

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

- Preventive care – members scheduling periodic routine exams (well care/preventive visits), appointments should be available within 45 calendar days of a member's call. Care provided to prevent illness or injury; examples include, but are not limited to routine physical examinations, immunizations, mammograms and pap smears.
- Urgent care services with acute symptoms – appointments should be available within 24 hours of the member's call. Care provided for a non-emergent illness or injury with acute symptoms that require immediate care; examples include, but are not limited to sprains, flu symptoms, minor cuts and wounds, sudden onset of stomach pain and severe, non-resolving headache.
- Routine check-up – members must have access to care within 10 business days of their call. Care provided for non-symptomatic visits for health check.
- After-hours access – members must have access to care 24 hours a day, 7 days a week, 365 days a year. PCPs must arrange after-hours care to provide 24 hour coverage for our members by a network provider during non-business office hours. Members should have the ability to reach a recorded message or a live voice providing instructions on how to access care for emergencies and conditions requiring urgent attention.

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

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

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

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

- Non-life threatening emergency services – must be seen, or have appropriate coverage directing the member, within six (6) hours. Emergent behavioral health care provided when a member is in crisis, experiencing acute distress and/or other symptoms and needs immediate attention; no risk of loss of life.
- Urgent services – must be seen, or have appropriate coverage directing the member, within 24 hours. Non-emergent behavioral health services that requires immediate care; member is experiencing significant psychological distress with symptoms that impairs daily functioning; no risk of loss of life.
- Initial routine services – must be seen within 10 business days. New patient non-urgent appointment scheduled after intake assessment or a direct referral from a treating practitioner.
- Follow-up routine services – must be seen within 30 calendar days. Non-urgent behavioral health care; member has been scheduled for a non-urgent consultation or requires services including, but not limited to, follow-up and existing medication management.
- BH follow-up appointment after discharge (Inpatient psychiatric hospital release) – this standard is currently used for HEDIS® measures. Members must be seen within 7 calendar days. Members can be seen in office by their practitioner or another practitioner in the practice within the same timeframe.
- After-hours access – members must have access to care 24 hours a day, 7 days a week, 365 days a year. Must have arrangement for after-hours care to provide 24 hour coverage for our members by a network provider during non-business office hours. Members should have the ability to reach a recorded message or a live voice providing instructions on how to access care for emergencies and conditions requiring urgent attention.

After-hours urgent access coverage

After-hours coverage, which is required by the Participating Provider Agreement, consists of an attendant or recording assisting the member in accessing urgent instructions outside of regular office hours. Note that telephone answering machines and voice mail are not acceptable means of providing urgent access for members if the answering machine or voice mail message only refers members to the emergency room or to call 911.

Compliance requires that a recording or live person directs callers to urgent care, 911, the ER, or connects the call to the caller's doctor or the doctor on call. In addition to these measures, but not in place of them, the messaging can give callers the option of contacting their health care practitioner (via transfer, cell phone, pager, text, email, voicemail, etc.) or an opportunity to ask for a call back for urgent questions or instructions.

Timely access to physicians is a major priority of our members and employer groups. The requirements adopted reflect not only their expectations, but market norms. We will be assessing physicians against these requirements through our customer satisfaction surveys and provider surveys as well as follow-up on any members' complaints received. However, we are sensitive to problems related to seasonal services, the varying nature of practice specialties, and the challenges faced by busy practices. If your office routinely fails to meet these access and after-hours standards, it is important that you document and we understand the reasons that the requirements are not met.

URL: <https://providernews.anthem.com/new-hampshire/article/access-standards-for-pcps-specialists-and-behavioral-health-practitioners>

Reimbursement Policy update - Place of Service – professional

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

Beginning with dates of service on or after January 1 2020, services reported by a professional provider with a place of service telehealth (02) or school (03) will be eligible for non-office place of service reimbursement.

URL: <https://providernews.anthem.com/new-hampshire/article/reimbursement-policy-update-place-of-service-professional>

Telehealth Services – professional

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

Beginning with dates of service on or after January 1, 2020, claims appended with Modifier 95 and GT (denoting telehealth services rendered) will no longer be reduced by 30%. This change aligns with the Place of Service policy language that indicates place of service code 02 (telehealth) will be eligible for reimbursement under the non-physician fee schedule

URL: <https://providernews.anthem.com/new-hampshire/article/telehealth-services-professional>

Federal Employee Program® specialty pharmacy clinical site-of-care prior authorization review

Published: Oct 1, 2019 - **State & Federal** / Federal Employee Plan (FEP)

In the July 2019 edition of *Provider News*, we notified providers that certain Federal Employee Program® (FEP) plans (member IDs beginning with an “R”) utilize a prior approval process for specific specialty drugs and site of care. The prior approval process identifies members who meet appropriate site-of-care criteria and encourages ordering providers and members to consider using a lower level of care option for specific specialty drugs. There is no claim penalty for site of care under the current prior approval process. FEP will continue to use this process through December 31, 2019.

Effective with dates of service on or after January 1, 2020, Anthem FEP will implement a specialty pharmacy prior authorization review process for specific specialty drugs. The prior authorization review will include site-of-care criteria for outpatient hospital-based settings.

As a result of this change, services provided on and after January 1, 2020, without a prior authorization will be denied.

FEP will continue to review Federal Employee Program medical policy criteria for medical necessity, and Anthem’s clinical guideline, Level of Care: Specialty Pharmaceuticals (CG-MED-83), will be utilized to review site-of-care criteria.

What’s new beginning with dates of service on or after January 1, 2020?

- Prior to administering the drugs noted below in any setting, a prior authorization must be completed in order to evaluate if the drug meets clinical criteria. Anthem FEP will begin accepting prior authorization requests on December 18, 2019 for dates of service on and after January 1, 2020. **Request prior authorization review by calling the Blue Cross and Blue Shield Federal Employee Program Service Benefit Plan at 800-860-2156.**

- Outpatient hospital-based settings will require a site-of-care review for medical necessity as part of the prior authorization review.

- A provider toolkit aligned to Anthem’s clinical guideline (CG-MED-83) will be given to providers requiring a site-of-care review, either by fax or e-review. For outpatient hospital settings that do not meet clinical criteria, a dedicated clinical team will work with you to identify alternate lower level of care sites that can safely administer the drug.

- In the event that there are no infusion centers within 30 miles of the member’s place of residence, or there are no home infusion providers able to service the member’s residence, the hospital-based setting will be approved.

- If the prior authorization is denied for either the drug not meeting medical necessity or the site-of-care not meeting medical necessity, providers should follow the disputed claim/service process. To obtain the current process, please contact the Blue Cross and Blue Shield Federal Employee Program Service Benefit Plan at 800-860-2156.

- Services provided on or after January 1, 2020, without prior authorization will result in a denial of claims payment.

Drugs requiring medical necessity and site-of-care review:

Drug	Code	FEP Medical Policy
Orencia	J0129	5.70.18
Benlysta	J0490	5.99.01
Privigen	J1459	5.20.03
Cuvitru	J1555	5.20.08

Bivigam	J1556	5.20.03
Gammaplex	J1557	5.20.03
Hizentra	J1559	5.20.08
Gamunex-c/Gammaked	J1561	5.20.03-IV
Gamunex-c/Gammaked	J1561	5.20.08-Subq
Carimune	J1566	5.20.03
Octagam	J1568	5.20.03
Gammagard liquid	J1569	5.20.03-IV
Gammagard liquid	J1569	5.20.08-Subq
Flebogamma	J1572	5.20.03
HyQvia	J1575	5.20.08
Panzyga	J1599	5.20.03
Simponi Aria	J1602	5.70.51
Remicade	J1745	5.50.02
Tysabri	J2323	5.60.13
Entyvio	J3380	5.50.12
Inflectra	Q5103	5.50.02
Renflexis	Q5104	5.50.02
Ixifi	Q5109	5.50.02

These changes apply to Anthem FEP members (member IDs beginning with an “R”) who are receiving the specialty drugs listed above through their medical benefits. **These changes do not impact the approval process for these specialty drugs obtained through pharmacy benefits.** For more information, such as clinical criteria for specialty drugs and level of care, please contact the Blue Cross and Blue Shield Federal Employee Program Service Benefit Plan at 800-860-2156.

URL: <https://providernews.anthem.com/new-hampshire/article/federal-employee-program-specialty-pharmacy-clinical-site-of-care-prior-authorization-review-4>

Precertification request turnaround times for the Federal Employee Program

Published: Oct 1, 2019 - **State & Federal** / Federal Employee Plan (FEP)

The Anthem Blue Cross and Blue Shield Service Benefit Plan®, also known as Federal Employee Program®, FEP®, would like to share information about the turnaround times for urgent or non-urgent precertification requests.

Anthem FEP follows the National Committee for Quality Assurance (NCQA) standards for turnaround time for urgent or non-urgent precertification requests which are outlined below:

- Urgent concurrent - 24 hours (1 day)
- Urgent preservice - 72 hours (3 days)
- Non-urgent preservice - 15 calendar days
- Post-service - 30 calendar days

In addition, Anthem FEP offers an advanced benefit determination (ABD) for elective services.

- ABD – 15 calendar days

This precertification service is offered as a courtesy. If you would like more information regarding the ABD review process or have additional questions, please contact FEP Utilization Management at 800-860-2156, 8:00 a.m. – 7:00 p.m., Monday-Friday.

URL: <https://providernews.anthem.com/new-hampshire/article/precertification-request-turnaround-times-for-the-federal-employee-program-1>

Medicare preferred continuous glucose monitors

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

On January 1, 2020, Anthem will implement a preferred edit on Medicare-eligible continuous glucose monitors (CGMs). Currently, there are two CGM systems covered by the Centers for Medicare & Medicaid Services (CMS) under the Medicare Advantage Part D (MAPD) benefit; these are Dexcom and Freestyle Libre. The preferred CGM for MAPD individual members covered by Anthem will be Freestyle Libre. This edit will only affect members who are newly receiving a CGM system. Members will need to obtain their CGM system from a

retail or mail order pharmacy – not a durable medical equipment (DME) facility. For Dexcom coverage requests, call 833-293-0661.

503236MUPENMUB

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

Aspire Health telephonic palliative care program for Medicare members

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

The Aspire Health Telehealth Palliative Care program provides an additional layer of telephonic support to members facing a serious illness. Aspire Health is an independent company providing telephonic palliative care on behalf of Anthem. The program is focused on:

- Helping patients understand their diagnosis
- Facilitating conversations with patients and their families around their goals of care
- Helping to ensure patients receive care aligned with their goals and values

The program begins with an initial 30 to 60 minute telephonic assessment by a specially trained Aspire Health social worker. The conversation in this initial call focuses on building rapport and completing a comprehensive assessment. This assessment includes understanding the patient's perception of their illness and current treatment plan. Follow-up calls occur every 2 to 4 weeks, typically lasting 15 to 45 minutes, with the exact frequency based on a patient's individual need.

Aspire Health's social workers are supported by a full interdisciplinary team of board-certified palliative care physicians, nurses, and chaplains who provide additional telephonic support to patients and their families as needed. Patients enrolled in the telehealth program have access to 24/7 on-call support. The average patient is enrolled in the program for 6 to 8 months with some of the key goals being the ability for patients to teach-back their current medical situation, articulate their health and quality-of-life goals, and establish a future care

plan through either the completion of advanced care planning documents and/or a transition to hospice when appropriate.

More information is available at www.aspirehealthcare.com or by calling the 24/7 Patient & Referral Hotline at 844-232-0500.

503077MUPENMUB

URL: <https://providernews.anthem.com/new-hampshire/article/aspire-health-telephonic-palliative-care-program-for-medicare-members>

Update: 2019 risk adjustment provider trainings

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

Our Medicare Risk Adjustment Regulatory Compliance team developed two provider training programs regarding Medicare risk adjustment guidelines. Information for each training is provided below:

Medicare risk adjustment and documentation guidance (general)

- *When* - offered the first Wednesday of each month from December 5, 2018, to November 6, 2019 at 1:00 p.m. to 2:00 p.m. Eastern time
- *Learning objective* - This training will provide an overview of Medicare Risk Adjustment, including the Risk Adjustment Factor and the Hierarchical Condition Category (HCC) Model, with guidance on medical record documentation and coding.
- *Credit* - This activity has been reviewed and is acceptable for up to one prescribed credit by the American Academy of Family Physicians.

If you are interested in joining us to learn how providers play a critical role in facilitating the risk adjustment process, [register here](#) for one of the monthly training sessions.

Medicare risk adjustment, documentation and coding guidance (condition specific)

- *When* - offered on the fourth Wednesday of every other month from January 23, 2019 to November 27, 2019 from noon to 1:00 p.m. Eastern time

- *Learning objective* - This is a collaborative learning event with Enhanced Personal Health Care (EPHC) to provide in-depth disease information pertaining to specific conditions including an overview of their corresponding hierarchical condition categories (HCC), with guidance on documentation and coding.
- *Credit* - This live series activity has been reviewed and is acceptable for credit by the American Academy of Family Physicians.

For those interested in joining us for this six-part training series, please see the list of topics and scheduled training dates below:

- **Red flag HCCs, part one** – [Register here](#) for recording of live session. Training will cover HCCs most commonly reported in error as identified by CMS: chronic kidney disease (stage 5), ischemic or unspecified stroke, cerebral hemorrhage, aspiration and specified bacterial pneumonias, unstable angina and other acute ischemic heart disease, and end-stage liver disease. Recording will play upon registration.
- **Red Flag HCCs, part two** – [Register here](#) for recording of live session. Training will cover HCCs most commonly reported in error as identified by CMS: atherosclerosis of the extremities with ulceration or gangrene, myasthenia gravis/myoneural disorders and Guillain-Barre syndrome, drug/alcohol psychosis, lung and other severe cancers, and diabetes with ophthalmologic or unspecified manifestation. Recording will play upon registration.
- **Opioids and more: substance abuse and dependence** – [Register here](#). Recording will play upon registration.
- **Acute, chronic and status conditions** – [Register here](#). Recording will play upon registration.
- **Behavioral health** – [Register here](#). November 27, 2019

Prior authorization requirements changes effective November 1, 2019

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

Effective November 1, 2019, we will require prior authorization (PA) for Anthem Medicare Advantage members for the following services. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines (including definitions and specific contract provisions/exclusions), take precedence over these PA rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

PA requirements will be added to the following codes:

- 0026U - Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result
- 0533T - Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes setup, patient training, configuration
- 0534T - Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; setup, patient training, configuration of monitor
- 0535T - Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration
- 0536T - Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report
- 0546T - Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report

- 33270 - Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation
- 33271 - Insertion of subcutaneous implantable defibrillator electrode
- 77299 - Unlisted procedure, therapeutic radiology clinical treatment planning
- 81205 - BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (e.g., Maple syrup urine disease) gene analysis, common variants (e.g., R183P, G278S, E422X)
- 81219 - CALR (calreticulin) (e.g., myeloproliferative disorders), gene analysis, common variants in exon 9
- 81250 - G6PC (glucose-6-phosphatase, catalytic subunit) (e.g., Glycogen storage disease, Type 1a, von Gierke disease) gene analysis, common variants (e.g., R83C, Q347X)
- 81302 - MECP2 (methyl CpG binding protein 2) (e.g., Rett syndrome) gene analysis; full sequence analysis
- 81303 - MECP2 (methyl CpG binding protein 2) (e.g., Rett syndrome) gene analysis; known familial variant
- 81304 - MECP2 (methyl CpG binding protein 2) (e.g., Rett syndrome) gene analysis; duplication/deletion variants
- 81331 - SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (e.g., Prader-Willi syndrome and/or Angelman syndrome), methylation analysis
- 81332 - SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (e.g., Prader-Willi syndrome and/or Angelman syndrome), methylation analysis
- 81400 - Molecular pathology procedure, Level 1 (e.g., identification of single germline variant e.g., SNP by techniques such as restriction enzyme digestion or melt curve analysis) ACADM (acyl—CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (e.g., medium chain acyl dehydrogenase deficiency)
- 81401 - Molecular pathology procedure, Level 2 (e.g., 2-10 SNPs, 1 methylated variant, or 1 somatic variant typically using nonsequencing target variant analysis, or detection of a dynamic mutation disorder/triplet repeat) ABL (c-abl oncogene 1, receptor tyrosine kinase) (e.g., acquired imatinib resistance)
- 81402 - Molecular pathology procedure, Level 3 (e.g., >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants typically using nonsequencing target variant analysis, immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon) CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (e.g.,

congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (e.g., IVS2-13G, P30L, I172N, exon 6 mutation cluster I235N, V236E, M238K)

- 81402 - Molecular pathology procedure, Level 3 (e.g., >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants typically using nonsequencing target variant analysis, immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon) CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (e.g., congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (e.g., IVS2-13G, P30L, I172N, exon 6 mutation cluster I235N, V236E, M238K)
- 81407 - Molecular pathology procedure, Level 8 (e.g., analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) SCN1A (sodium channel, voltage-gated, type 1, alpha subunit) (e.g., generalized epilepsy with febrile seizures), full gene sequence
- 81408 - Molecular pathology procedure, Level 9 (e.g., analysis of >50 exons in a single gene by DNA sequence analysis) FBN1 (fibrillin 1) (e.g., Marfan syndrome), full gene sequence NF1 (neurofibromin 1) (e.g., neurofibromatosis, type 1), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (e.g., malignant hyperthermia), full gene sequence VWF (von Willebrand factor) (e.g., von Willebrand disease types 1 and 3), full gene sequence
- 97033 - Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
- C9042 - Injection, bendamustine hcl (belrapzo), 1 mg
- C9043 - Injection, levoleucovorin, 1 mg
- C9141 - Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl (jivi)
- D9130 - Temporomandibular Joint Dysfunction – Non-Invasive Physical Therapies
- D9920 - or management, by report
- J9999 - Not otherwise classified, antineoplastic drugs
- S3850 - Genetic testing for sickle cell anemia

To request PA, you may use one of the following methods:

- Web: <https://www.Availity.com>
- Phone: Call the Provider Services number on the back of the member's ID card for PA requirements.

Not all prior authorization requirements are listed here. Detailed prior authorization requirements are available to contracted providers by accessing the Provider Self-Service Tool at <https://www.Availity.com>. Contracted and noncontracted providers who are unable to access Availity may call the Provider Services number on the back of the member's ID card for PA requirements.

503100MUPENMUB

URL: <https://providernews.anthem.com/new-hampshire/article/prior-authorization-requirements-changes-effective-november-1-2019-3>

Medical drug clinical criteria updates

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

On February 22, 2019 and March 14, 2019, the Anthem Pharmacy and Therapeutics (P&T) Committee approved changes to clinical criteria applicable to the medical drug benefit. These policies were developed, revised or reviewed to support clinical coding edits.

The clinical criteria is publicly available on the provider website, and the effective dates will be reflected in the [Clinical Criteria Q1 web posting](#). Visit [Clinical Criteria](#) to search for specific policies.

For questions or additional information, use this [email](#).

502142MUPENMUB

URL: <https://providernews.anthem.com/new-hampshire/article/medical-drug-clinical-criteria-updates-4>

June 2019 Medical Policies and Clinical Utilization Management Guidelines update

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

The Medical Policies and Clinical Utilization Management (UM) Guidelines below were developed or revised to support clinical coding edits. Several policies and guidelines were

revised to provide clarification only and are not included. Existing precertification requirements have not changed. Please note: The Medical Policies and Clinical UM Guidelines below are followed in the absence of Medicare guidance.

Please share this notice with other members of your practice and office staff.

To view a guideline, visit the provider website at www.anthem.com/medicareprovider.

Notes/updates

Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive:

- *DME.00037 - added devices that combine cooling and vibration to the investigational and not medically necessary statement
- *LAB.00027 - added Mediator Release Test to investigational and not medically necessary statement
- *LAB.00033 - clarified investigational and not medically necessary statement to include 4Kscore and AR-V7
- *OR-PR.00003:
 - Clarified medically necessary position statement criteria 2 through 4
 - Added statement that use of prosthetic devices that combine both a microprocessor controlled knee and foot-ankle prosthesis is considered investigational and not medically necessary for all indications
- *SURG.00011:
 - Added new medically necessary and investigational and not medically necessary statements addressing amniotic membrane-derived products for conjunctival and corneal indications, including KeraSys and Prokera
 - Added new products to investigational and not medically necessary statement
- *SURG.00045:
 - Added erectile dysfunction, Peyronie's disease and wound repair to the investigational and not medically necessary statement
 - Revised title

- *SURG.00121 - added investigational and not medically necessary statement to address use of transcatheter tricuspid valve repair or replacement for all indications
- The following AIM Specialty Health® updates were approved on June 6, 2019:
 - Advanced imaging:
 - Imaging of the heart
 - Oncologic imaging
 - Vascular imaging
 - Proton beam therapy
 - Rehabilitative therapies - physical therapy, occupational therapy and speech therapy (new)

View the PDF attachment to this article for the list of medical policies and clinical UM guidelines that were approved on June 6, 2019 by the Anthem Medical Policy and Technology Assessment Committee (MPTAC).

503273MUPENMUB

URL: <https://providernews.anthem.com/new-hampshire/article/june-2019-medical-policies-and-clinical-utilization-management-guidelines-update>

Clinical laboratory improvement amendments

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

Visit our website for information about the [clinical laboratory improvement amendments for Anthem Blue Cross and Blue Shield](#).

URL: <https://providernews.anthem.com/new-hampshire/article/clinical-laboratory-improvement-amendments>

Lowering health risks with no-cost statins

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

Visit our website for information about [lowering health risks with no-cost statins](#).

URL: <https://providernews.anthem.com/new-hampshire/article/lowering-health-risks-with-no-cost-statins-1>

Prior authorization requirements for continuous positive airway pressure supplies

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

Visit our website for information about the [prior authorization requirements for continuous positive airway pressure supplies](#).

URL: <https://providernews.anthem.com/new-hampshire/article/prior-authorization-requirements-for-continuous-positive-airway-pressure-supplies>

Assisting your patients in managing the Donut Hole

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

Visit our website for information about how you can [assist your patients in managing the "Donut Hole."](#)

URL: <https://providernews.anthem.com/new-hampshire/article/assisting-your-patients-in-managing-the-donut-hole>
