



## California Provider News

February 2023 Anthem Blue Cross Provider News -  
California

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# Controlling High Blood Pressure and Submitting Compliant Readings

Published: Feb 1, 2023 - **Administrative**

The Controlling High Blood Pressure (CBP) HEDIS® measure can be challenging as it not only requires proof of a blood pressure (BP) reading, but also that the patient's blood pressure is adequately controlled. CBP care gaps can open and close throughout the year depending on if the patient's most recent BP reading is greater than 140/90 mmHG. As we start a new year, it's important that we have record of your patients' blood pressure readings and that you continue to monitor patients with elevated readings.

## **Tips when scheduling members to close CBP care gaps:**

- When scheduling appointments, have staff ask patients to avoid caffeine and nicotine for at least an hour before their scheduled appointment time.
- If possible, update your scheduling app and/or your reminder text message campaigns to include reminders about abstaining from caffeine and nicotine prior to appointment time as well as a reminder to arrive early to avoid a sense of rushing.

## **Tips for lower BP readings during the appointment:**

- Ask the patient if they tend to get nervous at appointments and have higher readings as a result. If they do, take their blood pressure at both the start and end of the appointment and document the lower reading.
- Readings can also vary arm to arm. If slightly elevated in one arm, try the other and document the lower reading.

## **Getting credit for adequately controlled blood pressure readings:**

- Submit readings via Category II CPT® codes on claims.

Description	Code
<b>Diastolic BP</b>	<b>CAT II: 3078F-3080F</b> <b>LOINC: 8462-4</b>
<b>Diastolic 80 to 89</b>	<b>CAT II: 3079F</b>
<b>Diastolic greater than/equal to 90</b>	<b>CAT II: 3080F</b>
<b>Diastolic less than 80</b>	<b>CAT II: 3078F</b>
<b>Systolic BP</b>	<b>CAT II: 3074F, 3075F, 3077F</b> <b>LOINC: 8480-6</b>
<b>Systolic greater than/equal to 140</b>	<b>CAT II: 3077F</b>
<b>Systolic less than 140</b>	<b>CAT II: 3074F, 3075F</b>

- Ensure readings are carefully and appropriately documented within your electronic medical record system.
- If you have questions on how to submit readings, speak to your care or practice consultant.
- Also, be sure to adequately code patients who meet the exclusion criteria:
  - Exclusions:
    - Palliative care
    - Enrolled in hospice
    - Frailty and/or advanced illness
    - Living in long-term care
  - Optional exclusions:
    - Dialysis (ESRD), kidney transplant, nephrectomy
    - Female members with a diagnosis of pregnancy
    - Non-acute inpatient admissions

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

CABC-CM-012287-22-CPN10532

## AIM Specialty Health will transition to Carelon Medical Benefits Management Inc.

Published: Feb 1, 2023 - **Administrative**

*This communication applies to Commercial and Medicare Advantage plans from Anthem Blue Cross in California.*

In March 2023, AIM Specialty Health®\* will transition to Carelon Medical Benefits Management Inc. **This transition is a name change only, and there will be no process changes.** The new name will not impact the way AIM works with health plans and providers. In March, any operational assets that mention AIM Specialty Health (such as determination letters) will adopt the new Carelon Medical Benefits Management Inc. name.

### Provider brand transition FAQ

### Provider experience focus area

- |   |   |
|---|---|
| 1. Will the <b>AIM ProviderPortal<sub>SM</sub></b> URL or platform name be changed?                                   | 1. No, the website address will not be impacted; all providers will continue to have access to <b>www.providerportal.com</b> . The AIM logo will be replaced with a Carelon logo. No changes are being made to the case submission process. |
| 2. Will there be any changes to the <b>AIM Clinical Guidelines</b> URL or content?                                    | 2. Yes, the clinical guidelines site will be automatically redirected to a new Carelon URL, and the branding will be updated to reflect Carelon.  |
| 3. Are any phone number changes planned as part of this transition?   | 3. No, inbound phone numbers are not being changed. References to AIM within recorded scripting will be replaced with Carelon Medical Benefits Management Inc.  |
| 4. Will there be any changes for providers who connect with AIM via other means such as <b>Availity Essentials*</b> ? | 4. No, access changes are not needed or planned; however, all references to the AIM company name will eventually be updated to Carelon Medical Benefits Management Inc.   |
| 5. Will AIM references on health plan websites and member materials such as ID cards be changed?                      | 5. Not right away. Providers may continue to see the AIM company name on health plan websites and member ID cards for some time, but it's expected that these will be changed through scheduled content update cycles.                      |

### Corporate website

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|--|---|
| 1. Will the <b>AIM corporate website</b> URL be changed? | 1. The corporate website will be moved to <b>www.carelon.com</b> . All links to the <b>ProviderPortal</b> and clinical guideline pages will remain active and will be redirected. |
|--|---|

### Provider microsites

1. Will the AIM provider microsite URLs change?

1. The provider microsite URLs you use today to access information from AIM will be automatically redirected to new Carelon URLs, and the branding will be updated to reflect Carelon branding.

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

CABC-CRCM-015618-22

**URL:** <https://providernews.anthem.com/california/article/aim-specialty-health-will-transition-to-carelon-medical-benefits-management-inc>

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## **Appropriate 911 emergency care procedures**

Published: Feb 1, 2023 - **Administrative**

Emergency services are services provided in or out of the service area in connection with the initial treatment of a medical or psychiatric emergency and are available 24 hours a day and seven days a week.

A member who considers a medical or psychiatric condition to be an emergency should be instructed to call [911] or go to the nearest hospital emergency room immediately. Anthem Blue Cross (Anthem) covers emergency services that are necessary to screen and stabilize a condition. No authorization or prior authorization is needed if the member reasonably believes that an emergency medical or psychiatric condition exists. A member should be directed to call the Member Services or Customer Service telephone number on the back of their Anthem ID card with any questions.

**An emergency is an unexpected acute illness, injury, or medical or psychiatric condition that could endanger health if not treated immediately. Examples of medical or psychiatric emergencies include:**

- Severe pain.
- Chest pains.
- Heavy bleeding.
- Sudden weakness or numbness of the face, arm, or leg on one side of the body.

- Difficulty breathing or shortness of breath.
- Sudden loss of consciousness.
- Active labor.
- Attempted suicide.
- Suicidal/homicidal ideation.
- Acute psychosis.
- Hazardous drug reactions/interactions.

California law requires a health plan to provide coverage for emergency services to screen and stabilize a condition unless there is evidence to show that either the services were never performed, or the member did not require emergency services and reasonably should have known that an emergency did not exist. Answering machine instructions and after-hours answering service staff of all HMO and PPO practitioners must direct members to call 911 or go directly to the nearest emergency room if they reasonably believe they are experiencing an emergency.

CABC-CM-014588-22

**URL:** <https://providernews.anthem.com/california/article/appropriate-911-emergency-care-procedures>

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## Have you reviewed your online provider directory information lately?

Published: Feb 1, 2023 - **Administrative**



The *Consolidated Appropriations Act*, implemented in 2021, contains a provision that requires online provider directory information be reviewed and updated as needed at least every 90 days. By reviewing your information regularly, you help us ensure your online provider directory information is current.

We ask that you to review your online provider directory information on a regular basis to ensure it is correct. To access your information, go [here](#). Then, under *Provider Overview*, select **Find Care**.

Submit updates and corrections to your directory information by using our online [Provider Maintenance Form](#). Online update options include:

- Add/change an address location.
- Name change.
- Tax ID changes.
- Provider leaving a group or a single location.
- Phone/fax number changes.
- Closing a practice location.

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

CABC-CM-016522-22-CPN16491

**URL:** <https://providernews.anthem.com/california/article/have-you-reviewed-your-online-provider-directory-information-lately>

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## Enhancing Provider News website and email communications

Published: Feb 1, 2023 - **Administrative** / Digital Tools

*This communication applies to Commercial, Medicaid, and Medicare Advantage plans from Anthem Blue Cross (Anthem) in California.*

We are committed to improving the way we do business with our provider community. Listening to your feedback, we are pleased to announce a new look and feel is coming to *Provider News* in the first half of 2023, with additional improvements planned throughout the rest of the year.

Stay tuned for more updates.

CABC-CDCRCM-016115-22-CPN15788

**URL:** <https://providernews.anthem.com/california/article/enhancing-provider-news-website-and-email-communications-1>

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## **Helping to reduce delays when submitting attachments: Make sure your correspondence includes one of these elements**

Published: Feb 1, 2023 - **Administrative** / Digital Tools

The best way to send supporting documents when disputing, appealing, or sending us additional information about a claim is to use the digital applications available on [Availity.com](https://www.availity.com).<sup>\*</sup> Using [Availity.com](https://www.availity.com) to send attachments, such as medical records or an itemized bill, is:

- We'll receive the documents needed faster than through the mail.
- Less expensive. No need to pull records, copy them, and then mail them. Digital submissions can be uploaded directly to the claim.
- Submitting attachments digitally is the easiest way to send them and the best way for us to receive them.
- More accurate. The information needed to identify the claim is automated, so the risk associated with submitting incorrect information on paper is eliminated.

However, if you choose to send documentation through the mail, it is important that you include at least one of the three following elements; otherwise, we will not be able to match the document to the claim and **the correspondence will be returned to you**, causing further delays:

1. Valid claim number

**or**

1. Valid member ID with prefix **and** correct dates of service

**or**

1. Valid member ID with prefix **and** billed charges

**For a clinical appeal, ensure these elements are included:**

1. Valid claim number

**or**

1. Valid member ID with prefix **and** correct dates of service

**or**

or

1. Member name, member date of birth, and correct dates of service

or

1. Member name, member date of birth, authorization, or reference number

**This is important: We cannot match the attachment to the correct claim or member if these elements are not included with your non-digital (fax or mail) submission.**

**The preferred method for submitting supporting documentation is digitally because the documents are attached directly to the claim. This reduces the possibility that incorrect information is included on the paper submission.**

To attach documents to your claim digitally, go to [Availity.com](https://www.availity.com) and use the *Claims & Payments* tab to access *Claims Status*. Enter the necessary information to find your claim and use the **Submit Attachments** button to upload your supporting documentation.

For a claim dispute or an appeal, from [Availity.com](https://www.availity.com), use the *Claims & Payments* tab to access *Claims Status*. Enter the necessary information to find your claim, use the **Dispute** button, and upload your supporting documentation. If the **Dispute** button capability is not available, refer to the provider manual for information about how to file a claim dispute/appeal.

If you do send supporting documentation through the mail or fax, you **must include the elements noted above**. It is preferable that you include this information on the first page of the correspondence you send to us. If this information is not included on your paper correspondence, **we will return the correspondence to you** because we are not able to validate the documentation.

For information about submitting attachments digitally, use this link to access [Availity: Learn about the new claim attachments workflow](#).

\* Availity, LLC is an independent company providing administrative support services on behalf of health plan.

CABC-CM-016606-22-CPN16477

**URL:** <https://providernews.anthem.com/california/article/helping-to-reduce-delays-when-submitting-attachments-make-sure-your-correspondence-includes-one-of-these-elements>

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## 2023 FEP benefit information available online

Published: Feb 1, 2023 - **State & Federal** / Federal Employee Plan (FEP)

To view the 2023 benefits and changes for the Blue Cross Blue Shield Service Benefit Plan, also known as the Federal Employee Program® (FEP), **go to [www.fepblue.org](http://www.fepblue.org)** > select **Tools & Resources > Brochure & Resources**. Here, you will find the Service Benefit Plan brochure, benefit plan summaries, and Quick Reference Guides on information for year 2023. If you have questions, please contact FEP Customer Service at:

**CA – 800-284-9093**

CABC-CM-014679-22

**URL:** <https://providernews.anthem.com/california/article/2023-fep-benefit-information-available-online>

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## No cost, unlimited LiveHealth Online medical and psychology visits during the California State of Emergency

Published: Feb 1, 2023 - **State & Federal** / Medi-Cal Managed Care

Anthem Blue Cross is making LiveHealth Online available at no-cost to all California residents dealing with the damage caused by the winter storms, regardless of insurance status.

If you need care for common conditions that don't require an in-person visit, you can see a doctor from home with a virtual visit on LiveHealth Online. Download the LiveHealth Online app or go to <https://www.livehealthonline.com> to create an account. Once the account is created, you can access medical or psychology health services by selecting the practice website, **Natural Disaster Relief**. The no cost visit offer will be available through the California State of Emergency.

Customer Support is at **888-LIVEHEALTH (888-548-3432)**.

CABC-CD-017828-23

**URL:** <https://providernews.anthem.com/california/article/no-cost-unlimited-livehealth-online-medical-and-psychology-visits-during-the-california-state-of-emergency>

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## Keep up with Medi-Cal news - February 2023

Published: Feb 1, 2023 - **State & Federal** / Medi-Cal Managed Care

Please continue to check for important [Medi-Cal Managed Care](https://providers.anthem.com/california-provider/communications/news-and-announcements) updates at <https://providers.anthem.com/california-provider/communications/news-and-announcements> for the latest Medi-Cal Managed Care information, including:

- [Prior authorization updates for medications billed under the medical benefit \(Enjaymo, Kimmtrak, Tezspire, Voxzogo\)](#)
- [Medical Policies and Clinical Utilization Management Guidelines update](#)
- [Prior authorization updates for medications billed under the medical benefit \(Pluvicto, Opdualag, Alymsys, Yusimry\)](#)
- [Introducing the Provider Learning Hub](#)

URL: <https://providernews.anthem.com/california/article/keep-up-with-medi-cal-news-february-2023>

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## **Peralta Community College District offers Medicare Advantage option**

Published: Feb 1, 2023 - **State & Federal** / Medicare

Effective January 1, 2023, many Peralta Community College District retirees who are eligible for Medicare Parts A & B will be enrolled in a Medicare Preferred (PPO) plan through Anthem Blue Cross. The plan allows retirees to receive services from any provider, as long as the provider is eligible to receive payments from Medicare. In addition, Peralta Community College District retirees pay the same cost share for both in-network and out-of-network services. The MA plan offers the same hospital and medical benefits that Medicare covers and also covers additional benefits that Medicare does not, such as an annual routine physical exam, hearing, vision, LiveHealth Online,\* and SilverSneakers®.\*

The prefix on Peralta Community College District member ID cards will be MBL. The ID cards will also show the Peralta Community College District logo.

Providers may submit claims electronically using the electronic payer ID for the Blue Cross Blue Shield plan in their state or submit a *UB-04* or *CMS-1500* form to the Blue Cross Blue Shield plan in their state. Claims should not be filed with Original Medicare. Contracted and non-contracted providers may call Provider Services at the number on the back of the member ID card for benefit eligibility, prior authorization requirements, and any questions about Peralta Community College District member benefits or coverage.

Detailed prior authorization requirements also are available to contracted providers by accessing the Provider Self-Service Tool at [Availity.com](https://providernews.anthem.com/california/article/peralta-community-college-district-offers-medicare-advantage-option).\*

\* LiveHealth Online is the trade name of Health Management Corporation, an independent company, providing telehealth services on behalf of Anthem Blue Cross. Tivity Health, Inc. is an independent company providing the SilverSneakers fitness program on behalf of Anthem Blue Cross. Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross.

CABC-CR-012008-22

**URL:** <https://providernews.anthem.com/california/article/peralta-community-college-district-offers-medicare-advantage-option>

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## **Anthem Blue Cross expands specialty pharmacy precertification list**

Published: Feb 1, 2023 - **State & Federal** / Medicare



Effective for dates of service on and after **February 1, 2023**, the specialty Medicare part B drug listed in the table below will be included in our precertification review process.

Federal and state law, as well as state contract language and guidelines from the Centers for Medicare & Medicaid Services (CMS), including definitions and specific contract provisions/exclusions, take precedence over these precertification rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

HCPSC or CPT® codes	Medicare part B drugs
J3590	Fynetra (pegfilgrastim-pbbk)

CABC-CRMMP-007098-22-CPN6807

**URL:** <https://providernews.anthem.com/california/article/anthem-blue-cross-expands-specialty-pharmacy-precertification-list-4>

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## Anthem Blue Cross expands specialty pharmacy precertification list

Published: Feb 1, 2023 - **State & Federal** / Medicare

Effective for dates of service on and after February 1, 2023, the specialty Medicare Part B drugs listed in the table below will be included in our precertification review process.

Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these precertification rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

HCPSC or CPT® codes	Medicare Part B drugs
C9399, J3490, J3590	Spevigo (spesolimab-sbzo)
C9399, J3490, J3590	Xenpozyme (olipudase alfa)

CABC-CRMMP-008576-22-CPN8058

**URL:** <https://providernews.anthem.com/california/article/anthem-blue-cross-expands-specialty-pharmacy-precertification-list-5>

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## Specialty pharmacy precertification list expansion

Published: Feb 1, 2023 - **State & Federal** / Medicare

Effective for dates of service on and after April 1, 2023, the specialty Medicare Part B drugs listed in the table below will be included in our precertification review process.

Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these precertification rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

HCPSC or CPT® codes	Medicare Part B drugs
C9399, J3490, J3590	Rolvedon (eflapegastim-xnst)
C9399, J3490, J3590	Stimufend (pegfilgrastim-fpgk)

CABC-CRMMP-010706-22-CPN9557

**URL:** <https://providernews.anthem.com/california/article/specialty-pharmacy-precertification-list-expansion>

## New specialty pharmacy medical step therapy requirements

Published: Feb 1, 2023 - **State & Federal** / Medicare

Effective March 1, 2023, the status of Infed in current criteria documents will change 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 January 1, 2023, Feraheme (ferumoxytol) will change to preferred for both brand and generic.

Step therapy review will apply upon precertification initiation, in addition to the current medical necessity review (as is current procedure). Step therapy will not apply for members who are actively receiving medications listed below.

*Clinical UM Guidelines* are publicly available on the provider website. Visit the [Clinical Criteria](#) page to search for specific criteria.

<b>Clinical UM Guidelines</b>	<b>Preferred drug(s)</b>	<b>Nonpreferred drug(s)</b>
ING-CC-0182	Feraheme (ferumoxytol) Ferlecit (sodium ferric gluconate/sucrose complex) Venofer (iron sucrose)	Infed (iron dextran) Injectafer (ferric carboxymaltose) Monoferic (ferric derisomaltose)

CABC-CRMMP-012809-22-CPN12458

**URL:** <https://providernews.anthem.com/california/article/new-specialty-pharmacy-medical-step-therapy-requirements-32>

## Keep up with Medicare News - February 2023

Published: Feb 1, 2023 - **State & Federal** / Medicare

Please continue to check for important [Medicare Advantage](https://www.anthem.com/ca/provider/medicare-advantage) updates at <https://www.anthem.com/ca/provider/medicare-advantage> for the latest Medicare Advantage information, including:

- [Introducing the Provider Learning Hub](#)
- [Updates to AIM Specialty Health Rehabilitative and Habilitative Services Clinical Appropriateness Guidelines](#)
- [Updates to AIM Specialty Health Advanced Imaging Clinical Appropriateness Guidelines](#)
- [Updates to AIM Specialty Health Radiation Oncology Clinical Appropriateness Guidelines](#)
- [Updates to AIM Specialty Health Musculoskeletal - Interventional Pain Management Clinical Appropriateness Guidelines](#)
- [AIM Specialty Health Cardiology Clinical Appropriateness Guidelines CPT Code List update](#)
- [Prior authorization requirement changes effective April 1, 2023](#)
- [Medical Policies and Clinical Utilization Management Guidelines update](#)
- [Name change announcement: myNEXUS will transition to Carelon Post Acute Solutions on March 1, 2023](#)

**URL:** <https://providernews.anthem.com/california/article/keep-up-with-medicare-news-february-2023-5>

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