

August 2019 Anthem Provider News - Ohio

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Notice of Material Changes/Amendments to Contract and Prior Authorization Changes -- August 2019

Material Changes/Amendments to Contract and Changes to Prior Authorization Requirements may apply for new or updated reimbursement policies, medical policies, or prior authorization requirements starred (*) below.

Medical Policies and Clinical Guidelines

- Medical Policy and Clinical Guideline Updates -- August 2019*
- Anthem customizations to MCG care guidelines 23rd edition*
- Updates to AIM Advanced Imaging Clinical Appropriateness Guidelines*

Reimbursement Policies

- Reimbursement Policy Update: Bundled Services-Professional*
- Reimbursement Policy Update: Frequency Editing-Professional*

Pharmacy Updates

- Clinical criteria and prior authorization updates for specialty pharmacy are available*
- REMINDER: Changes to the process for Medical Non-Oncology Specialty Drug reviews effective June 15, 2019

Other Important Updates

- Medicare and Medicaid News

New location for Provider Manuals on anthem.com

Anthem Blue Cross and Blue Shield (Anthem) has launched a new page on anthem.com to access Provider Manuals. This page delivers a more streamlined and easier user experience to access current and past Manuals (if applicable).

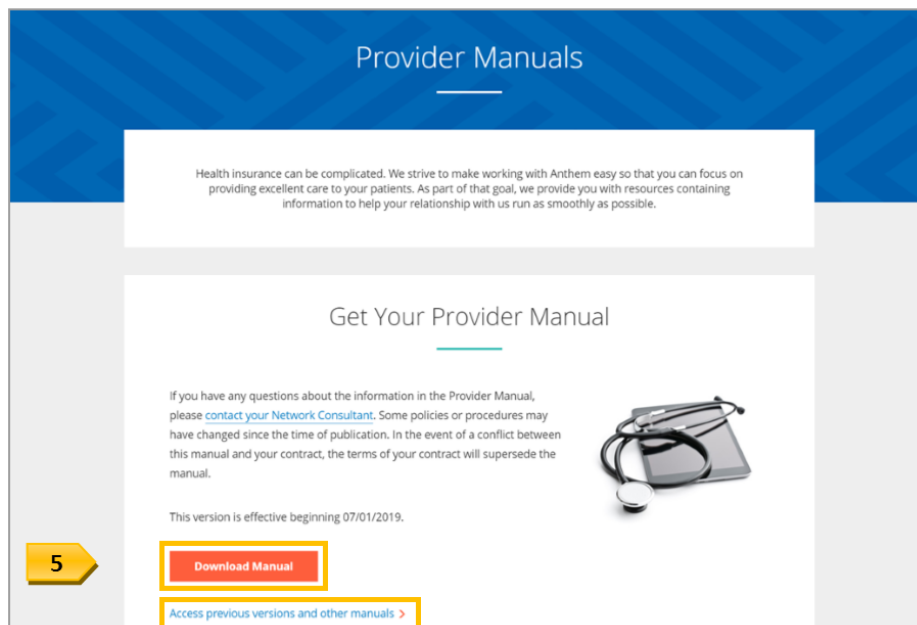
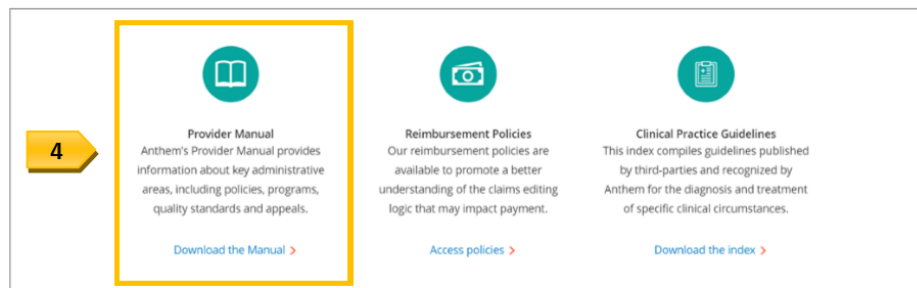
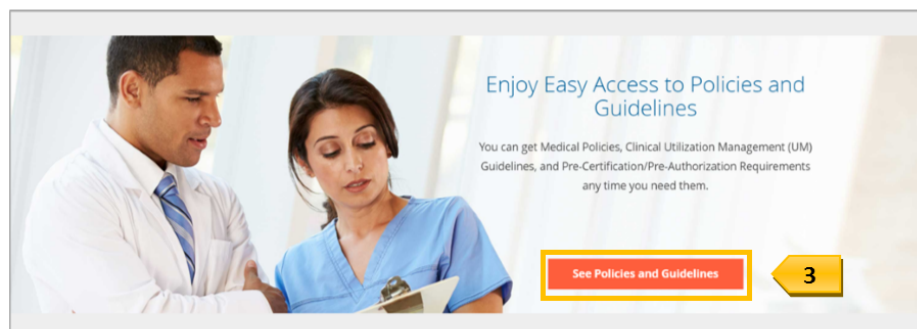
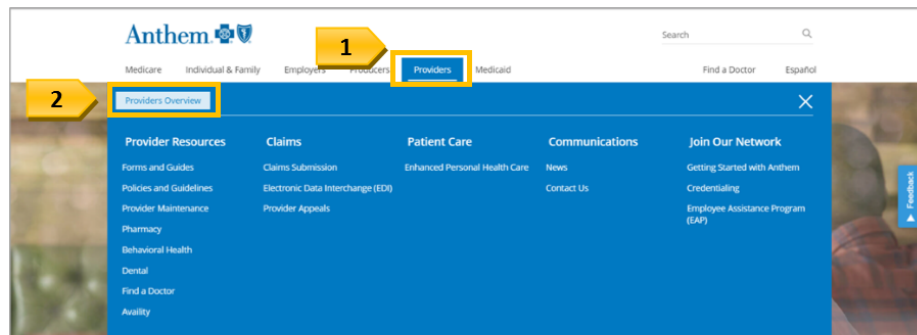
To view the new page:

1. Go to anthem.com, then **Provider**
2. Go to **Provider Overview**
3. Scroll down to **Enjoy Easy Access to Policies and Guidelines** and select **See Policies and Guidelines**
4. From the **Policies and Guidelines** landing page, go to the **Provider Manual** section
5. There is a button to **Download Manual**, as well as access previous versions and other

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manuals applicable to your state

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Update: Sepsis Coding

To help ensure compliance with the coding and billing of a claim submitted with the diagnosis of sepsis, we review clinical information, including lab results, treatment and medical management, in the medical records submitted. In order to conduct the review accurately and consistently, our review process for sepsis diagnoses applies coding and documentation guidelines, in addition to the updated and most recent sepsis 3 clinical criteria, published in Journal of the American Medical Association, February 2016. Clinicians and facilities should apply the sepsis 3 criteria when determining at discharge if their patient's clinical course supports the coding and billing of a diagnosis of sepsis. The claim may be subject to an adjustment in reimbursement when sepsis is found to be unsupported based on the sepsis 3 definition and criteria.

Clinical criteria and prior authorization updates for specialty pharmacy are available*

Below are clinical criteria and prior authorization updates were endorsed at the May 17, 2019 Clinical Criteria meeting. Click here to access the [Clinical Criteria](#) page on anthem.com

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. Oncology drugs will be managed by AIM Specialty Health® (AIM), a separate company.

Revised Clinical Criteria effective June 10, 2019

The following new clinical criteria were revised to expand medical necessity indications or criteria. The table below will assist you in identifying the new document number for the clinical criteria that corresponds with the previous Clinical or Coverage Guideline.

Clinical or Coverage Guideline	Clinical Criteria	Clinical Criteria Name	Drug(s)	HCPCS or CPT Code(s)
CG-DRUG-106	ING-CC-0092	Adcetris (brentuximab)	Adcetris	J9042
CG-DRUG-38	ING-CC-0094	Alimta (pemetrexed)	Alimta	J9305
CG-DRUG-42	ING-CC-0096	Asparagine Specific Enzymes	Erwinaze, Asparaginase, Oncaspar	J9019, J9020, J9266
CG-DRUG-63	ING-CC-0104	Leucovorin and Levoleucovorin agents	Fusilev, Khapzory	J0641, C9043, J3490

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CG-DRUG-66	ING-CC-0105	Vectibix (panitumumab)	Vectibix	J9303
CG-DRUG-72	ING-CC-0110	Perjeta (pertuzumab)	Perjeta	J9306
CG-DRUG-96	ING-CC-0115	Kadcyla (ado- trastuzumab)	Kadcyla	J9354
CG-DRUG-98	ING-CC-0116	Bendamustine agents	Bendeka, Treanda, Belrapzo	J9034, J9033, C9042, J9999
DRUG.00046	ING-CC-0119	Yervoy (ipilimumab)	Yervoy	J9228
DRUG.00053	ING-CC-0120	Kyprolis (carfilzomib)	Kyprolis	J9047
DRUG.00063	ING-CC-0122	Arzerra (ofatumumab)	Arzerra	J9302
DRUG.00067	ING-CC-0123	Cyramza (ramucirumab)	Cyramza	J9308
DRUG.00071	ING-CC-0124	Keytruda (pembrolizumab)	Keytruda	J9271
DRUG.00075	ING-CC-0125	Opdivo (nivolumab)	Opdivo	J9299
DRUG.00107	ING-CC-0129	Bavencio (avelumab)	Bavencio	J9023

Revised Clinical Criteria effective September 1, 2019

The following new clinical criteria were reviewed with no significant change to the medical necessity indications or criteria. The table below will assist you in identifying the new document number for the clinical criteria that corresponds with the previous Clinical or Coverage Guideline.

Clinical or Coverage Guideline	Clinical Criteria	Clinical Criteria Name	Drug(s)	HCPSC or CPT Code(s)
CG-DRUG-100	ING-CC-0085	Actimmune (interferon gamma-1B)	Actimmune	J9216
CG-DRUG-101	ING-CC-0090	Ixempra (ixabepilone)	Ixempra	J9207
CG-DRUG-102	ING-CC-0091	Lartruvo (olaratumab)	Lartruvo	J9285
CG-DRUG-49	ING-CC-0098	Doxorubicin Hydrochloride Liposome	Lipodox, Doxorubicin hydrochloride liposomal, Doxil	Q2049, Q2050

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CG-DRUG-50	ING-CC-0099	Abraxane (paclitaxel protein-bound)	Abraxane	J9264
CG-DRUG-51	ING-CC-0100	Istodax (romidepsin)	Istodax	J9315
CG-DRUG-62	ING-CC-0103	Faslodex (fulvestrant)	Faslodex	J9395
CG-DRUG-67	ING-CC-0106	Erbix (cetuximab)	Erbix	J9055
CG-DRUG-68	ING-CC-0107	Bevacizumab agents (Avastin, Mvasi)	Avastin, Mvasi	J9035, Q5107
CG-DRUG-70	ING-CC-0108	Halaven (eribulin)	Halaven	J9179
CG-DRUG-71	ING-CC-0109	Zaltrap (ziv-aflibercept)	Zaltrap	J9400
CG-DRUG-75	ING-CC-0111	Nplate (romiplostim)	Nplate	J2796
CG-DRUG-77	ING-CC-0112	Xofigo (Radium Ra 223 Dichloride)	Xofigo	A9606, 79101
CG-DRUG-80	ING-CC-0114	Jevtana (cabazitaxel)	Jevtana	J9043
CG-DRUG-99	ING-CC-0117	Empliciti (elotuzumab)	Empliciti	J9176
CG-THER-RAD-03	ING-CC-0118	Radioimmunotherapy: Zevalin, Zevalin; azedra; Lutathera	Zevalin, Azedra, Lutathera	79403, A9543, 79101, A9699, C9408, A9513
DRUG.00062	ING-CC-0121	Gazyva (obinutuzumab)	Gazyva	J9301
DRUG.00076	ING-CC-0126	Blinicyto (blinatumomab)	Blinicyto	J9039
DRUG.00082	ING-CC-0127	Darzalex (daratumumab)	Darzalex	J9145
DRUG.00088	ING-CC-0128	Tecentriq (atezolizumab)	Tecentriq	J9022
DRUG.00109	ING-CC-0130	Imfinzi (durvalumab)	Imfinzi	J9173
CG-DRUG-113	ING-CC-0131	Besponsa (inotuzumab ozogamicin)	Besponsa	J9229
DRUG.00112	ING-CC-0132	Mylotarg (gemtuzumab ozogamicin)	Mylotarg	J9203
DRUG.00118	ING-CC-0133	Aliqopa (copanlisib)	Aliqopa	J9057
MED.00106	ING-CC-0134	Provenge (Sipuleucel-T)	Provenge	Q2043
CG-MED-67	ING-CC-0135	Melanoma Vaccines	Imlygic	J9325, J3590

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CG-DRUG-53	ING-CC-0136	Drug dosage, frequency, and route of administration	N/A	N/A
CG-DRUG-01	ING-CC-0141	Off-Label Drug and Approved Orphan Drug Use	N/A	N/A

Revised Clinical Criteria effective November 1, 2019

The following current and new clinical criteria were revised and might result in services that were previously covered but may now be found to be not medically necessary.

- ING-CC-0048 Spinraza (nusinersen)
- ING-CC-0002 Colony Stimulating Factor Agents
- ING-CC-0113 Sylvant (siltuximab) *[previously CG-DRUG-79]*

New Clinical Criteria effective November 1, 2019

The following clinical criteria are new.

- ING-CC-0137 Cablivi (caplacizumab-yhdp)
- ING-CC-0138 Asparlas (calaspargase pegol-mknl)
- ING-CC-0139 Evenity (romosozumab-aqqg)
- ING-CC-0140 Zulresso (brexanolone)

Expanded specialty pharmacy prior authorization list

Effective for dates of service on and after November 1, 2019, the following non-oncology specialty pharmacy codes from current clinical criteria will be included in our prior authorization review process. Please note, inclusion of NDC code on your claim will shorten the claim processing time of drugs billed with a Not Otherwise Classified (NOC) code.

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

Clinical Criteria	HCPCS or CPT Code(s)	NDC Code(s)	Drug
ING-CC-0050	J3490 J3590	00074-2042-01 00074-2042-02	Skyrizi™

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REMINDER: Changes to the process for Medical Non-Oncology Specialty Drug reviews effective June 15, 2019

In the June newsletter we announced the transition of the medical non-oncology specialty drug review process from AIM Specialty Health® (AIM) to Anthem Blue Cross and Blue Shield (Anthem)'s medical specialty drug review team, effective June 15, 2019. Here's a reminder of the changes.

What has changed?

- Beginning June 15, 2019 all requests, regardless of service date, providers need to submit a new prior authorization request by contacting Anthem's medical specialty drug review team:
 - o by phone at 1-833-293-0659 or
 - o by fax at 1-888-223-0550 or
 - o Online access at [Availity.com](http://www.availity.com) available 24/7.
- All inquiries about an existing request (initially submitted to AIM or Anthem), peer-to-peer review, or reconsideration are being managed by Anthem's medical specialty drug review team.

What has not changed?

- AIM continues to be responsible for performing **medical oncology drug** reviews for existing commercial medical benefit for our employer group business.
- Clinical criteria for **medical non-oncology specialty drugs** continues to reside on the [Clinical Criteria](#) page on anthem.com
- Post Service Clinical Coverage Reviews and Grievance and Appeals process and teams have not changed.

Here is a summary of the medical specialty drug changes, **beginning June 15, 2019:**

Action	Contact
Submit a new prior authorization request for medical specialty drug reviews	Call Anthem at 1-833-293-0659 OR Fax us at 1-888-223-0550 for OR Access online at www.availity.com available 24/7
Inquire about an existing request (initially submitted to AIM or Anthem), peer-to-peer review, or reconsideration	Call Anthem at 1-833-293-0659

Pharmacy information available at anthem.com

Visit [anthem.com/pharmacyinformation](https://www.anthem.com/pharmacyinformation) 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.

Medical Policy and Clinical Guideline Updates -- August 2019*

The following Anthem Blue Cross and Blue Shield medical policies and clinical guidelines were reviewed on June 6, 2019 for Indiana, Kentucky, Missouri, Ohio and Wisconsin.

Below are new medical policies or clinical guidelines

*NOTE *Precertification required*

Title	Information	Effective Date
*GENE.00051 Bronchial Gene Expression Classification for the Diagnostic Evaluation of Lung Cancer	<ul style="list-style-type: none">• The use of bronchial gene expression classification for the diagnostic evaluation of lung cancer in individuals with pulmonary lesions is considered Investigational and Not Medically Necessary (INV&NMN)-No specific code for bronchial gene expression classifiers such as Percepta by Veracyte; listed 81479 NOC	11/1/19

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SURG.00153 Cardiac Contractility Modulation Therapy	<ul style="list-style-type: none">The use of cardiac contractility modulation therapy is considered Investigational and Not Medically Necessary (INV&NMN) for all indications, including but not limited to heart failure.Existing codes 0408T-0418T and associated ICD-10-PCS codes will be denied Investigational and Not Medically Necessary (Inv&NMN) for all diagnoses	11/1/19
*MED.00129 Gene Therapy for Spinal Muscular Atrophy	<ul style="list-style-type: none">A one-time infusion of onasemnogene abeparvovec-xioi (Zolgensma®) is considered Medically Necessary (MN) in individuals with spinal muscular atrophy (SMA) type 1 when all of the criteria are metOnasemnogene abeparvovec-xioi is considered Investigational and Not Medically Necessary (INV&NMN) when criteria are not met, including for repeat infusions, and for all other indications	6/13/19

These current Clinical Guidelines and/or Medical policies were reviewed and updates were approved.

*NOTE *Precertification required*

Title	Change	Effective date
*CG-GENE-10 Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies	<ul style="list-style-type: none">Content moved from GENE.00021Investigational and Not Medically Necessary (INV&NMN) changed to Not Medically Necessary (NMN) as a result of Medical Policy to Clinical UM Guideline transitionNo other change to clinical indications	9/4/19

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CG-SURG-101 Ablative Techniques as a Treatment for Barrett's Esophagus	<ul style="list-style-type: none"> • Content moved from SURG.00106 • Revised Medically Necessary (MN) indications to include IMC • Added cryoablation to Medically Necessary (MN) criteria • Investigational and Not Medically Necessary (INV&NMN) changed to Not Medically Necessary (NMN) as a result of Medical Policy to Clinical UM guideline transition 	9/4/19
*DME.00037 Cooling Devices and Combined Cooling/Heating Devices	<ul style="list-style-type: none"> • Added devices that combine cooling and vibration to the Investigational and Not Medically Necessary (INV&NMN) statement -No specific code for vibration devices; added to E1399 NOC 	11/1/19
LAB.00027 Selected Blood, Serum and Cellular Allergy and Toxicity Tests	<ul style="list-style-type: none"> • Added Mediator Release Test to Investigational and Not Medically Necessary (INV&NMN) statement 	11/1/19
LAB.00033 Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer	<ul style="list-style-type: none"> • Clarified Investigational and Not Medically Necessary (INV&NMN) statement to include 4Kscore and AR-V7 -No specific code for AR-V7 protein biomarker testing, listed 81479 NOC 	11/1/19
*OR-PR.00003 Microprocessor Controlled Lower Limb Prosthesis	<ul style="list-style-type: none"> • Clarified Medical Necessity position statement criteria 2 through 4 • Added statement that use of prosthetic devices that combine both a microprocessor controlled knee and foot-ankle prosthesis is considered Investigational and Not Medically Necessary (INV&NMN) for all indications 	11/1/19
SURG.00011 Allogeneic, Xenographic, Synthetic, and Composite Products for Wound Healing and Soft Tissue Grafting	<p>Allogeneic, Xenographic, Synthetic, and Composite Products for Wound Healing and Soft Tissue Grafting</p> <p>-Codes 65778, 65779, 65780, V2790 for ocular amniotic membrane application will be allowed for appropriate diagnosis codes</p>	11/1/19

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SURG.00045 Extracorporeal Shock Wave Therapy	<ul style="list-style-type: none">• Added erectile dysfunction, Peyronie's disease and wound repair to the Investigational and Not Medically Necessary (INV&NMN) statement	11/1/19
Previous Title: Extracorporeal Shock Wave Therapy for Orthopedic Conditions	<ul style="list-style-type: none">• Revised title-Added existing codes 0512T, 0513T for wounds and 55899 NOC for male genital ESWT; will deny as Investigational and Not Medically Necessary (Inv&NMN)	
SURG.00121 Transcatheter Heart Valve Procedures	<ul style="list-style-type: none">• Added Investigational and Not Medically Necessary (INV&NMN) statement to address use of transcatheter tricuspid valve repair or replacement for all indications-Added CPT codes 0544T, 0545T effective 07/01/19 for mitral and tricuspid valve proceduresInvestigational and Not Medically Necessary (Inv&NMN)	11/1/19

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Anthem customizations to MCG care guidelines 23rd edition*

Effective November 1, 2019, the following MCG care guideline 23rd edition customization will be implemented for Chemotherapy, Inpatient & Surgical Care (W0162) for adult patients. This customization provides specific criteria and guidance on the following:

- Revised Clinical Indications for admission and added examples for:
 - Aggressive hydration needs that cannot be managed in an infusion center
 - Prolonged marrow suppression
- Added Regimens that cannot be managed as an outpatient with examples

[Click here to view the summary of MCG 23RD edition customizations.](#)

For questions, please contact the provider service number on the back of the member's ID card.

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Updates to AIM Advanced Imaging Clinical Appropriateness Guidelines*

Effective for dates of service on and after November 10, 2019, the following updates will apply to the AIM Advanced Imaging Clinical Appropriateness Guidelines.

Oncologic Imaging Guideline contains updates to the following:

- Colorectal cancer, germ cell tumors, kidney cancer, multiple myeloma, prostate cancer and cancers of unknown primary / cancers not otherwise specified,
- Added new sections on hepatobiliary cancer and suspected metastases
- Added allowance for MRI and/or MRCP for diagnostic workup of hepatocellular carcinoma, intrahepatic cholangiocarcinoma, and extrahepatic cholangiocarcinoma
- Added allowance for PET “When standard imaging prior to planned curative surgery for cholangiocarcinoma has been performed and has not demonstrated metastatic disease”

Vascular Imaging Guideline contains updates to the following:

- Brain, Head and Neck: Aneurysm - intracranial, Aneurysm - extracranial, Arteriovenous malformation (AVM) and fistula (AVF), Fibromuscular dysplasia, Hemorrhage - intracranial, Stenosis or occlusion - extracranial, Stenosis or occlusion - intracranial, stroke and Venous thrombosis or compression - intracranial
- Chest: Acute aortic syndrome, Aortic aneurysm, Pulmonary artery hypertension
- Abdomen and Pelvis: Acute aortic syndrome, Aneurysm of the abdominal aorta or iliac arteries, Hematoma/hemorrhage within the abdomen or unexplained hypotension, Renal artery stenosis (RAS)/Renovascular hypertension, Venous thrombosis or compression - intracranial, Stenosis or occlusion of the abdominal aorta or branch vessels, not otherwise specified
- Upper Extremity: Peripheral arterial disease, Venous thrombosis or occlusion
- Lower Extremity: Added physiologic testing for peripheral arterial disease and further defined indications for classic presenting symptoms of lower extremity peripheral arterial disease
- Added arterial ultrasound guideline content
- Aligned peripheral arterial ultrasound with advanced vascular imaging criteria

Imaging of the Heart Guideline contains updates to the following:

- Blood Pool Imaging: Changes address appropriate evaluation and surveillance of LV

function in patients following cardiac transplantation. Additional language is more restrictive based on the literature and aligns with the resting transthoracic echocardiography guideline.

- Cardiac CT: Quantitative evaluation of coronary artery calcification has been revised with new more expansive language based on review of the literature.

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

- Access AIM's **ProviderPortal**SM directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web Portal at availity.com
- Call the AIM Contact Center toll-free number: 800-554-0580, Monday-Friday, 8:30 a.m.-7:00 p.m. ET.

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current guidelines [here](#).

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Updates to AIM Advanced Oncologic Imaging Clinical Appropriateness Guideline

Effective for dates of service on and after July 14, 2019, the following updates will apply to the AIM Advanced Oncologic Imaging Clinical Appropriateness Guideline.

Prostate Cancer

Added criteria for the appropriate use of PET-CT with the radiotracers Axumin and 11-Choline, establishing the position of this test in the care continuum for prostate cancer primarily related to biochemical recurrence

Neuroendocrine Tumors

Added criteria for the appropriate use of PET-CT with the radiotracer DOTA-TATE, establishing the position of this test in the care continuum for neuroendocrine tumors

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For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current guidelines [here](#).

Updates to AIM Radiation Oncology: Proton Beam Therapy Clinical Appropriateness Guideline

Effective for dates of service on and after November 10, 2019, the following updates will apply to the AIM Radiation Oncology: Proton Beam Therapy Clinical Appropriateness Guideline.

- Sinonasal cancer: Added criteria and diagnosis codes for locally advanced sinonasal cancer when tumor involves base of skull and proton beam therapy is needed to spare orbit, optic nerve, optic chiasm, or brainstem
- Ocular Melanoma: Removed tumor size restrictions for treating melanoma of the uveal tract
- Pediatric tumors: Clarified proton beam therapy appropriate for all pediatric tumors requiring radiation therapy

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For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current guidelines [here](#).

Please note, this program does not apply to FEP or National Accounts.

Reimbursement Policy Update: Bundled Services-Professional*

Beginning with dates of service on or after November 1, 2019, new Inter-professional CPT codes 99451 and 99452 are not eligible for reimbursement when they are reported with another service or reported as a stand-alone service. These codes have been added to policy section 1 of the Bundled Services and Supplies reimbursement policy.

View reimbursement policies online at anthem.com

To find Anthem's professional and facility reimbursement policies online, select your state: [Indiana](#), [Kentucky](#), [Missouri](#), [Ohio](#), [Wisconsin](#).

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Reimbursement Policy Update: Frequency Editing-Professional*

Our Frequency Editing policy applies frequency maximums per day and/or per date span within the same grouping which may be based on the CMS's MUEs, industry standards, and/or code description. Beginning with dates of service November 1, 2019, maximum units per day may be based on claims data analysis.

View reimbursement policies online at anthem.com

To find Anthem's professional and facility reimbursement policies online, select your state: [Indiana](#), [Kentucky](#), [Missouri](#), [Ohio](#), [Wisconsin](#).

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Medicare News -- August 2019

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

- [Hearing Care Solutions now serves individual Medicare Advantage members in CT, NY, VA and all Group Retiree Solutions members](#)

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- Update to Emergency Department: [Level of E&M Services Reimbursement Policy update](#)
- [Prepayment clinical validation review process](#)
- [Unspecified diagnosis code update](#)
- [Electronic claim payment reconsideration](#) (MO and OH only)
- [Medicare Advantage Group Retiree PPO plans and National Access Plus FAQ](#)
- [Group Retiree members and National Access Plus](#)

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New service types added to Availity

Enhancements have been made to the Availity Portal that will now allow you to access more service types when using the Eligibility and Benefits Inquiry tool and will also allow us to share even more valuable information with you electronically.

You may have already noticed new additions to service types, including:

- Medically related transportation.
- Long-term care.
- Acupuncture.
- Respite care.
- Dermatology.
- Sleep study therapy (found under diagnostic medical).
- Allergy testing.

Note, although there is an extensive list of available benefit types available when submitting an eligibility and benefits request, these types do vary by payer.

Here are some important points to remember when selecting service types:

- The benefit/service type field is populated with the last benefit type you selected. If you don't see a specific benefit in the results, submit a new request and select the specific benefit type/service code.

- You have the ability to inquire about 50 patients at one time using the Add Multiple Patients feature.

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New Reimbursement Policy: Drug Screen Testing

(Policy 19-001, effective 10/01/19)

Anthem Blue Cross and Blue Shield (Anthem) Medicare Advantage allows reimbursement for presumptive and definitive drug screening services. In certain circumstances, Anthem Medicare Advantage allows reimbursement for presumptive drug testing by instrumented chemistry analyzers and definitive drug screening services for the same member provided on the same day by a reference laboratory.

Definitive drug testing may be done to confirm the results of a negative presumptive test or to identify substances when there is no presumptive test available. Provider's documentation and member's medical records should reflect that the test was properly ordered and support that the order was based on the result of the presumptive test.

In the event a reference lab (POS = 81) performs both presumptive and definitive tests on the same date of service, records should reflect that the ordering/treating provider issued a subsequent order for definitive testing based on the results of the presumptive tests.

For additional information, refer to the Drug Screen Testing reimbursement policy at www.anthem.com/medicareprovider.

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AIM Specialty Health programs may require documentation

Currently, providers submit various pre-service requests to AIM Specialty Health® (AIM). As part of our ongoing quality improvement efforts for outpatient diagnostic imaging services, cardiac procedures and sleep studies, AIM may request documentation to support the clinical appropriateness of certain requests.

When requested, providers should verify information by submitting documentation from the medical record and/or participating in a pre-service consultation with an AIM physician reviewer. If medical necessity is not supported, the request may be denied as not medically necessary.

Should you have any questions, please call the Provider Services number on the back of the member ID card.

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Special needs plans - provider training required

Anthem Blue Cross and Blue Shield offers special needs plans (SNPs) to people eligible for either Medicare and Medicaid benefits or who are qualified Medicare Advantage beneficiaries. SNPs provide enhanced benefits to people eligible for both Medicare and Medicaid. These include supplemental benefits such as hearing, dental, vision and transportation to medical appointments. Some SNPs include a card or catalog for purchasing over-the-counter items. SNPs do not charge premiums. As you are aware, CMS regulations protect SNP members from balance billing.

Providers who are contracted for SNPs are required to take [annual training](#) to stay current on plan benefits and requirements, including coordination-of-care and model-of-care elements. Providers contracted for our SNPs received notices in the first quarter of 2019 containing information for online, self-paced training through our training site hosted by SkillSoft. Each provider contracted for our SNPs is required to complete this annual training and select the attestation stating they have completed the training. Attestations can be completed by individual providers or at the group level with one signature.

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