Ohio Provider News

March 2022 Anthem Provider News - Ohio

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

Evaluation and management services correct coding reminder - professional

Published: Mar 1, 2022 - **Administrative**

As a reminder, we previously communicated in the August 2020 and June 2021 editions of *Provider News* that Evaluation and Management (E/M) services should be reported in accordance with the American Medical Association (AMA) CPT® manual and CMS guidelines for billing E/M service codes: *Documentation Guidelines for Evaluation and Management*. The coded service should reflect and not exceed the level needed to manage the member's condition(s).

The maximum level of service for E/M codes will be based on the complexity of the medical decision-making or time and reimbursed at the supported E/M code level and fee schedule rate.

Providers who 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 (including submission of such documentation with the dispute).

If you have questions on this program, contact your Provider Experience representative.

706-0322-PN-OH

URL: https://providernews.anthem.com/ohio/article/evaluation-and-management-services-correct-coding-reminder-professional-3

New! Vaccination resource page for providers

Published: Mar 1, 2022 - **Administrative**

Consumer surveys show that doctors are the most persuasive and influential source of information around vaccines. Anthem Blue Cross and Blue Shield (Anthem) is working to make it easier for physicians to offer their strong recommendations for vaccinations – especially vaccines for COVID-19 and influenza.

Anthem recently launched a single page to host resources for health care professionals related to vaccination, including a guide to talking with reluctant patients to respond to common concerns, and one comparing flu and COVID-19 vaccines.

We will continue to refresh and add to available content on the **new vaccination resource page**.

Visit our **website** for the most up to date COVID-19 information from Anthem.

776-0322-PN-CNT

URL: https://providernews.anthem.com/ohio/article/new-vaccination-resource-page-for-providers-6

CAA: Have you reviewed your online provider directory information lately?

Published: Mar 1, 2022 - **Administrative**

We are asking you to review your online provider directory information on a regular basis to ensure it is correct. Access your information by visiting Anthem.com, select *Providers*, then under *Provider Overview*, choose *Find Care*.

Submit updates and corrections to your directory information using our online Provider Maintenance Form. Online update options include:

- add/change an address location
- name change
- tax ID changes
- provider leaving a group or a single location
- phone/fax number changes
- closing a practice location

Once you submit the form, we will send you an email acknowledging receipt of your request.

The Consolidated Appropriations Act (CAA) contains a provision that requires online provider directory information be reviewed and updated (if needed) at least every 90 days. By reviewing your information regularly, you can help us ensure your online provider directory information is current

799-0322-PN-CNT

URL: https://providernews.anthem.com/ohio/article/caa-have-you-reviewed-your-online-provider-directory-information-lately-4

Updated preventive care guidance regarding screening colonoscopies

Published: Mar 1, 2022 - **Administrative**

On January 10, 2022, updated Preventive Care Guidance was released by the Departments of Labor, Health and Human Services (HHS), and the Treasury. This new guidance applies to most of Anthem Blue Cross and Blue Shield (Anthem)'s ACA-compliant non-grandfathered health plans when services are provided in-network. This new guidance indicates:

On May 18, 2021, the USPSTF updated its recommendation for colorectal cancer screening. The USPSTF continues to recommend with an "A" rating screening for colorectal cancer in all adults aged 50 to 75 years and extended its recommendation with a "B" rating to adults aged 45 to 49 years. In its "Practice Considerations" section detailing screening strategies, the Final Recommendation Statement provides: "When stool-based tests reveal abnormal results, follow up with colonoscopy is needed for further evaluation…. Positive results on stool-based screening tests require follow up with colonoscopy for the screening benefits to be achieved." Additionally, the Final Recommendation Statement provides with respect to direct visualization tests: "Abnormal findings identified by flexible sigmoidoscopy or CT colonography screening require follow-up colonoscopy for screening benefits to be achieved."

For a follow-up colonoscopy after a positive non-invasive stool-based screening test or direct visualization screening test for colorectal cancer, in-network providers should code the claim as a screening colonoscopy rather than as a diagnostic colonoscopy.

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.

807-0322-PN-CNT

URL: https://providernews.anthem.com/ohio/article/updated-preventive-care-guidance-regarding-screening-colonoscopies-6

Understanding your patients' differences is lifesaving

Published: Mar 1, 2022 - **Administrative**

Colorectal cancer is the most common cause of cancer death among Asian Americans[1], while African Americans are 40% more likely to die from the disease than any other racial or ethnic group[2] in the United States. There are many possible reasons for the differences in survival rates among these racial and ethnic groups, but the common thread between them both is screening. For African Americans and Asian Americans, the reluctance could be cultural. They may not be as likely to ask about the screenings as their White counterparts.

Resources to help talk to patients about ectal cancer screening

The Centers for Disease Control and Prevention website is an excellent resource for information about colorectal cancer that you can share with your patients. There is even a **quiz** to help your patients understand the importance of screening as a prevention.

We've also developed two videos for you to play in your patient waiting room, share with patients in the exam room, or share the link through your digital schedulers.

- Colorectal cancer screening for Asian Americans
- Colorectal cancer screening for African Americans

Measure up: HEDIS® measures members ages 50–75 who receive the appropriate screening for colorectal cancer.

There are multiple test types that meet the requirement:

- Screening colonoscopy every 10 years
- Screening flexible sigmoidoscopy every 5 years
- Computed tomography (CT) colonography every 5 years
- Screening fecal occult blood test (FOBT) annually
- FIT DNA (i.e. Cologuard®) at home testing every 3 years

Coding Tips

For screening, use the appropriate code:

Screening	Commonly used billing codes
Flexible sigmoidoscopy	**CPT:** 45330–45335, 45337–45342, 45346, 45347, 45349, 45350 **HCPC:** G0104
FIT-DNA (i.e. Cologuard®)	**CPT:** 81528
Occult blood test (FOBT, FIT, guaiac)	**CPT:** 82270, 82274 **HCPC:** G0328
Colonoscopy	**CPT:** 44388–44394, 44401–44408, 45378–45386, 45398, 45388–45693 **HCPC:** G0105, G0121
CT Colonography	**CPT:** 74261, 74262

For exclusions, use the appropriate ICD-10 code:

ICD-10	Description
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction and anus
Z51.5	Encounter palliative care

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

1 “Colorectal cancer in the United States and a review of its heterogeneity among Asian American subgroups”, https://onlinelibrary.wiley.com/doi/full/10.1111/ajco.13324#:~:text=Colorectal%20cancer%20is%20the%20second,common%20in%20the%20%20United%20States

2 “Colorectal Cancer Rates Higher in African Americans, Rising in Younger People”, https://www.cancer.org/latest-news/colorectal-cancer-rates-higher-in-african-americans-rising-in-younger-people.html

820-0322-PN-CNT

URL: https://providernews.anthem.com/ohio/article/understanding-your-patients-differences-is-lifesaving-6

Your influence matters: Recommending cancer screenings to your patients

Published: Mar 1, 2022 - **Administrative**

Patients say they more likely to have a cancer screening when their physician recommends it. What else can you do to influence cancer screenings?[1]

- Understand the power of the physician recommendation.
  - Your recommendation is the most influential factor in whether a person decides to get screened.
  - Patients are 90% more likely to get a screening when they reported a physician recommendation.
  - "My doctor did not recommend it," is the primary reason for screening avoidance.
- Recognize cultural barriers that may impact your diverse patients
- Culturally sensitive conversations with your patients can help with fear, embarrassment, anxiety, and misconceptions about screenings.
- Go to mydiversepatients.com for information and resources.
- Measure the screening rates in your practice; it may not be as high as you think.
  - Set goals to get screening rates up.
  - Follow the HEDIS® guidelines included in this article to help accurately track your care gap closures.
- More screening doesn't have to mean more work for you.
  - Reach out to us about available member data – we may be able to help identify or supply access to data for those members who are due screenings.
  - Develop a reminder system, which has been demonstrated to be effective, to remind you and staff that patients have screenings due.
- Help members access benefit information about screenings to eliminate the cost barrier.
  - Log onto availity.com and use the Patient Information tab to run an Eligibility and Benefits inquiry.
  - Members can access their benefit information by logging onto anthem.com/member-needs through Live Chat, or by downloading the Sydney Health App.
  - Blue Cross Blue Shield Service Benefit Plan members, also known as Federal Employee Program® members, can access their benefit information by logging onto fepblue.org, or by downloading the *fepblue* App from the Apple Store or on Google Play.

Measure Up: Cancer Screening for Women HEDIS® Measure Specifications
Organized and continuous screenings along with removal of precancerous lesions can lead to a 60% decrease in cervical cancer.[2]

Cervical Cancer Screening (CCS) is measured by the percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

- Women 21–64 years of age who had cervical cytology performed within the last 3 years.
- Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years.

Description	Code
Cervical cytology lab test	**CPT:** 88141–88143, 88147, 88148, 88150, 88152–88153, 88164–88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 **LOINC:** 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
hrHPV lab test	**CPT:** 87620–87622, 87624–87625 **HCPCS:** G0476 **LOINC:** 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0
Absence of cervix diagnosis	**ICD-10-CM:** Q51.5, Z90.710, Z90.712
Hysterectomy with no residual cervix	**CPT:** 51925, 56308, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956, 59135 **ICD-10-PCS:** 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ

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

1 http://thecanceryoucanprevent.org/wp-content/uploads/14893-80_2018-PROVIDER-PHYS-4-PAGER-11-10.pdf
2 National Library of Medicine. https://pubmed.ncbi.nlm.nih.gov/9253676/

819-0322-PN-CNT

URL: https://providernews.anthem.com/ohio/article/your-influence-matters-recommending-cancer-screenings-to-your-patients-5

Simplifying requests for additional information

Published: Mar 1, 2022 - **Administrative** / Digital Tools

In the months ahead, you will notice that our correspondence to you has changed. We've simplified our requests for additional information by providing exactly the information you need to know, enabling quicker claims processing and faster payments.

Enabling digital responses

Our new correspondence format includes the easiest, fastest, and most efficient way to return the information requested. We'll provide you with instructions about how to submit the information digitally. Whether it is through the *Claims & Payments* application for resubmission or by using the *Attachments* application, it is all in one place and accessible by logging onto Availity.com.

Digital responses to our request for additional information is one of the ways we can work together to reduce the amount of time and expense associated with claims processing.

Become an Availity user today

If you aren't registered to use Availity, signing up is easy and 100% secure. There is no cost for our providers to register or to use any of the digital applications including our correspondence to you. Start by logging onto Availity.com and selecting the *Register* icon at the top of the home screen or use this link to access the registration page.

816-0322-PN-CNT

URL: https://providernews.anthem.com/ohio/article/simplifying-requests-for-additional-information-5

Member benefit lookup by procedure code

Published: Mar 1, 2022 - **Administrative** / Digital Tools

Digital applications save time, reduce unnecessary delays, and contribute to positive health outcomes.

In February we are introduced enhancements to the Eligibility and Benefits Inquiry application on Availity.com. These enhancements:

- Enable member benefit lookup by CPT and HCPC procedure codes

- Enter up to eight procedure codes per transaction

- Provide additional cost share information by place of service
- Return “Is Authorization Required?” information
- Include additional plan-level benefit limitations

Learn more by attending this live webinar
Join us for a live webinar demonstration and learn how these enhancements will improve member information return.

Benefit Lookup by Procedure Code Webinar
Wednesday, March 9, 2022
11 to 11:45 a.m. ET
Register Here

Wednesday, March 23, 2022
12 noon to 12:45 p.m. ET
Register Here

Become an Availity user today
If you aren’t registered to use Availity, signing up is easy and 100% secure. There is no cost for our providers to register or to use any of the digital applications. Start by logging onto Availity.com and selecting the Register icon at the top of the home screen or use this link to access the registration page.

817-0322-PN-KY.OH

URL: https://providernews.anthem.com/ohio/article/member-benefit-lookup-by-procedure-code

---

Enhancements to the Availity Authorization application are now available

Published: Mar 1, 2022 - **Administrative** / Digital Tools

We appreciate the feedback you shared about the Availity multi-payer Authorization application. Thanks to the insight about your user experience, we’ve made enhancements

Submissions through Interactive Care Reviewer (ICR)
We appreciate the input you provided about the landing page to the ICR application. The landing page was designed to make it easier to navigate to ICR, but we heard it was confusing. We have made a correction to the landing page making it easier to understand and to navigate to ICR for:

- Behavioral health member authorizations and inquiries
- Appeals
- Federal Employee Program member submissions
- Medical specialty pharmacy authorizations and inquiries.

***Tip**:* As a reminder, you will receive an error message if you submit an authorization through Availity when it should have been submitted through ICR. This is another way to ensure your authorizations are being processed accurately. If an authorization is submitted through Availity and it should have been submitted through ICR, it will not process correctly and could cause delays in patient care.

Authorization Reference Number Latency
The amount of time it took to receive your authorization reference number was prolonged during the initial launch period. While it may have taken a few extra minutes, this did not prevent you from continuing to submit additional authorizations while waiting for an authorization reference number. Access your authorization reference number at any time from your dashboard. You can also sort, filter and check the status of your authorizations from your dashboard.

Continue to share your experience
We are updating and making enhancements to the Anthem experience in the Availity multi-payer Authorization application based on your input and feedback. If you are experiencing an issue using the application, reach out to Availity Client Services at 1-800-282-4548. Screen shots, case information, dates of service are all helpful pieces of information to assist the service team in identifying and correcting the issues.

Become an Availity user today
If you aren't registered to use Availity, signing up is easy and 100% secure. There is no cost for our providers to register or to use any of the digital applications. Start by logging onto Availity.com and selecting the Register icon at the top of the home screen or use this link to access the registration page.

Specialty pharmacy updates - March 2022*

Published: Mar 1, 2022 - **Products & Programs** / Pharmacy

Notice of Material Amendment/Change to Contract (MAC)

Specialty pharmacy updates for Anthem Blue Cross and Blue Shield (Anthem) are listed below.

Prior authorization clinical review of ***non-oncology*** use of specialty pharmacy drugs is managed by Anthem's medical specialty drug review team. Review of specialty pharmacy drugs for ***oncology*** use is managed by AIM Specialty Health® (AIM), a separate company.

Important to note: Currently, your patients may be receiving these medications without prior authorization. As of the effective date below, you may be required to request prior authorization review for your patients' continued use of these medications.

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.

Prior authorization updates

Effective for dates of service on and after June 1, 2022, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our prior authorization review process.

Access our Clinical Criteria to view the complete information for these prior authorization updates.

Clinical Criteria	Drug	HCPCS or CPT Code(s)
ING-CC-0062	Hulio Ixifi	J3590 Q5109
*ING-CC-0205	Fyarro	J3490 J3590
*ING-CC-0206	Besremi	J3490 J3590
ING-CC-0207	Vyvgart	C9399 J3490 J3590
ING-CC-0208	Adbry	J3490
ING-CC-0209	Leqvio	J3490
ING-CC-0004	Purified Cortrophin Gel	J3490 J3590

* Oncology use is managed by AIM.

Note: Prior authorization requests for certain medications may require additional documentation to determine medical necessity.

Site of care updates

Effective for dates of service on and after June 1, 2022, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our site of care review process.

Access our Clinical Criteria to view the complete information for these prior authorization updates.

Clinical Criteria	Drug	HCPCS or CPT Code(s)
ING-CC-0004	Purified Cortrophin Gel	J3490 J3590

Step therapy updates

Effective for dates of service on and after March 1, 2022, the following specialty pharmacy codes from current or new clinical criteria documents will be **removed** from our existing specialty pharmacy medical step therapy review process.

Access our Clinical Criteria to view the complete information for these prior authorization updates.

Clinical Criteria	Drug	HCPCS or CPT Code(s)
ING-CC-0072	Mvasi Zirabev	Q5107 Q5118

Quantity limit updates

Effective for dates of service on and after June 1, 2022, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our quantity limit review process.

Access our Clinical Criteria to view the complete information for these prior authorization updates.

Clinical Criteria	Drug	HCPCS or CPT Code(s)
*ING-CC-0206	Besremi	J3490 J3590
ING-CC-0207	Vyvgart	C9399 J3490 J3590
ING-CC-0208	Adbry	J3490
ING-CC-0209	Leqvio	J3490

*Oncology use is managed by AIM.

804-0322-PN-CNT

URL: https://providernews.anthem.com/ohio/article/specialty-pharmacy-updates-march-2022-2

Correction to February 2022 specialty pharmacy updates*

Published: Mar 1, 2022 - **Products & Programs** / Pharmacy

Notice of Material Amendment/Change to Contract (MAC)

Correction: In the February 2022 edition of *Provider News*, we published updates for the drugs Tivdak, Byooviz and Skytrofa. Please be advised that the effective date for these updates have changed.
Previous effective date: May 1, 2022
Updated effective date: **June 1, 2022**

Below is the updated notice.

Prior authorization clinical review of ***non-oncology*** use of specialty pharmacy drugs is managed by Anthem's medical specialty drug review team. Review of specialty pharmacy drugs for ***oncology*** use is managed by AIM Specialty Health® (AIM), a separate company

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.

Prior authorization updates

Effective for dates of service on and after June 1, 2022, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our prior authorization review process.

Access our Clinical Criteria to view the complete information for these prior authorization updates.

Clinical Criteria	Drug	HCPCS or CPT Code(s)
*ING-CC-0204	Tivdak	J3490, J3590, J9999
ING-CC-0072	Byooviz	J3490
ING-CC-0068	Skytrofa	J3490

* Oncology use is managed by AIM.

Note: Prior authorization requests for certain medications may require additional documentation to determine medical necessity.

Step therapy updates

Effective for dates of service on and after June 1, 2022, 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.

Access our Clinical Criteria to view the complete information for these prior authorization updates.

Clinical Criteria	Status	Drug	HCPCS or CPT Code(s)
ING-CC-0072	Non-Preferred	Byooviz	J3490

Quantity limit updates

Effective for dates of service on and after June 1, 2022, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our quantity limit review process.

Access our Clinical Criteria to view the complete information for these prior authorization updates.

Clinical Criteria	Drug	HCPCS or CPT Code(s)
ING-CC-0072	Byooviz	J3490

1029-0322-PN-CNT

URL: https://providernews.anthem.com/ohio/article/correction-to-february-2022-specialty-pharmacy-updates-3

AIM Specialty Health Outpatient Rehabilitative and Habilitative Services clinical appropriateness guidelines updates*

Published: Mar 1, 2022 - **Policy Updates** / Medical Policy & Clinical Guidelines

Notice of Material Amendment/Change to Contract (MAC)

Effective for dates of service on and after June 12, 2022, the following updates will apply to the AIM Specialty Health® (AIM)* *Outpatient Rehabilitative and Habilitative Services Clinical Appropriateness Guidelines*. As part of the AIM guideline annual review process, these updates focus on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

Physical therapy and occupational therapy:

- Removed definition of **evidence-based therapy** and added definition for **functional progress**
- Added examples of the following:
  - Appropriate goals
  - Skilled intervention documentation
  - Clinically meaningful improvement and functional progress
  - Rehabilitation purpose

Speech-language pathology:

- Removed definition of **evidence-based therapy** and added definition for **functional progress**
- Added examples of the following:
  - Appropriate goals
  - Functional progress
  - Rehabilitation purpose

Physical therapy and occupational therapy adjunctive treatments:

- Removed dry needling indication
- Edited exclusions

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of the following methods:

- Access AIM's ***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 Contact Center toll-free number at 800-554-0580, Monday through Friday, 8:30 a.m. to 7:00 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 on the AIM website.

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

422-0322-PN-CNT

URL: https://providernews.anthem.com/ohio/article/aim-specialty-health-outpatient-rehabilitative-and-habilitative-services-clinical-appropriateness-guidelines-updates-4

Change to the Federal Employee Program clinical grievance and appeal address

Published: Mar 1, 2022 - **State & Federal** / Federal Employee Plan (FEP)

The Federal Employee Program (FEP®) is making an address change for the clinical grievance and appeal submissions to help accommodate recent office environment and staffing changes.

The new address is effective immediately and should be used for all clinical grievance and appeal submissions, including new requests and medical records for existing requests.

Old address:
Anthem FEP Appeals

3075 Vandercar Way
Cincinnati OH 45209

New address:
Anthem FEP Appeals
PO Box 105318
Atlanta, GA 30348

The fax number for clinical appeals for FEP remains the same at 855-207-9935.

If you have any questions, please contact FEP customer service at 800-451-7602.

569-0322-PN-CNT

URL: https://providernews.anthem.com/ohio/article/change-to-the-federal-employee-program-clinical-grievance-and-appeal-address-7

HEDIS 2022 Federal Employee Program medical record request requirements

Published: Mar 1, 2022 - **State & Federal** / Federal Employee Plan (FEP)

Reveleer is the contracted vendor to gather member medical records on behalf of the Blue Cross and Blue Shield Federal Employee Program®. We value the relationship with our providers and ask that you respond to the detailed requests in support of risk adjustment, HEDIS and other government required activities within the requested timeframe.

Reveleer will work with you to obtain records via fax, mail, remote electronic medical record (EMR) access, or onsite scanning/EMR download (as necessary). We ask that you comply promptly within **five (5) business days** of the record requests.

If you have any questions, you can reach a Reveleer representative by calling 855-454-6182 or contact Ify Ifezulike with Blue Cross Blue Shield Federal Employee Program at 419-494-6954.

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

735-0322-PN-CNT

URL: https://providernews.anthem.com/ohio/article/hedis-2022-federal-employee-program-medical-record-request-requirements-4

Keep up with Medicare News - March 2022

Published: Mar 1, 2022 - **State & Federal** / Medicare

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

- Medical step therapy updates
- Phone number change for AIM in Ohio and Wisconsin

URL: https://providernews.anthem.com/ohio/article/keep-up-with-medicare-news-march-2022-5

Annual wellness visits for Medicare Advantage members

Published: Mar 1, 2022 - **State & Federal** / Medicare

Annual wellness visits (AWVs) are an important yet underutilized vehicle for ensuring successful value-based payment (VBP) arrangements. In 2022, there is an opportunity to increase your AWVs and, by extension, the health of your patients and your success in VBPs.

Per the American Academy of Family Practitioners (AAFP), “90 percent of patients who had received an AWV said they did so at the recommendation of their physician.” AWVs are a yearly exam (usually with a physician) to develop or update a personalized prevention plan and assess health status and any social, psychological, and behavioral health risks. An AWV can be a useful tool for improving quality of care, providing proactive care management, facilitating care coordination, and positively impacting up to 20 Medicare Advantage Star measure ratings for health plans.

There is often confusion between an AWV and an annual routine physical (ARP). The ARP is more comprehensive than an AWV. It consists of a physical exam by a physician and includes bloodwork, screenings, and other tests. The AWV involves checking standard measurements such as blood pressure, height, and weight. AWVs are free for Medicare Advantage members and, in many instances, can be conducted remotely via telehealth.

Note: CMS does allow both visit types to occur on the same date/time and providers can submit one claim encompassing each type.

There are many provider benefits for completing an AWV, including:

- Opportunity to develop a complete medical history for members
- Strengthened relationship with member
- Ability to provide proactive care to member
- Increased performance on quality metrics
- An ongoing, sustainable revenue stream for practice
- Vehicle for providers to obtain caregiver demographics

There are also many member benefits for completing an AWV, including:

- No copay
- Strengthened relationship with healthcare providers
- Annual comprehensive preventive evaluation
- Reduced risk of chronic conditions
- Keeps members out of the hospital
- Prevents accidents at home

In the ever-increasing emphasis on value-based care that focuses on shared savings, it is urgent for providers to complete an AWV for each of their assigned members. Doing so keeps members healthy, reduces healthcare costs, and can increase practice revenues.

ABSCARE-1252-22

URL: https://providernews.anthem.com/ohio/article/annual-wellness-visits-for-medicare-advantage-members-3

Pharmacy: Medication adherence

Published: Mar 1, 2022 - **State & Federal** / Medicare

Medication adherence improves overall member health and reduces hospitalizations. According to the World Health Organization, “Increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments.”[1]

Did you know?

- Most medication-related ER visits and hospitalizations in the U.S. (up to 70%) are caused by nonadherence to medication.[2]
- Studies show that 50 to 60% of patients are not taking their prescribed medications correctly or at all.[3]
- Improved adherence can drive positive health and economic outcomes.
    - Patients’ adherence to statin medications at 12 months had improved LDL, reduced hospitalizations, and lower healthcare costs.[4]

Best practices for improving adherence

Support the implementation of medication nonadherence prevention strategies at each step of the medication use process:

- Prescribe maintenance medications for diabetes, cholesterol, and hypertension from the Anthem Blue Cross and Blue Shield (Anthem) Medicare Advantage $0 copay list.
- Encourage IngenioRx* Home Delivery to improve medication adherence, prevent refill gaps, avoid long waits at the pharmacy, and to reduce costs.
    - IngenioRx Home Delivery members have 2 to 3% higher adherence rates
    - E-prescribe, fax **800-378-0323**, or phone-in prescriptions **833-203-1742**
- Enrolled nonadherent patients may benefit from a multi-dose packaging of medications. CVS pharmacy® SimpleDose™ and PillPack are preferred pharmacies that offer multi-dose packaging with free home delivery. To enroll, go to:
    - **CVS.com/multidose** or call **800-753-0596**. Members may also enroll at their local CVS pharmacy. Members residing in the District of Columbia, Georgia, or South

Carolina should call 844-650-1637.

- **Pillpack.com/blue** or call **866-282-9462**.

- Offer members the opportunity to use ZipDrug**,** which offers free access to high performing pharmacies that provide customized medication services, hand-delivered prescriptions, and increase medication adherence rates. Go to **anthem.com/zipdrug** or call **844-947-3748**.

  - Patients who take medications for diabetes, cholesterol, and hypertension and enrolled in ZipDrug had a 4 to 10% increase in medication adherence rates.

- Encourage digital solutions: Sydney app can help Anthem members manage their medications through:

  - Enrollment in ZipDrug
  - Home delivery set-up
  - Manage auto-refill and renew
  - Text message reminders on prescriptions

Want more information regarding all the recommended best practices?
Best practices for medication adherence are reviewed in this **brief video**

Resources:

1 World Health Organization. Adherence to long-term therapies: evidence for action. Geneva: World Health Organization; 2003. http://apps.who.int/medicinedocs/pdf/s4883e/s4883e.pdf. Accessed Dec.22, 2021.
2 Cutler, Rachelle Louise et al. “Economic impact of medication non-adherence by disease groups: systematic review.” BMJ open vol. 8,1 e016982. 21 Jan. 2018, doi:10.1136/bmjopen-2017-016982
3 Journal of Managed Care & Specialty Pharmacy 2020 26:12, 1529-1537
4 JAMA.2018;320(23):2461-2473. https://pubmed.ncbi.nlm.nih.gov/30561486/

* IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Anthem Blue Cross and Blue Shield.

ABSCRNU-0045-22

URL: https://providernews.anthem.com/ohio/article/pharmacy-medication-adherence

Evaluation and management services correct coding reminder (professional)

Published: Mar 1, 2022 - **State & Federal** / Medicare

As a reminder, and as previously communicated in Provider News, providers should report evaluation and management (E/M) services in accordance with the American Medical Association (AMA) CPT® manual and CMS guidelines for billing E/M service codes: *Documentation Guidelines for Evaluation and Management*. The coded service should reflect and not exceed the level needed to manage the member's condition(s).

The maximum level of service for E/M codes will be based on the complexity of the medical decision-making or time and reimbursed at the supported E/M code level and fee schedule rate.

Providers 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 (including submission of such documentation with the dispute).

If you have questions on this program, contact your contract manager or Provider Experience representative.

Past notifications related to the E/M services correct coding — professional program may be found on our provider website.

ABSCRNU-0303-21

URL: https://providernews.anthem.com/ohio/article/evaluation-and-management-services-correct-coding-reminder-professional-6

Clinical criteria updates

Published: Mar 1, 2022 - **State & Federal** / Medicare

On September 22, 2021, and November 19, 2021, the Pharmacy and Therapeutics (P&T) committee approved the following 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.

Visit ***Clinical Criteria*** to search for specific policies. If you have questions or need additional information, use this **email**.

See the explanation/definition for each category of Clinical Criteria below:

- New: newly published criteria
- Revised: addition or removal of medical necessity requirements, new document number
- Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive

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

Please note: The Clinical Criteria listed below applies only to the medical drug benefits contained within the member's medical policy. This does not apply to pharmacy services.

Effective date	Document number	*Clinical Criteria* title	New or revised
March 9, 2022	*ING-CC-0204	Tivdak (tisotumab vedotin-tftv)	New
March 9, 2022	*ING-CC-0018	Lumizyme (alglucosidase alfa); Nexviazyme (avalglucosidase alfa-ngpf)	Revised
March 9, 2022	*ING-CC-0128	Tecentriq (atezolizumab)	Revised
March 9, 2022	*ING-CC-0012	Brineura (cerliponase alfa)	Revised
March 9, 2022	*ING-CC-0021	Fabrazyme (agalsidase beta)	Revised
March 9, 2022	*ING-CC-0017	Xiaflex (collagenase clostridium histolyticum)	Revised
March 9, 2022	*ING-CC-0026	Testosterone Injectable	Revised
March 9, 2022	*ING-CC-0100	Istodax (romidepsin)	Revised
March 9, 2022	*ING-CC-0125	Opdivo (nivolumab)	Revised
March 9, 2022	ING-CC-0197	Jemperli (dostarlimab-gxly)	Revised
March 9, 2022	ING-CC-0124	Keytruda (pembrolizumab)	Revised
March 9, 2022	*ING-CC-0061	GnRH Analogs for the Treatment of Non-Oncologic Indications	Revised
March 9, 2022	*ING-CC-0148	Agents for Hemophilia B	Revised
March 9, 2022	*ING-CC-0149	Select Clotting Agents for Bleeding Disorders	Revised
March 9, 2022	*ING-CC-0065	Agents for Hemophilia A and von Willebrand Disease	Revised
March 9, 2022	ING-CC-0168	Tecartus (brexucabtagene autoleucel)	Revised
March 9, 2022	*ING-CC-0195	Abecma (idecabtagene vicleucel)	Revised

March 9, 2022	*ING-CC-0001	Erythropoiesis Stimulating Agents	Revised
March 9, 2022	*ING-CC-0173	Enspryng (satralizumab-mwge)	Revised
March 9, 2022	*ING-CC-0170	Uplizna (inebilizumab-cdon)	Revised
March 9, 2022	*ING-CC-0041	Complement Inhibitors	Revised
March 9, 2022	*ING-CC-0071	Entyvio (vedolizumab)	Revised
March 9, 2022	*ING-CC-0064	Interleukin-1 Inhibitors	Revised
March 9, 2022	*ING-CC-0042	Monoclonal Antibodies to Interleukin-17	Revised
March 9, 2022	*ING-CC-0066	Monoclonal Antibodies to Interleukin-6	Revised
March 9, 2022	*ING-CC-0050	Monoclonal Antibodies to Interleukin-23	Revised
March 9, 2022	*ING-CC-0078	Orencia (abatacept)	Revised
March 9, 2022	*ING-CC-0063	Stelara (ustekinumab)	Revised
March 9, 2022	*ING-CC-0062	Tumor Necrosis Factor Antagonists	Revised
March 9, 2022	ING-CC-0003	Immunoglobulins	Revised
March 9, 2022	*ING-CC-0049	Radicava (edaravone)	Revised
March 9, 2022	*ING-CC-0075	Rituximab Agents for Non-Oncologic Indications	Revised
March 9, 2022	*ING-CC-0072	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	Revised
March 9, 2022	ING-CC-0107	Bevacizumab for Non-Ophthalmologic Indications	Revised
March 9, 2022	ING-CC-0106	Erbitux (cetuximab)	Revised

March 9, 2022	ING-CC-0105	Vectibix (panitumumab)	Revised
March 9, 2022	ING-CC-0043	Monoclonal Antibodies to Interleukin-5	Revised
March 9, 2022	*ING-CC-0068	Growth Hormone	Revised

ABSCRNU-0311-22

URL: https://providernews.anthem.com/ohio/article/clinical-criteria-updates-37

Provider notification for utilization management authorization rule operations workgroup item 2662

Published: Mar 1, 2022 - **State & Federal** / Medicare

On **June 1, 2022**, prior authorization (PA) requirements will change for a code covered by Anthem Blue Cross and Blue Shield. 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:

- K1022 — Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type

Not all PA requirements are listed here. PA requirements are available to contracted providers on the provider website at **https://www.anthem.com/medicareprovider** > Login or by accessing Availity.* Once logged in to Availity at **http://availity.com**, select Patient Registration > Authorizations & Referrals, then choose Authorizations or Auth/Referral Inquiry, as appropriate. Contracted and noncontracted providers who are unable to access Availity may call the number on the back of the member's ID card.

ABSCRNU-0314-22

URL: https://providernews.anthem.com/ohio/article/provider-notification-for-utilization-management-authorization-rule-operations-workgroup-item-2662-3
