Ohio Provider News

December 2022 Anthem Provider News - Ohio

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CAA: Timely updates help keep our provider directories current

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

Submitting your updates in a timely manner helps ensure we have the most current online provider directory information available to members. We ask that you review your information regularly and let us know as soon as possible if any of your information we show in our online directory has changed.

If updates are needed, you can use our online *Provider Maintenance Form*. Once you submit the form, you will receive an email acknowledging receipt of your request. Visit the ***Provider Maintenance Form*** webpage for complete instructions.

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.

Note that some updates may require additional documentation.

The *Consolidated Appropriations Act (CAA)*, effective since January 1, 2022, contains a provision that requires online provider directory information be reviewed and updated (if needed) at least every 90 days. Help us keep our online provider directories current.

MULTI-BCBS-CM-012527-22-CPN12437

URL: https://providernews.anthem.com/ohio/article/caa-timely-updates-help-keep-our-provider-directories-current-7

Attention lab providers: COVID-19 update regarding reimbursement*

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

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

Reimbursement changes to COVID-19 laboratory services codes for Commercial and Medicare Advantage programs from Anthem Blue Cross and Blue Shield (Anthem) in Ohio.

Beginning with dates of service on or after January 12, 2023, or the end of the public health emergency (PHE), whichever is the latter, reimbursement for COVID-19 laboratory services codes will be reduced for providers contracted as independent laboratory (ancillary) providers and participating in an Anthem independent laboratory provider network.

New COVID-19 laboratory service codes were implemented and reimbursed at rates to meet the needs of providers during the PHE. Reimbursement will be revised to Anthem's standard reimbursement methodology for independent laboratory providers for the following codes:

U0001	86328	87426	87811	0226U
U0002	86408	87428	0202U	0240U
U0003	86409	87635	0223U	0241U
U0004	86413	87636	0224U	
U0005	86769	87637	0225U	

The revised standard fee schedule for the COVID-19 laboratory services codes outlined above can be viewed on **www.availity.com*** beginning January 12, 2023.

If you have any questions regarding this notice, please contact your designated Ancillary Provider Network manager. Please incorporate this notice into your Anthem provider agreement folder.

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

OHBCBS-CRCM-013049-22-CPN12350

URL: https://providernews.anthem.com/ohio/article/attention-lab-providers-covid-19-update-regarding-reimbursement-4

Clinical practice and preventive health guidelines available on anthem.com

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

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

All guidelines are reviewed annually, and updated as needed. The current guidelines are available on our website at **anthem.com** > For Providers > Select Policies, Guidelines & Manuals under Provider Resources > scroll down and select Clinical Practice Guidelines or Preventive Health Guidelines.

MULTI-BCBS-CM-012592-22

URL: https://providernews.anthem.com/ohio/article/clinical-practice-and-preventive-health-guidelines-available-on-anthemcom-26

Member assessment of PCP after-hours messaging in 2022

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

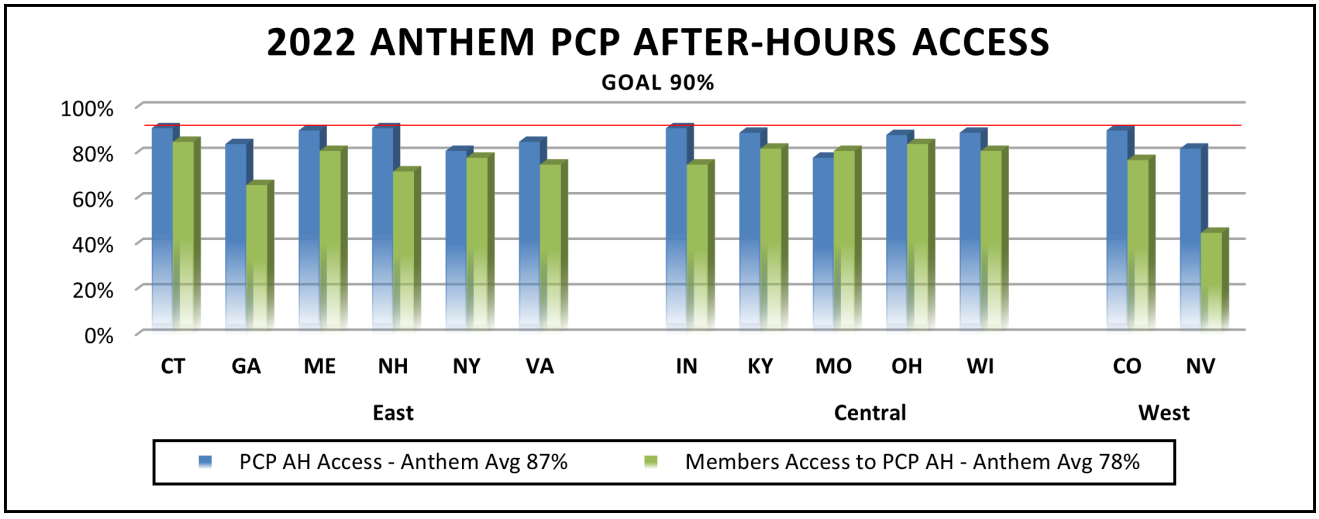
We have provided many articles advising providers of the compliant messaging when our members call your office during an urgent situation after regular business hours.

The annual after-hours access studies performed by our vendor, North American Testing Organization* based in California, assesses adequate phone messaging for our members with perceived emergency or urgent situations after office hours. Unfortunately, most of the Anthem Blue Cross and Blue Shield (Anthem) plans assessed still fall short of the expectation of having a live person or a directive in place for after-hours calls.

Members are experiencing this lack of ability to reach instructions and have voiced their opinions in the member experience surveys fielded annually for Commercial and Marketplace Exchange. An average of 16% of members have a need to contact their provider's office after regular hours for urgent care. They are recalling, in the last 12 months, if they were able to reach the office via an appropriate message, a transfer directly to their doctor or service for instructions, or advice.

This chart represents the office level accessibility when contacted by the survey vendor compared to the CAHPS® (Commercial) and EES© (Marketplace Exchange) member satisfaction survey results of the member's success getting their urgent needs meet after hours.

As shown, the office level results are barely meeting or are below the expected 90% access to members with urgent symptoms. More telling is members express *getting advice as soon as needed* less often than the office assessment captures. A sizable number of members sometimes or never reach the doctor's office for urgent instructions.



2022 Anthem PCP after-hours access Networks average													
Region	**East**						**Central**					**West**	
Anthem	**CT**	**GA**	**ME**	**NH**	**NY**	**VA**	**IN**	**KY**	**MO**	**OH**	**WI**	**CO**	**NV**
PCP AH access : Anthem Avg 87%	91%	84%	90%	91%	81%	85%	91%	89%	78%	88%	89%	90%	82%
Members access to PCP AH: Anthem Avg 78%	85%	66%	81%	72%	78%	75%	75%	82%	81%	84%	81%	77%	45%
PCP goal 90%													

To help both your patients' and Anthem's ability to reach your practice, we ask that you verify or update your office information using the online *Provider Maintenance Form*, and that you also review your after-hours messaging and connectivity for patients' urgent accessibility.

1. Have accessibility *24/7/365*. Arrange to have your phone calls forwarded to a service or hospital, or have the appropriate messaging for the caller.
2. Be sure to turn on a messaging mechanism when you leave the office.
3. Be sure you are using the acceptable messaging for compliance with your contract.

Per the provider manual, have your messaging or answering service include appropriate instructions, specifically:

- **Emergency situations:**
    - A **compliant** response for an emergency instructs the caller/patient to hang up and call 911 or go to the emergency room (ER) or live person connects the caller directly to the practitioner.
- **Urgent situations:**
    - **Compliant** responses for urgent needs after hours:
        - Live person, via a service or hospital, advises their practitioner or on-call practitioner is available and connects.
        - Live person or recording directs caller/patient to urgent care, ER or call 911:
            - May **also**, but not instead of directing, suggest caller/patient contact their healthcare practitioner (via cell phone, pager, text, email, voicemail, etc.) or request a call back for further urgent instructions.

- **Non-compliant** responses for urgent needs after hours:
  - No provision for after-hours accessibility.
  - Live person or recording **only** directs the caller/patient to a mechanism for contacting their practitioner (via cell phone, pager, text, email, voicemail, etc.) or to get a call back for urgent questions or instructions.

  These scenarios are non-compliant because there is no direct connection to their practitioner, thus not ensuring a timely callback. This prompt can be used in addition to, but not in place of instructions.

Article Attachments

Is your practice compliant?

MULTI-BCBS-CM-012546-22

URL: https://providernews.anthem.com/ohio/article/member-assessment-of-pcp-after-hours-messaging-in-2022

Members' rights and responsibilities

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

The delivery of quality healthcare requires cooperation between patients, their providers, and their healthcare benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Therefore, in line with our commitment to involve the health plan, participating practitioners and members in our system, Anthem Blue Cross and Blue Shield has adopted a *Members' Rights and Responsibilities* statement.

It can be found on our website under the FAQ question about *Laws and Rights that Protect You*. To access, go to **https://www.anthem.com** and select **For Providers**. From there, select **Policies, Guidelines & Manuals** under *Provider Resources*. Select your state, and scroll down to *Member Rights and Responsibilities* under More Resources. Choose the **Read about member rights** link. Practitioners may access the FEP member website at **www.fepblue.org/memberrights** to view the FEPDO *Members' Rights and Responsibilities* statement.

MULTI-BCBS-CM-012675-22

URL: https://providernews.anthem.com/ohio/article/members-rights-and-responsibilities-25

Member's assessment of behavioral healthcare after-hours messaging in 2022

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

We have provided many articles advising of the compliant messaging when our members call your office during an urgent situation after regular business hours.

The annual after-hours access studies performed by our vendor, North American Testing Organization* based in California, assesses adequate phone messaging for our members with perceived emergency or urgent situations after office hours. Unfortunately, all Anthem Blue Cross and Blue Shield (Anthem) plans assessed still fall short of the expectation of having a live person or a directive in place for after-hours calls.

Well, the members are experiencing this lack of ability to reach instructions and have voiced their opinions in the member experience survey fielded annually for commercial and marketplace exchange via a behavioral health specific survey. An average of 29% of members have a need to contact their behavioral health practitioner after regular hours for urgent care. They are recalling, in the last 12 months, if they were able to reach the office for instructions, get a consultation they needed or get a timely call back?

This chart represents the office level accessibility when contacted by the survey vendor compared to the member satisfaction survey results of the member’s success getting their urgent needs meet after hours. As shown, the office level results are significantly below the expected 90% access to members with urgent symptoms.

To help both your patients' and Anthem's ability to reach your practice, we ask that you verify or update your office information using the online *Provider Maintenance Form* and that you also review your after-hours messaging and connectivity for patients' urgent accessibility.

1. Have accessibility *24/7/365*. Arrange to have your phone calls forwarded to a service or hospital, or have the appropriate messaging for the caller.
2. Be sure to turn on a messaging mechanism when you leave the office.
3. Be sure you are using the acceptable messaging for compliance with your contract.

Per the Provider Manual, have your messaging or answering service include appropriate instructions, specifically:

Emergency situations
Compliant response for an emergency instructs the caller/patient to hang up and call 911 or go to the Emergency Room (ER) or live person connects the caller directly to the practitioner.

Emergent/Urgent situations
Compliant responses for urgent needs after hours:

- Live person or via a service, advises their practitioner or on call practitioner is available and connects.
- Live person or recording directs or directly connects caller/patient to Urgent Care, 24-hour crisis services, 911 or ER.
    - May **also**, but not instead of directing, suggest caller/patient may contact their BH care practitioner (via cell phone, pager, text, email, voicemail, etc.) or request a call back for further urgent instructions.
- Mechanism connects the caller to their practitioner or the practitioner on call. (Must directly connect.)
- A live person or recording must express if there are prior arrangements with patients for after hour needs, to be compliant.

Non-compliant responses for urgent needs after hours:

- Live person or recording **only** directs the caller/patient to a mechanism for contacting their practitioner (via cell phone, pager, text, email, voicemail, etc.) or to get a call back for urgent questions or instructions.

These scenarios are non-compliant because there is no direct connection to their practitioner, thus not ensuring a timely callback. This prompt can be used in addition to, but not in place of instructions.

Article Attachments

Is your practice compliant?

MULTI-BCBS-CM-012678-22

URL: https://providernews.anthem.com/ohio/article/members-assessment-of-behavioral-healthcare-after-hours-messaging-in-2022-1

Coordination of care

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

Coordination of care among providers is a vital aspect of good treatment planning to ensure appropriate diagnosis, treatment, and referral. Anthem Blue Cross and Blue Shield (Anthem) would like to take this opportunity to stress the importance of communicating with your patient's other healthcare practitioners. This includes PCPs, medical specialists, and behavioral health practitioners.

Coordination of care is especially important for patients with high utilization of general medical services, and those referred to a behavioral health specialist by another healthcare practitioner. Anthem urges all its practitioners to obtain the appropriate permission from these patients to coordinate care between behavioral health and other healthcare practitioners at the time treatment begins.

We expect all healthcare practitioners to:

- Discuss with the patient the importance of communicating with other treating practitioners.
- Obtain a signed release from the patient and file a copy in the medical record.
- Document in the medical record if the patient refuses to sign a release.
- Document in the medical record if you request a consultation.
- If you make a referral, transmit necessary information, and if you are furnishing a referral, report appropriate information back to the referring practitioner.
- Document evidence of clinical feedback (for example, consultation report) that includes, but is not limited to:
    - Diagnosis.
    - Treatment plan.
    - Referrals.
    - Psychopharmacological medication (as applicable).

In an effort to facilitate coordination of care, Anthem has several tools available on our **provider website** for behavioral health and other medical practitioners including:

- *Coordination of Care Form.*
- *Coordination of Care Letter Template - Behavioral Health.*
- *Coordination of Care Letter Template - Medical.*

The following behavioral health forms, brochures, and screening tools for substance use and attention-deficit/hyperactivity disorder (ADHD) are also available on our **provider website**:

- *Alcohol Use Assessment*
- Antidepressant medication management.
- *Edinburgh Postnatal Depression Scale.*
- *Opioid Use Assessment* brochure.
- Substance Brief Intervention/Referral Tool (SBIRT).
- *Vanderbilt ADHD Diagnostic Parent Rating Scale*.

OHBCBS-CM-012698-22-CPN12135

URL: https://providernews.anthem.com/ohio/article/coordination-of-care-39

Case management program

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

Managing illness can sometimes be a difficult thing to do. Knowing who to contact, what test results mean or how to get needed resources can be a bigger piece of a healthcare puzzle that for some, are frightening and complex issues to handle.

Anthem Blue Cross and Blue Shield is available to offer assistance in these difficult moments with our *Case Management Program*. Our case managers are part of an interdisciplinary team of clinicians and other resource professionals that are there to support members, families, primary care physicians and caregivers. The case management process utilizes experience and expertise of the care coordination team whose goal is to educate and empower our members to increase self-management skills, understand their illness, and learn about care choices in order to access quality, efficient health care.

Members or caregivers can refer themselves or family members by calling the number located in the grid below. They will be transferred to a team member based on the immediate need. Physicians can also refer by contacting us telephonically or through electronic means. No issue is too big or too small. We can help with transitions across level of care so that patients and caregivers are better prepared and informed about healthcare decisions and goals.

How do you contact us?

	CM Email Address	CM Telephone Number	CM Business Hours
Local	Care.management@anthem.com	888-662-0939 866-962-1214 800-831-7161	Monday – Friday 8 a.m. – 7 p.m. ET
FEP	FEP.Care.Coordination@anthem.com	800-711-2225	9 a.m. – 6 p.m. ET

OHBCBS-CM-012712-22-CPN12136

URL: https://providernews.anthem.com/ohio/article/case-management-program-46

Important information about utilization management

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

Anthem Blue Cross and Blue Shield (Anthem) utilization management (UM) decisions are

based on the appropriateness of care and service needed, as well as the member's coverage according to their health plan. We do not reward providers or other individuals for issuing denials of coverage, service or care. Nor, do we make decisions about hiring, promoting, or terminating these individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in under-utilization. Our medical policies are available on Anthem's website at anthem.com.

You can also request a free copy of our UM criteria from our medical management department, and providers may discuss a UM denial decision with a physician reviewer by calling us at the toll-free numbers listed below. UM criteria are also available on the web. Just go to anthem.com, and select Providers > Provider Resources > Policies, Guidelines and Manuals > Select your state > View Medical Policies and Clinical UM Guidelines.

We work with providers to answer questions about the utilization management process and the authorization of care. Here's how the process works:

- Call us toll free from 8:30 a.m. to 5 p.m., Monday through Friday (except on holidays). More hours may be available in your area. Federal Employee Program (FEP) hours are 8 a.m. to 7 p.m. ET.
- Our associates will contact you about your UM inquiries during business hours, unless otherwise agreed upon.

The following phone lines are for physicians and their staffs. Members should call the customer service number on their health plan ID card.

To discuss UM Process and Authorization	To Discuss Peer-to-Peer UM Denials w/Physician	To Request UM Criteria	TTY/TDD	Business Hours
800-752-1182 Fax: 800-266-3504 **Transplant** 888-574-7215 Fax: 866-255-2471 **National Transplant** 844-644-8101 Fax: 888-438-7051 **Behavioral Health** 866-582-2293 **Autism** Call customer service number on back of member's ID card. **FEP** 800-860-2156 Fax: 800-732-8318 (UM) Fax: 877-606-3807 (ABD)	888-870-9342 **National:** 800-821-1453; 866-776-4793 **Behavioral Health** 866-582-2293 **Adaptive Behavioral Treatment** Call customer service number on back of member's ID card. **FEP** 800-860-2156	877-814-4803 **Behavioral Health** 866-582-2293 **FEP** **Phone** 800-860-2156 Fax: 800-732-8318 (UM) Fax: 877-606-3807 (ABD)	711, or TTY/ Voice/HCO: 800-750-0750	Monday – Friday (except on holidays) 8:30 a.m. to 5 p.m. More hours may be available in your area. **FEP** Monday – Friday 8 a.m. to 7 p.m. ET

For language assistance, members can simply call the Customer Service phone number on the back of their ID card and a representative will be able to assist them.

Our utilization management associates identify themselves to all callers by first name, title and our company name when making or returning calls. They can inform you about specific utilization management requirements, operational review procedures, and discuss utilization management decisions with you.

OHBCBS-CM-012739-22-CPN12185

URL: https://providernews.anthem.com/ohio/article/important-information-about-utilization-management-80

IngenioRx will become CarelonRx on January 1, 2023

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

This communication applies to the Commercial and Medicare Advantage programs from Anthem Blue Cross and Blue Shield (Anthem) in Ohio.

For our Commercial and Medicare Advantage plans
Our pharmacy benefit management partner IngenioRx will join the Carelon family of companies and change its name to CarelonRx on January 1, 2023.

This change will not affect the ways in which CarelonRx will do business with care providers and there will be no impact or changes to the prior authorization process, how claims are processed, or level of support.

If your patients are having their medications filled through IngenioRx's home delivery and specialty pharmacies, please take note of the following information:

- IngenioRx Home Delivery Pharmacy will become CarelonRx Mail.
- IngenioRx Specialty Pharmacy will become CarelonRx Specialty Pharmacy.

These are name changes only and will not impact patients' benefits, coverage, or how their medications are filled. Your patients will not need new prescriptions for medicine they currently take.

When e-prescribing orders to the mail and specialty pharmacies:

- Prescribers will need to **choose CarelonRx Mail or CarelonRx Specialty Pharmacy, not IngenioRx,** if searching by name.
- if searching by NPI (National Provider Identifier), **the NPI will not change**.

In addition to the mail and specialty pharmacies, your patients can continue to have their prescriptions filled at any in-network retail pharmacy.

Keeping you well informed is essential and remains our top priority. We will continue to provide updates prior to January and throughout 2023.

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

OHBCBS-CRCM-013097-22

URL: https://providernews.anthem.com/ohio/article/ingeniorx-will-become-carelonrx-on-january-1-2023-24

Signature requirements for laboratory orders or requisitions

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

Anthem Blue Cross and Blue Shield strives to ensure our providers understand documentation compliance, and we are committed to educating our providers in hopes of eliminating errors in documentation practices. It is a best practice and industry standard that physicians sign and date laboratory orders or requisitions.

Although the provider signature is not required on laboratory requisitions, if signed and dated, the requisition will serve as acceptable documentation of a physician order for the testing and so it is strongly encouraged. In the absence of a signed requisition, documentation of your intent to order each laboratory test must be included in the patient's medical record and available to Anthem Blue Cross and Blue Shield upon request. Documentation must accurately describe the individual tests ordered; it is not sufficient to state "labs ordered."

Anthem Blue Cross and Blue Shield will consider laboratory order or requisition requirements met with one of the following:

- A signed order or requisition listing the specific test(s)
- An unsigned order or requisition listing the specific test(s), and an authenticated medical record supporting the physician's intent to order the test(s)
- An authenticated medical record (for example, office notes or progress notes) supporting the physician's intent to order the specific test(s)

Attestation statements are not acceptable for unsigned physician order or requisitions. Signature stamps are not acceptable.

References:

- **https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/LabServices-ICN909221-Text-Only.pdf**
- **https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Signature_Requirements_Fact_Sheet_ICN905364.pdf**
- **https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/medicare-provider-compliance-tips/medicare-provider-compliance-tips.html#BloodCount**
- ***Title 42 CFR §410.32***
- *Documentation Standards for Episodes of Care – Professional Administrative*

MULTI-BCBS-CM-005989-22-CPN5368

URL: https://providernews.anthem.com/ohio/article/signature-requirements-for-laboratory-orders-or-requisitions-2

Pharmacy information available on the provider website

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

Visit the ***Drug Lists* page 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 and Exchange *Drug Lists* are posted to the website quarterly on the first day of the month in January, April, July, and October.

To locate the *Exchange Select Formulary* and pharmacy information, scroll down to **Select Drug Lists**. This drug list is also reviewed and updated regularly as needed.

Federal Employee Program (FEP) pharmacy updates and other pharmacy related information may be accessed at **www.fepblue.org** > Pharmacy Benefits.

MULTI-BCBS-CM-012589-22-CPN12133

URL: https://providernews.anthem.com/ohio/article/pharmacy-information-available-on-the-provider-website-4

Specialty pharmacy updates - December 2022*

Published: Dec 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.

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

Step therapy updates:

Clinical Criteria ING-CC-0182 currently has a step therapy preferring Ferrlecit®, Infed®, and Venofer®.

Effective for dates of service on and after March 1, 2023, the status of Infed in current criteria documents will be changing in our existing specialty pharmacy medical step therapy review process. This update is to notify that Infed will change to non-preferred.

Also, **effective for dates of service on or after December 1, 2022**, Feraheme® (ferumoxytol) will change to preferred for both brand and generic.

Access our ***Clinical Criteria*** to view the complete information for these step therapy updates.

Clinical Criteria	**Status**	**Drug**	**HCPCS or CPT® code(s)**
ING-CC-0182	Nonpreferred	Infed (iron dextran)	*J1750*
ING-CC-0182	Nonpreferred	Injectafer® (ferric carboxymaltose)	J1439
ING-CC-0182	Nonpreferred	Monoferric® (ferric derisomaltose)	J1437
ING-CC-0182	Preferred	Feraheme (ferumoxytol)	*Q0138*
ING-CC-0182	Preferred	Ferrlecit (sodium ferric gluconate/sucrose complex)	J2916
ING-CC-0182	Preferred	Venofer® (iron sucrose)	J1756

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

MULTI-BCBS-CM-012643-22-CPN12421

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

AIM Specialty Health Genetic Testing Clinical Appropriateness Guidelines CPT Code List update*

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

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

Effective for dates of service on and after April 1, 2023, the following codes will require prior authorization through AIM Specialty Health.

CPT code	Description
81175	ASXL1 (additional sex combs like 1, transcriptional re.g.ulator) (e.g., myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence
81176	ASXL1 (additional sex combs like 1, transcriptional re.g.ulator) (e.g., myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (e.g., exon 12)
81206	BCR/ABL1 (t(9;22)) (e.g., chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative
81207	BCR/ABL1 (t(9;22)) (e.g., chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative
81208	BCR/ABL1 (t(9;22)) (e.g., chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (e.g., acute myeloid leukemia), gene analysis, full gene sequence
81233	BTK (Bruton's tyrosine kinase) (e.g., chronic lymphocytic leukemia) gene analysis, common variants (e.g., C481S, C481R, C481F)
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (e.g., myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (e.g., diffuse large B-cell lymphoma) gene analysis, common variant(s) (e.g., codon 646)
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (e.g., mastocytosis), gene analysis, D816 variant(s)
81310	NPM1 (nucleophosmin) (e.g., acute myeloid leukemia) gene analysis, exon 12 variants
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (e.g., promyelocytic leukemia) translocation analysis; common breakpoints (e.g., intron 3 and intron 6), qualitative or quantitative
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (e.g., promyelocytic leukemia) translocation analysis; single breakpoint (e.g., intron 3, intron 6 or exon 6), qualitative or quantitative
81320	PLCG2 (phospholipase C gamma 2) (e.g., chronic lymphocytic leukemia) gene analysis, common variants (e.g., R665W, S707F, L845F)

81334	RUNX1 (runt related transcription factor 1) (e.g., acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (e.g., exons 3-8)
81347	SF3B1 (splicing factor [3b] subunit B1) (e.g., myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (e.g., A672T, E622D, L833F, R625C, R625L)
81348	SRSF2 (serine and arginine-rich splicing factor 2) (e.g., myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (e.g., P95H, P95L)
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (e.g., myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (e.g., S34F, S34Y, Q157R, Q157P)
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (e.g., myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (e.g., E65fs, E122fs, R448fs)
0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation
0040U	BCR/ABL1 (t(9;22)) (e.g., chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative
0049U	NPM1 (nucleophosmin) (e.g., acute myeloid leukemia) gene analysis, quantitative
0101U	Hereditary colon cancer disorders (e.g., Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])
0102U	Hereditary breast cancer-related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])
0103U	Hereditary ovarian cancer (e.g., hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])

0306U	Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (13C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of 13CO2 excretion
0307U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method
0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a cate.g.orical result (ie, benign, intermediate, malignant)
0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a cate.g.orical risk result (ie, Class 1, Class 2A, Class 2B)
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations
0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alterations
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease

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

- 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.**

- You can also access AIM Specialty Health in some markets through www.Availity.com.
  - Log onto www.Availity.com and select Authorizations and Referrals. Scroll down and select AIM Specialty Health. You will then be diverted to the AIM Specialty Health provider portal

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 http://www.aimspecialtyhealth.com/ClinicalGuidelines.html.

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

MULTI-BCBS-CM-012086-22

URL: https://providernews.anthem.com/ohio/article/aim-specialty-health-genetic-testing-clinical-appropriateness-guidelines-cpt-code-list-update-2

Medical Policies and Clinical Guidelines updates - December 2022*

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

Notice of Material Amendment/Change to contract (MAC)

The following *Medical Polices,* and *Clinical Guidelines* for Anthem Blue Cross and Blue Shield (Anthem) were reviewed on August 11, 2022.

To view *Medical Policies* and *Clinical Guidelines*, go to **www.anthem.com** > select **Providers** > select your state > under *Provider Resources*, select **Policies, Guidelines & Manuals**.

To help determine if prior authorization is needed for Anthem members, go to **www.anthem.com** > select **Providers** > select your state > under *Claims*, select **Prior Authorization**. You can also call the prior authorization phone number on the back of the member's ID card.

To view *Medical Policies* and *Clinical Guidelines* applicable to members enrolled in the Blue Cross and Blue Shield Service Benefit Plan (commonly referred to as the Federal Employee Program® [FEP®]), please visit **www.fepblue.org** > Policies & Guidelines.

Below are the new medical policies and/or clinical guidelines that have been approved.
** Denotes prior authorization required*

Policy/guideline	Information	Effective date
***MED.00140** Gene Therapy for Beta Thalassemia	• Outlines the MN and INV&NMN criteria for a one-time infusion of betibeglogene autotemcel for individuals with beta thalassemia • No specific code for Zynteglo, listed NOC codes C9399, J3490, J3590 for the product, and ICD-10-PCS codes for transfusion of genetically modified stem cells to be reviewed for MN criteria; effective 10/01/2022 there will be specific ICD-10-PCS codes XW133B8, XW143B8 for transfusion of betibeglogene autotemcel	03/01/2023
DME.00049 External Upper Limb Stimulation for the Treatment of Tremors	• Wrist-worn external upper limb tremor stimulator is considered INV&NMN for all indications, including but not limited to the treatment of essential tremor of the hands • Existing HCPCS codes K1018, K1019 will be considered INV&NMN	03/01/2023
***DME.00050** Remote Devices for Intermittent Monitoring of Intraocular Pressure	• The use of remote devices for intermittent monitoring of IOP is considered INV&NMN for all indications • No specific code for this type of device, considered INV&NMN; listed E1399 NOC	03/01/2023
LAB.00049 Artificial Intelligence-Based Software for Prostate Cancer Detection	• Use of artificial intelligence-based software for prostate cancer detection is considered INV&NMN for all indications • No specific code for this product, considered INV&NMN; listed 88399 NOC	03/01/2023

MED.00141 High-volume Colonic Irrigation	• High-volume colonic irrigation is considered INV&NMN for all indications • Existing CPT Category 3 code 0736T (effective 07/1/2022) considered INV&NMN	03/01/2023
TRANS.00040 Hand Transplantation	• Hand transplantation is considered INV&NMN • No specific code CPT code, listed 26989 NOC; specific ICD-10-PCS proc codes 0XYJ0Z0, 0XYJ0Z1, 0XYK0Z0, 0XYK0Z1; considered INV&NMN	03/01/2023

Below are the current clinical guidelines and/or medical policies we reviewed, and updates were approved.
** Denotes prior authorization required*

Policy/guideline	Information	Effective date
***CG-DME-31** Powered Wheeled Mobility Devices	• Added HCPCS code E0986 for push-rim device, will be reviewed for MN criteria (was listed in CG-DME-34)	03/01/2023

MULTI-BCBS-CM-012522-22-CPN11473

URL: https://providernews.anthem.com/ohio/article/medical-policies-and-clinical-guidelines-updates-december-2022-2

Reimbursement policy update: Multiple Surgery - Facility

Published: Dec 1, 2022 - **Policy Updates** / Reimbursement Policies

In the **October 2021**, edition of the *Provider News*, Anthem Blue Cross and Blue Shield (Anthem) announced a new commercial policy titled *Multiple Bilateral Surgery Processing - Facility* effective for dates of service on or after January 1, 2022. The policy indicated that

Modifier 50 must be appended to facility claims when a bilateral procedure is performed. At this time, we have decided to remove this requirement for dates of service on or after January 1, 2022. Bilateral services should be billed as they were billed prior to January 1, 2022. The policy will be updated to remove the following:

- Modifier 50 must be appended to facility claims when a bilateral procedure is performed.
- When a surgical procedure code description contains the terminology *bilateral* or *unilateral or bilatera*l or the code is considered inherently *bilateral, modifiers LT, RT*, or *50* should not be appended.

In addition, the policy title will be renamed to Multiple Surgery - Facility.

For specific policy details, visit the **reimbursement policy page** at **anthem.com** provider website.

OHBCBS-CM-012541-22

URL: https://providernews.anthem.com/ohio/article/reimbursement-policy-update-multiple-surgery-facility-8

Reimbursement policy update: Bundled Services and Supplies - Professional*

Published: Dec 1, 2022 - **Policy Updates** / Reimbursement Policies

Notice of Material Amendment/Change to contract (MAC)

Beginning with dates of service on or after March 1, 2023, Anthem Blue Cross and Blue Shield (Anthem) will update the Bundled Services and Supplies Policy - Professional to include two new CPT codes, 87913 and K1034, as not eligible for separate reimbursement. Specifically, Section 1 of the policy will be revised as follows to add these 2 new CPT codes:

The following codes are not eligible for reimbursement when they are reported with another service or reported as a stand-alone service:

- 87913 - Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s).
- K1034 - Provision of COVID-19 test, nonprescription self-administered and self-collected use, FDA approved, authorized, or cleared, one test count.

For specific policy details, visit the **reimbursement policy page** on **anthem.com**.

OHBCBS-CM-012669-22

URL: https://providernews.anthem.com/ohio/article/reimbursement-policy-update-bundled-services-and-supplies-professional-17

Reimbursement policy update: Treatment Rooms with Office Evaluation and Management Services - Facility*

Published: Dec 1, 2022 - **Policy Updates** / Reimbursement Policies

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

Beginning with dates of service on or after March 1, 2023, Anthem Blue Cross and Blue Shield (Anthem) will update the Related Coding section of the Treatment Rooms with Office Evaluation and Management Services – Facility policy to include HCPCS code G0463. The code description for G0463 is *hospital outpatient clinic visits or assessment and management of a patient*. G0463 is not eligible for reimbursement when reported with revenue code 760, 761, or 769.

For specific policy details, visit the **reimbursement policy page** on the **anthem.com** provider website.

OHBCBS-CM-012748-22

URL: https://providernews.anthem.com/ohio/article/reimbursement-policy-update-treatment-rooms-with-office-evaluation-and-management-services-facility-14

Keep up with Medicare News - December 2022

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

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

- Medical drug benefit *Clinical Criteria* updates
- *Medical Policies* and *Clinical Utilization Management Guidelines* update
- Signature requirements for laboratory orders or requisitions

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

Personal home helper benefit ending

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

Navigating the complexities and nuances associated with the COVID-19 pandemic requires frequent review of benefits and their impacts to our members' social drivers of health. In recent evaluations, significant challenges have been identified by many agencies supporting our personal home helper benefit.

These nationwide impacts have led to many members unable to use the benefit to its fullest capacity. Therefore, effective January 1, 2023, the personal home helper benefit will no longer be offered within any of Anthem Blue Cross and Blue Shield's (Anthem's) Medicare individual plans. Members have been notified via their *Annual Notice of Change*. Improving the life of our members is Anthem's focus and, while this change is difficult, Anthem will make best efforts to identify other resources for members or benefits to enhance their quality of life.

Please direct any member concerns or questions to the member services number on the back of their card.

MULTI-BCBS-CR-011952-22-CPN11945

URL: https://providernews.anthem.com/ohio/article/personal-home-helper-benefit-ending

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Wound Care Connect program for Medicare Advantage and Group Retiree members

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

This communication applies to the Medicare Advantage program from Anthem Blue Cross and Blue Shield (Anthem) in Ohio.

Applicable to the following states:
Medicare Advantage, and Group Retirees

Effective November 1, 2022, Anthem Blue Cross and Blue Shield (Anthem) and myNEXUS* are partnering together to deliver an enhanced wound and ostomy program as part of the existing home health product, with a pilot beginning in the state of Ohio for Medicare Advantage and Group Retiree (GRS) members. Members must be homebound[1] (as defined by Centers for Medicare and Medicaid below) and diagnosed with an eligible, in scope wound and/or ostomy ICD-10 diagnosis code (list available upon request by calling **833-419-4030**).

The following wound(s) and ostomies are not eligible for the program:

- Stage I pressure injuries
- Non-complicated surgical wounds
- Existing non-complicated ostomies

The Wound Care Connect program will leverage an existing national network of contracted, home healthcare providers in Ohio in collaboration with our internal team of certified wound/ostomy nurses and certified wound physician specialists to provide high-quality, in-home care.

Additional program components include:

- Agency clinician access to **Wound Treatment Associate (WTA) Training Program** (administered by myNEXUS).
- Access to **evidence-based clinical care pathways**to guide the agency clinician in making a complete wound assessment during encounters with the member.
- Access to **virtual care conferences** between agency clinicians and the myNEXUS expert wound teamto discuss potential problems related to a member’s wound and/or ostomy care.
- Facilitating **communication** between the agency clinician and ordering provider regarding a member’s progress in wound healing.
- Availability for peer-to-peer reviews between the ordering provider and a certified

wound specialist physician to discuss clinical issues related to a member's care.

Goals of the Wound Care Connect program include:

- Improved member satisfaction
- Improved healing times
- Improved member outcomes
- Reduction in hospital admissions and emergency department visits
- Reduced total cost of care

How to submit a direct referral to myNEXUS:
Participating Ohio providers are encouraged to submit direct authorization requests for members who are homebound* and have an eligible, in-scope ICD-10 diagnosis code starting November 1, 2022. Providers can submit authorization requests and associated wound/ostomy images and documentation using NexLync, by navigating to **www.myNEXUScare.com** and submitting an authorization request for Home Health.

If you are interested in learning more about the myNEXUS' Wound Care Connect program, contact us by calling our dedicated toll-free number **833-419-4030** or email us at **mynwoundcareconnect@mynexuscare.com**.

1 Homebound definition (per the *Medicare Benefit Policy Manual Chapter 7 30.1.1 Patient Confined to the Home*): An individual shall be considered *confined to the home* (homebound) if the following two criteria are met:
Criterion one: The patient must either:

1. Because of illness or injury, need the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their place of residence
or

1. Have a condition such that leaving his or her home is medically contraindicated.

If the patient meets one of the criterion one conditions, then the patient must ALSO meet two additional requirements defined in criterion two below.

Criterion two:

1. There must exist a normal inability to leave home;
and

1. Leaving home must require a considerable and taxing effort.

If the patient does in fact leave the home, the patient may nevertheless be considered homebound if the absences from the home are infrequent or for periods of relatively short duration or are attributable to the need to receive healthcare treatment.

References:
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf.

* myNEXUS is an independent company providing Wound Care Connect program on behalf of Anthem Blue Cross and Blue Shield.

OHBCBS-CR-009326-22

URL: https://providernews.anthem.com/ohio/article/wound-care-connect-program-for-medicare-advantage-and-group-retiree-members

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2023 Medicare Advantage service area and benefit updates

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

An overview of notable 2023 benefit changes and service area updates are now available **here**. Please continue to check **https://www.anthem.com/provider/medicare-advantage** for the latest Medicare Advantage information.

OHBCBS-CR-012236-22-CPN10053

URL: https://providernews.anthem.com/ohio/article/2023-medicare-advantage-service-area-and-benefit-updates-9
