

**Administrative:**

Anthem launches additional changes to anthem.com ..... 4

Reminder from HealthKeepers, Inc.: Use LabCorp for lab ..... 5  
 services for Anthem HealthKeepers and Anthem HealthKeepers  
 Plus members

National Accounts 2020 Pre-certification list ..... 6

U.S. Antibiotic Awareness Week is November 11-18, 2019 ..... 6

Register now for Anthem’s fall webinar scheduled for October ..... 7  
 10

Receive important email notifications ..... 8

**Coverage and Clinical Guidelines:**

Coverage Guidelines effective January 1, 2020 ..... 8

**Guideline Updates:**

Clinical practice and preventive health guidelines available on ..... 10  
 the Web

**Products & Programs:**

Anthem Commercial Risk Adjustment (CRA) reporting update: ..... 10  
 Retrospective Program continues

**Pharmacy:**

Anthem specialty pharmacy medical step therapy drug list ..... 12  
 clarification

Biosimilars: What are they? ..... 13

Important update to Anthem’s commercial drug lists ..... 15

Pharmacy information available on anthem.com ..... 0

**Federal Employee Plan (FEP):**

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

Precertification request turnaround times for the Federal Employee Program	18
--	----

**Medicaid:**

Reimbursement policy update: Early and Periodic Screening, Diagnostic and Treatment (EPSDT)	19
Prior authorization requirements changes effective November 1, 2019	20
Medical Policies and Clinical Utilization Management Guidelines update	23
An update about Anthem’s direct contracting effort for nurse practitioners and physician assistants	27
Coverage Guidelines and Clinical Utilization Management Guidelines update	29
New clinical guideline: Pneumatic compression devices, effective December 1, 2019	35
Provider orientations	36
Keep up with Medicaid news	37

**Medicare:**

Medical drug Clinical Criteria updates	38
Prior authorization requirements changes effective November 1, 2019	38
Update: 2019 risk adjustment provider trainings	0
Medical Policies and Clinical Utilization Management Guidelines update	0
An update about Anthem’s direct contracting effort for nurse practitioners and physician assistants	0
Aspire Telehealth Palliative Care program: Aspire Health* for Medicare members in need of telephonic palliative care	0
Medicare preferred continuous glucose monitors	0
Keep up with Medicare news	0

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.

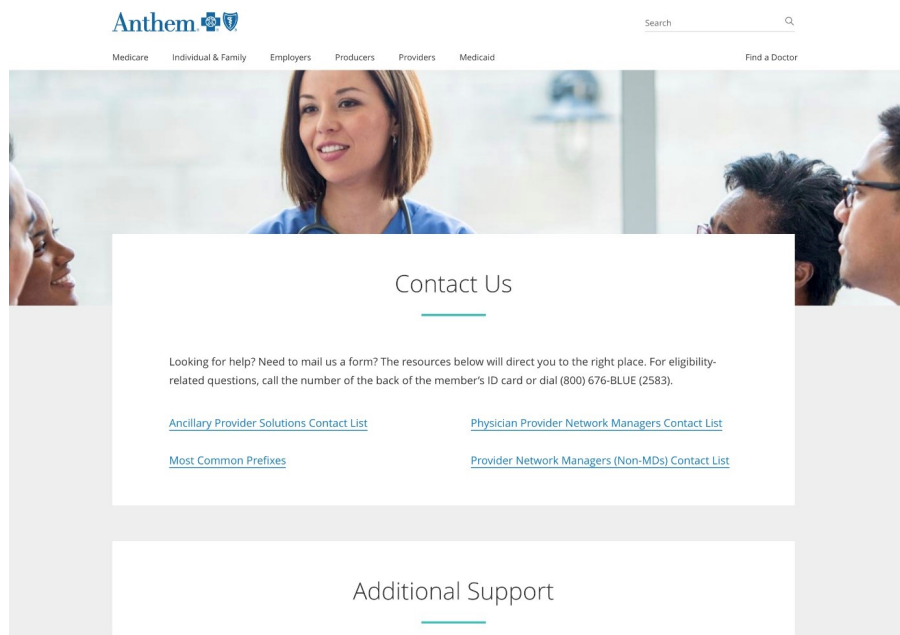
# Anthem launches additional changes to anthem.com

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:

- A new Contact Us page that gives providers easy access to important contact information
- A redesigned Medicare Advantage page with an improved, effortless user experience
- A 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.)

Below is a preview of the new Contact Us and Medicare Advantage page:





## Medicare Advantage Providers

<Brand> offers a variety of Medicare plans to support member needs. We also support our providers through access to information about our plans and member benefits, news and updates, training materials and guides, and other helpful resources.

## Plans & Benefits

Below you will find evidence of coverage (EOC) and summary of benefits (SOB) documents for our Individual [Medicare Advantage products](#). If the product you are searching for is not in the lists below, please call the number on the back of the member's ID card.



Anthem MediBlue Plus (HMO)



URL: <https://providernews.anthem.com/virginia/article/anthem-launches-additional-changes-to-anthemcom-4>

# Reminder from HealthKeepers, Inc.: Use LabCorp for lab services for Anthem HealthKeepers and Anthem HealthKeepers Plus members

Published: Oct 1, 2019 - Administrative

As a reminder, Laboratory Corporation of America (LabCorp) and its subsidiaries – Dianon Systems, Litholink, MedTox, Esoterix Genetic Laboratories and Accupath Diagnostic Laboratories – are the only participating laboratory providers for all Anthem HealthKeepers and Anthem HealthKeepers Plus laboratory testing except for those lab services included on the in-office laboratory list (part of your Provider Agreement).

LabCorp has many conveniently located patient service centers to assist in the collection of members' lab specimens. Members can locate and schedule an appointment for their next visit to a LabCorp patient service center via the LabCorp website at [www.LabCorp.com](http://www.LabCorp.com) under the Find a Lab option, or by calling 888-LabCorp.

LabCorp's newest patient service center is located at:

1100 N. Shenandoah Ave, Ste. A  
Front Royal, VA 22630  
Telephone: 540-883-0030

Hours:

Monday – Friday: 7 a.m. – 4 p.m.

Closed for lunch: Noon – 1 p.m.

Drug screens: 8 a.m. – 3 p.m.

**URL:** <https://providernews.anthem.com/virginia/article/reminder-from-healthkeepers-inc-use-labcorp-for-lab-services-for-anthem-healthkeepers-and-anthem-healthkeepers-plus-members>

---

## **National Accounts 2020 Pre-certification list**

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

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

**URL:** <https://providernews.anthem.com/virginia/article/national-accounts-2020-pre-certification-list-4>

---

## **U.S. Antibiotic Awareness Week is November 11-18, 2019**

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

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 many tools for providers at <https://www.cdc.gov/antibiotic-use/week/toolkit.html>. 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 health care professionals (in outpatient and inpatient settings) educate patients and families about antibiotic use and risks for potential side effects. For more information, visit: [https://www.cdc.gov/antibiotic-use/?s\\_cid=NCEZID-AntibioticUse-005](https://www.cdc.gov/antibiotic-use/?s_cid=NCEZID-AntibioticUse-005).

URL: <https://providernews.anthem.com/virginia/article/us-antibiotic-awareness-week-is-november-11-18-2019-3>

---

## Register now for Anthem's fall webinar scheduled for October 10

Published: Oct 1, 2019 - Administrative

On **October 10, 2019**, Anthem's final provider education webinar for the year takes place. Designed for our network-participating providers, the webinars address 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 fall webinar is:

- **Thursday, October 10, 2019, from 11:30 a.m. to 12:30 p.m. ET**

Please take time to register today for the webinar using the registration form to the right under the "Article Attachments" section. If you have already registered for the October 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 [stacey.marsh@anthem.com](mailto:stacey.marsh@anthem.com) if you need to confirm your registration.

## Receive important email notifications

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

Our *Provider News* is our primary source for providing important information to health care providers and professionals. *Provider News* is published monthly and is posted to our website on the Virginia provider section of anthem.com for easy 24/7 access.

Note that in addition we also use our email service to communicate new information. If you are not yet signed up to receive our business critical emails, we encourage you to enroll now so you'll be sure to receive all information we will be sending about billing, upcoming changes, coverage guidelines and other pertinent topics.

### Reminder notifications sent via email

When you sign up, you'll not only receive an email reminder for each *Provider News* posted online, you'll also be notified of other late breaking news and important information you'll need when providing services and filing claims for our members. It's easy to sign up – just select Virginia and access the provider home page. There, you'll find a link to [register](#).

## Coverage Guidelines effective January 1, 2020

Published: Oct 1, 2019 - **Guideline Updates** / Coverage and Clinical Guidelines

Anthem Blue Cross and Blue Shield in Virginia and our affiliate, HealthKeepers, Inc., will implement the following new and revised coverage guidelines effective **January 1, 2020**. These guidelines impact all our products – with the exception of Anthem HealthKeepers Plus (Medicaid), the Commonwealth Coordinated Care Plus (Anthem CCC Plus) plan, Medicare Advantage, and the Blue Cross and Blue Shield Service Benefit Plan (also called the Federal Employee Program or FEP). Furthermore, the guidelines were among those



recently approved at the Medical Policy and Technology Assessment Committee meeting held on August 22, 2019.

The services addressed in these coverage guidelines in this section and in the attachment under "Article Attachments" on the right will require authorization for all of our HealthKeepers, Inc. products with the exception of Anthem HealthKeepers Plus (Medicaid), the Anthem CCC Plus plan, Medicare Advantage, and the Federal Employee Program.

A pre-determination can be requested for our PPO products.

Services related to specialty pharmacy drugs (non-cancer related) require a Medical Necessity review, which includes site of care criteria, as outlined in the applicable coverage or clinical UM guideline listed below.

Guidelines addressed in this edition of *Provider News* are:

- Gene Expression Profiling of Melanomas (GENE.00023)
- Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment, Soft Tissue Grafting and Regenerative Therapy (MED.00110)
- Surface Electromyography Devices for Seizure Monitoring (MED.00130)
- Percutaneous Vertebral Disc and Vertebral Endplate Procedures (SURG.00052)
- Non-Hematopoietic Adult Stem Cell Therapy (TRANS.00035)
- Inpatient Interfacility Transfers (CG-ANC-07)

- Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities (CG-DME-46)
- Noninvasive Home Ventilator Therapy for Respiratory Failure (CG-DME-47)
  
- Analysis of RAS Status (CG-GENE-02)

URL: <https://providernews.anthem.com/virginia/article/coverage-guidelines-effective-january-1-2020>

---

## Clinical practice and preventive health guidelines available on the Web

Published: Oct 1, 2019 - **Guideline Updates**

As part of our commitment to provide you with the latest clinical information and educational materials, we have adopted nationally recognized medical, behavioral health and preventive health guidelines, which are available to providers on our website. The guidelines, which are used for our Quality programs, are based on reasonable medical evidence, and are reviewed for content accuracy, current primary sources, the newest technological advances and recent medical research.

All guidelines are reviewed annually, and updated as needed. The current guidelines are available on our website at [anthem.com/provider/Provider Overviews](https://www.anthem.com/provider/Provider-Overviews) > scroll down and select 'Find Resources for Virginia' > Health and Wellness > [Practice Guidelines](#).

URL: <https://providernews.anthem.com/virginia/article/clinical-practice-and-preventive-health-guidelines-available-on-the-web-20>

---

## Anthem Commercial Risk Adjustment (CRA) reporting update: Retrospective Program continues

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

Continuing our 2019 CRA updates, Anthem Blue Cross and Blue Shield and affiliate

HealthKeepers, Inc. request your assistance with respect to accurately reporting our members' health status to the Centers for Medicare & Medicaid Services.

## **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 four electronic options for chart collections from which to choose:

Remote/direct Anthem access;

Electronic Medical Record (EMR) Interoperability with four EMR systems;

Inovalon virtual visit or onsite;

Secure FTP.

Submitting medical charts can be time consuming for your staff. Using an electronic option can 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 our Commercial Risk Adjustment Representative who supports Virginia: Alicia Estrada at [Alicia.Estrada@anthem.com](mailto:Alicia.Estrada@anthem.com)

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

## Anthem specialty pharmacy medical step therapy drug list clarification

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

In the March and May editions of *Provider News*, we shared that the following clinical criteria will be effective June 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 June 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 Nivestym™®.

For Anthem Blue Cross and Blue Shield and our affiliate HealthKeepers, Inc., prior authorization 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).

Additional information regarding biosimilar drugs can be found by viewing the reference document: [“Biosimilar Drugs: What are they?”](#)

Access the [clinical criteria information](#).

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/virginia/article/anthem-specialty-pharmacy-medical-step-therapy-drug-list-clarification-3>

## Biosimilars: What are they?

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

**What are biologics and biosimilars?** Biologics are medicines made from living cells, manufactured in living systems. The manufacturing process is complex with extensive quality controls, because the living systems used to produce biologics can change ever so slightly over time. A biosimilar of a biologic is similar to a generic version of a conventional drug, but there is a key difference. By law, a generic must be an exact copy of the original medication, or reference product. Because of the complexity of the biological medication, it is not possible to exactly replicate biologic reference products. Therefore, biosimilars must be highly similar in terms of structure and function and lack clinically meaningful difference in terms of safety and efficacy to their reference product.

**What are some examples of biosimilars?** Only six biosimilars are commercially available in the U.S. as of October 2018. These include Zarxio®, Nivestym™, and Fulphila™, which treat neutropenia; Inflectra® and Renflexis®, which treat inflammatory diseases; and Retacrit™, which treats anemia. Six additional products — treatments for various cancers, as well as additional treatments for inflammatory diseases — have been approved by the FDA but are not yet commercially available.

**Are biosimilars approved for all the same indications as the reference product?**

Biosimilars may be approved for all or some of the indications as the reference product. Some biosimilars may have a subset of indications as the reference product due to patent exclusivity of certain indications. There is no clinical reason why the biosimilar cannot be used for all indications of the reference product, even though the biosimilar might not share the same indications.

**What are the potential benefits of biosimilars?** As patents start to expire on the biologic drugs, the rise of biosimilars brings increased competition to the market resulting in potentially lower treatment cost. We also expect to see innovation evolve with product competition. Examples of differentiating product attributes already seen include individualized anti-drug antibody monitoring and subcutaneous formulations for greater convenience.

**Will the pharmacist substitute a reference product with the biosimilar if the prescription indicates may substitute?** Although the biosimilar lacks clinically meaningful difference compared to its reference product, it is not automatically substitutable by the pharmacist, unless it is rated as interchangeable. To date, no biosimilars are considered interchangeable. The prescription needs to be written for the biosimilar by name.

URL: <https://providernews.anthem.com/virginia/article/biosimilars-what-are-they-1>

---

## 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 Blue Cross and Blue Shield's Pharmacy and Therapeutic (P&T) process, Anthem 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).

View a summary of formulary changes to the right under the "Article Attachments" section.

URL: <https://providernews.anthem.com/virginia/article/important-update-to-anthems-commercial-drug-lists-8>

---

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

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

The [July 2019 edition of \*Provider News\*](#) notified providers that certain Blue Cross and Blue Shield Service Benefit Plans®, also known as Federal Employee Program® or FEP®, (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 coverage guidelines 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 provided 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:**

<b>Drug</b>	<b>Code</b>	<b>FEP Coverage Guidelines</b>
(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
(Inflixtra)	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/virginia/article/federal-employee-program-specialty-pharmacy-clinical-site-of-care-prior-authorization-review-7>

---

## **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® or 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 a.m. – 7 p.m., Monday-Friday.

URL: <https://providernews.anthem.com/virginia/article/precertification-request-turnaround-times-for-the-federal-employee-program-2>

---

## **Reimbursement policy update: Early and Periodic Screening, Diagnostic and Treatment (EPSDT)**

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

### **Policy Update**

#### **Early and Periodic Screening, Diagnostic and Treatment (EPSDT)**

*(Policy 06-0149, effective 11/30/19)*

Currently, HealthKeepers, Inc. includes Early and Periodic Screening, Diagnosis and Treatment (EPSDT) component services in the reimbursement of Anthem HealthKeepers Plus preventive medicine evaluation and management (E&M) visits unless they are appended with Modifier 25 to indicate a significant, separately identifiable E&M service by the same physician on the same date of service.

However, effective November 30, 2019, the following EPSDT component services will be separately reimbursable from preventive medicine E&M visits:

- Hearing screening with or without the use of an audiometer or other electronic device
  
- Vision screening

For additional information, please review the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) reimbursement policy at <https://mediproviders.anthem.com/va>.

## Prior authorization requirements changes effective November 1, 2019

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

Effective **November 1, 2019**, prior authorization (PA) requirements will change for the following services. These services will require PA by HealthKeepers, Inc. for Anthem HealthKeepers Plus members. 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) (for example, Maple syrup urine disease) gene analysis, common variants (for example, R183P, G278S, E422X)
- **81219** — CALR (calreticulin) (for example, myeloproliferative disorders), gene analysis, common variants in exon 9
- **81250** — G6PC (glucose-6-phosphatase, catalytic subunit) (for example, Glycogen storage disease, Type 1a, von Gierke disease) gene analysis, common variants (for example, R83C, Q347X)
- **81302** — MECP2 (methyl CpG binding protein 2) (for example, Rett syndrome) gene analysis; full sequence analysis
- **81303** — MECP2 (methyl CpG binding protein 2) (for example, Rett syndrome) gene analysis; known familial variant
- **81304** — MECP2 (methyl CpG binding protein 2) (for example, Rett syndrome) gene analysis; duplication/deletion variants
- **81331** — SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (for example, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis
- **81332** — SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (for example, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis
- **81400** — Molecular pathology procedure, Level 1 (for example, identification of single germline variant [for example, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) ACADM (acyl—CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (for example, medium chain acyl dehydrogenase deficiency)
- **81401** — Molecular pathology procedure, Level 2 (for example, 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) (for example, acquired imatinib resistance)
- **81402** — Molecular pathology procedure, Level 3 (for example, >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) (for

example, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (for example, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K])

- **81402** — Molecular pathology procedure, Level 3 (for example, >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) (for example, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (for example, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K])
- **81407** — Molecular pathology procedure, Level 8 (for example, 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) (for example, generalized epilepsy with febrile seizures), full gene sequence
- **81408** — Molecular pathology procedure, Level 9 (for example, analysis of >50 exons in a single gene by DNA sequence analysis) FBN1 (fibrillin 1) (for example, Marfan syndrome), full gene sequence NF1 (neurofibromin 1) (for example, neurofibromatosis, type 1), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (for example, malignant hyperthermia), full gene sequence VWF (von Willebrand factor) (for example, 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>
- **Fax:** 1-800-964-3627

- **Phone: 1-800-901-0020**

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 our Provider Services at **1-800-901-0020** for assistance with PA requirements.

URL: <https://providernews.anthem.com/virginia/article/prior-authorization-requirements-changes-effective-november-1-2019-7>

---

## **Medical Policies and Clinical Utilization Management Guidelines update**

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

The *Medical Policies and Clinical Utilization Management (UM) Guidelines* below, which are applicable to Anthem HealthKeepers Plus members, were developed and/or revised by HealthKeepers, Inc. to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.

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

To view a guideline, visit <https://www11.anthem.com/search.html>.

### **Notes/updates:**

- CG-DME-44 — Electric Tumor Treatment Field (TTF) was revised to add the use of enhanced computer treatment planning software (such as NovoTal) as not medically necessary (NMN) in all cases.

- CG-MED-72 — Hyperthermia for Cancer Therapy was revised to clarify medically necessary (MN) and NMN statements addressing frequency of treatment.
- CG-SURG-09 — Temporomandibular Disorders was revised to clarify MN and NMN criteria and removed requirement for FDA approval of prosthetic implants.
- CG-SURG-30 — Tonsillectomy for Children with or without Adenoidectomy was revised to:

Spell out number of episodes of throat infections in MN criteria (A1, A2, A3).
Clarify criterion addressing parapharyngeal abscess (B4) to say two or more.
Add “asthma” as potential condition improved by tonsillectomy in MN criteria (C1b).

- The following AIM Specialty Health® updates took effect on September 28, 2019:

Advanced Imaging:

Imaging of the Brain  
 Imaging of the Extremities  
 Imaging of the Spine

**Medical Policies**

On March 21, 2019, the medical policy and technology assessment committee (MPTAC) approved the following *Medical Policies* applicable to Anthem HealthKeepers Plus members.

<b>Publish date</b>	<b>Medical Policy number</b>	<b>Medical Policy title</b>	<b>New or revised</b>
4/24/2019	MED.00127	Chelation Therapy	New
4/24/2019	GENE.00050	Gene Expression Profiling for	



Coronary Artery Disease	New		
4/24/2019	MED.00128	Insulin Potentiation Therapy	New
4/24/2019	SURG.00152	Wireless Cardiac Resynchronization Therapy for Left Ventricular Pacing	New
3/28/2019	DRUG.00088	Atezolizumab (Tecentriq®)	Revised
3/28/2019	DRUG.00053	Carfilzomib (Kyprolis®)	Revised
4/24/2019	GENE.00045	Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers	Revised
4/24/2019	GENE.00010	Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status	Revised
4/24/2019	SURG.00139	Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery with Radiofrequency Spectroscopy or Optical Coherence Tomography	Revised
4/24/2019	GENE.00012	Preconception or Prenatal Genetic Testing of a Parent or Prospective Parent	Revised
4/24/2019	SURG.00121	Transcatheter Heart Valve Procedures	Revised

### ***Clinical UM Guidelines***

On March 21, 2019, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem HealthKeepers Plus members. These guidelines were adopted by the medical operations committee for members on May 7, 2019.

<b>Publish date</b>	<b><i>Clinical UM Guideline number</i></b>	<b><i>Clinical UM Guideline title</i></b>	<b>New or revised</b>
3/28/2019	CG-ANC-07	Inpatient Interfacility Transfers	Revised
3/28/2019	CG-DRUG-50	Paclitaxel, protein-bound (Abraxane®)	Revised
3/28/2019	CG-DRUG-96	Ado-trastuzumab emtansine (Kadcyla®)	Revised
3/28/2019	CG-GENE-04	Molecular Marker Evaluation of Thyroid Nodules	Revised
4/24/2019	CG-DME-44	Electric Tumor Treatment Field (TTF)	Revised
4/24/2019	CG-DRUG-68	Bevacizumab (Avastin®) for	

Non-Ophthalmologic Indications	Revised		
4/24/2019	CG-GENE-01	Janus Kinase 2, CALR, and MPL Gene Mutation Assays Previous title: Janus Kinase 2 (JAK2)V617F and JAK2 exon 12 Gene Mutation Assays	Revised
4/24/2019	CG-GENE-05	Genetic Testing for DMD Mutations (Duchenne or Becker Muscular Dystrophy)	Revised
4/24/2019	CG-MED-82	Intravenous versus Oral Drug Administration in the Outpatient and Home Setting	New
4/24/2019	CG-MED-83	Level of Care: Specialty Pharmaceuticals	New
4/24/2019	CG-SURG-30	Tonsillectomy for Children with or without Adenoidectomy	Revised
5/9/2019	CG-DRUG-113	Inotuzumab ozogamicin (Besponsa®)	New
5/9/2019	CG-GENE-06	Preimplantation Genetic Diagnosis Testing	New
5/9/2019	CG-GENE-07	BCR-ABL Mutation Analysis	New
5/9/2019	CG-GENE-08	Genetic Testing for PTEN Hamartoma Tumor Syndrome	New
5/9/2019	CG-GENE-09	Genetic Testing for CHARGE Syndrome	New
5/9/2019	CG-MED-81	High Intensity Focused Ultrasound (HIFU) for Oncologic Indications	New
5/9/2019	CG-SURG-98	Prostate Multiparametric Magnetic Resonance Imaging	New
5/9/2019	CG-SURG-99	Panniculectomy and Abdominoplasty	New
6/24/2019	CG-SURG-97	Cardioverter Defibrillators	New

## An update about Anthem's direct contracting effort for nurse practitioners and physician assistants

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

As previously communicated in our [March 2019 edition](#) of *Provider News*, Anthem Blue Cross and Blue Shield in Virginia and our affiliate HealthKeepers, Inc. have launched an effort to begin direct contracting and credentialing of nurse practitioners (NPs) and physician assistants (PAs). This means that NPs and PAs may begin billing their services under their own 10-digit National Provider Identifier (NPI). This effort will impact **all** of our lines of business:

- Anthem's PAR/PPO health plans including the Blue Cross and Blue Shield Service Benefit Plan (also called the Federal Employee Program® or FEP)
- Anthem HealthKeepers commercial plans including health plans purchased on or off the Health Insurance Marketplace (also known as the exchange)
- Medicaid programs offered under the Anthem HealthKeepers Plus plan:
  - FAMIS (CHIP) and Medallion (Medicaid)
  - The Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus) program for managed long-term services and supports

- Medicare Advantage health plans

Virginia legislation was passed in March 2019 that now requires payers to offer provider contracting opportunities to NPs who meet Anthem's terms and conditions. **This change is effective October 1, 2019.** Currently, licensed NPs and PAs can only bill for covered services under the supervision of the employing/supervising participating physician (using that physician's name and NPI number). Direct contracting means NPs and PAs will be allowed to bill Anthem directly for their services, and the "incident to" guidelines will no longer apply.

### **Benefits of direct contracting for NPs and PAs**

This direct contracting and credentialing approach with NPs and PAs will allow us to include these providers in our provider directories as independent providers, and our members — your patients — can easily search via our *Provider Finder* tool for NPs and PAs who participate with members' health plans.

In addition, direct contracting with NPs and PAs will allow easier handling of Medicare crossover claims. Medicare crossover claims for services provided by NPs and PAs to our members with a secondary group coverage policy will process under the participating NP or PA record — all without any rebilling by the group under the physician's NPI.

### **How Anthem's contracting process will work**

Credentialing and contracting of NPs and PAs is now under way. Our network managers have begun reaching out to network-participating providers who we know currently employ NPs and PAs. **Please note that the new participation agreement will not apply to certified nurse midwives or clinical nurse specialists, as they are contracted under a separate agreement.**

Other than the provider type description, the participation agreement contains all of the same provisions and obligations as our standard physician agreements. The allowance schedule will be the same as the current standard physician allowance for our commercial and Medicaid agreements. For Medicare Advantage, we will reimburse NP and PA services at 100% of our Medicare Advantage rate for these provider types.

Contracts and network participation for NPs and PAs will not be effective any sooner than **September 1, 2019**. After September 1, the individual provider's effective date will be the later of the contract signature date or when credentialing is complete.

## Credentialing process

**NPs and PAs will be required to be credentialed through Anthem in Virginia. Therefore, NPs and PAs must complete the online application process through CAQH.** To contact CAQH, dial **1-888-599-1771** (Monday through Thursday 7 a.m. to 9 p.m. ET; Friday 7 a.m. to 7 p.m. ET) or visit the CAQH website at [http://www.caqh.org/ucd\\_physician\\_register.php](http://www.caqh.org/ucd_physician_register.php)

**URL:** <https://providernews.anthem.com/virginia/article/an-update-about-anthems-direct-contracting-effort-for-nurse-practitioners-and-physician-assistants>

---

## Coverage Guidelines and Clinical Utilization Management Guidelines update

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

The *Coverage Guidelines* and *Clinical Utilization Management (UM) Guidelines* below, which are applicable to Anthem HealthKeepers Plus members, were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.

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

To view a guideline, visit <https://www11.anthem.com/search.html>.

### 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 (INV) & not medically necessary (NMN) statement

- \*LAB.00027 — Added Mediator Release Test to INV&NMN statement.
- \*LAB.00033 — Clarified INV&NMN statement to include 4Kscore and AR-V7
- \*OR-PR.00003:

Clarified medically necessary (MN) position statement criteria 2 to 4
Added statement that use of prosthetic devices that combine both a microprocessor controlled knee and foot-ankle prosthesis is considered INV&NMN for all indications

- \*SURG.00011:

Added new MN and INV&NMN statements addressing amniotic membrane-derived products for conjunctival and corneal indications, including KeraSys and Prokera
Added new products to INV&NMN statement

- \*SURG.00045:

Added erectile dysfunction, Peyronie's disease and wound repair to the INV&NMN statement
Revised title

- \*SURG.00121 — Added INV&NMN 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)

### Coverage Guidelines

On June 6, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Coverage Guidelines* applicable to HealthKeepers, Inc.

<b>Publish date</b>	<b>Medical Policy number</b>	<b>Medical Policy title</b>	<b>New or revised</b>
6/13/2019	MED.00129	Gene Therapy for Spinal Muscular Atrophy	New
6/13/2019	GENE.00029	Genetic Testing for Breast and/or Ovarian Cancer Syndrome	Revised
6/13/2019	*SURG.00011	Allogeneic, Xenographic, Synthetic, and Composite Products for Wound Healing and Soft Tissue Grafting	Revised
6/13/2019	SURG.00023	Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures	Revised
6/13/2019	SURG.00028	Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions	Revised
6/27/2019	GENE.00025	Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignancies Previous title: Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignant Tumors	Revised
6/27/2019	DRUG.00046	Ipilimumab (Yervoy®)	Revised
6/27/2019	DRUG.00053	Carfilzomib (Kyprolis®)	Revised
6/27/2019	DRUG.00062	Obinutuzumab (Gazyva®)	Revised

6/27/2019	DRUG.00067	Ramucirumab (Cyramza®)	Revised
6/27/2019	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
6/27/2019	DRUG.00075	Nivolumab (Opdivo®)	Revised
6/27/2019	DRUG.00107	Avelumab (Bavencio®)	Revised
6/27/2019	GENE.00044	Analysis of PIK3CA Status in Tumor Cells	Revised
6/27/2019	*SURG.00121	Transcatheter Heart Valve Procedures	Revised
6/27/2019	GENE.00001	Genetic Testing for Cancer Susceptibility	Revised
6/27/2019	GENE.00043	Genetic Testing of an Individual's Genome for Inherited Diseases	Revised
6/27/2019	LAB.00011	Analysis of Proteomic Patterns	Revised
6/27/2019	LAB.00015	Detection of Circulating Tumor Cells in the Blood as a Prognostic Factor for Cancer	Revised
7/10/2019	GENE.00051	Bronchial Gene Expression Classification for the Diagnostic Evaluation of Lung Cancer	New
7/10/2019	SURG.00153	Cardiac Contractility Modulation Therapy	New
7/10/2019	*DME.00037	Cooling Devices and Combined Cooling/Heating Devices	Revised
7/10/2019	DME.00038	Static Progressive Stretch (SPS) and Patient-Actuated Serial Stretch (PASS) Devices	Revised
7/10/2019	GENE.00011	Gene Expression Profiling for Managing Breast Cancer Treatment	Revised
7/10/2019	*LAB.00027	Selected Blood, Serum and Cellular Allergy and Toxicity Tests	Revised
7/10/2019	*LAB.00033	Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer	Revised
7/10/2019	MED.00109	Corneal Collagen Cross-Linking	Revised
7/10/2019	*OR-PR.00003	Microprocessor Controlled Lower Limb Prosthesis	Revised
7/10/2019	SURG.00005	Partial Left Ventriculectomy	Revised
7/10/2019	*SURG.00045	Extracorporeal Shock Wave Therapy Previous Title: Extracorporeal Shock Wave Therapy for Orthopedic Conditions	Revised
7/10/2019	SURG.00120	Internal Rib Fixation Systems	Revised
9/4/2019	GENE.00010	Genotype Panel Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status Previous title: Genotype Testing for Genetic	



Polymorphisms to Determine Drug-Metabolizer Status	Revised
--	---------

### **Clinical UM Guidelines**

On June 6, 2019, the MPTAC approved the following *Clinical UM Guidelines* applicable to HealthKeepers, Inc. These guidelines were adopted by the medical operations committee for Anthem HealthKeepers Plus members on July 5, 2019.

<b>Publish date</b>	<b>Clinical UM Guideline number</b>	<b>Clinical UM Guideline title</b>	<b>New or revised</b>
6/24/2019	CG-SURG-97	Cardioverter Defibrillators	New
6/27/2019	CG-DRUG-48	Azacitidine (Vidaza®)	Revised
6/27/2019	CG-DRUG-62	Fulvestrant (FASLODEX®)	Revised
6/27/2019	CG-DRUG-106	Brentuximab Vedotin (Adcetris)	Revised
6/27/2019	CG-DRUG-98	Bendamustine Hydrochloride	Revised
6/27/2019	CG-LAB-09	Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain	Revised
6/27/2019	CG-LAB-14	Respiratory Viral Panel Testing in the Outpatient Setting	Revised
7/10/2019	CG-SURG-100	Laser Trabeculoplasty and Laser Peripheral Iridotomy	New
7/10/2019	CG-ADMIN-01	Clinical Utilization Management (UM) Guideline for Pre-Payment Review Medical Necessity Determinations When No Other Clinical UM Guideline Exists	Revised
7/10/2019	CG-ANC-06	Ambulance Services: Ground; Non-Emergent	Revised
7/10/2019	CG-DME-03	Neuromuscular Stimulation in the Treatment of Muscle Atrophy	Revised
7/10/2019	CG-DME-07	Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output	

Previous title: Augmentative and Alternative Communication (AAC) Devices/Speech Generating Devices (SGD)	Revised		
7/10/2019	CG-DME-08	Infant Home Apnea Monitors	Revised
7/10/2019	CG-DME-39	Dynamic Low-Load Prolonged-Duration Stretch Devices	Revised
7/10/2019	CG-DME-42	Non-implantable Insulin Infusion and Blood Glucose Monitoring Devices	Revised
7/10/2019	CG-DME-45	Ultrasound Bone Growth Stimulation	Revised
7/10/2019	CG-MED-41	Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting	Revised
7/10/2019	CG-MED-49	Auditory Brainstem Responses (ABRs) and Evoked Otoacoustic Emissions (OAEs) for Hearing Disorders	Revised
7/10/2019	CG-MED-57	Cardiac Stress Testing with Electrocardiogram	Revised
7/10/2019	CG-MED-59	Upper Gastrointestinal Endoscopy in Adults	Revised
7/10/2019	CG-SURG-11	Surgical Treatment for Dupuytren's Contracture	Revised
7/10/2019	CG-SURG-17	Trigger Point Injections	Revised
7/10/2019	CG-SURG-35	Intracytoplasmic Sperm Injection (ICSI)	Revised
7/10/2019	CG-SURG-49	Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities	Revised
7/10/2019	CG-SURG-81	Cochlear Implants and Auditory Brainstem Implants	Revised

7/10/2019	CG-SURG-85	Hip Resurfacing	Revised
7/10/2019	CG-SURG-93	Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction	Revised
9/4/2019	CG-GENE-11	Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status	New
9/4/2019	CG-GENE-10	Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies	New
9/4/2019	CG-SURG-101	Ablative Techniques as a Treatment for Barrett's Esophagus	New
9/4/2019	CG-SURG-102	Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy	New

URL: <https://providernews.anthem.com/virginia/article/coverage-guidelines-and-clinical-utilization-management-guidelines-update-3>

## **New clinical guideline: Pneumatic compression devices, effective December 1, 2019**

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

HealthKeepers, Inc. will implement the following clinical guideline effective December 1, 2019, to support the review for unnecessary outpatient pneumatic compression devices (PCDs) postoperative orthopedic procedures for Anthem HealthKeepers Plus members.

Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these prior authorization rules and must be considered first when determining coverage.

**Noncompliance with new requirements may result in denied claims.**

### ***CG-DME-46 Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Lower Limbs***

PCDs are used in clinics or can be purchased or rented for home use for prevention and treatment of a number of conditions. PCD therapy involves the use of an inflatable garment and an electrical pneumatic pump. The garment is intermittently inflated and deflated with cycle times and pressures that vary between devices. This document only addresses the home use of PCDs postoperative outpatient orthopedic procedures for the prevention of deep vein thrombosis (DVT) of the lower limbs.

**Note:** This document addresses devices for the prevention of DVT only. Pneumatic devices used in the treatment or prevention of lymphedema, venous insufficiency and therapy for musculoskeletal injuries are **not** addressed in this document, nor are devices for prevention of DVT postmajor surgical procedures.

### **Not medically necessary**

The home use of PCDs for prevention of thromboembolism of the lower limbs following outpatient orthopedic surgery is considered **not medically necessary** for all indications.

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**.

**URL:** <https://providernews.anthem.com/virginia/article/new-clinical-guideline-pneumatic-compression-devices-effective-december-1-2019-7>

---

## **Provider orientations**

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

HealthKeepers, Inc. invites you and your staff to a webinar covering important information for:

- Anthem HealthKeepers Plus members.
- Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus) members.

Online sessions will include information about provider responsibilities, precertification and preauthorization, claims submission, appeals and denials, and common billing errors.

The session dates are listed below. Please follow the link, select the session date of the orientation that you would like to attend from the drop-down list and register. **Please note that if you already registered for a session, you will need to reregister using this updated link.**

Link: <https://tinyurl.com/Medicaid-Provider-Orientations>

Session date	Session time
Thursday, September 19, 2019	10 a.m.-11:30 a.m.
Thursday, October 17, 2019	10 a.m.-11:30 a.m.
Thursday, November 21, 2019	10 a.m.-11:30 a.m.
Thursday, December 19, 2019	10 a.m.-11:30 a.m.

**All webinars listed are in Eastern time.**

If you have any questions regarding upcoming provider orientations, please contact Jamal Matthews in Provider Relations at [Jamal.Matthews@anthem.com](mailto:Jamal.Matthews@anthem.com).

URL: <https://providernews.anthem.com/virginia/article/provider-orientations>

---

## Keep up with Medicaid news

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

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

- [Pharmacy benefit manager change to IngenioRx](#)

- [MCG Care Guidelines update and customizations](#)

URL: <https://providernews.anthem.com/virginia/article/keep-up-with-medicaid-news-10>

---

## Medical drug Clinical Criteria updates

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

**Category: Medicare**

On February 22, 2019, and March 14, 2019, the Pharmacy and Therapeutics (P&T) Committee approved changes to *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 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](#).

502142MUPENM

URL: <https://providernews.anthem.com/virginia/article/medical-drug-clinical-criteria-updates-9>

---

## Prior authorization requirements changes effective November 1, 2019

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

**Category: Medicare**

Effective **November 1, 2019**, prior authorization (PA) requirements will change for the following services. These services will require PA by Anthem Blue Cross and Blue Shield for Medicare Advantage members. 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.