Ohio Provider News

August 2021 Anthem Provider News - Ohio

Federal Employee Plan (FEP):

Medicare:

Register now for our August CME webinars

Published: Aug 1, 2021 - **Administrative**

Join us throughout the year in a new Continuing Medical Education (CME) webinar series as we share practices and success stories to overcoming barriers in achieving clinical quality goals, attaining better patient outcomes and improving STARs ratings.

Program objectives:

- Learn strategies to help you and your healthcare team improve your performance across a range of clinical areas.
- Apply the knowledge you gain from the webinars to improve your organization's quality and STARs ratings.

Attendees will receive one CME credit upon completion of a program evaluation at the conclusion of each webinar.

REGISTER HERE for our upcoming clinical quality webinars

1275-0821-PN-CNT

URL: https://providernews.anthem.com/ohio/article/register-now-for-our-august-cme-webinars-1

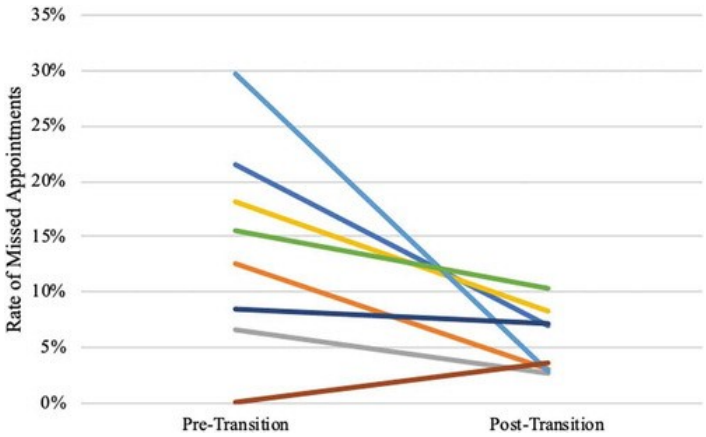
Telehealth visits can impact after hospitalization follow-up care for mental illness

Published: Aug 1, 2021 - **Administrative**

Reductions in missed appointments are significant

Telehealth visits are having a significant impact on missed appointments according to a study published in Counselling Psychology Quarterly. Prior to transitioning to telehealth, clinicians in the study "Psychotherapy at a public hospital in the time of COVID-19: telehealth and implications for practice,"[1] experienced a 14.25% missed appointment rate. After transitioning to telehealth, the missed appointment rate fell to 5.63%.

Rate of missed appointments before and after transitioning to telehealth
The graph below illustrates the changes in the average rate of missed appointments (cancellations and no-show) for each of the eight clinicians in the study between the periods before and after the transition to telehealth.



https://www.tandfonline.com/doi/full/10.1080/09515070.2020.1777390

"While there are a number of limitations to consider regarding this data, [which is further discussed in the study], the statistically significant reduction in missed appointments pre-and-post [digital] transition is striking," cited in the study report.

Telehealth and telephone visits with members after a behavioral health (BH) inpatient stay meet HEDIS® criteria for the measure: Follow-up after Hospitalization for Mental Illness (FUH). With transportation being one of the barriers to after hospitalization follow-up, telehealth visits could be an ideal solution.[2]

The FUH HEDIS measure evaluates:

- Members 6 years and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner.

Two areas of importance for this HEDIS measure are:

Article Attachments

1. The percentage of behavioral health inpatient discharges for which the member received follow-up within 7 days after discharge.
2. The percentage of behavioral health inpatient discharges for which the member received follow-up within 30 days after discharge.

These two consecutive follow-up appointments are paramount to positive outcomes as well as meeting this HEDIS measure. Telehealth visits can greatly increase the likelihood of keeping follow-up appointments leading to reduced numbers of re-hospitalization and more favorable outcomes for these patients. To learn more about the FUH HEDIS measure, visit the NCQA website.

1Counselling Psychology Quarterly. Psychotherapy at a public hospital in the time of COVID-19: telehealth and implications for practice. https://www.tandfonline.com/doi/full/10.1080/09515070.2020.1777390
2Traveling towards disease: transportation barriers to health care access. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215/#:~:text=Transportation%20barriers%20are%20often%20cited,and%20thus%20poorer%20health%20outcomes.

1264-0821-PN-CNT

URL: https://providernews.anthem.com/ohio/article/telehealth-visits-can-impact-after-hospitalization-follow-up-care-for-mental-illness-2

Clearing up coding confusion for retinal eye exams (DRE)

Published: Aug 1, 2021 - **Administrative**

3072F: new language about two-year compliance

The Comprehensive Diabetes Care HEDIS® Measure Retinal Eye Exam (DRE) valuates the percent of adult members ages 18 to 75, with diabetes (type 1 and type 2), who had a retinal eye exam during the measurement year.

Changes to 3072F

The definition for the code 3072F (negative for retinopathy) has been redefined to: Low risk for retinopathy (no evidence of retinopathy in the prior year). This can be particularly confusing because it would not be used at the time of the exam. It would be used the following year, along with the exam coding for the current year, to indicate that retinopathy was not present the previous year.

A simpler coding solution

Using these three codes count toward the DRE measurement if they are billed in the current measurement year, or the prior year. This means you can submit the appropriate code at the time of the exam, and it covers both years:

CPT Code	Description
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)
2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed: without evidence of retinopathy (DM)
2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed: without evidence of retinopathy (DM)

For more about diabetic retinopathy, visit CMS.gov or use this link to read more.

Meeting the measurement for all diabetes care

These exams are also important in evaluating the overall health of diabetic patients, as well as meeting the Comprehensive Diabetes Care HEDIS measure:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- Retinal Eye exam performed
- Blood Pressure control (<140/90 mm Hg)

Record your efforts in the member's medical records for the HbA1c tests and results, retinal eye exam, blood pressure, urine creatinine test and the estimated glomerular filtration rate test. Meeting the mark and closing gaps in care is key to good health outcomes.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

1265-0821-PN-CNT

URL: https://providernews.anthem.com/ohio/article/clearing-up-coding-confusion-for-retinal-eye-exams-dre-2

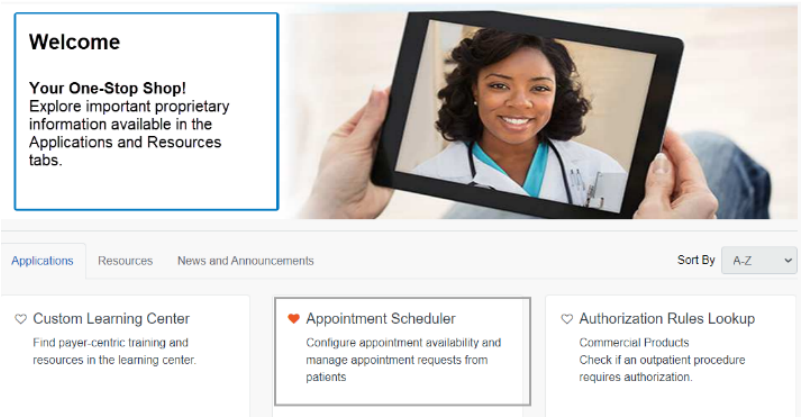
New! Schedule appointments online through Availity

Published: Aug 1, 2021 - **Administrative** / Digital Tools

We're making it even easier for you to schedule online appointments through the Appointment Scheduler App on Availity. The Appointment Scheduler App gives you secure access to new appointment requests. You'll also receive digital access to the member's ID number, contact information and any special health information.

Appointment Scheduler App features include:

- Manage appointment requests
- Configure appointment availability
- Notifications for new visit requests on your Availity dashboard
- Members are automatically notified by text or email when appointments are confirmed



Administrators, administrator assistants and users with the role of “office staff” will have access to the Appointment Scheduler App.

Article Attachments

To access Appointment Scheduler , log onto Availity.com and select Anthem from Payer Spaces. The Appointment Schedule App will be located in your Applications menu. To learn more about the new App, visit the Custom Learning Center in Availity for the Appointment Scheduler Application Reference Guide.

1266-0821-PN-CNT

URL: https://providernews.anthem.com/ohio/article/new-schedule-appointments-online-through-availity-1

Some requests to AIM may require documentation to support prior authorization

Published: Aug 1, 2021 - **Products & Programs**

Providers currently submit prior authorization requests to AIM Specialty Health® (AIM) for outpatient diagnostic imaging services. These prior authorizations are often reviewed based on provider attestation of certain requirements. As part of our ongoing quality improvement efforts, we want you to know that some review requests may require documentation to substantiate the attestations that supports the clinical appropriateness of the request. This documentation can be uploaded during the intake process.

When requested, providers must submit such documentation from the patient’s medical record. If medical necessity is not supported through documents submitted, the request may be denied as not medically necessary. Such documentation is limited to what has been asserted via the prior authorization review attestations. If the request would be denied as not medically necessary, providers can participate in a prior authorization discussion with an AIM physician reviewer.

1269-0821-PN-IN.KY.OH

URL: https://providernews.anthem.com/ohio/article/some-requests-to-aim-may-require-documentation-to-support-prior-authorization

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Anthem to update formulary lists for commercial health plan pharmacy benefit effective October 1, 2021*

Published: Aug 1, 2021 - **Products & Programs** / Pharmacy

**Notice of Material Amendment/Change to Contract (MAC)*

Effective with dates of service on and after October 1, 2021, and in accordance with the IngenioRx Pharmacy and Therapeutics (P&T) process, Anthem will update its drug lists that support commercial health plans.

Updates include changes to drug tiers and the removal of medications from the formulary.

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.

1270-0821-PN-CNT

URL: https://providernews.anthem.com/ohio/article/anthem-to-update-formulary-lists-for-commercial-health-plan-pharmacy-benefit-effective-october-1-2021-2

Updates for specialty pharmacy are available - August 2021*

Published: Aug 1, 2021 - **Products & Programs** / Pharmacy

**Notice of Material Amendment/Change to Contract (MAC)*

Prior authorization updates

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

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

Access the Clinical Criteria information here.

Prior authorization clinical review of non-oncology use of specialty pharmacy drugs is managed by the medical specialty drug review team. Review of specialty pharmacy drugs for oncology use is managed by AIM Specialty Health® (AIM).

Clinical Criteria	HCPCS or CPT Code(s)	Drug
**ING-CC-0196	J3490 J9999 J3590	Zynlonta
**ING-CC-0197	J3490 J3590 J9999	Jemperli
*ING-CC-0199	J3490 J3590 C9399	Empaveli

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

Quantity limit updates

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

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

Access the Clinical Criteria information here.

Prior authorization clinical review of non-oncology use of specialty pharmacy drugs is managed by the medical specialty drug review team. Review of specialty pharmacy drugs for oncology use is managed by AIM Specialty Health® (AIM).

Clinical Criteria	HCPCS or CPT Code(s)	Drug
*ING-CC-0199	J3490 J3590 C9399	Empaveli

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

1271-0821-PN-CNT

URL: https://providernews.anthem.com/ohio/article/updates-for-specialty-pharmacy-are-available-august-2021-2

Specialty dose rounding program for certain oncology medications

Published: Aug 1, 2021 - **Products & Programs** / Pharmacy

Providers treating members covered by Anthem Blue Cross and Blue Shield (Anthem) plans will be asked in selective circumstances to voluntarily reduce the requested dose to the nearest whole vial for over 40 oncology medications (see list below). Reviews for these oncology drugs will continue to be administered by AIM Specialty Health® (AIM).

As part of the online prior authorization process, providers will be asked about the dosage of the medication being requested in pop-up questions:

- Whether or not the recommended dose reduction is acceptable
- If the patient is considered unable to have his or her dose reduced, then a second question will appear asking for the provider's clinical reasoning.

For prior authorization requests made outside of the online AIM Provider Portal (i.e. via phone or fax) the same questions will be asked by the registered nurse or medical director reviewing the request. **Since this program is voluntary, the decision made regarding dose reduction will not affect the final decision on the prior authorization.**

The dose reduction questions will appear only if the originally requested dose is within 10 percent of the nearest whole vial. This threshold is based on the current medical literature and recommendations from the Hematology and Oncology Pharmacists Association (HOPA) it is appropriate to consider dose rounding within 10 percent. Click here to view the HOPA recommendations.

The voluntary dose reduction program only applies to the specific oncology drugs listed below. Providers can view prior authorization requirements for Anthem members on the Medical Policy & Clinical UM Guidelines page at anthem.com.

Note: In some plans “dose reduction to nearest whole vial” or another term “waste reduction” may be the term used in benefit plans, provider contracts or other materials instead of or in addition to “dose reduction to nearest whole vial” and in some plans, these terms may be used interchangeably. For simplicity, we will hereafter use “dose reduction (to nearest whole vial).”

Providers should continue to verify eligibility and benefits for all members prior to rendering services.

If you have questions, please call the Provider Service phone number on the back of the member’s ID card.

Drug Name	HCPCS Code
Abraxane (paclitaxel protein-bound)	J9264
Actimmune (interferon gamma-1B)	J9216
Adcetris (brentuximab vedotin)	J9042
Alimta (pemetrexed)	J9305
Asparlas (calaspargase pegol-mknl)	J9118
Avastin (bevacizumab)	J9035
Bendeka (bendamustine)	J9034
Besponsa (inotuzumab ozogamicin)	J9229
Blincyto (blinatumomab)	J9039
Cyramza (ramucirumab)	J9308
Darzalex (daratumumab)	J9145
Doxorubicin liposomal	Q2050
Elzonris (tagraxofusp-erzs)	J9269
Empliciti (elotuzumab)	J9176
Enhertu (fam-trastuzumab deruxtecan-nxki)	J9358
Erbitux (cetuximab)	J9055
Erwinase (asparginase)	J9019
Ethyol (amifostine)	J0207
Granix (tbo-filgrastim)	J1447
Halaven (eribulin mesylate)	J9179
Herceptin (trastuzumab)	J9355
Herzuma (trastuzumab-pkrb)	Q5113
Imfinzi (durvalumab)	J9173
Istodax (romidepsin)	J9315
Ixempra (ixabepilone)	J9207
Jevtana (cabazitaxel)	J9043
Kadcyla (ado-trastuzumab emtansine)	J9354
Kanjinti (trastuzumab-anns)	Q5117
Keytruda (pembrolizumab)	J9271
Kyprolis (carfilzomib)	J9047
Lumoxiti (moxetumomab pasudotox-tdfk)	J9313
Mvasi (bevacizumab-awwb)	Q5107
Mylotarg (gemtuzumab ozogamicin)	J9203
Neupogen (filgrastim)	J1442
Ogivri (trastuzumab-dkst)	Q5114
Oncaspar (pegaspargase)	J9266

Ontruzant (trastuzumab-dttb)	Q5112
Opdivo (nivolumab)	J9299
Padcev (enfortumab vedotin-ejfv)	J9177
Polivy (polatuzumab vedotin-piiq)	J9309
Riabni (rituximab-arrx)	Q5123
Rituxan (rituximab)	J9312
Ruxience (rituximab-pvvr)	Q5119
Sarclisa (isatuximab-irfc)	J9227
Sylvant (siltuximab)	J2860
Trazimera (trastuzumab-qyyp)	Q5116
Treanda (bendamustine)	J9033
Truxima (rituximab-abbs)	Q5115
Vectibix (panitumumab)	J9303
Yervoy (ipilimumab)	J9228
Zaltrap (ziv-aflibercept)	J9400
Zirabev (bevacizumab-bvzr)	Q5118

1245-0821-PN-CNT

URL: https://providernews.anthem.com/ohio/article/specialty-dose-rounding-program-for-certain-oncology-medications-2

Specialty dose rounding program for certain non-oncology medications beginning August 1, 2021

Published: Aug 1, 2021 - **Products & Programs** / Pharmacy

Effective with dates of service on or after August 1, 2021, providers treating members covered by Anthem Blue Cross and Blue Shield (Anthem) Commercial plans may be asked to consider voluntarily reducing the requested dose to avoid vial wastage for select non-oncology specialty medications. The dose reduction suggestion will only be made if the originally requested dose is within 10% of the nearest whole vial.

Since this program is voluntary, the decision to participate will not affect the final decision on the prior authorization.

Reviews for these specialty drugs will continue to be administered by IngenioRx®.

As part of the prior authorization process, providers may be asked the following questions:

- Whether the suggested dose reduction is clinically acceptable
- Clinical reasoning if the dose reduction is not appropriate

Providers can view prior authorization requirements for Anthem members on the Medical Policy & Clinical UM Guidelines page at anthem.com.

Providers should continue to verify eligibility and benefits for all members prior to rendering services.

If you have questions, please call the Provider Service phone number on the back of the member's ID card.

1273-0821-PN-CNT

URL: https://providernews.anthem.com/ohio/article/specialty-dose-rounding-program-for-certain-non-oncology-medications-beginning-august-1-2021

Immune globulin adjusted body weight dosing program beginning August 1, 2021

Published: Aug 1, 2021 - **Products & Programs** / Pharmacy

Effective with dates of service on or after August 1, 2021, providers treating members covered by Anthem Blue Cross and Blue Shield (Anthem) Commercial plans may be asked to consider voluntarily using adjusted body weight (AdjBW) dosing compared to actual body weight (ABW) dosing for immune globulin medications. The dose change using AdjBW will only be made if the member's actual body weight is more than 20% of the ideal body weight (IBW).

Since this program is voluntary, the decision to participate will not affect the final decision on the prior authorization.

Reviews for the immune globulin medications will continue to be administered by IngenioRx® as these will specifically target specialty non-oncology indications.

As part of the prior authorization process, providers may be asked the following questions:

- Whether the suggested use of AdjBW and change in dose is clinically acceptable
- Clinical reasoning if the dose change (using AdjBW) is not appropriate

Providers can view prior authorization requirements for Anthem members on the Medical Policy & Clinical UM Guidelines page at anthem.com.

Providers should continue to verify eligibility and benefits for all members prior to rendering services.

If you have questions, please call the Provider Service phone number on the back of the member's ID card.

1274-0821-PN-CNT

URL: https://providernews.anthem.com/ohio/article/immune-globulin-adjusted-body-weight-dosing-program-beginning-august-1-2021-1

Pharmacy information available at anthem.com

Published: Aug 1, 2021 - **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.

1250-0821-PN-CNT

URL: https://providernews.anthem.com/ohio/article/pharmacy-information-available-at-anthemcom-35

Update: AIM Musculoskeletal Program effective November 1, 2021 - Site of care reviews*

Published: Aug 1, 2021 - **Policy Updates** / Medical Policy & Clinical Guidelines

**Notice of Material Amendment/Change to Contract (MAC)*

Effective November 1, 2021, AIM Specialty Health® (AIM), a separate company, will expand the AIM Musculoskeletal program to perform medical necessity review of the requested site of service for certain spine, joint and interventional pain procedures for Anthem Blue Cross and Blue Shield (Anthem) fully insured members, as further outlined below.

AIM will continue to manage the AIM Musculoskeletal program and Level of Care review. The AIM Level of Care Guideline for Musculoskeletal Surgery and Procedures is used for the Level of Care review. Prior authorization will now also be required for the clinical appropriateness of the site in which the procedure is performed (site of care). AIM will use the following Anthem Clinical UM Guideline: CG-SURG-52: Site of Care: Hospital-Based Ambulatory Surgical Procedures and Endoscopic Services. The clinical criteria to be used for these reviews can be found on the Anthem Provider portal Clinical UM Guidelines page. *Please note, this does not apply to procedures performed on an emergent basis.*

A subset of the AIM musculoskeletal program codes will be reviewed for site of care. A complete list of CPT codes requiring prior authorization for the AIM Musculoskeletal site of care program is available on the AIM Musculoskeletal microsite. To determine if the AIM Musculoskeletal Program applies to an Anthem member on or after November 1, 2021, providers can contact the Provider Services phone number on the back of the member's ID card for benefit information. AIM will also have a file upload from Anthem regarding the members to whom the program applies, and will not provide prior authorization for members to whom the program does not apply. If providers use the Interactive Care Reviewer (ICR) tool on the Availity Portal to request prior authorization for a member for the Musculoskeletal Program, ICR will produce a message referring the provider to AIM. *Note: ICR cannot accept prior authorization requests for services administered by AIM.*

Members included in the new program
All fully insured and administrative services only (ASO) members currently participating in the AIM Musculoskeletal Program are included. For self-funded (ASO) groups that currently do not participate in the AIM Musculoskeletal Program, the Program will be offered to self-funded accounts (ASO) to add to their members' benefit package as of November 1, 2021.

Prior authorization review requirements
For surgeries that are scheduled to begin on or after November 1, 2021, all providers must contact AIM to obtain prior authorization review

The following groups are excluded: Medicare Advantage, Medicaid, Medicare, Medicare supplement, MA EGR, Federal Employee Program® (FEP®).

For services provided on or after November 1, 2021, ordering and servicing providers may begin contacting AIM **beginning October 18, 2021** for review. Providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM's ***Provider****Portal*℠ 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 at 800-554-0580, Monday through Friday, 8:30 a.m. to 7:00 p.m. ET.

Initiating a request on AIM's ***Provider****Portal*$_{SM}$ for physical, occupational or speech therapy and entering all the requested clinical questions will allow you to receive an immediate determination. If the request is approved, you will receive the Order ID, the number of visits and valid time frame. The AIM Musculoskeletal Program microsite on the AIM provider portal helps you learn more and access helpful information and tools such as order entry checklists.

AIM Musculoskeletal training webinars
Anthem invites you to take advantage of a free informational webinar that will introduce you to the program and the robust capabilities of the AIM ***Provider****Portal*$_{SM.}$ Go to the AIM Musculoskeletal microsite to register for an upcoming webinar. If you have previously registered for other services managed by AIM, there is no need to register again.

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

1263-0821-PN-IN.KY.OH

URL: https://providernews.anthem.com/ohio/article/update-aim-musculoskeletal-program-effective-november-1-2021-site-of-care-reviews-2

Transition to AIM Specialty Health imaging of the heart clinical appropriateness guideline for computed tomography to detect coronary artery calcification

Published: Aug 1, 2021 - **Policy Updates** / Medical Policy & Clinical Guidelines

Effective November 1, 2021, Anthem Blue Cross and Blue Shield (Anthem) will transition the clinical criteria for medical necessity review of computed tomography to detect coronary artery calcification to AIM imaging of the heart clinical appropriateness guideline.

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

CPT code	Description
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary artery calcium
S8092	Electron beam CT (also known as ultrafast CT, cine CT)

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 and upcoming guidelines here.

1258-0821-PN-CNT

URL: https://providernews.anthem.com/ohio/article/transition-to-aim-specialty-health-imaging-of-the-heart-clinical-appropriateness-guideline-for-computed-tomography-to-detect-coronary-artery-calcification-2

Reimbursement policy update: Virtual Visits (Professional and Facility)*

Published: Aug 1, 2021 - **Policy Updates** / Reimbursement Policies

**Notice of Material Amendment/Change to Contract (MAC)*

Beginning with dates of service on or after November 1, 2021, Anthem Blue Cross and Blue Shield (Anthem)'s current Telehealth policy will be renamed Virtual Visits. Anthem allows reimbursement for professional and facility Virtual Visits when interactive services occur between the member and the provider, when they are not in the same location, unless provider, state, or federal contracts and/or mandates indicate otherwise. Reimbursement is allowed for professional and facility Virtual Visits rendered at the distant site via live audio visual services and for Remote Patient Monitoring. Services reported by a professional provider with a place of service Telehealth (02) will be eligible for non-office place of service reimbursement. In addition, facility Virtual Visits will be allowed for the originating site fee. The Related Coding section details the modifiers allowed for reimbursement.

For more information about this policy, visit the Reimbursement Policy page at anthem.com.

1267-0821-PN-CNT

URL: https://providernews.anthem.com/ohio/article/reimbursement-policy-update-virtual-visits-professional-and-facility-5

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

Published: Aug 1, 2021 - **Policy Updates** / Reimbursement Policies

**Notice of Material Amendment/Change to Contract (MAC)*

In our May *Provider News*, we announced a threshold increase for the itemized bill requirement for outpatient facility claims. This requirement will remain; however effective August 1, 2021, Anthem will remove the threshold amount from the policy language for outpatient facility claims and inpatient stay claims.

For more information about this policy, visit the Reimbursement Policy page at anthem.com.

1260-0821-PN-CNT

URL: https://providernews.anthem.com/ohio/article/reimbursement-policy-update-claims-requiring-additional-documentation-facility-32

Reimbursement policy update: Distinct Procedural Service, Modifiers 59 and XE, XP, XS, & XU*

Published: Aug 1, 2021 - **Policy Updates** / Reimbursement Policies

**Notice of Material Amendment/Change to Contract (MAC)*

Beginning with dates of service on or after November 1, 2021, Anthem Blue Cross and Blue Shield (Anthem) will update the Related Coding section to indicate no modifier override for the neurostimulator device when billed with the surgical code for the implantation of the neurostimulator device.

The code pairs listed below have been added the below pairs to the Related Coding Section:

- L8680 when reported with 63655

- L8679 when reported with 63650
- L8679 when reported with 63655
- L8687 when reported with 63650
- L8687 when reported with 63655

For more information about this policy, visit the Reimbursement Policy page at anthem.com.

1261-0821-PN-CNT

URL: https://providernews.anthem.com/ohio/article/reimbursement-policy-update-distinct-procedural-service-modifiers-59-and-xe-xp-xs-xu-3

Change in email submission of service requests for Federal Employee Program® members*

Published: Aug 1, 2021 - **State & Federal** / Federal Employee Plan (FEP)

**Notice of Material Amendment/Change to Contract (MAC)*

Effective November 1, 2021, in order to help ensure our member's security, the Blue Cross and Blue Shield Federal Employee Program (FEP®) will be decommissioning the Utilization Management (UM) email address for processing eReviews, FEPE-Reviews@anthem.com. **As an alternative,** FEP offers providers a secure online portal, Interactive Care Reviewer (ICR).

About the ICR portal

ICR is Anthem Blue Cross and Blue Shield (Anthem)'s innovative UM portal that allows providers, in addition to phone or fax, to submit prior authorization requests and to provide clinical documentation (including imaging) to support initial and continued stay reviews. This enables prior authorization requests and clinical information to be transmitted directly to UM staff.

Key features of the portal

- No cost electronic UM solution
- Instant access from any location at any time

- Create a UM preauthorization case and instantly submit it for review
- Attach clinical documents for review – no faxing required
- Check status of any case regardless of the method used to originally submit request
- Complete record of submissions and dispositions – all in one place
- Bi-directional communication

To submit prior authorization service requests electronically, register for use of ICR **prior to November 1, 2021** on the Availity portal.

For more information on Anthem ICR, including training resources: https://www.anthem.com/provider/prior-authorization/interactive-care-reviewer/

Register for ICR via the Availity portal: https://www.availity.com/provider-portal-registration

Need help registering? View this video: How to Access Availity and Register

As a reminder, in addition to using ICR on the Availity portal, you can submit authorizations, to FEP UM by phone or fax:

- FEP UM precertification toll free #: 800-860-2156
- FEP UM precertification fax #: 800-732-8318
- FEP UM advance benefit determination fax #: 877-606-3807

1247-0821-PN-CNT

URL: https://providernews.anthem.com/ohio/article/change-in-email-submission-of-service-requests-for-federal-employee-program-members-3

Medicare News - August 2021

Published: Aug 1, 2021 - **State & Federal** / Medicare

Please continue to read news and updates at **anthem.com/medicareprovider** for the latest Medicare Advantage information, including:

- Learn more about Infliximab Step Therapy - Effective 7/15/2021.

- Learn more about the prior authorization requirement changes effective October 1, 2021 – UM AROW 1907.

ABSCRNU-0241-21
ABSCRNU-0236-21
AIN-NU-0273-21

URL: https://providernews.anthem.com/ohio/article/medicare-news-august-2021-1

Preventing claims denials: Shingles vaccine

Published: Aug 1, 2021 - **State & Federal** / Medicare

Know best: Shingles vaccinations are a Medicare Part D benefit whether administered in your office or in the pharmacy

We want you to have the information you need when filing claims for our Medicare Advantage members so your payments are received quickly and effortlessly. The shingles vaccine and the administration of the vaccine is commonly billed in error under the member's Medicare Part B medical benefit. The shingles vaccination is a Medicare Part D pharmacy benefit, which requires the member to pay in advance of reimbursement. The member then submits the prescription drug claim form to their Medicare Part D plan for reimbursement.

You can also refer the member to the pharmacy for the vaccine. The claim is usually filed for the member by the pharmacy provider using a clearinghouse platform that enables Medicare Part D claims transactions. Or, if you have access to clearinghouse platforms that enable you to file pharmacy transactions, that is another option for administering the vaccination in your office and for further serving the member.

The Centers for Medicare & Medicaid Services (CMS) has a helpful resource, MLN Fact Sheet: Medicare Part D Vaccines, that offers an all-inclusive look into patient access, vaccine administration, and reimbursement. Use this link to download a copy.

We want you to have all the information you need to know best. For more information about filing claims, visit this link.

ABSCARE-0988-21

URL: https://providernews.anthem.com/ohio/article/preventing-claims-denials-shingles-vaccine-1
