Indiana Provider News

October 2020 Anthem Provider News - Indiana

Reimbursement Policies:

Federal Employee Plan (FEP):

Medicaid:

Medicare:

Notice of Changes to Prior Authorization Requirements - October 2020

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

New prior authorization requirements for providers may apply for new or updated reimbursement policies, medical policies, or prior authorization requirements.

Changes to Prior Authorization Requirements

- Updates for specialty pharmacy are available*
- National Accounts 2021 Pre-certification list*
- Medical policy and clinical guidelines updates*
- Prior authorization update for Commercial Individual Business*
- Reimbursement policy update: Emergency department – Leveling of Evaluation and Management Services (Facility)*
- Reimbursement policy update: Laboratory and venipuncture (Professional)*
- Federal Employee Program® expands specialty pharmacy prior authorization list*

Medicare

- Prior authorization requirements updates
- Medical policies and clinical utilization management guidelines update

URL: https://providernews.anthem.com/indiana/article/notice-of-changes-to-prior-authorization-requirements-october-2020

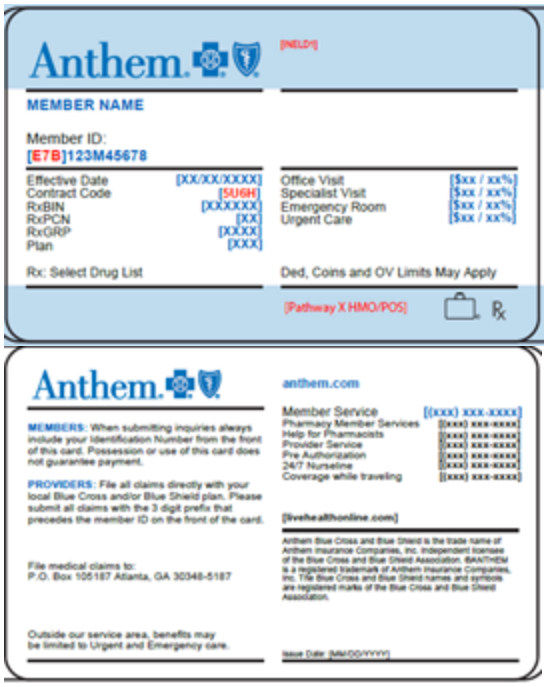
Anthem will offer new short term limited duration plans

Published: Oct 1, 2020 - **Products & Programs**

Effective December 2, 2020, Anthem Blue Cross and Blue Shield (Anthem) will begin offering new individual plans, Anthem Enhanced Choice. These are individual short term limited duration plans, which will access our Pathway Network of participating providers.

Anthem Enhanced Choice plans will have the prefix E7B. Below is a sample member ID card.

Article Attachments



669-1020-PN-IN

URL: https://providernews.anthem.com/indiana/article/anthem-will-offer-new-short-term-limited-duration-plans

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New Blue HPN® network included in plans available for employee open enrollment Fall 2020

Published: Oct 1, 2020 - **Products & Programs**

As employers across the country host open enrollment periods for their employees, many will offer a new option this fall: plans built around a Blue High Performance Network (HPN).

Blue HPN® plans offer access to providers with a record of delivering high-quality, efficient care. Blue HPN networks will go live January 1, 2021 in more than 50 cities across the country, including in the Indianapolis, South Bend, Fort Wayne and Evansville metro areas.

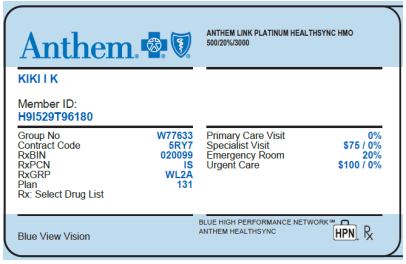
Blue HPN is a national network designed from our local market expertise, deep data and strong provider relationships, and aligned with local networks across the country. These local networks are then connected to the national chassis to form a national Blue HPN network.

In Indiana, Anthem is offering large and small group employers plans with access to the Blue HPN network, with the existing HealthSync network as the Indiana HPN entry. The entire HealthSync service area will be in-network for members of plans with HPN access.

If you are not sure whether your practice is part of the Blue HPN/HealthSync network, ask your office manager or business office, or contact your Anthem Provider Relations Representative. Blue HPN participation will be displayed in provider profiles in our online provider directory January 1, 2021.

Beginning January 1, you may see patients accessing the Blue HPN/Blue Preferred Network through new products. These will be HMO or HSA plans with an HMO network. Under these plans, out-of-network benefits are limited to emergency or urgent care. Members must select a primary care provider, but PCP referrals are not required for specialty care.

Below is a sample ID card for a member from Indiana enrolled in a national employer Blue HPN plan. Note the new “Blue High Performance Network” name and “HPN” indicator in the suitcase icon.



681-1020-PN-IN

Article Attachments

URL: https://providernews.anthem.com/indiana/article/new-blue-hpn-network-included-in-plans-available-for-employee-open-enrollment-fall-2020

Anthem updates formulary lists for commercial health plan pharmacy benefit

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

Effective with dates of service on and after October 1, 2020, and in accordance with the IngenioRx Pharmacy and Therapeutics (P&T) process, Anthem Blue Cross and Blue Shield (Anthem) updated drug lists that support Commercial health plans. Updates include changes to drug tiers and the removal of medications from the formulary.

As certain brand and generic drugs will no longer be covered, providers are encouraged to determine if a covered alternative drug is appropriate for their patients whose current medication will no longer be covered. Communications to providers and their patients affected by the changes went out in early August.

Please note, this update does not apply to the Select Drug List and does not impact Medicaid and Medicare plans.

To ensure a smooth member transition and minimize costs, providers should review these changes and consider prescribing a drug on formulary or on a lower tier, if appropriate.

View a summary of changes here.

IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Anthem.

661-1020-PN-CNT

URL: https://providernews.anthem.com/indiana/article/anthem-updates-formulary-lists-for-commercial-health-plan-pharmacy-benefit-1

Prior authorization updates for specialty pharmacy are available - October 2020*

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

Prior authorization updates

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

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

To access the Clinical Criteria information, please click here.

Anthem Blue Cross and Blue Shield (Anthem)'s prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Anthem's medical specialty drug review team. *Review of specialty pharmacy drugs for oncology indications will be managed by AIM Specialty Health® (AIM), a separate company and are shown in italics in the table below.*

Clinical Criteria	HCPCS or CPT Code(s)	Drug
ING-CC-0170	J3590, C9399	Uplizna
ING-CC-0172	J3490, J3590, C9399	Viltepso
ING-CC-0173	J3490, J3590	Enspryng
ING-CC-0174	J3490, J3590, C9399	Kesimpta
ING-CC-0168	J3590, J9999, J3490	Tecartus
**ING-CC-0171*	*J3490, J3590, J9999*	*Zepzelca*
**ING-CC-0169*	*J3490, J3590, J9999, C9399*	*Phesgo*
**ING-CC-0175*	*J9015*	*Proleukin*
**ING-CC-0176*	*J9032*	*Beleodaq*
**ING-CC-0178*	*J9262*	*Synribo*
**ING-CC-0177*	*J3304*	*Zilretta*
ING-CC-0015	J3490	Milprosa Vaginal System
**ING-CC-0100*	*C9065*	*Istodax*
ING-CC-0038	J3110	Forteo
**ING-CC-0002*	*J3590*	*Nyvepria*

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

Step therapy updates

Effective for dates of service on and after January 1, 2021, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our existing specialty pharmacy medical step therapy review process.

To access the Clinical Criteria information related to Step Therapy, please click here.

Anthem Blue Cross and Blue Shield (Anthem)'s prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Anthem's medical specialty drug review team. *Review of specialty pharmacy drugs for oncology indications will be managed by AIM Specialty Health® (AIM), a separate company and are shown in italics in the table below.*

Clinical Criteria	Status	Drug(s)	HCPCS Code(s)
**ING-CC-0002*	*Preferred*	*Neulasta*	*J2505*
**ING-CC-0002*	*Preferred*	*Udenyca*	*Q5111*
**ING-CC-0002*	*Non-preferred*	*Fulphila*	*Q5108*
**ING-CC-0002*	*Non-preferred*	*Ziextenzo*	*Q5120*
**ING-CC-0002*	*Non-preferred*	*Nyvepria*	*J3590*

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

676-1020-PN-CNT

URL: https://providernews.anthem.com/indiana/article/prior-authorization-updates-for-specialty-pharmacy-are-available-october-2020

Updated coverage for breast cancer prevention medications

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

Beginning October 1, 2020, most of Anthem Blue Cross and Blue Shield (Anthem)'s ACA-compliant non-grandfathered health plans will cover generic aromatase inhibitors at 100%, no member cost share for members who are prescribed these drugs for prevention of breast cancer and use an in-network pharmacy. Prior authorization will be required; providers will

This coverage change aligns with the updated USPSTF “B” recommendation regarding Breast Cancer: Medication Use to Reduce Risk. This updated recommendation now includes aromatase inhibitors among medications that can reduce risk of breast cancer (in addition to tamoxifen or raloxifene). The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors to women who are at increased risk for breast cancer and at low risk for adverse medication effects.

Providers can contact the provider service number on the back of the member ID card to determine if a member’s plan includes this benefit.

644-1020-PN-CNT

URL: https://providernews.anthem.com/indiana/article/updated-coverage-for-breast-cancer-prevention-medications-1

FDA approvals and expedited pathways used - New Molecular Entities (NMEs)

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

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

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

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

- **Standard Review** – The Standard review process follows well-established paths to make sure drugs/biologics are safe and effective when they reach the public. From concept to approval and beyond, FDA performs these steps: reviews research data and information about drugs and biologics before they become available to the public; watches for problems once drugs and biologics are available to the public; monitors drug/biologic

information and advertising; and protects drug/biologic quality. *To learn more about the Standard Review process, click here.*

- **Fast Track** – Fast Track is a process designed to facilitate the development, and expedite the review of drugs/biologics to treat serious conditions and fill an unmet medical need. *To learn more about the Fast Track process, click here.*

- **Priority Review** – A Priority Review designation means FDA's goal is to take action on an application within six months. *To learn more about the Priority Review process, click here.*

- **Breakthrough Therapy** – A process designed to expedite the development and review of drugs/biologics which may demonstrate substantial improvement over available therapy. *To learn more about the Breakthrough Therapy process, click here.*

- **Orphan Review** – Orphan Review is the evaluation and development of drugs/biologics that demonstrate promise for the diagnosis and/or treatment of rare diseases or conditions. *To learn more about the Orphan Review process, click here.*

- **Accelerated Approval** – These regulations allowed drugs/biologics for serious conditions that filled an unmet medical need to be approved based on a surrogate endpoint. *To learn more about the Accelerated Approval process, click here.*

New Molecular Entities Approvals: January – August 2020

Certain drugs/biologics are classified as new molecular entities (NMEs) for purposes of FDA review. Many of these products contain active ingredients that have not been approved by FDA previously, either as a single ingredient drug or as part of a combination product; these products frequently provide important new therapies for patients.

Anthem reviews the FDA-approved NMEs on a regular basis. To facilitate the decision-making process, we are providing a list of NMEs approved from January to August 2020 along with the FDA approval pathway utilized. Click here to view this list.

Source: www.fda.gov

650-1020-PN-CNT

Article Attachments

URL: https://providernews.anthem.com/indiana/article/fda-approvals-and-expedited-pathways-used-new-molecular-entities-nmes-1

Pharmacy information available at anthem.com

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

Visit Pharmacy Information for Providers on anthem.com 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
- Any other requirements, restrictions, or limitations that apply to using certain drugs

The commercial drug list is posted to the web site quarterly (the first of the month for January, April, July and October).

FEP Pharmacy updates and other pharmacy related information may be accessed at www.fepblue.org > Pharmacy Benefits.

659-1020-PN-CNT

URL: https://providernews.anthem.com/indiana/article/pharmacy-information-available-at-anthemcom-25

National Accounts 2021 Pre-certification list*

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

The National Accounts 2021 Pre-certification list has been published. Please note, providers should continue to verify member eligibility and benefits prior to rendering services.

660-1020-PN-CNT

URL: https://providernews.anthem.com/indiana/article/national-accounts-2021-pre-certification-list-1

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

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

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

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

Chat is one example of how Anthem Blue Cross and Blue Shield (Anthem) is using digital technology to improve the health care experience, with a goal to save you valuable time. To start, access the service through Payer Spaces on Availity.

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

684-1020-PN-CNT

URL: https://providernews.anthem.com/indiana/article/anthem-chat-a-fast-easy-way-to-have-your-questions-answered-1

New medical claim attachment webinars: Register today

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

Anthem Blue Cross and Blue Shield (Anthem) providers may now learn how to use Availity's attachment tools to submit and track supporting documentation electronically by attending

The attachments application is a multi-payer, multi-workflow feature. It allows inclusion of multiple records across a variety of workflows and request types to support different business processes for payers.

By attending one of the upcoming webinars, attendees will learn both the digital and electronic processes that include:

- How your organization gets set up
- Demonstrations of the tools used to submit attachments via Availity portal
- Navigating the Attachments dashboard
- View electronic records of your submissions

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

Register for an upcoming webinar session

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

October/November Dates

Date	Day	Time
10/07/2020	Wednesday	4:00 p.m. – 5:00 p.m. ET
10/20/2020	Tuesday	11:00 a.m. – 12:00 p.m. ET
11/04/2020	Wednesday	4:00 p.m. – 5:00 p.m. ET
11/17/2020	Tuesday	2:00 p.m. – 3:00 noon ET

Where can you find more help?

Select **Help & Training** > **Find Help** to display Availity Help in a new browser window. Use **Contents** to display topics.

Depending on your needs, consider exploring these topics:

- Claim Submission
- Attachments (new)
- Medical Attachments (legacy)

702-1020-PN-CNT

URL: https://providernews.anthem.com/indiana/article/new-medical-claim-attachment-webinars-register-today-1

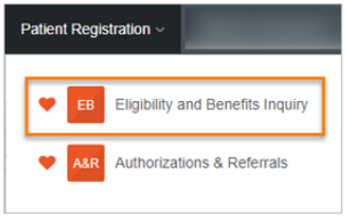
Electronic member ID cards available on the Availity portal

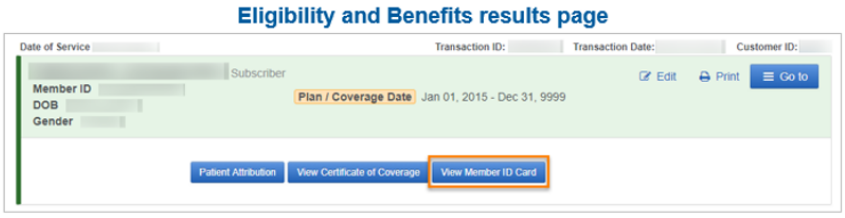
Published: Oct 1, 2020 - **Administrative**

Anthem Blue Cross and Blue Shield (Anthem) offers you the ability to have a copy of the member's ID card without having to physically handle the member's card. This easy, low-touch access to view a member's ID card is available from the Availity portal.

When conducting an eligibility and benefits inquiry for Anthem members, simply select **View Member ID Card** on the *Eligibility and Benefits results page.*

Note: The Availity portal requires you to enter the member's ID number as well as a date of birth **or** the member's first and last name into the search options in order to submit an E&B inquiry.





Images of both the front and back of the member ID card are available, allowing you to get all of the pertinent information without the need to make a phone call. The images can be saved directly to your practice management system as PDF files.

Another option available is to access the member's digital version of their ID card as many members have transitioned to using a digital card instead of a paper card. Members are able to fax or email a copy of the electronic ID card from their phone/app.

We encourage you to integrate these options into your workflow now.

Article Attachments

677-1020-PN-CNT

URL: https://providernews.anthem.com/indiana/article/electronic-member-id-cards-available-on-the-availity-portal-1

What Matters Most: Improving the patient experience

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

An online course for providers and office staff that addresses gaps in care and offers approaches to communication with patients. This course is available at no cost and is eligible for one CME credit by the American Academy of Family Physicians.

The What Matters Most training can be accessed at patientexptraining.com

653-1020-PN-CNT

URL: https://providernews.anthem.com/indiana/article/what-matters-most-improving-the-patient-experience-3

Anthem Commercial Risk Adjustment (CRA) Reporting Update: New guidance on telephone-only service CPT codes for risk adjustment program

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

As providers, you are committed to providing the best care for your patients – our members. That care may now include telehealth visits. Recognizing the continuing increased need for telephone and virtual services during the COVID-19 public health emergency, the U.S. Department of Health and Human Services (HHS) has given additional consideration to the treatment of telephone-only services in the HHS-operated Risk Adjustment Program. HHS has clarified that telephone-only service CPT codes (98966-98968 and 99441-99443) are valid for the Risk Adjustment Program. Telephone-only visits may benefit your patients who have not participated in, or felt comfortable using, a telehealth video visit. Thank you for your continued commitment to assessing your patients' health and closing possible gaps in care.

Please contact the Commercial Risk Adjustment Network Education Representative if you have any questions: Mary.Swanson@anthem.com

658-1020-PN-CNT

URL: https://providernews.anthem.com/indiana/article/anthem-commercial-risk-adjustment-cra-reporting-update-new-guidance-on-telephone-only-service-cpt-codes-for-risk-adjustment-program-1

Medical policy and clinical guideline updates - October 2020*

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

The following Anthem Blue Cross and Blue Shield medical polices and clinical guidelines were reviewed on August 13, 2020 for Indiana, Kentucky, Missouri, Ohio and Wisconsin.

The previously adopted clinical guidelines or medical policies have changes noted below.

*NOTE: *Precertification required*

Title	Change	Effective Date
CG-MED-55 Level of Care: Advanced Radiologic Imaging	New Title: Site of Care: Advanced Radiologic Imaging	8/20/2020
CG-MED-83 Level of Care: Specialty Pharmaceuticals	New Title: Site of Care: Specialty Pharmaceuticals	8/20/2020
*CG-SURG-27 Gender Reassignment Surgery	Added CPT codes 54400, 54401, 54405, 55899 (NOC), C1813, C2622, L8699 for penile prosthesis insertion as part of phalloplasty with medical necessity (MN) criteria	1/1/2021
CG-SURG-52 Level of Care: Hospital-Based Ambulatory Surgical Procedures and Endoscopic Services	New Title: Site of Care: Hospital-Based Ambulatory Surgical Procedures and Endoscopic Services	8/20/2020
GENE.00052 Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	• Removed MN criteria for non-small cell lung cancer (NSCLC) for tumor burden assessment • Added molecular profile ng as MN for unresectable or metastatic solid tumors when criteria are met Specific PLA codes 0037U and 0048U will now pend for all solid tumor diagnoses for review of MN criteria (was just NSCLC), and added 0211U effective 10/01/20 to also pend; also added PLA panel codes 0212U-0217U (effective 10/01/2020) and 81448 (previously addressed in GENE.00033) considered INV&NMN (Investigational and not medically necessary)	1/1/2021

SURG.00077 Uterine Fibroid Ablation: Laparoscopic or Percutaneous Image Guided Techniques	New Title: Uterine Fibroid Ablation: Laparoscopic, Percutaneous or Transcervical Image Guided Techniques Expanded scope of document to include transcervical image guided techniques • Added radiofrequency ablation using a transcervical approach in combination with imaging guidance as a treatment of uterine fibroids as INV&NMN • Added existing CPT Category III code 0404T and associated ICD-10-PCS codes for transcervical RF ablation, considered INV&NMN	1/1/2021
*SURG.00112 Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures)	Previous title: Occipital Nerve and Supraorbital Nerve Stimulation • Revised scope of document to address implanted nerve stimulation devices and related procedures • Added implantation of a trigeminal nerve stimulation device (and related procedures) as INV&NMN for all indications Added existing codes 61885, 64568, 64569, C1767, C1778 for cranial nerve stimulator implantation (when specified as trigeminal stimulation); added ICD-10-CM codes R51.0-R51.9 replacing R51 effective 10/01/20	1/1/2021

673-1020-PN-CNT

URL: https://providernews.anthem.com/indiana/article/medical-policy-and-clinical-guideline-updates-october-2020

Prior authorization update for Commercial Individual Business*

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

Anthem Blue Cross and Blue Shield (Anthem) of Indiana, Kentucky, Missouri, Ohio and Wisconsin is committed to reducing costs while improving health outcomes. To that end, effective January 1, 2021, Anthem will require prior authorization for our **Commercial Individual business.**

The following codes will require prior authorization with a date of service on or after January 1, 2021:

Medical Policy or Clinical Guideline	Code
CG-SURG-70 SURG.00026 SURG.00007	C1767

The **Clinical Guidelines** listed below have been adopted for our **Commercial Individual business** in Indiana, Kentucky, Missouri, Ohio and Wisconsin and will require prior authorization on or after January 1, 2021.

Clinical Guideline	Code
CG-DME-13	L5987
CG-DME-42	A9274, E0784, E0787, S1034
CG-DME-47	E0466, E0467
CG-OR-PR-04	S1040, L0112
CG-SURG-86	34705, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848

The **Medical Policies** listed below, already being reviewed, will be moved to prior authorization for our **Commercial Individual business** in Indiana, Kentucky, Missouri, Ohio and Wisconsin**,** on or after January 1, 2021.

Medical Policy or Clinical Guideline	Code
GENE.00054	0157U, 0158U, 0159U, 0160U, 0161U,
SURG.00121	33477
SURG.00010	53445, 53447
LAB.00016	81599
GENE.00011	81599
GENE.00037	81599
GENE.00020	81599
GENE.00016	81599
GENE.00018	81599
LAB.00019	81599
GENE.00023	81599
GENE.00009	81599
GENE.00026	81599
GENE.00052	81599
SURG.00007	C1767
CG-DME-44	E0766, A4555
GENE.00054	0157U, 0158U, 0159U, 0160U, 0161U
CG-SURG-95	C1767
SURG.00121	33477

714-1020-PN-CNT

URL: https://providernews.anthem.com/indiana/article/prior-authorization-update-for-commercial-individual-business

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Transition to AIM rehabilitative service clinical appropriateness guidelines

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

Anthem Blue Cross and Blue Shield (Anthem) previously communicated in the June 2020 edition of Anthem's *Provider News* that AIM Specialty Health® (AIM), a separate company, would transition the clinical criteria for medical necessity review of certain rehabilitative services to AIM Rehabilitative Service Clinical Appropriateness Guidelines as part of the AIM Rehabilitation Program beginning October 1, 2020.

Please be aware that this transition has been delayed. The new transition date will be December 1, 2020

674-1020-PN-CNT

URL: https://providernews.anthem.com/indiana/article/transition-to-aim-rehabilitative-service-clinical-appropriateness-guidelines

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Reminder: Expansion of AIM Musculoskeletal Program effective November 1, 2020

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

As recently communicated in the August 2020 edition of Anthem Blue Cross and Blue Shield (Anthem)'s *Provider News*, AIM Specialty Health® (AIM), a specialty health benefits company, will expand the AIM Musculoskeletal program to perform medical necessity reviews for certain elective surgeries of the small joints for Anthem members effective November 1, 2020. Replacement and revision surgeries for procedures such as total joint of ankle, correction of Hallux Valgus, hammertoe repair are included.

The AIM Musculoskeletal Program follows the Anthem Clinical Guidelines that state the services must be delivered by a qualified provider within the scope of their licensure. Qualified providers acting within the scope of their license, including podiatrists, who intend to perform certain elective surgeries of the small joints procedures should request prior authorization for those services through AIM.

AIM will begin accepting prior authorization requests on October 26, 2020 for dates of service on and after November 1, 2020. Prior authorization requests may be submitted via the AIM ***Provider****Portal*$_{SM}$ or by calling **800-554-0580** Monday through Friday.

Anthem invites you to take advantage of upcoming training sessions that will introduce you to the program and the robust capabilities of the AIM ***Provider****Portal*$_{SM}$. You can register for one of these the one-hour training sessions:

- **AIM MSK Small Joint Expansion Training Session 1** on Friday, October 23, 2020, 11 a.m. Central time
- **AIM MSK Small Joint Expansion Training Session 2** on Monday, October 26, 2020, 12 p.m. Central time

We value your participation in our network and look forward to working with you to help improve the health of our members.

649-1020-PN-CNT

URL: https://providernews.anthem.com/indiana/article/reminder-expansion-of-aim-musculoskeletal-program-effective-november-1-2020-1

Reimbursement policy update: Emergency department - leveling of Evaluation and Management services (Facility)*

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

Effective January 1, 2021, Anthem Blue Cross and Blue Shield (Anthem) classifies with an Evaluation and Management (E&M) code level the intensity/complexity of emergency department (ED) interventions a facility utilizes to furnish all services indicated on the claim. E/M services will be reimbursed based on this classification. Facilities must utilize appropriate HIPAA compliant codes for all services rendered during the ED encounter. If the E&M code level submitted is higher than the E/M code level supported on the claim, we reserve the right to perform one of the following:

- Deny the claim and request resubmission at the appropriate level or request the provider submit documentation supporting the level billed
- Adjust reimbursement to reflect the lower ED E&M classification
- Recover and/or recoup monies previously paid on the claim in excess of the E/M code level supported

Please refer to the Emergency Department: Level of Evaluation and Management Services reimbursement policy for additional details at anthem.com.

Facilities that believe their medical record documentation supports reimbursement for the originally submitted level for the E/M service will be able to follow the dispute resolution process in accordance with the terms of their contract. Claims disputes require a statement providing the reason the intensity/complexity would require a different level of reimbursement and the medical records which should clearly document the facility interventions performed and referenced in that statement.

665-1020-PN-CNT

URL: https://providernews.anthem.com/indiana/article/reimbursement-policy-update-emergency-department-leveling-of-evaluation-and-management-services-facility-1

Reimbursement policy update: Claims requiring additional documentation policy (Facility)

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

In the May and August 2020 editions of *Provider News*, we announced the following change to our Claims Requiring Additional Documentation policy (Facility) that was scheduled to take effect on October 1, 2020:

> Outpatient facility claims reimbursed at a percent of charge with billed charges above $20,000 will require an itemized bill to be submitted with the claim.

Please be advised we are delaying the implementation of the above policy change until further notice.

729-1020-PN-CNT

URL: https://providernews.anthem.com/indiana/article/reimbursement-policy-update-claims-requiring-additional-documentation-policy-facility-1

Reimbursement policy update: Laboratory and venipuncture (Professional)*

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

Beginning with dates of service on or after January 1, 2021, Anthem Blue Cross and Blue Shield (Anthem) will update the policy language to indicate Modifier 90 will not allow reimbursement when reported in a Place of Service Office (11).

Modifier 90 is defined as ***Reference (Outside) Laboratory***: When laboratory procedures are performed by a party other than the treating or reporting physician or other qualified health care professional, the procedure may be identified by adding modifier 90 to the usual procedure number

For more information about this policy, visit the Reimbursement Policies webpage for your state: Indiana, Kentucky, Missouri, Ohio, Wisconsin.

696-1020-PN-CNT

URL: https://providernews.anthem.com/indiana/article/reimbursement-policy-update-laboratory-and-venipuncture-professional-1

Federal Employee Program® expands specialty pharmacy prior authorization list*

Published: Oct 1, 2020 - **State & Federal** / Federal Employee Plan (FEP)

Effective with dates of service on or after January 1, 2021, the following pharmacy codes will be included in the Anthem Federal Employee® (FEP) plans (member IDs beginning with an "R") **prior authorization review** process for specific specialty drugs. The prior authorization review includes review of site-of-care criteria for outpatient hospital-based settings**. As a result of this change, services provided on and after January 1, 2021, for any of the additional drugs without a prior authorization will be denied.**

FEP will continue to review Federal Employee Program medical policy criteria for medical necessity, and Anthem Blue Cross and Blue Shield (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, 2021 for the "new" drugs listed below?

- Prior to administering the drugs 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 for these specialty drugs on December 14, 2020 for dates of service on and after January 1, 2021. **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. Hospital-based facilities contracted with Anthem for lower drug and administration costs, non-hospital infusion clinics, provider offices, and home infusion providers will not require a site-of-care review.

- A provider toolkit aligned to Anthem's clinical guideline (CG-Med83) 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, 2021, without prior authorization will result in a denial of claims payment.

Additional drugs requiring medical necessity and site-of-care review as of January 1, 2021:

Drug	Code	FEP Medical Policy
Actemra®	J3262	5.70.12
Aralast®	J0256	5.45.09
Fabrazyme®	J0180	5.30.35
Fasenra®	J0517	5.45.07
Glassia®	J0257	5.45.09
Ilaris®	J0638	5.70.09
Nucala®	J2182	5.45.07
Ocrevus®	J2350	5.60.28
Prolastin®	J0256	5.45.09
Ultomiris®	J1303	5.85.33
Xolair®	J2357	5.45.02
Zemaira®	J0256	5.45.09

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.

647-1020-PN-CNT

URL: https://providernews.anthem.com/indiana/article/federal-employee-program-expands-specialty-pharmacy-prior-authorization-list-1

Medicaid News - October 2020

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

Please continue to check Provider Communications & Updates on the provider webpage for the latest information, including:

- Medical policies and clinical utilization management guidelines update

- New MCG Care Guidelines 24th edition
- Reminder: Pediatric critical care services limit

URL: https://providernews.anthem.com/indiana/article/medicaid-news-october-2020

Updates to AIM Specialty Health advanced imaging Clinical Appropriateness Guidelines

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

This communication applies to the Medicaid and Medicare Advantage programs for Anthem Blue Cross and Blue Shield.

Effective for dates of service on and after December 19, 2020, the following updates will apply to the AIM Specialty Health®* advanced imaging of the chest, vascular imaging and AIM oncologic imaging *Clinical Appropriateness Guidelines*.

Vascular imaging updates by section

- Aneurysm of the abdominal aorta or iliac arteries:
  - Added new indication for asymptomatic enlargement by imaging
  - Clarified surveillance intervals for stable aneurysms as follows:
    - Treated with endografts, annually
    - Treated with open surgical repair, every five years
- Stenosis or occlusion of the abdominal aorta or branch vessels, not otherwise specified:
  - Added surveillance indication and interval for surgical bypass grafts

Advanced imaging of the chest updates by section

- Tumor or neoplasm:
  - Allowed follow-up of nodules less than 6 mm in size seen on incomplete thoracic CT scan, in alignment with follow-up recommendations for nodules of the same size seen on complete thoracic CT scan
  - Added new criteria for which follow-up is indicated for mediastinal and hilar lymphadenopathy
  - Separated mediastinal/hilar mass from lymphadenopathy, which now has its own entry
- Parenchymal lung disease —not otherwise specified:
  - Removed as it is covered elsewhere in the document (parenchymal disease in occupational lung diseases and pleural disease in other thoracic mass lesions)
- Interstitial lung disease, nonoccupational including idiopathic pulmonary fibrosis:
  - Defined criteria warranting advanced imaging for both diagnosis and management
- Occupational lung disease (adult only):
  - Moved parenchymal component of asbestosis into this indication
  - Added berylliosis

Oncologic imaging updates by section

- Breast cancer screening:
  - Added new high-risk genetic mutations appropriate for annual breast MRI screening
- Lung cancer screening:
  - Added asbestos-related lung disease as a risk factor

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM ***Provider****Portal*$_{SM}$ directly at **providerportal.com**. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity portal* at **availity.com**.
- Call the AIM toll-free number at **1-800-714-0040** Monday through Friday, 8:30 a.m. to 7 p.m. ET.

If you have questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you can access and download a copy of the current and upcoming guidelines here.

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Anthem Blue Cross and Blue Shield. Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield.

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URL: https://providernews.anthem.com/indiana/article/updates-to-aim-specialty-health-advanced-imaging-clinical-appropriateness-guidelines-1

Transition to AIM Rehabilitative Services Clinical Appropriateness Guidelines

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

Effective December 1, 2020, Anthem Blue Cross and Blue Shield will transition the clinical criteria for medical necessity review of certain rehabilitative services to AIM Specialty Health®* *Rehabilitative Service Clinical Appropriateness Guidelines* as part of the AIM rehabilitation program. Reviewed services will include certain physical therapy, occupational therapy and speech therapy services.

As part of this transition of clinical criteria, the following procedures will be subject to prior authorization as part of the AIM rehabilitation program:

CPT® code	Description
90912	Biofeedback training for bowel or bladder control, initial [15 minutes]
90913	Biofeedback training for bowel or bladder control, additional [15 minutes]
96001	Three-dimensional, video-taped, computer-based gait analysis during walking
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional
20560	Needle insertion(s) without injection(s), [1 or 2 muscle(s)]
20561	Needle insertion(s) without injection(s), [3 or more muscle(s)]
97129	One-on-one therapeutic interventions focused on thought processing and strategies to manage activities
97130	Each additional [15 minutes] (List separately in addition to code for primary procedure.)
92609	Therapeutic services for use of speech-generating device with programming
92630	Hearing training and therapy for hearing loss prior to learning to speak

The following procedure will be removed from the program:

- S9117: Back school, per visit

Refer to the AIM clinical guidelines for the clinical criteria for the services and a complete list of CPT codes/services that will be included in the AIM Rehabilitation Program. Below are the codes whose statuses are changing, either being added to or removed from the program upon transition from current Anthem guidelines to AIM guidelines. The applicable sub-disciplines (for example, PT, OT, ST) are also noted. Note: evaluation codes will continue not to require prior authorization.

What is the step process/clinical pathway details for *each* service being transitioned*?*

The general process for requesting services will remain unchanged from the current program. However if a provider intends to do some of the new services/codes included in these guidelines (listed above), they will need to enter those codes in addition to their main treatment codes when submitting a request as several of those services are subject to additional criteria (refer to guideline) and require separate consideration.

How many visits are approved on the initial request and recurring requests?
The visit allocation models will remain unchanged from the current program. Visit allocations vary; there is not a set number. While visits are allocated incrementally throughout the episode of care, there is no limit on the total number of visits as long as the requests continue to meet criteria for medical necessity and benefits have not been exhausted. There is also no limit on the number of requests a provider may submit within the episode of care.

When is clinical documentation needed*?*
This will remain unchanged from the current program. Clinical documentation uploads are required on all recurring (for example, third and subsequent) requests.

Apart from using the AIM portal effective December 1, 2020 to submit the requests, what additional changes will impact the provider's experience?
New clinical criteria outlined in the AIM guidelines will be used to make medical necessity determinations, including those pertaining to the newly added services/codes. (See above grid.) The AIM rehabilitation team will be offering robust training related to the new guidelines, with particular emphasis on any changes that providers might encounter, in order to facilitate a smooth transition.

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM ***Provider****Portal*$_{SM}$ directly at **providerportal.com**. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity portal* at **availity.com**.
- Call the AIM toll-free number at **1-800-714-0040** Monday through Friday, 8:30 a.m. to 7 p.m. ET.

If you have questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines at **aimproviders.com/rehabilitation.**

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Anthem Blue Cross and Blue Shield. Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield.

URL: https://providernews.anthem.com/indiana/article/transition-to-aim-rehabilitative-services-clinical-appropriateness-guidelines-9

What Matters Most online training course: Improving patient experience

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

The *What Matters Most* online training course for providers and office staff addresses gaps in care and offers approaches to communication with patients. The course is available at no cost and is eligible for one CME credit by the American Academy of Family Physicians. The *What Matters Most* online training course can be accessed at: **patientexptraining.com.**

URL: https://providernews.anthem.com/indiana/article/what-matters-most-online-training-course-improving-patient-experience-5

Controlling High Blood Pressure (CBP)

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

This HEDIS® measure looks at the percentage of members ages 18 to 85 years who have had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg)

Record your efforts:
Document blood pressure and diagnosis of hypertension. Members whose BP is adequately controlled include:

- Members 18 to 85 years of age who had a diagnosis of HTN and whose BP was adequately controlled
- (< 140/90 mm Hg) during the measurement year.
- The most recent BP reading during the measurement year on or after the second diagnosis of HTN.

- If no BP is recorded during the measurement year, assume that the member is not controlled.

What does not count for this HEDIS measure?

- If blood pressure is taken on the same day as a diagnostic test or procedure or for a change in diet or medication regimen
- If blood pressure is taken on or one day before the day of any test or procedure
- Blood pressure taken during an acute inpatient stay or an emergency department visit

Exclusions:

- End stage renal disease
- Nephrectomy or Kidney transplant
- Pregnancy
- Nonacute inpatient stay
- Members aged 66 to 80 with frailty and advanced illness
- Members 81 years old and above with frailty

Helpful tips:

- Have your office staff recheck blood pressure for members with initial diagnosis of hypertension and record readings greater than 140 mm Hg systolic and 90 mm Hg diastolic during outpatient office visits. Educate your staff to record the recheck in member's medical records.
- Refer high-risk members to our hypertension programs and other programs for additional education and support.
- Educate members and their spouses, caregivers or guardians about the elements of a healthy lifestyle such as:
    - Heart-healthy eating and a low-salt diet.
    - Smoking cessation and avoiding secondhand smoke.
    - Adding regular exercise to daily activities.
    - Home BP monitoring.
    - Ideal BMI.

- The importance of taking all prescribed medications as directed.

- Remember to include the applicable Category II reporting code on the claim form to help reduce the burden of HEDIS medical record review

How can we help?
We support you in helping members control high blood pressure by:

- Providing online ***Clinical Practice Guidelines*** on our provider website.
- Reaching out to our hypertensive members through our education and support programs.

Other available resources:

- National Heart, Lung, and Blood Institute
- CDC Blood Pressure educational materials

URL: https://providernews.anthem.com/indiana/article/controlling-high-blood-pressure-cbp-5

Medicare News - October 2020

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

Please continue to check Important Medicare Advantage Updates for the latest Medicare Advantage information, including:

- Evaluation and management services correct coding

- Medical policies and clinical utilization management guidelines update

- Prior authorization requirements for the below codes effective January 2021-1

URL: https://providernews.anthem.com/indiana/article/medicare-news-october-2020

Medical drug benefit clinical criteria updates

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

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

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

If you have questions or would like additional information, use this **email**.

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URL: https://providernews.anthem.com/indiana/article/medical-drug-benefit-clinical-criteria-updates-61

Prior authorization requirements for the below codes effective January 1, 2021

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

On **January 1, 2021**, Anthem Blue Cross and Blue Shield prior authorization (PA) requirements will change for codes below. Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions take precedence over these precertification rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

Prior authorization requirements will be added for the following codes:

- C1764 Event recorder, cardiac (implantable)

- E0720 Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized
- E0730 Transcutaneous electrical nerve stimulation (TENS) device, four or more leads
- E0731 Conductive garment for Tens
- G0460 Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment
- L3000 Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each
- L3031 Foot, insert/plate, removable, addition to lower extremity orthosis, high strength
- L3170 Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each
- L3224 Woman's shoe oxford brace
- L3225 Man's shoe oxford brace
- L3300 Shoe lift taper to metatarsal
- L3310 Lift, elevation, heel and sole, neoprene, per inch
- L3332 Lift, elevation, inside shoe, tapered, up to one-half inch
- L3334 Lift, elevation, heel, per inch
- L3340 Heel wedge, SACH
- L3350 Shoe heel wedge
- L3370 Shoe sole wedge between sole
- L3390 Shoe outflare wedge
- L3400 Shoe metatarsal bar wedge rocker
- L3450 Shoe heel sach cushion type
- L3485 Shoe heel pad removable for spur
- L3540 Ortho shoe add full sole
- L3580 Ortho shoe add instep Velcro closure
- L3610 Transfer of an orthosis from one shoe to another, caliper plate, new
- L3620 Transfer of an orthosis from one shoe to another, solid stirrup, existing
- L3630 Transfer of an orthosis from one shoe to another, solid stirrup, new
- L3649 Orthopedic shoe, modification, addition or transfer, not otherwise specified
- L3650 Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, off-the-shelf
- L3710 Elbow orthosis, elastic with metal joints, prefabricated, off-the-shelf
- L3761 Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf

- L3762 Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, off-the-shelf
- L3807 Wrist hand finger orthosis, without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
- L3809 Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type
- L3912 Hand-finger orthosis (HFO), flexion glove with elastic finger control, prefabricated, off-the-shelf
- L3913 HFO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
- L3923 Hand finger orthosis, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
- L3924 Hand finger orthosis, without joints, may include soft interface, straps, prefabricated,
- off-the-shelf
- L3925 Finger orthosis, proximal interphalangeal (PIP)/distal interphalangeal (DIP), non-torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf
- L3927 Finger orthosis, proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (for example, static or ring type), may include soft interface material, prefabricated,
- off-the-shelf
- L3999 Upper limb orthosis NOS
- L5301 Below knee, molded socket, shin, SACH foot, endoskeletal system
- L5321 Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee
- L5620 Test socket below knee
- L5645 Addition to lower extremity, below knee (BK), flexible inner socket, external frame
- L5649 Addition to lower extremity, ischial containment/narrow M-L socket
- L3250 Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each
- 0232T Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed

- 0397T Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure.)
- 0421T Transurethral waterjet ablation of prostate, including control of post-operative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)
- 0466T Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure.)
- 0480T Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm2, or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure.)
- 33340 Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation
- 33361 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach
- 33362 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach
- 33363 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach
- 33365 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)
- 33418 Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis
- 33419 Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)
- 33477 Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed
- 33979 Insertion, Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle
- 33990 Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only
- 36514 Therapeutic Apheresis; Plasma Pheresis
- 36522 Photopheresis, Extracorporeal

- 37215 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection
- 55874 Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed
- A4224 Supplies for maintenance of insulin infusion catheter, per week
- A4225 Supplies for external insulin infusion pump, syringe type cartridge, sterile, each
- A5500 Diabetic shoe for density insert
- A5501 Diabetic custom molded shoe
- A5503 For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe
- A5504 Diabetic shoe with wedge
- A5505 Diabetic shoe w/metatarsal bar
- A5507 Modification diabetic shoe
- A5512 For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fah
- A5513 For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
- A9580 Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries
- C1722 Cardioverter-defibrillator, single chamber (implantable)
- L5671 Addition to lower extremity, below knee (BK)/above knee (AK) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert
- L5673 Addition to lower extremity, below knee/above knee, custom fabricated
- L5679 Addition to lower extremity, below knee/above knee, custom fabricated
- L5700 Replace socket below knee
- L5701 Replace socket above knee
- L5940 Endo Bk Ultra-Light Material
- L5968 Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature
- L5981 All lower extremity prostheses, flex-walk system or equal
- L5987 All lower extremity prostheses, shank foot system with vertical loading pylon
- L8699 Prosthetic implant, not otherwise specified

- L9900 Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code

Not all prior authorization requirements are listed here. Prior authorization requirements are available to contracted providers by accessing the Provider Self-Service Tool at **availity.com** at **anthem.com/medicareprovider** > Login. Contracted and non-contracted providers who are unable to access Availity* may call the number on the back of the member's ID card.

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

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URL: https://providernews.anthem.com/indiana/article/prior-authorization-requirements-for-the-below-codes-effective-january-1-2021

Social determinants of health support expanding with GroundGame Health

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

Effective October 1, 2020, Anthem Blue Cross and Blue Shield (Anthem) will integrate community health workers (CHWs) used by GroundGame Health (GGH)* into our current care management program. Referrals into the program are completed via provider direct referrals or ad hoc referrals from the Anthem Case Management team. Provider direct referrals will include members with the following situations:

- Identified social determinants of health needs including, but not limited to:
  - Living environment
  - Transportation
  - Food insecurity issues
  - Financial issues
  - Social isolation, etc.
- Hospital readmissions
- A readmission risk score of more than 24

GGH provides an extra layer of support by using CHWs as an extension of care management to help members navigate the complex health care system. PCHP makes an initial outreach to identified members to determine the appropriate level of services a member may need, but they do not provide any clinical services, replace case management from Anthem, or replace the care and care management provided by PCPs and specialists. Note: There is no requirement that members participate in this program, and members have the opportunity to opt out of the program as they choose.

A GGH CHW may reach out to your practice to introduce themselves and establish a relationship with the physician(s) at your practice based on referrals received. CHWs may also discuss developing a mechanism by which to share information regarding patients who have been identified for complex care services.

The CHW may also broaden the impact of case management by focusing on action plan developments in various ways, such as helping members fill prescriptions, scheduling appointments and arranging rides to the doctor. CHWs can even accompany members to appointments when appropriate and provide connections to meal delivery services that may be available to them.

To learn more about GGH, please visit **groundgamehealth.org**. If you have questions regarding GGH, CHWs and complex care services, please call **1-866-739-6323** or email **physicianreferral@preferredchp.com**.

* GroundGame Health is an independent company providing contracting services on behalf of Anthem Blue Cross and Blue Shield.

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URL: https://providernews.anthem.com/indiana/article/social-determinants-of-health-support-expanding-with-groundgame-health

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Provider transparency update

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

A key goal in our provider transparency initiative is to improve quality while managing health care costs. One of the ways we do that is by offering value-based programs including Freestanding Patient Centered Care (FPCC), Medicare Advantage Enhanced Personal Health Care Essentials and so on (known as the Programs).

Value-based program providers (also known as payment innovation providers) in our programs receive quality, utilization and/or cost data, reports, and information about the health care providers (referral providers) to whom the providers may refer their Anthem Blue Cross and Blue Shield (Anthem) patients. If a referral provider is higher quality and/or lower cost, this component of the Programs should result in the provider receiving more referrals from value-based program providers. The converse should be true if referral providers are lower quality and/or higher cost.

Providing this type of data to value-based program providers (including comparative cost information) helps them make more informed decisions about managing health care costs, maintain/improve quality of care and succeed under the terms of the Programs.

Additionally, employers and group health plans (or their representative/vendors) may also be given data about value-based program providers or referral providers to better understand how their health care dollars are being spent and how their health benefits plans are being administered. This will give them the opportunity to educate their employees and plan members about the benefits of using higher quality and/or lower cost health care providers.

Upon request, Anthem will share the data used to make these quality/cost/utilization evaluations and will discuss it with referral providers, including any opportunities for improvement.

If you have questions or need support, contact your local Market Representative or Care Consultant.

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URL: https://providernews.anthem.com/indiana/article/provider-transparency-update-30
