Missouri Provider News

December 2020 Anthem Provider News - Missouri

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Access requirements for behavioral health care services

Published: Dec 1, 2020 - **Products & Programs** / Behavioral Health

Note to staff: *It is imperative that your office updates any changes to your practice via the Provider Maintenance Form, on anthem.com.*

The impact of COVID-19 in 2020 prohibited Anthem Blue Cross and Blue Shield (Anthem) from conducting the annual appointment access studies to assess how well practices meet appointment access requirements for our members for behavioral health care (BH). We will resume the survey in second quarter 2021 and expect when your office is contacted, you will be able to accommodate a member's needs in a timely manner.

To be compliant, per the Provider Manual, providers should meet the following access standards:

- ***Non-life-threatening emergency*** – The patient must be seen in the office by their BH Practitioner, another Practitioner in the practice or a covering Practitioner within six hours. If unable, the patient will be referred to 911, ER or 24-hour crisis services, as appropriate.

  Explanation: These calls concern members in acute distress, whose ability to conduct themselves for their own safety, or the safety of others, may be time-limited, or in response to a catastrophic life event or indications of active substance use or threat of relapse. The situation has the potential to escalate into an emergency without clinical intervention.

- ***Urgent*** – The patient must be seen in the office by their BH Practitioner, another Practitioner in the practice or by a covering Practitioner within 24 hours of call.

  Explanation: These calls are non-emergent with significant psychological distress, when the severity or nature of presenting symptoms is intolerable but not life threatening to the member.

- ***Initial Routine office visit*** – A new patient must be seen in the office by a designated BH Practitioner or another equivalent Practitioner in the practice within 10 business days.

It can be after the intake assessment or a direct referral from a treating Practitioner.

Explanation: This is a routine call for a new patient defined as a patient with non-urgent symptoms, which present no immediate distress and can wait to schedule an appointment without any adverse outcomes.

- ***Routine office visit*** – The patient must be seen in the office by their BH Practitioner, another Practitioner in the practice or by a covering Practitioner within 30 calendar days.

Explanation: These calls concern existing members, to evaluate what has taken place since a previous visit, including med management. They present no immediate distress and can wait to schedule an appointment without any adverse outcomes.

- ***BH follow-up appointment after discharge*** – The patient must be seen in the office by their Practitioner or another Practitioner in the practice within 7 calendar days.

Explanation: These calls concern members being released from inpatient psychiatric hospital care, requesting a follow-up appointment to evaluate what has taken place since release, including med management.

Methods used to monitor adherence to these standards consist of assessing the accessibility of appointments via phone calls from North American Testing Organization, a vendor working on Anthem's behalf, and analysis of member complaint and member experience data.

845-1220-PN-MO

URL: https://providernews.anthem.com/missouri/article/access-requirements-for-behavioral-health-care-services-4

Prior authorization updates for specialty pharmacy are available - December 2020

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

Prior authorization updates

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

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

To access the Clinical Criteria information, click here.

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

Clinical Criteria	HCPCS or CPT Code(s)	Drug
ING-CC-0179	*J9999*	*Blenrep*
ING-CC-0180	*J3490, J3590, J9999*	*Monjuvi*
ING-CC-0182	J1756	Venofer
ING-CC-0182	J2916	Ferrlecit
ING-CC-0182	J1750	Infed
ING-CC-0182	J1439	Injectafer
ING-CC-0182	Q0138	Feraheme
ING-CC-0182	J1437	Monoferric

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

Step therapy updates

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

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

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

Clinical Criteria	Status	Drug(s)	HCPCS Codes
ING-CC-0182	Preferred	Venofer	J1756
ING-CC-0182	Preferred	Ferrlecit	J2916
ING-CC-0182	Preferred	Infed	J1750
ING-CC-0182	Non-preferred	Injectafer	J1439
ING-CC-0182	Non-preferred	Feraheme	Q0138
ING-CC-0182	Non-preferred	Monoferric	J1437
ING-CC-0174	Non-preferred	Kesimpta	J3490 (NOC)
ING-CC-0174	Non-preferred	Kesimpta	J3590 (NOC)
ING-CC-0174	Non-preferred	Kesimpta	C9399 (NOC)

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

Effective on or after January 1, 2021, documentation may be required to support step therapy reviews.

846-1220-PN-CNT

URL: https://providernews.anthem.com/missouri/article/prior-authorization-updates-for-specialty-pharmacy-are-available-december-2020-1

AIM IVR changes for non-oncology medical specialty drug reviews effective Jan. 1, 2021

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

In 2019, non-oncology medical specialty drug reviews were transitioned from AIM Specialty

® (AIM) to IngenioRx. We are implementing changes to the AIM IVR telephone prompts as they relate to IngenioRx medical specialty drug reviews.

Currently, if a provider calls into any of the existing AIM toll-free numbers for non-oncology medical specialty drug reviews, IVR telephone prompts are available informing the caller of the IngenioRx toll-free number, 1-833-293-0659. Callers are then automatically transferred to the IngenioRx number.

Beginning on January 1, 2021, the AIM toll-free numbers **will no longer offer these IVR telephone prompts and transfer callers to IngenioRx** for non-oncology medical specialty reviews. Providers must contact the IngenioRx review team directly:

- By phone at 1-833-293-0659
- By fax at 1-888-223-0550
- Online access at availity.com available 24/7.

799-1220-CNT

URL: https://providernews.anthem.com/missouri/article/aim-ivr-changes-for-non-oncology-medical-specialty-drug-reviews-effective-jan-1-2021

Pharmacy information available at anthem.com

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

Visit Pharmacy Information for Providers on anthem.com for more information on:

- Copayment/coinsurance requirements and their applicable drug classes
- Drug lists and changes
- Prior authorization criteria
- Procedures for generic substitution
- Therapeutic interchange
- Step therapy or other management methods subject to prescribing decisions
- Any other requirements, restrictions, or limitations that apply to using certain drugs

The **commercial** and **marketplace** drug lists are posted to the web site quarterly (the first of the month for January, April, July and October).

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

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

822-1020-PN-KY.MO

URL: https://providernews.anthem.com/missouri/article/pharmacy-information-available-at-anthemcom-28

Provider education webinars!

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

Our Provider Solutions team offers quality complimentary educational programs and materials specially designed for our providers. For a complete listing of our webinars and job aids, visit the Anthem website: anthem.com. Select **Providers**, under **Communications** go to **Education and Training**. Scroll down to view **Training, Education and Resource offerings**.

884-1220-PN-MO

URL: https://providernews.anthem.com/missouri/article/provider-education-webinars

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Reminder: Are you ready? Missouri legislation requires prior authorization requests be accepted electronically

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

Effective January 1, 2021, the Missouri legislature passed a law that requires health plans to accept requests for prior authorizations sent through a secure electronic transmission.

We encourage you to register to start using the electronic portals and HIPAA transactions to submit your prior authorization requests now. Anthem has multiple secure portals/transactions available for providers to submit prior authorization requests depending on the health service being provided.

- Prior authorizations for medical and behavioral health services are submitted using the Availity portal. For more information about Availity, please visit our website at anthem.com/provider/availity/. Here you can learn about all of the services offered through the Availity portal, register to use Availity, and find out how to access training on Availity.

- **AIM *ProviderPortal*$_{SM}$.** For services administered by AIM Specialty Health®, providers may submit electronic prior authorization requests to AIM using the AIM *ProviderPortal*$_{SM}$ directly at providerportal.com.

- **HIPAA Prior Authorization/Referrals 278 and Inpatient Admission and Discharge Notification 278N 5010 transactions functionality is coming soon.**

You can find out more about this this law by visiting the Missouri Legislature website and view the Missouri House Bill 514.

Please view our Frequently Asked Questions (FAQ) on anthem.com or contact your network consultant if you have additional questions.

883-1220-PN-MO

URL: https://providernews.anthem.com/missouri/article/reminder-are-you-ready-missouri-legislation-requires-prior-authorization-requests-be-accepted-electronically

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New Blue HPN® plans go live Jan. 1, 2021

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

New health plans built around Anthem's Blue High Performance Network will take effect January 1, 2021.

Blue HPN® plans offer access to providers with a record of delivering high-quality, efficient care. Blue HPN networks will go live January 1, 2021 in more than 50 cities across the country, including in the Kansas City metro area.

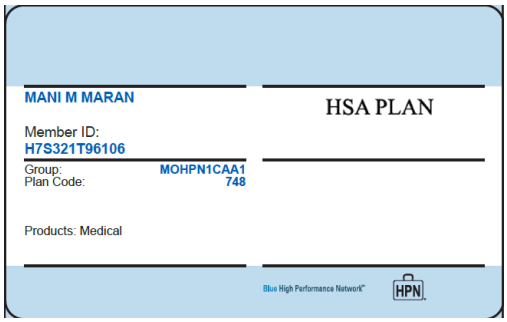
Blue HPN is a national network designed from our local market expertise, deep data and strong provider relationships, and aligned with local networks across the country. These local networks are then connected to the national chassis to form a national Blue HPN network.

In Missouri, Anthem is offering large group employers plans with access to the Blue HPN network, with the existing Blue Preferred Network serving as the Missouri HPN entry.

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

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

Large group Blue HPN health plans sold in Missouri will have a plan prefix of H8R, but keep in mind that other prefixes may be part of HPN plan member IDs. For example, the sample ID card below is for a fictional member from Missouri enrolled in the national employer Blue High Performance Network plan, with an “H7S” prefix. The new “Blue High Performance Network” logo and “HPN” indicator in the suitcase icon are the most reliable indicators that a member is enrolled in an HPN plan.



Article Attachments

881-1220-PN-MO

URL: https://providernews.anthem.com/missouri/article/new-blue-hpn-plans-go-live-jan-1-2021

Pharmacy changes for Boeing members

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

Effective **January 1, 2021**, Prime Therapeutics will be the pharmacy benefits administrator for covered Boeing members. If you have questions regarding pharmacy claims or services, please contact Boeing's Member Services at **888.802.8776**. To learn more about utilization management on some medicines please visit, myprime.com. AllianceRx Walgreens Prime will be the Specialty Pharmacy. If you have questions regarding Specialty medications, please contact AllianceRx Walgreens Prime at **855-899-6005.**

880-1220-PN-MO

URL: https://providernews.anthem.com/missouri/article/pharmacy-changes-for-boeing-members

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Updated Provider Manual posted to anthem.com

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

We want to make you aware of upcoming changes to the Indiana Anthem Blue Cross and Blue Shield (Anthem) Provider Manual.

This update to the Anthem Blue Cross and Blue Shield Base Provider Agreement will replace the current Provider Manual with the updated Provider Manual, **effective March 1, 2021.**

We have posted the updated Provider Manual to the public provider website at anthem.com. To view the new manual, visit anthem.com, select **Provider,** and select the **Policies, Guidelines & Manuals**. Select **Missouri** followed by **Provider Manual Download the Manual** or click here.

882-1220-PN-MO

URL: https://providernews.anthem.com/missouri/article/updated-provider-manual-posted-to-anthemcom-8

Access to claim denial information is now self-service

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

Through predictive analytics, health care teams can now receive real-time solutions to claim denials

Anthem is committed to providing digital first solutions. Our health care teams can now use self-service tools to reduce the amount of time spent following up on claim denials. Through the application of predictive analytics, Anthem has the answers before you ask the questions. With an initial focus on claim-level insights, Anthem has streamlined claim denial inquiries by making the reasons for the claim denial digitally available. In addition to the reason for the denial, we supply you with the next steps needed to move the claim to completion. This eliminates the need to call for updates and experience any unnecessary delays waiting for the EOB.

Access *Claims Status Listing* on Payer Space from our secure provider portal through anthem.com using the *Log In* button or through availity.com. We provide a complete list of claims, highlight those claims that have proactive insights, provide a reason for the denial, and the information needed to move the claim forward.

Claim resolution daily

Automated updates make it possible to refresh claims history daily. As you resolve claim denials, the claim status changes, other claims needing resolution are added, and claims are resolved faster.

Anthem has made it easier to update and supply additional information, too. While logged into the secure provider portal, you have the ability to revise your claim, add attachments, or eliminate it if filed in error. Even if you did not file the claim digitally, you can access the proactive insights. Predictive analytics supplies the needed claim denial information online – all in one place.

Predictive proactive issue resolution and near real-time digital claim denial information is another example of how Anthem is using digital technology to improve the health care experience.

840-1220-PN-CNT

URL: https://providernews.anthem.com/missouri/article/access-to-claim-denial-information-is-now-self-service-5

Updated BlueCard® Provider Manual available

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

An updated BlueCard® Program Provider Manual will be available on our public provider website January 1, 2021. The manual includes enhanced content and should be helpful in understanding the BlueCard® Program that enables members of one Blue Plan to obtain health care service benefits while traveling or living in another Blue Plan's service area.

To locate the manual, go to anthem.com, select Provider Overview and Missouri. From the horizontal menu, select "Policies, Guidelines and Manuals" under Provider Resources. Scroll down to the Provider Manual section and select "Download the Manual". On the Provider Manual page, scroll down to the Provider Manual Library and select the BlueCard Provider Manual.

889-1220-PN-MO

URL: https://providernews.anthem.com/missouri/article/updated-bluecard-provider-manual-available

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2-minute videos to engage patients about preventive care

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

Are you looking for creative ways to talk to your patients about certain preventive care services such as breast cancer screening and adolescent vaccinations including the HPV vaccination? As flu season approaches, do you want a way to educate your patients about the dangers of antibiotic resistance? Short educational videos, approximately two minutes in length, are available on **anthem.com** > **Providers** > **Forms and Guides** > under the *Category* heading, select **Patient Care**.

By providing education and addressing common fears and concerns, these brief videos offer an alternative approach to patient engagement on these important topics. Take a look today!

830-1220-PN-CNT

URL: https://providernews.anthem.com/missouri/article/2-minute-videos-to-engage-patients-about-preventive-care-3

Anthem makes going digital easy with the Provider Digital Engagement Supplement

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

The Provider Digital Engagement Supplement is another example of how Anthem Blue Cross and Blue Shield (Anthem) is using digital technology to improve the health care experience. The Supplement outlines Anthem provider expectations, processes and self-service tools across all electronic channels, including medical, dental, and vision benefits all in one comprehensive resource. We want providers to go digital with Anthem no later than January 1, 2021, so we can realize our mutual goals of reducing administrative burden and increasing provider satisfaction and collaboration.

Reduce the amount of time spent on transactional tasks by more than fifty percent when using our secure provider portal or EDI submissions (via Availity) to:

- File claims
- Check statuses
- Verify eligibility and benefits
- Submit prior authorizations

Through self-service functions, you can accomplish digital transactions all at one time, all in one place. If you are not already registered, visit the Availity EDI website.

Get payments faster
Electronic Funds Transfer (EFT) eliminate the need for paper checks. Payments are deposited directly to your bank account. It is safe, secure and you receive payments faster.

Eliminate paper remittances
Electronic remittance advice (ERA) is completely searchable and downloadable from the secure provider portal or the EDI 835 remittance. Meeting all HIPAA mandates, ERAs eliminate the need for paper remittances.

Member IDs go digital
Having a member email their ID card directly to you for file upload eliminates the need for you to scan or print, making it easier for you and the member. Member ID cards can also be accessed from the Availity. Save time by accepting the digital member ID cards when presented by the member via their App or email.

Read more about going digital with Anthem in the Provider Digital Engagement Supplement available online. Go to anthem.com, select **Providers**, under the *Provider Resources* heading select **Forms and Guides**. Pick your state if you haven't done so already. From the Category drop down, select **Digital Tools**, then Provider Digital Engagement Supplement.

839-1220-PN-CNT

URL: https://providernews.anthem.com/missouri/article/anthem-makes-going-digital-easy-with-the-provider-digital-engagement-supplement-3

Anthem contracted air ambulance providers for Missouri

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

As of December 1, 2020, the providers listed below are participating air ambulance providers with Anthem Blue Cross and Blue Shield (Anthem). That means, for members picked up in Missouri, these participating providers have contractually agreed to accept the Anthem Rate as payment in full for approved and medically necessary transport, and will bill those members for cost-shares only.

Some air ambulance providers choose not to participate with Anthem.

- These air ambulance providers may, and often do, charge members rates that are significantly higher than the Anthem contracted provider rates.
- These non-contracted air ambulance providers attempt to collect from Anthem members the difference between Anthem's allowed amount and their billed amount.

To help Anthem members avoid the high costs of air transportation from non-contracted providers, we ask that, whenever possible, you choose a participating air ambulance provider for your patients who are Anthem members.

Utilizing participating providers:

- **Protects** the member from balance billing for what may be excessive amounts,
- **Assures** the most economical use of the member's benefits, and
- **Is consistent** with your contractual obligations to refer to in-network providers where available.

To schedule fixed wing or rotary wing air ambulance services, please:

1. **Contact Anthem for precertification for all non-emergent transports, using the number on the back of the member's ID card, then**
2. **Call one of the phone numbers listed below.**

Please have the following information ready when you call one of the contracted air ambulance providers:

- Basic medical information about the patient, including the patient's name and date of birth or age. If the service was not pre-certified with Anthem, the air ambulance provider will also need to receive a full medical report from the attending facility.
- Current location of the patient, the name of the hospital or facility caring for the patient and its address (city and state)
- Location where patient is to be transported, including the name of the destination hospital/facility and address
- Approximate transport date or timeframe

- Special equipment or care needs

Should you have questions regarding the air ambulance network, including providers contracted for air ambulance pickups outside of Missouri, please contact your Provider Network Manager.

Anthem contracted air ambulance providers for Missouri
First, call Anthem for precertification if required by the member's policy.
Then call one of the following:

Fixed Wing (Airplane) Providers (HCPCS codes: A0430 & A0435)

Provider Name	Phone#	Location Address	Web site
AeroCare Medical Transport Systems	630-466-0800	3W 752 Hwy 30 Sugar Grove, IL 60554	www.aerocare.com
AirCare 1 International	505-242-7760	5345 Wyoming Blvd. NE Ste 105 Albuquerque, NM 87109	www.aircareone.com
Air Med International	877-288-5340	950 22nd St. N. Ste. 800 Birmingham, AL 35203	www.airmed.com

Rotary Wing (Helicopter) Providers (HCPCS Codes: A0431 & A0436)

Provider Name	Phone#	Location Address	Web site
Air Methods (Rocky Mountain/LifeNet/Arch)	909-915-2305	7211 South Peoria Englewood, CO 80112-4133	www.airmethods.com
Air Evac EMS Inc.	800-247-3822	1001 Boardwalk Springs Pl. Ste 250 O'Fallon, MO 63368	www.lifeteam.net
Med Trans Corporation	800-247-3822	220 Westcourt Rd. Denton, TX 76207	www.med-trans.net

To arrange air transport originating outside the U.S., U.S. Virgin Islands, and Puerto Rico: Call 800-810-BLUE for BCBS Global Core (formerly BlueCard Worldwide)

810-1220-PN-MO

URL: https://providernews.anthem.com/missouri/article/anthem-contracted-air-ambulance-providers-for-missouri

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PCP after-hours access requirements

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

***Note to staff**: It is imperative that your office updates any changes to your practice via the Provider Maintenance Form, on anthem.com.*

The impact of COVID-19 in 2020 prohibited Anthem from conducting the annual after-hours access studies to assess phone messaging for our members for perceived emergency or urgent situations after regular office hours. We will resume the survey in the second quarter of 2021 and expect when your office is contacted, you will be able to accommodate a member's urgent concerns after hours.

To be compliant, per the Provider Manual, have your messaging or answering service include appropriate instructions, such as:

Emergency situations
The compliant response for an emergency instructs the caller/patient to hang up and call 911 or go to ER or connects the caller directly to the doctor.

Urgent situations
The compliant response for urgent needs would direct the caller to urgent care or ER, to call 911 or connect the caller to their doctor or the doctor on call.

Messaging that only gives callers the option of contacting their health care practitioner (via transfer, cell phone, pager, text, email, voicemail, etc.) or to get a call back for urgent questions or instructions is not complaint, as there is no direct connection to their health care practitioner. This prompt can be used in addition to, but not in place of the emergency and urgent instructions.

Is your practice compliant?

844-1220-PN-CNT

Coordination of care

Published: Dec 1, 2020 - **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 health care practitioners. This includes primary care physicians (PCPs) and medical specialists, as well as 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 health care practitioner. Anthem urges all of its practitioners to obtain the appropriate permission from these patients to coordinate care between behavioral health and other health care practitioners at the time treatment begins.

We expect all health care practitioners to:

1. Discuss with the patient the importance of communicating with other treating practitioners.
2. Obtain a signed release from the patient and file a copy in the medical record.
3. Document in the medical record if the patient refuses to sign a release.
4. Document in the medical record if you request a consultation.
5. If you make a referral, transmit necessary information; and if you are furnishing a referral, report appropriate information back to the referring practitioner.
6. Document evidence of clinical feedback (i.e., 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 the provider website including a coordination of care form and coordination of care letter templates for both behavioral health and other medical practitioners.* Behavioral health tools are available, which includes forms, brochures, and screening tools for substance abuse, ADHD, and autism. Please refer to the website for a complete list.**

*Access to the forms and template letters are available at *www.anthem.com/provider/forms/*
**Access to the Behavioral Health tools are *www.anthem.com/provider/forms/*

820-1220-PN-CNT

URL: https://providernews.anthem.com/missouri/article/coordination-of-care-20

Members' rights and responsibilities

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

The delivery of quality health care requires cooperation between patients, their providers and their health care 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 anthem.com and select "Provider." From there, select "Policies, Guidelines & Manuals" under Provider Resources. Select your state, and scroll down to "Member Rights and Responsibilities" under More Resources. Click the "Read about member rights" link.

Practitioners may access the FEP member portal at fepblue.org/memberrights to view the FEPDO Member Rights Statement.

821-1220-PN-CNT

URL: https://providernews.anthem.com/missouri/article/members-rights-and-responsibilities-20

Important information about utilization management

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

Our 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. Anthem Blue Cross and Blue Shield (Anthem)'s 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, then select the **Providers** tab at the top of the webpage > under ***Provider Resources*** select ***Policies, Guidelines & Manuals*** > select your state > scroll down and select ***View Medical Policies and Clinical UM Guidelines***.

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

- Call us toll free from 8:30 a.m. to 5:00 p.m. Eastern time, Monday through Friday (except on holidays). More hours may be available in your area. Federal Employee Program hours are 8:00 a.m. to 7:00 p.m. Eastern time.
- If you call after normal business hours, you can leave a private message with your contact information. Our staff will return your call on the next business day. Calls received after 12 midnight will be returned the same business day.
- Our associates will contact you about your UM inquiries during business hours, unless otherwise agreed upon.

Our UM 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 UM requirements, operational review procedures, and discuss UM decisions with you.

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.**

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 & Authorizations	To discuss Peer-to-Peer UM Denials /Physicians	To request UM Criteria	Business Hours
Indiana	800-345-4348 877-814-4803 Transplant 800-824-0581 Behavioral Health 866-582-2293 Autism 844-269-0538	888 870 9342 Adaptive Behavioral Treatment 844-269-0538 National 800-821-1453; 866-776-4793	877-814-4803 Behavioral Health 866-582-2293	8:30 a.m. – 5:00 p.m. ET Monday through Friday (except on holidays). More hours may be available in your area.
Kentucky	800-568-0075 KEHP 844-402-5347 Transplant 800-824-0581 Behavioral Health 866-582-2293 Autism 844-269-0538	877-814-4803 Adaptive Behavioral Treatment 844-269-0538 National: 800-821-1453; 866-776-4793; 888-870-9342	877-814-4803 Behavioral Health 866-582-2293	8:30 a.m. – 5:00 p.m. ET Monday through Friday (except on holidays). More hours may be available in your area.

Missouri	800-992-5498 866-398-1922 Transplant 800-824-0581 Behavioral Health 866-302-1015 Autism 844-269-0538	800-992-5498 866-398-1922 CDHP/Lumenos 866-398-1922 Adaptive Behavioral Treatment 844-269-0538 National 800-821-1453; 866-776-4793	800-992-5498 866-398-1922 Behavioral Health 866-302-1015	8:30 a.m. – 5:00 p.m. ET Monday through Friday (except on holidays). More hours may be available in your area.
Ohio	800-752-1182 Transplant 800-824-0581 Behavioral Health 866-582-2293 Autism 844-269-0538	877-814-4803 Adaptive Behavioral Treatment 844-269-0538 National: 800-821-1453; 866-776-4793	877-814-4803 Behavioral Health 866-582-2293	8:30 a.m. – 5:00 p.m. ET Monday through Friday (except on holidays). More hours may be available in your area.
Wisconsin	800-242-1527 800-472-6909 800-472-8909 866-643-7087 Transplant 800-824-0581 Behavioral Health 866-302-1015 Autism 844-269-0538	800-242-1527 800-472-6909 866-643-7087 Adaptive Behavioral Treatment 844-269-0538 National 800-821-1453 866-776-4793	800-242-1527 800-472-6909 Behavioral Health 866-302-1015	8:30 a.m. – 5:00 p.m. ET Monday through Friday (except on holidays). More hours may be available in your area.

FEP	800-860-2156 Fax: 800 732-8318 (UM) Fax: 877 606-3807 (ABD)	800-860-2156	800-860-2156 Fax: 800 732-8318 (UM) Fax: 877 606-3807 (ABD)	8:00 a.m. – 7:00 p.m. ET.

TTY Information

		TTY	Voice
Indiana	711 or	1-800-743-3333 (V/T)	1-800-743-3333 (V/T)
Kentucky	711 or	1-800-648-6056 (T/ASCII/HCO)	1-800-648-6057 (V)
Missouri	711 or	1-800-735-2966 (TTY/ASCII)	1-866-735-2460 (V)
Ohio	711 or	1-800-750-0750 (TTY/Voice/HCO)	1-800-750-0750 (TTY/Voice/HCO)
Wisconsin	711 or	1-800-947-3529 (TTY/HCO)	1-800-947-6644 (V)

827-1220-PN-CNT

URL: https://providernews.anthem.com/missouri/article/important-information-about-utilization-management-40

Case management program

Published: Dec 1, 2020 - **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 health care puzzle that for some, are frightening and complex issues to handle.

Anthem 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?

State	**Email Address** *(if available)*	**Phone**	**Business Hours**
Indiana	centregcmref@anthem.com	888-662-0939 866-962-1214 (IN only)	Monday – Friday 8 a.m. – 7 p.m. ET
Kentucky	centregcmref@anthem.com	888-662-0939 800 944 0339 (KY only)	Monday – Friday 8 a.m. – 7 p.m. CT
Missouri	centregcmref@anthem.com	888-662-0939 866-534-4348 (MO only)	Monday – Friday 8 a.m. – 7 p.m. CT
Ohio	centregcmref@anthem.com	888-662-0939 866-962-1214 800-831-7161	Monday – Friday 8 a.m. – 7 p.m. ET
Wisconsin	centregcmref@anthem.com	888-662-0939 866-216-4091 (WI only)	Monday – Friday 8 a.m. – 7 p.m. CT

National			
Indiana	nationalpriorityrefe@ChooseHMC.com	1-800-737-1857 Transplant 800-824-0581	Monday – Friday 8 a.m. – 9 p.m. ET Saturday 9 a.m. – 5:30 p.m. ET Transplant Monday – Friday 8:30 a.m. – 5 p.m. ET

Federal Employee Program (FEP)			
All states except CA	No email	1-800-711-2225	Monday – Friday 8 a.m. – 7 p.m. ET

828-1220-PN-CNT

URL: https://providernews.anthem.com/missouri/article/case-management-program-23

Medical policy and clinical guideline updates - December 2020

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

The following Anthem Blue Cross and Blue Shield clinical guideline has been updated for Indiana, Kentucky, Missouri, Ohio and Wisconsin.

The previously adopted clinical guideline contains changes as noted below.

**Prior authorization required*

Title	Change	Effective Date
*CG-DME-07 Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output	Clarified language and added detail related to required documentation in MN criteria • Changed "medical" and "non-medical" to "augmentative and non-augmentative" in not medically necessary (NMN) section	3/1/2021

790-1220-PN-CNT

URL: https://providernews.anthem.com/missouri/article/medical-policy-and-clinical-guideline-updates-december-2020-1

Anthem expands hospice policy

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

For participating Anthem Blue Cross and Blue Shield (Anthem) commercial ASO plans, we have expanded our hospice benefit to align with our previous expansion for commercial fully insured members. These expanded hospice benefits allow members with a life expectancy of up to 12 months (increased from six months) and allow disease modifying treatments to continue alongside hospice services. If you have a patient with an advanced illness and life expectancy of less than 12 months, now is the time to talk about hospice. Hospice is a powerful support resource for patients that can work in tandem with their treatment.

Provider benefits

- **Improved communication:** By removing obstacles to hospice care, providers can introduce hospice benefits earlier while empowering patients to express their goals, values and care preferences.

- **Centralized care**: The treating physician remains at the center of the patient's overall treatment plan – supported by the entire hospice team. Patients get the benefit of expert medical care, pain management, and emotional and spiritual support all working together.

- **Planning resource**: Hospice professionals are a useful resource for physicians to help aid in discussions with patients and families related to: caregiver stress, fears of the future, end-of-life discussions and bereavement planning.

Patient benefits

- **More patient and caregiver support, earlier:** Relaxing the previous benefit life expectancy maximum and treatment limitations will help patients with advanced illnesses access hospice services earlier, ultimately choosing the care that fits their personal needs.

- **Coordinated team**: Patients will have a dedicated hospice team that coordinates access to medication, medical supplies, and equipment. Patients can depend on hospice services for their care needs rather than emergency room and intensive care professionals who are unfamiliar with their histories, goals, and preferences.

- **Improved quality of life**: Patients receive help sooner, manage their pain and symptom relief better, and families are able to discuss planning of personal needs more effectively.

Note: This update does not apply to Federal Employee Program® (FEP®), Medicare and Medicaid.

Providers should continue to verify eligibility and benefits for all Anthem members prior to rendering services or referring members for hospice care.

856-1220-PN-CNT

URL: https://providernews.anthem.com/missouri/article/anthem-expands-hospice-policy-2

Updates to AIM Cardiology clinical appropriateness guidelines

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

Effective for dates of service on and after March 14, 2021, the following updates will apply to the AIM Advanced Imaging of the Heart and Diagnostic Coronary Angiography Clinical Appropriateness Guidelines.

- Evaluation of patients with cardiac arrhythmias
  - Updated repeat TTE criteria
  - Added restrictions for patients whose initial echocardiogram shows no evidence of structural heart disease, and follow-up echocardiography is not appropriate for ongoing management of arrhythmia.

- Evaluation of signs, symptoms, or abnormal testing
  - Added restrictions for TTE in evaluation of palpitation and lightheadedness based on literature.

- Diagnostic Coronary Angiography
  - Updated criteria to evaluate patients with suspected congenital coronary artery anomalies

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.
- Access AIM via the Availity Web Portal at availity.com.
- Call the AIM Contact Center toll-free number: 800-554-0580, Monday – Friday, 8:30 a.m. – 7:00 p.m. Eastern time.

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

800-1220-PN-CNT

URL: https://providernews.anthem.com/missouri/article/updates-to-aim-cardiology-clinical-appropriateness-guidelines-4

Updates to AIM Advanced Imaging clinical appropriateness guideline

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

Effective for dates of service on and after March 14, 2021, the following updates will apply to the AIM Advanced Imaging clinical appropriateness guidelines.

Chest Imaging and Head and Neck Imaging

- Hoarseness, dysphonia, and vocal cord weakness/paralysis – primary voice complaint
  - Require laryngoscopy for the initial evaluation of all patients with primary voice complaint

Brain Imaging and Head and Neck Imaging

- Hearing loss
  - Added CT temporal bone for evaluation of sensorineural hearing loss in any pediatric patients or in adults for whom MRI is non-diagnostic or unable to be performed
  - Higher allowed threshold for consecutive frequencies to establish SNHL
  - Remove CT brain as an alternative to evaluating hearing loss based on ACR guidance
- Tinnitus
  - Remove sudden onset symmetric tinnitus as an indication for advanced imaging

Head and Neck Imaging

- Sinusitis/rhinosinusitis
  - Add more flexibility for the method of conservative treatment in chronic sinusitis.
  - Require conservative management prior to repeat imaging for patients with prior sinus CT.
- Temporomandibular joint dysfunction
  - Removed requirement for radiographs/ultrasound
- Cerebrospinal fluid (CSF) leak of the skull base
  - Added scenario for management of known leak with change in clinical condition.

Brain Imaging

- Ataxia, congenital or hereditary
  - Combine with congenital cerebral anomalies to create one section
- Acoustic neuroma
  - More frequent imaging for a watch and wait or incomplete resection
  - New indication for Neurofibromatosis type 2 (NF 2)**Neurofibromatosis type 2**
  - More frequent imaging when MRI shows findings suspicious for recurrence
  - Single post-operative MRI following gross total resection
  - Include pediatrics with known acoustics (rare but NF 2)
- Tumor – not otherwise specified
  - Repurpose for surveillance imaging of low grade neoplasms
- Seizure disorder and epilepsy
  - Limit imaging for the management of established generalized epilepsy

- Require optimal medical management (aligning adult and pediatric language) prior to imaging for management in epilepsy

- Headache
  - Remove response to treatment as a primary headache red flag

- Mental status change and encephalopathy
  - Added requirement for initial clinical and lab evaluation to assess for a more specific caus

Oncologic Imaging

- General enhancements: Updates to Scope/Definitions, general language standardization
- General Content enhancements: Overall alignment with current national oncology guideline recommendations, resulting in:
  - Removal of indications/parameters not addressed by NCCN
  - Average risk inclusion criteria for CT Colonography
  - New allowances for MRI Abdomen and/or MRI Pelvis by tumor type, liver metastatic disease
  - New indications for Acute Leukemia (CT, PET/CT), Multiple Myeloma (MRI, PET/CT), Ovarian Cancer surveillance (CT), Bone Sarcoma (PET/CT)
  - Updated standard imaging pre-requisites prior to PET/CT for Bladder/Renal Pelvis/Ureter, Colorectal, Esophageal/GE Junction, Gastric and Non-Small Cell Lung Cancers
  - Additional PET/CT management scenarios for Cervical Cancer, Hodgkin Lymphoma

- Other content enhancements by section:
  - Cancer screening: New indication for Pancreatic Cancer screening
  - Breast Cancer: New PET/CT indication for restaging/treatment response for bone-only metastatic disease and limitation of post-treatment Breast MRI after breast conserving therapy or unilateral mastectomy

- Prostate Cancer: MRI pelvis: removal of TRUS biopsy requirement, allowance if persistent/unexplained elevation in PSA or suspicious DRE
- Axumin PET/CT: Updated inclusion criteria (removal of general MRI pelvis requirement, additional allowance for rising PSA with non-diagnostic mpMRI)

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.
- Access AIM via the Availity Web Portal at availity.com.
- Call the AIM Contact Center toll-free number: 800-554-0580, Monday through Friday, 8:30 a.m. to 7:00 p.m. Eastern time.

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

801-1220-PN-CNT

URL: https://providernews.anthem.com/missouri/article/updates-to-aim-advanced-imaging-clinical-appropriateness-guideline-10

Updates to AIM Radiation Oncology clinical appropriateness guideline

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

Effective for dates of service on and after March 14, 2021, the following updates will apply to the AIM Radiation Oncology Clinical Appropriateness Guidelines.

Radiation Oncology

- Special Treatment Procedure

    - Removed IV requirement for chemotherapy

- CNS cancer
    - IMRT for Glioblastomas, other gliomas and metastases: Eliminated the 3D plan comparison requirement. Same change for high-grade and low-grade gliomas.
    - IMRT for Metastatic Brain Lesions: Added hippocampal sparing whole brain radiotherapy indication

- Lung cancer
    - Eliminated the plan comparison requirement for IMRT to treat stage III non-small cell lung cancer.
    - SBRT: Removed “due to a medical contraindication” language
    - SBRT: Added “as an alternative to surgical resection” to Stereotactic Body Radiation Therapy
    - Adjusted fractionation maximum for curative treatment of non-small cell lung cancer up to 35 treatments of thoracic radiotherapy.

Proton Beam therapy

- Added new indication for hepatocellular carcinoma and intrahepatic cholangiocarcinoma

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.
- Access AIM via the Availity Web Portal at availity.com.
- Call the AIM Contact Center toll-free number: 800-554-0580, Monday – Friday, 8:30 a.m. – 7:00 p.m. Eastern time.

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

802-1220-PN-CNT

URL: https://providernews.anthem.com/missouri/article/updates-to-aim-radiation-oncology-clinical-appropriateness-guideline-3

Transition to AIM Rehabilitative Services clinical appropriateness guidelines

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

As communicated in the June and October 2020 editions of Anthem Blue Cross and Blue Shield (Anthem)'s *Provider News*, effective December 1, 2020, Anthem will transition the clinical criteria for medical necessity review of certain rehabilitative services to AIM Rehabilitative Service Clinical Appropriateness Guidelines as part of the AIM Rehabilitation Program. Reviewed services will include certain physical therapy, occupational therapy and speech therapy services.

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

CPT code	Description
90912	Biofeedback training for bowel or bladder control, initial 15 minutes
90913	Biofeedback training for bowel or bladder control, additional 15 minutes
96001	Three-dimensional, video-taped, computer-based gait analysis during walking
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional
S8940	Therapeutic horseback riding, per session
S8948	Treatment with low level laser (phototherapy) each 15 minutes
S9090	Vertebral axial decompression (lumbar traction), per session
20560	Needle insertion(s) without injection(s), 1 or 2 muscle(s)
20561	Needle insertion(s) without injection(s), 3 or more muscle(s)
90901	Biofeedback training by any modality (when done for medically necessary indications)
97129	One-on-one therapeutic interventions focused on thought processing and strategies to manage activities
97130	Each additional 15 minutes (list separately in addition to code for primary procedure)
92630	Hearing training and therapy for hearing loss prior to learning to speak
92633	Hearing training and therapy for hearing loss after speech

The following procedure will be removed from the program:

S9117	back school, per visit

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.
- Access AIM via the Availity Web Portal at availity.com.
- Call the AIM Contact Center toll-free number: 800-554-0580, Monday – Friday, 8:30 a.m. – 7:00 p.m. Eastern time.

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

842-1220-PN-CNT

URL: https://providernews.anthem.com/missouri/article/transition-to-aim-rehabilitative-services-clinical-appropriateness-guidelines-15

Clinical practice and preventive health guidelines available on anthem.com

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

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 > Provider > select Policies, Guidelines & Manuals under Provider Resources> scroll down and select Clinical Practice Guidelines or Preventive Health Guidelines.

819-1220-PN-CNT

URL: https://providernews.anthem.com/missouri/article/clinical-practice-and-preventive-health-guidelines-available-on-anthemcom-18

Reimbursement policy update: Bundled services and supplies (Professional)

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

Effective March 1, 2021, Anthem Blue Cross and Blue Shield (Anthem) will update Bundled Services and Supplies, section 1 coding list by removing the interprofessional CPT codes 99446, 99451, and 99452 to allow reimbursement for eConsults.

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

852-1220-PN-CNT

URL: https://providernews.anthem.com/missouri/article/reimbursement-policy-update-bundled-services-and-supplies-professional-7

2021 Medicare Advantage individual benefits and formularies

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

Summary of benefits, evidence of coverage and formularies for 2021 individual Medicare Advantage plans will be available at anthem.com/medicareprovider. An overview of notable 2021 benefit changes will be available at anthem.com/medicareprovider> Read News and Updates. Please continue to check anthem.com/medicareprovider for the latest Medicare Advantage information.

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URL: https://providernews.anthem.com/missouri/article/2021-medicare-advantage-individual-benefits-and-formularies-3

Medicare Advantage Group Retiree Member Eligibility, Alpha Prefix FAQ

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

How do I check eligibility and benefits for these members?

Online — Eligibility, benefits, claims, links to secure messaging, commonly used forms and remit information are all available through the Availity* Portal at availity.com. For questions on access and registration, call Availity Client Services at **1-800-AVAILITY** (**1-800-282-4548**). Availity Client Services is available Monday through Friday, 8 a.m. to 7 p.m. ET (excluding holidays) to answer your registration questions.

Phone — Call the Provider Service number on the back of the member's ID card. You may also verify a member's eligibility by calling the BlueCard Eligibility Line at **1-800-676-BLUE (2583)** and providing the member's three-digit alpha prefix located on the ID card.

As new members enroll in Group Retiree Medicare Advantage plans under Anthem Blue Cross and Blue Shield, they will receive new ID cards. Additionally, existing members may receive new ID cards as a result of benefit changes. Please continue to check member ID cards to ensure you have the most up-to-date eligibility and benefit information.

Please note that we are experiencing an unusually high volume of changes for an effective date of January 1, 2021. Many of the changes do not affect member prefix, member ID or benefits, but some changes will. Because of this, we encourage providers to request a copy of the member's ID card, particularly at the beginning of the year when members may have new ID cards.

What are the alpha prefixes for Group Retiree Medicare Advantage PPO members?

Group Retiree Medicare Advantage PPO member alpha prefixes						
AFJ	CBH	MEW MBL	VAY	VGD	WSP	WZV
XLU	XNS	YVK YGZ	ZDX	ZMX	ZVR	ZVZ

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

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URL: https://providernews.anthem.com/missouri/article/medicare-advantage-group-retiree-member-eligibility-alpha-prefix-faq-3

Medical policies and clinical utilization management guidelines update

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

The *Medical Policies*, *Clinical Utilization Management (UM) Guidelines* and *Third-Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed.

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

To view a guideline, visit https://www11.anthem.com/search.html.

Updates:
Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive.

- **00134** – Noninvasive Heart Failure and Arrhythmia Management and Monitoring System:
  - Revised Investigational and Not Medically Necessary indications
- **00156** – Implanted Artificial Iris Devices:
  - Revised Investigational and Not Medically Necessary indications
- **00157** – Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis:
  - Revised Investigational and Not Medically Necessary indications
- **CG-DME-07** – Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output:
  - Revised Medically Necessary and Not Medically Necessary indications
- **00052** – Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling:
  - Revised Medically Necessary indications

- **00077** – Uterine Fibroid Ablation: Laparoscopic, Percutaneous or Transcervical Image Guided Techniques:
  - Expanded scope and revised Investigational and Not Medically Necessary indications
- **00112** – Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures):
  - Revised scope, and Investigational and Not Medically Necessary indications
- **CG-REHAB-12** – Rehabilitative and Habilitative Services in the Home Setting: Physical Medicine/Physical Therapy, Occupational Therapy and Speech-Language Pathology:
  - A **new clinical *UM Guideline*** was created from content contained in CG-REHAB-04, CG-REHAB-05, CG-REHAB-06.
  - There are no changes to the guideline content.
  - Publish date is scheduled for December 8, 2020.
- The following ***AIM Specialty Health®* Clinical Appropriateness Guidelines*** have been revised and will be effective on December 6, 2020. To view AIM guidelines, visit the AIM Specialty Health page:
  - Interventional Pain Management (See August 16, 2020, version.)*
  - Chest Imaging (See August 16, 2020, version.)*
  - Oncologic Imaging (See August 16, 2020, version.)*
  - *Sleep Clinical Guidelines* (See August 16, 2020, version.)*

Medical Policies

On August 13, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Anthem Blue Cross and Blue Shield (Anthem). These guidelines take effect December 6, 2020.

Publish date	*Medical Policy* #	*Medical Policy* title	New or revised
10/7/2020	***MED.00134**	Non-invasive Heart Failure and Arrhythmia Management and Monitoring System	New
10/7/2020	***SURG.00156**	Implanted Artificial Iris Devices	New
10/7/2020	***SURG.00157**	Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis	New
9/1/2020	***GENE.00052**	Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	Revised
10/7/2020	***SURG.00077**	Uterine Fibroid Ablation: Laparoscopic, Percutaneous or Transcervical Image Guided Techniques	Revised
10/1/2020	***SURG.00112**	Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures)	Revised

Clinical UM Guidelines

On August 13, 2020, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem. These guidelines adopted by the medical operations committee for Medicare Advantage members on
September 24, 2020. These guidelines take effect December 6, 2020.

Publish date	*Clinical UM Guideline* #	*Clinical UM Guideline* title	New or revised
10/7/2020	***CG-DME-07**	Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output	Revised
10/7/2020	**CG-DME-25**	Seat Lift Mechanisms	Revised
8/20/2020	**CG-GENE-03**	BRAF Mutation Analysis	Revised
8/20/2020	**CG-SURG-83**	Bariatric Surgery and Other Treatments for Clinically Severe Obesity	Revised

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

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URL: https://providernews.anthem.com/missouri/article/medical-policies-and-clinical-utilization-management-guidelines-update-37

Policy Update: Emergency Department: Leveling of Evaluation and Management Services

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

Click here for more information about the Policy Update — Emergency Department: Leveling of Evaluation and Management Services.

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

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Digital transactions cut administrative tasks in half

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

Introducing the Anthem Blue Cross and Blue Shield (Anthem) Provider Digital Engagement Supplement to the provider manual

Using our secure provider portal or EDI submissions (via Availity*), administrative tasks can be reduced by more than 50% when filing claims with or without attachments, checking statuses, verifying eligibility, benefits and when submitting prior authorizations electronically. In addition, it could not be easier. Through self-service functions, you can accomplish digital transactions all at one time, all in one place. If you are not already registered, please visit the Availity EDI website or the secure provider portal via Availity.

Get payments faster

By eliminating paper checks, electronic funds transfer (EFT) is a digital payment solution that deposits payments directly into your account. It is safe, secure and will deliver payments to you faster. Electronic remittance advice (ERA) is completely searchable and downloadable from the Availity Provider Portal or the *EDI 835* remittance, which meets all *HIPAA* mandates — eliminating the need for paper remittances.

Member ID cards go digital

Members who are transitioning to digital member ID cards, will find it is easier for them and you. The ID card is easily emailed directly to you for file upload, eliminating the need to scan or print. In addition, the new digital member ID card can be directly accessed through the secure provider portal via Availity. Providers should begin accepting the digital member ID cards when presented by the member.

Anthem makes going digital easy with the *Provider Digital Engagement Supplement*
From our digital member ID cards, EDI transactions, application programming interfaces and direct data entry, we cover everything you need to know in the *Provider Digital Engagement Supplement* to the provider manual, available at https://www.anthem.com/medicareprovider > select your state > Providers > Policies, Guidelines & Manuals, and on the secure Availity Provider Portal. The supplement outlines our provider expectations, processes and self-service tools across all electronic channels Medicaid and Medicare, including medical, dental and vision benefits.

The *Provider Digital Engagement Supplement* to the provider manual is another example of how Anthem is using digital technology to improve the health care experience. We are asking providers to go digital with Anthem no later than January 1, 2021, so we can realize our mutual goals of reducing administrative burden and increasing provider satisfaction and collaboration. Read the *Provider Digital Engagement Supplement* now by going to https://www.anthem.com/medicareprovider > select your state > Providers > Policies, Guidelines & Manuals. Go digital with Anthem.

Go digital with Anthem.

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

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URL: https://providernews.anthem.com/missouri/article/digital-transactions-cut-administrative-tasks-in-half-28
