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

- 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).

OHBCBS-CM-012302-22-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 and Blue Shield in Ohio.

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 **AIM *ProviderPortal*_{SM}** URL or platform name be changed?	1. No, the website address will not be impacted; all providers will continue to have access to **www.providerportal.com**. 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 **AIM *Clinical Guidelines*** 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 **Availity Essentials***?	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	
1. Will the **AIM corporate website** URL be changed?	1. The corporate website will be moved to **www.carelon.com**. All links to the ***Provider*Portal** 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.

OHBCBS-CRCM-015634-22

URL: https://providernews.anthem.com/ohio/article/aim-specialty-health-will-transition-to-carelon-medical-benefits-management-inc-8

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.

MULTI-BCBS-CM-016525-22-CPN16491

URL: https://providernews.anthem.com/ohio/article/have-you-reviewed-your-online-provider-directory-information-lately-1

Do you offer telehealth services? Let us know!

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

The Department of Health and Human Services (HHS) Notice of Benefit and Payment Parameters for 2023 Final Rule for Marketplace health plans has a Network Adequacy provision regarding telehealth services. As of January 2023, HHS requires health plans to identify and report the in-network providers who offer telehealth services.

As a participating provider with Anthem Blue Cross and Blue Shield, if you provide telehealth services, please let us know by submitting your information to us via the online *Provider Maintenance Form*, which can be found at **anthem.com** or through **Availity Essentials**.* We will add a telehealth indicator to your online provider directory profile so our members know you offer this service.

If you have questions about submitting your information, please contact Provider Services.

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

MULTI-BCBS-CM-017258-23-CPN17179

URL: https://providernews.anthem.com/ohio/article/do-you-offer-telehealth-services-let-us-know

Enhancing Provider News website and email communications

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

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

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.

OHBCBS-CRCM-016127-22-CPN15788

URL: https://providernews.anthem.com/ohio/article/enhancing-provider-news-website-and-email-communications-12

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**.* Using **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** 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**, 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 preferrable 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.

MULTI-BCBS-CM-016609-22-CPN16477

Medical Policies and Clinical Guidelines updates - February 2023*

Published: Feb 1, 2023 - **Policy Updates** / Medical Policy & Clinical Guidelines

Notice of Material Amendment/Change to contract (MAC)

The following Anthem Blue Cross and Blue Shield (Anthem) *Medical Polices* and *Clinical Guidelines* were reviewed on November 10, 2022.

To view medical policies and utilization management guidelines, go to **anthem.com**, select *Providers,* and then select your state. Under *Provider Resources,* select **Policies, Guidelines & Manuals**.

To help determine if prior authorization is needed for Anthem members, go to **anthem.com**, select *Providers,* and then 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 *Utilization Management Guidelines* applicable to members enrolled in the Blue Cross and Blue Shield Service Benefit Plan (commonly referred to as the Federal Employee Program® [FEP®]), visit **www.fepblue.org** > **Policies & Guidelines**.

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 NMN statement for powered wheeled mobility devices using computerized systems to assist with functions such as seat elevation and navigation over curbs, stairs, or uneven terrain (for example, the iBOT Personal Mobility Device) for all indications	5/1/2023
*CG-GENE-13 Genetic Testing for Inherited Diseases	Incorporated content from **CG-GENE-23** Genetic Testing for Heritable Cardiac Conditions, **GENE.00033** Genetic Testing for Inherited Peripheral Neuropathies, **GENE.00037** Genetic Testing for Macular Degeneration (partial content), **GENE.00038** Genetic Testing for Statin-induced Myopathy, and **GENE.00039** Genetic Testing for Frontotemporal Dementia (FTD) into this document- Added CPT and HCPCS codes 81324, 81325, 81326, 81328, 81414, S3861, S3865, S3866, and genes to Tier 2 codes from the documents listed above; also some additional genes added to Tier 2 and NOC codes	12/28/2022
*CG-GENE-14 Gene Mutation Testing for Cancer Susceptibility and Management	Moved content from **CG-GENE-07** BCR-ABL Mutation Analysis and **CG-GENE-17** RET Proto-oncogene Testing for Endocrine Gland Cancer Susceptibility into this document Added CPT and HCPCS codes 81170 and S3840 and additional genes to Tier 2 codes from documents listed above	12/28/2022
CG-MED-23 Home Health	Added HCPCS codes G0320, G0321, G0322 for home health services MN when criteria are met	5/1/2023
*CG-MED-41 Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting	Added HCPCS code G0330 for facility billing for dental services requiring anesthesia, replacing NOC code 41899	12/28/2022

*CG-SURG-27 Gender Affirming Surgery	Added 'Placement of penile or testicular prostheses' to NMN statement	5/1/2023
*CG-SURG-49 Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities	Added HCPCS codes C7531, C7534, C7535 for revascularization of femoral, popliteal arteries, MN when criteria are met	5/1/2023
*CG-SURG-63 Cardiac Resynchronization Therapy with or without an Implantable Cardioverter Defibrillator for the Treatment of Heart Failure	Added HCPCS codes C7538, C7539, C7540 when related to cardiac resynchronization therapy, MN when criteria are met	5/1/2023
*CG-SURG-82 Bone-Anchored and Bone Conduction Hearing Aids	Added CPT codes 69729, 69730 for BAHA with magnetic transcutaneous attachment, MN when criteria are met; also descriptor revisions for codes 69716, 69717, 69719	5/1/2023
*CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity	Added new CPT codes 43290, 43291 for intragastric balloon considered INV&NMN; added NOC code 64999 replacing CPT category III codes 0312T-0317T when specified as VBLOC considered INV&NMN; removed CPT code 00797 for associated anesthesia not addressed	5/1/2023
DME.00011 Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices	Added new CPT Category III codes 0766T, 0767T, 0768T, 0769T, 0783T effective for transcutaneous electromagnetic pulse stimulation and transcutaneous auricular neurostimulation, considered INV&NMN	5/1/2023
DME.00048 Virtual Reality-Assisted Therapy Systems	Added new CPT Category III codes 0770T, 0771T, 0772T, 0773T, 0774T for services using virtual reality technology, considered INV&NMN	5/1/2023

GENE.00010 Panel and other Multi-Gene Testing for Polymorphisms to Determine Drug-Metabolizer Status	Added new CPT code 81418 for drug metabolism panel, considered INV&NMN	5/1/2023
GENE.00049 Circulating Tumor DNA Panel Testing (Liquid Biopsy)	Added CPT PLA code 0356U for NavDx test considered INV&NMN	5/1/2023
*GENE.00052 Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	Moved content from GENE.00037 Genetic Testing for Macular Degeneration and CG-GENE-23 Genetic Testing for Heritable Cardiac Conditions into this document Added chromosome conformation signatures to scope of document and INV&NMN statement	5/1/2023
*GENE.00056 Gene Expression Profiling for Bladder Cancer	Added CPT PLA code 0363U for Cxbladder Triage test considered INV&NMN	5/1/2023
LAB.00011 Selected Protein Biomarker Algorithmic Assays	Added CPT PLA code 0360U for Nodify CDT test considered INV&NMN	5/1/2023
LAB.00033 Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer	Added CPT PLA code 0359U for IsoPSA test, considered INV&NMN	5/1/2023
LAB.00046 Testing for Biochemical Markers for Alzheimer's Disease	Added CPT PLA codes 0358U for Lumipulse G βAmyloid Ratio and 0361U for Neurofilament Light Chain (NfL) tests, considered INV&NMN	5/1/2023

*MED.00130 Surface Electromyography and Electrodermal Activity Sensor Devices for Seizure Monitoring **Previously titled:** Surface Electromyography Devices for Seizure Monitoring	Revised title Revised Position Statement by adding electrodermal activity sensor devices Added HCPCS code E1399 NOC, no specific code for electrodermal activity devices considered INV&NMN	5/1/2023
*SURG.00011 Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting	Added HCPCS codes Q4262, Q4263, Q4264 for products considered INV&NMN; also added Q4236 reactivated for Care patch, considered INV&NMN	5/1/2023
*SURG.00023 Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures	Added chest wall reconstruction with flat chest closure to the list of surgical procedures considered 'Reconstructive' following surgery for breast cancer	5/1/2023
SURG.00079 Nasal Valve Repair	Added new CPT code 30469 for Vivaer procedure, considered INV&NMN	5/1/2023
SURG.00095 Viscocanalostomy and Canaloplasty	Revised descriptors for CPT codes 66174, 66175	12/28/2022
*SURG.00097 Scoliosis Surgery	Added magnetically controlled growing rods to scope of document in INV&NMN statement	5/1/2023
SURG.00113 Artificial Retinal Devices	Removed HCPCS codes C1841, C1842 HCPCS update	12/28/2022
SURG.00140 Peripheral Nerve Blocks for Treatment of Neuropathic Pain	Revised descriptors for CPT codes 64415, 64417, 64447	12/28/2022

TRANS.00013 Small Bowel, Small Bowel/Liver, and Multivisceral Transplantation	Added the term "Multivisceral" and the phrase, "including but not limited to treatment of pseudotumor peritonei" to the first INV&NMN statement Removed the third INV&NMN on "all other Multivisceral transplants"	5/1/2023
TRANS.00029 Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias	Expanded scope of document to address autologous hematopoietic stem cell mobilization and pheresis for the treatment of genetic diseases as part of the development of an FDA-approved ex vivo gene therapy (for example, betibeglogene autotemcel or elivaldogene autotemcel) Added MN and INV&NMN criteria for Autologous hematopoietic stem cell mobilization and pheresis	5/1/2023
THER-RAD.00012 Electrophysiology-Guided Noninvasive Stereotactic Cardiac Radio-ablation	Added new CPT Category III codes 0745T, 0746T, 0747T for cardiac radio-ablation services considered INV&NMN: replacing non-specific radiation therapy codes	5/1/2023
TRANS.00035 Therapeutic use of Stem Cells, Blood, and Bone Marrow Products	Added CPT Category III code 0748T for injection of stem cell product into perianal peri fistular soft tissue considered INV&NMN	5/1/2023

MULTI-BCBS-CM-016435-22

URL: https://providernews.anthem.com/ohio/article/medical-policies-and-clinical-guidelines-updates-february-2023-2

AIM Specialty Health Cardiology Clinical Appropriateness Guidelines CPT Code List update*

Published: Feb 1, 2023 - **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 code updates will apply to the AIM Specialty Health$_®$* Percutaneous Coronary Intervention Clinical Appropriateness Guidelines.

Percutaneous coronary intervention:

CPT® code	Description
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)

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

- Access AIM's *ProviderPortal*$_{SM}$ 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 Essentials at **availity.com**

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

* 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-CR-013612-22-CPN12754

URL: https://providernews.anthem.com/ohio/article/aim-specialty-health-cardiology-clinical-appropriateness-guidelines-cpt-code-list-update-15

Updates to AIM Specialty Health Advanced Imaging Clinical Appropriateness Guidelines*

Published: Feb 1, 2023 - **Policy Updates** / Medical Policy & Clinical Guidelines

Notice of Material Amendment/Change to contract (MAC)

This communication applies to Commercial and Medicare Advantage plans from Anthem Blue Cross and Blue Shield.

Effective for dates of service on and after April 9, 2023, the following updates will apply to the AIM Specialty Health₍ᵣ₎* (AIM) *Advanced Imaging Clinical Appropriateness Guidelines*. As part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

Updates by guideline

- Imaging of the Brain:

  - Meningioma — Added more frequent surveillance for WHO grade II/III
  - Bell's palsy — Limited the use of CT to scenarios where MRI cannot be performed
  - Seizure disorder — Added indication for advanced imaging in pediatric patients with nondiagnostic electroencephalogram (EEG)

- Imaging of the Head and Neck:

  - Perioperative imaging — Added indication for imaging prior to facial feminization surgery

- Imaging of the Chest:

  - Perioperative imaging — Added indication for imaging prior to lung volume reduction procedures
  - Imaging abnormalities — Added indication for evaluation of suspected tracheal or bronchial pathology

- Imaging of the Abdomen/Pelvis:

  - Uterine leiomyomata — Added indication for advanced imaging when ultrasound suggests leiomyosarcoma
  - Pancreatic indications — Added indication for pancreatic duct dilatation
  - Pancreatic mass — Added allowance for more frequent follow up of lesions with suspicious features or in high-risk patients

- Pelvic floor disorders — Added indication for MRI pelvis in chronic constipation when preliminary testing is nondiagnostic

- Abdominal/pelvic pain, undifferentiated — Removed indication for MRI following nondiagnostic CT

- Oncologic Imaging:

  - National Comprehensive Cancer Network annual alignments for breast cancer screening and the following: Cervical, Head and Neck, Histiocytic Neoplasms, Lymphoma (Non-Hodgkin and Leukemia), Multiple Myeloma, Thoracic, and Thyroid cancers
  - Prostate Cancer:

    - Updated respective conventional imaging prerequisites for 18F Fluciclovine/11C PET/CT and 68Ga PSMA/18F-DCFPyL PET/CT, based on utility of conventional imaging at various PSA thresholds (and removal of low-risk disease waiver from conventional imaging footnote).
    - Addition of 68Ga PSMA or 18F-DCFPyL PET/CT indication aligned with FDA-approved use of Pluvicto (radioligand) treatment for metastatic castrate-resistant disease

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of the following 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 Availity* Essentials at **availity.com**.

For questions related to guidelines, contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines at **http://www.aimspecialtyhealth.com/ClinicalGuidelines.html**.

Note: AIM will join the Carelon* family of companies and change its name to Carelon Medical Benefits Management, Inc. on March 1, 2023.

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

MULTI-BCBS-CRCM-012947-22-CPN11942

URL: https://providernews.anthem.com/ohio/article/updates-to-aim-specialty-health-advanced-imaging-clinical-appropriateness-guidelines-38

Specialty pharmacy updates - February 2023*

Published: Feb 1, 2023 - **Products & Programs** / Pharmacy

Notice of Material Amendment/Change to contract (MAC)

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

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

Including the National Drug Code (NDC) code on your claim may help expedite claim processing for drugs billed with a Not Otherwise Classified (NOC) code.

Reminder: *Clinical Criteria* **name change**
In January 2023, we changed the name of *Clinical Criteria* documents from ING-CC-XXXX to CC-XXXX; however, the content within the documents remains unchanged.

Prior authorization updates
Effective for dates of service on and after May 1, 2023, the following specialty pharmacy codes from current or new *Clinical Criteria* documents will be included in our prior authorization review process.

Clinical Criteria	Drug	HCPCS or CPT® code(s)
CC-0226*[+]	Elahere (mirvetuximab)	J3590, J9999
CC-0223*[+]	Imjudo (tremelimumab-actl)	J3490, J3590, J9999
CC-0224*[+]	Pedmark (sodium thiosulfate injection)	J3490, J9999
CC-0222*[+]	Tecvayli (teclistamab-cqyv)	J3490, J3590, J9999
CC-0225[+]	Tzield (teplizumab-mzwv)	J3490, J3590
CC-0107*[+]	Vegzelma (bevacizumab-adcd)	J3590, J9999
CC-0072[+]	Vegzelma (bevacizumab-adcd)	J3590

* Oncology use is managed by AIM.

[+] The applicable Clinical Criteria is attached to this article in PDF format.

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

Step therapy updates
Effective for dates of service on and after May 1, 2023, the following specialty pharmacy codes from current or new *Clinical Criteria* documents will be included in our existing specialty pharmacy medical step therapy review process.

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

Clinical Criteria CC-0107 currently has a step therapy preferring Avastin and the biosimilar Mvasi. This update is to notify that the new biosimilar Vegzelma will be added to existing step therapy as a non-preferred agent.

Clinical Criteria	Status	Drug	HCPCS or CPT code(s)
CC-0107*[+]	Non-preferred	Alymsys	C9142, J3490, J3590, J9999
*CC-0107**	*Non-preferred*	*Vegzelma*	*J3590, J9999*
CC-0107*	Non-preferred	Zirabev	Q5118
CC-0107*	Preferred	Avastin	J9035
CC-0107*	Preferred	Mvasi	Q5107

* Oncology use is managed by AIM.

[+] The applicable Clinical Criteria is attached to this article in PDF format.

Clinical Criteria **CC-0072:** This is a courtesy notice to notify that there is an expansion in the preferred products in the step therapy for *Clinical Criteria* CC-0072 Vascular Endothelial Growth Factor inhibitors. Currently, Avastin and Eylea are preferred. Effective April 1, 2023, Byooviz, Cimerli, Lucentis, and Vabysmo will change from non-preferred to preferred product status.

Quantity limit updates
Effective for dates of service on and after May 1, 2023, the following specialty pharmacy codes from current or new *Clinical Criteria* documents will be included in our quantity limit review process.

Access our *Clinical Criteria* to view the complete information for these quantity limit updates.

Clinical Criteria	Drug	HCPCS or CPT code(s)
CC-0225[+]	Tzield (teplizumab-mzwv)	J3490, J3590
CC-0072[+]	Vegzelma (bevacizumab-adcd)	J3590

[+] The applicable Clinical Criteria is attached to this article in PDF format.

* AIM Specialty Health is an independent company providing some utilization review services on behalf of the health plan.

MULTI-BCBS-CM-016921-23

URL: https://providernews.anthem.com/ohio/article/specialty-pharmacy-updates-february-2023-3

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** > 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:

CO – **800-852-5957**

CT – **800-438-5356**
GA – **800-282-2473**
IN – **800-382-5520**
KY – **800-456-3967**
ME – **800-722-0203**
MO – **800-392-8043**
NV – **800-727-4060**
NH – **800-852-3316**
NY – **800-522-5566**
OH – **800-451-7602**
VA – **800-552-6989**
WI – **800-242-9635**

MULTI-BCBS-CM-014973-22

URL: https://providernews.anthem.com/ohio/article/2023-fep-benefit-information-available-online-1

Electronic data interchange overview

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

All electronic data interchange (EDI) transmissions for Ohio Medicaid Managed Care membership must be submitted to the Ohio Department of Medicaid (ODM).

Please note:

- Commercial and Medicare Ohio policies with Anthem Blue Cross and Blue Shield (Anthem) will continue to be submitted to Availity.* Only specific Ohio Medicaid polices will be submitted to ODM.
- Availity will reject Ohio Medicaid EDI submissions on their response reports if received.

EDI trading partner:

- If your organization uses practice management software, you must register as a trading partner with
- If your organization uses a vendor or clearinghouse, please work with them to ensure they are a trading partner with ODM.

Registration and contact information:

- Email: EDI-TP-Comments@medicaid.ohio.gov
- Integrated Health Desk (EDI): **800-686-1516**, **option 3**
- **Trading Partner Enrollment**

EDI transactions through ODM:

- Healthcare Claim: Professional (837P)
- Healthcare Claim: Institutional (837I)
- Healthcare Claim: Dental (837D)
- Healthcare Eligibility Benefit Inquiry and Response (270/271):

  - *Availity can be used for your real-time requests.*

- Healthcare Services Prior Authorization (278)
- Healthcare Services Inpatient Admission and Discharge Notification (278N)
- Healthcare Claim Payment/Advice (835)

- *Availity can be used for your real-time requests.*

- Medical Attachments (275)

EDI payer ID for Anthem:

- 0002937: medical claims
- D002937-dental claims
- V002937-vision claims
- T002937-transportation claims

Electronic remittance advice (835)

- The electronic remittance advice (835) must be registered with ODM for the Ohio Medicaid plan; Please work with your vendor or clearinghouse to enroll your 835's with ODM
- **835 Enrollment Instructions**
- **835 Enrollment Form**
- 835 files will be delivered to ODM.
- Paper Remittance Advice Images can be viewed in Availity under Payer Spaces > Remit Inquiry
- *Ohio Commercial and Medicare policies with Anthem Blue Cross and Blue Shield will continue to be registered and managed by Availity.*

Note: If you use a clearinghouse or vendor, please work with them on ERA registration and receiving your ERAs with ODM.

Electronic funds transfer
Electronic funds transfer (EFT) is a secure and fast way to receive payment, reducing administrative processes. An EFT deposit is assigned a trace number that is matched to the 835 ERA for simple payment reconciliation.

Use EnrollSafe (**https://enrollsafe.payeehub.org**) to register and manage EFT account changes.

OHBCBS-CD-004187-22

URL: https://providernews.anthem.com/ohio/article/electronic-data-interchange-overview

Custom Learning Center located on Availity Essentials Payer Spaces

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

Find courses and reference guides that will familiarize you with many of our self-service digital tools that you access through the Availity Essentials

Our digital tools are easy to use, and to get started you may need some tips on how to navigate these online applications to get the results you need. The Custom Learning Center has information that will help you get up and running quickly with many of our applications that you access through Payer Spaces. Additionally, you will find both videos and reference guides that will assist you with navigating Interactive Care Reviewer, our online authorization tool.

Follow these steps to access the Custom Learning Center Catalog and Resources

Access to the Custom Learning Center requires Availity Essentials registration. You are required to have your own unique user ID and password.

Login to Availity **https://www.availity.com** then from the home page, select **Payer Spaces | Health plan tile | Applications | Custom Learning Center**

The Custom Learning Center opens on the **Catalog** page where you will find videos and courses.
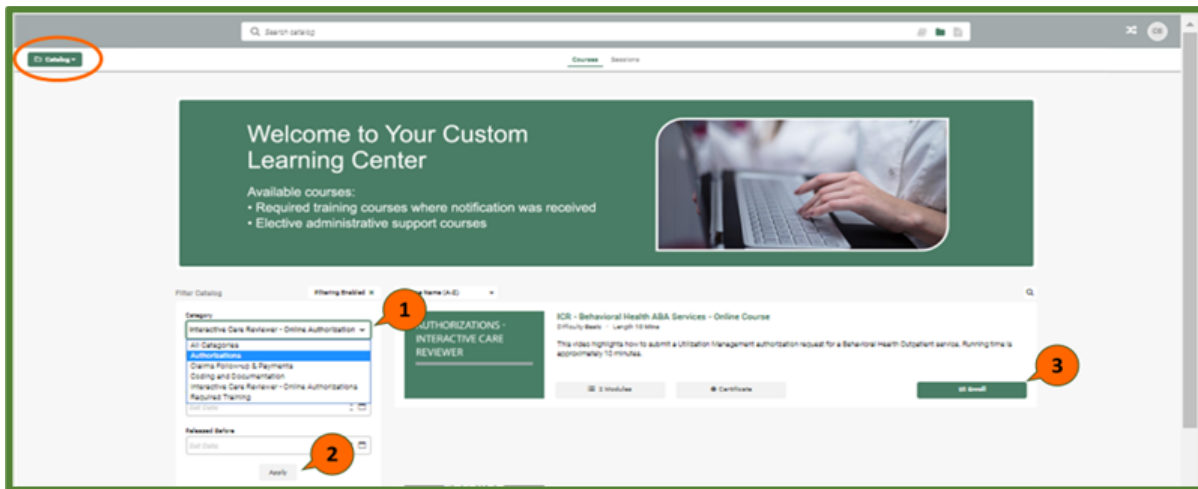
1. You can use the Catalog filter and select a category to narrow your search results

2. Click **Apply** if you select one of the filter categories

3. Find the course(s) you want to take and select **Enroll**. Choose **Start** to take the course immediately or to save and take later, select **Return to Dashboard**
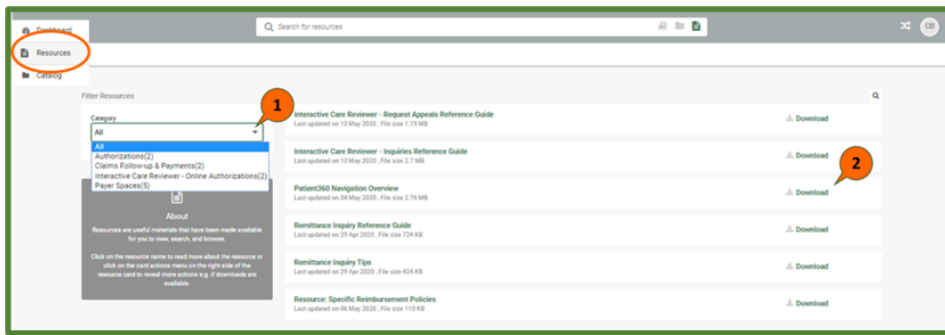
1. You can use the Resources filter and select a category to narrow your search results

2. Select **Download** to view and/or print the reference guide

As new online tools become available, we will continue adding job aids to the Custom Learning Center.

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

OHBCBS-CD-009535-22

URL: https://providernews.anthem.com/ohio/article/custom-learning-center-located-on-availity-essentials-payer-spaces-1

Electronic remittance advice (835)

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

Beginning February 1, 2023, Anthem Blue Cross and Blue Shield (Anthem) will have membership for the Ohio Medicaid policy that your organization might see as patients.

All electronic data information transactions must be submitted directly to Ohio Department of Medicaid (ODM), which includes the registration for the electronic remittance advice (835).

Please see below for specific details:

- The electronic remittance advice (835) must be registered and managed with ODM for the Ohio Medicaid plan.
- Please work with your vendor or clearinghouse to enroll your 835s with ODM. If your organization uses Availity* as a clearinghouse, they will also be responsible to submit your 835 registrations to ODM.
- Use this **link** to submit your 835 registrations to ODM.

Note: Existing Commercial policies with Anthem will continue to be registered and managed by Availity.

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

OHBCBS-CD-011085-22

URL: https://providernews.anthem.com/ohio/article/electronic-remittance-advice-835

Anthem Blue Cross and Blue Shield reimbursement policies
Published: Feb 1, 2023 - **State & Federal** / Medicaid

Anthem Blue Cross and Blue Shield (Anthem) reimbursement policies for Ohio Medicaid became effective February 1, 2023 and are located on the Anthem provider website.

For dates of service (DOS) that span prior to February 1, 2023, the legacy Paramount Medicaid policies will apply for members who are transitioning to Anthem for their Medicaid coverage. For any claim whose DOS starts prior to and ends after February 1, 2023, providers will continue to use Paramount Medicaid policies. The legacy Paramount reimbursement policies can be found at
https://www.paramounthealthcare.com/services/providers/reimbursement-policies.

Anthem reimbursement policies apply to providers who serve members enrolled in Anthem with dates of service on or after February 1, 2023, and are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Anthem strives to minimize these variations. To view the Anthem reimbursement policies for Ohio Medicaid, visit the provider self-service website at
https://providers.anthem.com/oh.

What does this mean to me?

Refer to the reimbursement policy websites, your respective provider manual, and/or your respective provider contract as a guide for reimbursement criteria. Reimbursement policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence. Proper billing and submission guidelines are required along with the use of industry-standard, compliant codes on all claim submissions.

Reimbursement policies undergo reviews for updates to state contracts, rules, and requirements, as well as federal and CMS requirements. Additionally, updates may be made at any time if we are notified of a mandated change or due to an Anthem business decision. We reserve the right to review and revise our policies when necessary. When there is an update, we will publish the most current policy at **https://providers.anthem.com/oh**.

Code and clinical editing

Medical Policies, and *Clinical Utilization Management Guidelines*. Anthem is committed to working with you to ensure timely processing and payment of claims.

What if I need assistance?
The complete set of policies are available at **https://providers.anthem.com/oh**. If you have questions, visit the provider self-service website. You may also contact your Anthem Provider Experience consultant.

If you have legacy Paramount reimbursement policy questions related to claims prior to and/or spanning past February 1, 2023, contact a Paramount Provider Services representative or call **419-887-2535** or **800-891-2542**.

Reimbursement policies
Refer to the complete list of reimbursement policies on the reimbursement policy website, your provider manual, and/or your provider contract. These policies apply unless provider, federal, or CMS contracts and/or requirements indicate otherwise.

Policy topic	Category
Abortion (Termination of Pregnancy)	Surgery
Assistant at Surgery Guidelines (Modifier 80/81/82/AS)	Coding
Claim Requiring Additional Documentation	Administration
Claim Submission — Required Information for Facilities	Administration
Claim Submission — Required Information Professional	Administration
Claims Timely Filing	Administration
Claims with Charge Discrepancies	Administration
Code and Clinical Editing Guidelines	Administration
Consultations	Evaluation and Mangement
Corrected Claims	Administration
Diagnoses Used for DRG Computation	Coding
Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU)	Coding
DME Modifiers for New, Rented, and Used Equipment	DME and Supplies
Documentation Standards for Episodes of Care	Administration
DRG Inpatient Facility Transfers	Facilities
DRG Newborn Inpatient Stays	Facilities
Drug Screen Testing	Laboratory
Drugs and Injectable Limits	Drugs
Duplicate Services on the Same Date of Service	Administration
Durable Medical Equipment (Rent to Purchase)	DME and Supplies
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)	Prevention
Eligible Billed Charges	Administration
Emergency Services: Non-Participating Providers and Facilities	Administration
Facility Take-Home DME and Medical Supplies	DME and Supplies
Global Surgical Package	Surgery
Hysterectomy	Surgery
Inpatient Readmissions	Facilities
Locum Tenens Physicians	Administration
Maternity Services	Surgery
Maximum Units Per Day	Administration
Medical Recalls	Administration
Modifier 24: Unrelated E&M Service	Coding

Modifier 25: Significant, Separately Identifiable E&M Service by the Same Physician on the Same Day of the Procedure or Other Service	Coding
Modifier 26 and TC: Professional and Technical Component	Coding
Modifier 62: Co-Surgeons	Coding
Modifier 63: Procedure on Infants less than 4kg	Coding
Modifier 78: Return to OR for Related Procedure during the Postoperative Period	Coding
Modifier 90: Reference (Outside) Laboratory and Pass-Through Billing	Coding
Modifier 91: Repeat Clinical Diagnostic Laboratory Test	Coding
Modifier LT/RT: Left Side/Right Side Procedures	Coding
Modifier Usage	Coding
Multiple and Bilateral Surgery: Professional and Facility Reimbursement	Coding
Multiple Delivery Services	Surgery
Multiple Procedure Payment Reduction	Medicine
Multiple Radiology Payment Reduction	Radiology
Nurse Practitioner and Physician Assistant Services	Administration
Portable/Mobile/Handheld Radiology	Radiology
Preadmission Services for Inpatient Stays	Facilities
Preventable Adverse Events	Administration
Preventive Medicine and Sick Visits on Same Day	Evaluation and Management
Professional Anesthesia Services	Anesthesia
Prosthetics and Orthotics Devices	Prosthetics and Orthotics
Reimbursement for Items under Warranty	Administration
Reimbursement for Reduced and Discontinued Services	Coding
Requirements for Documentation of Proof of Timely Filing	Administration
Reimbursement of Sanctioned Providers	Administration
Robotic Assisted Surgery	Surgery
Scope of Practice	Administration
Sexually Transmitted Infections — Testing	Laboratory
Sterilization	Surgery
Transportation Services: Ambulance and Non-Emergent Transport	Transportation

Unlisted, Unspecified, or Miscellaneous Codes	Coding
Vaccines for Children (VFC) Program	Prevention

OHBCBS-CD-011929-22

URL: https://providernews.anthem.com/ohio/article/anthem-blue-cross-and-blue-shield-reimbursement-policies

---

Provider Pathways - eLearning from Anthem Blue Cross and Blue Shield

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

At Anthem Blue Cross and Blue Shield (Anthem), we value you as a provider in our network. That's why we've redesigned one of the ways we share important information about our tools and resources to make it more useful for you.

Provider Pathways is a 24/7 digital resource that gives a foundation on doing business with Anthem. We are always looking to improve our training methodology, and this self-paced offering provides a new approach to an easy, on demand option for sharing information on our most frequently used provider tools and resources. In addition, Provider Pathways eLearning gives you the flexibility for scheduling training for yourself and your staff.

You're in control of your training experience
Whether you want to learn more about authorizations or need information on claims, you pick the path and decide the pace.

Provider Pathways includes information on most of our frequently used provider tools and resources, including:

- Joining our network.
- Registering for Availity.*
- Enrolling in electronic funds transfer and electronic remittance advice.
- Checking member eligibility.
- Checking claim status or submitting a payment dispute.
- Checking the status of submitted authorizations or submitting an authorization appeal.

eLearning on your schedule

Provider Pathways modules are designed to be informative, easy to navigate, and can be retaken if you need a quick refresher on one or more topics. The modules have both instructor voiceover and transcripts to take you through each lesson. You can pause, replay, or go back whenever you need, giving you the freedom to take lessons at your own speed. Provider Pathways tracks your progress and will remember where you stop when you have to leave and come back later.

Learn more

For your convenience, Provider Pathways is available on the Provider Training Academy portion of the provider website at **https://providers.anthem.com/oh**.

If you have questions about this new provider resource, please reach out to your Provider Experience team at OhioMedicaidProvider@anthem.com.

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

OHBCBS-CD-011962-22

URL: https://providernews.anthem.com/ohio/article/provider-pathways-elearning-from-anthem-blue-cross-and-blue-shield

---

The difference between Medicaid and Commercial

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

Beginning February 1, 2023, your organization may begin receiving Anthem Blue Cross and Blue Shield (Anthem) membership for Ohio Department of Medicaid (ODM) policies as well as the existing Anthem commercial lines of business. This document will help identify key differences for submitting electronic transactions.

Electronic claim submission EDI payer ID
Ohio Department of Medicaid (**ODM**):

- 0002937 - **Medical**

Ohio commercial **(Availity*):**

- 00834 **Professional**
- 00332 **Institutional**

Medicaid:

- All EDI submissions must be delivered to ODM using payer ID **0002937**.
- If you use a clearinghouse or billing vendor, please work with them to ensure connection to ODM.
- Availity is a participating clearinghouse vendor with ODM. Your organization can use Availity as a clearinghouse vendor by submitting your Medicaid EDI transactions with the payer ID 0002937.
- Direct data entry claims can be submitted using Availity Essentials. You will also have the option to attach documentation with your initial claim submission.

Commercial:

- All claim submissions are delivered to Availity. Availity will reject Medicaid membership claims if claims are received using the commercial EDI payer ID's: 00834 and 00332.

Electronic remittance advice: Medicaid:

- All 835 registrations must be sent to ODM.
- If you use a clearinghouse or billing vendor, please work with them to ensure they are submitting your registrations to ODM.

You can view your digital 835s using Availity Essentials.

Commercial:

- All 835 registrations are submitted and viewed on Availity Essentials.

Electronic claim status & eligibility Medicaid:

- All EDI transactions including the EDI 275 attachment transaction, batch claim status & batch Eligibility request must be submitted to ODM.
- If you use a clearinghouse or billing vendor, please work with them to ensure they are submitting transactions to ODM.
- You can view claim status and eligibility using Availity Essentials.

Commercial:

- All EDI transactions are submitted and viewed on Availity Essentials.

Attachments Medicaid:

- The EDI 275 transaction for both unsolicited and solicited attachments must be sent to ODM.
- To submit an attachment with your claim submission (unsolicited), you have the following options:

  - Submit your initial claim using the Direct Data Entry functionality on Availity Essentials. You will have the option to attach documentation while entering the claim.
  - Submit your claim and wait for the 835 and/or remittance advice containing the claim number. You can use the claim status feature to attach your document within Availity Essentials.
  - *Please note, the option to upload an unsolicited attachment within Availity Essentials is not currently available*; *look for future enhancement communications.*

- If you are submitting an attachment due to a request from the payer (solicited), you can use the claim status feature to upload your documentation within Availity Essentials.

Commercial:

- The EDI 275 transaction for both unsolicited and solicited attachments must be sent to Availity.

- Attachments submitted with an 837 PWK segment can be uploaded using the Availity Essentials attachment tool by locating the notification in the inbox, or by uploading the attachment using the claim status feature with your claim number.

ODM contact information

- **EDI** – usomesedisupport@deloitte.com
- **Phone** – Integrated Health Desk (EDI): **800-686-1516**
- **ODM Authorized EDI Trading Partners**

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

OHBCBS-CD-015521-22

URL: https://providernews.anthem.com/ohio/article/the-difference-between-medicaid-and-commercial

---

Access instant health plan information via Availity Essentials

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

Beginning February 1, 2023, Availity Essentials,* the secure multi-payer website (**availity.com**), will allow access to Anthem Blue Cross and Blue Shield (Anthem) digital applications and training resources. Availity Essentials provides access to real-time information and instant responses in a consistent format, regardless of the payer.

If you have been using Availity Essentials for other Anthem plans, you will be able to seamlessly transition to using the website for Medicaid members during patient check-ins and checkouts.

If you are new to Availity Essentials, register now for secure website access so your organization will be ready to benefit from easy, instant access to health plan information.

Some of the Availity Essentials multi-payer self-service features available for Anthem include:

- Eligibility and benefits including digital ID cards.
- Claims status.
- Claims disputes.
- Medical attachments.
- Authorization status and clinical appeals.
- Request an External Medical Review

To find additional digital applications exclusive to Anthem, visit *Payer Spaces* on Availity Essentials. Some of the most frequently used applications are:

- **Chat with payer:** Start a live chat to get questions answered through a real-time, online discussion.
- **Custom Learning Center:** Locate job aids and courses illustrating navigation of applications and electronic data interchange (EDI) transactions.
- **Patient360:** Access member-centric clinical and case management data.
- **Precertification Look Up Tool**: Verify if outpatient services require prior authorization.
- **Provider online reporting:** Retrieve Member Panel reports of members assigned to individual providers or groups.
- **Remittance inquiry:** View, print, and save a copy of your remittance advice.

First, your organization needs to assign an Availity Essentials administrator to initiate registration. To begin the process, the administrator should visit **availity.com**, select **Register**, and complete the online form. For more details on registration, visit **Learn About Availity Portal Registration**. The Portal Registration webpage includes a link with information on live webinars you can join each month. An instructor will go through the steps necessary to register and get started on Availity Essentials.

As an administrator or a user on Availity Essentials, check out the Availity Learning Center (ACL) and begin taking on demand courses.
Availity offers on demand onboarding modules for new administrators and users. To access this Availity training, you need to be registered and have a user ID. These modules are located on the ALC. From the Availity Essentials top navigation bar, select **Help & Training | Get Trained.** For any course, search by keyword such as *administrator onboarding* or filter by category to locate the course.

Availity Essentials live training webinars for all providers servicing Anthem members
Join these training events beginning in mid-January. The sessions will cover the digital applications that will be available to use for the health plan. The instructor will demonstrate navigation and features of eligibility and benefits, claims disputes, medical attachments, and more. To enroll for a webinar session, select this link: **Provider Availity Essentials Training**, or log on to Availity, select **Help & Training > Get Trained**. The ALC catalog opens in a new browser tab. Enter *ohbc* in the search field to enroll for these live webinars. Registration for the webinars begins in early January.

Do you have questions regarding Availity Essentials registration?
Call Availity Client Services at **800-AVAILITY** (**800-282-4548**). Availity Client Services is available Monday to Friday from 8 a.m. to 8 p.m. Eastern time (excluding holidays) to answer your registration questions.

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

OHBCBS-CD-015929-22

URL: https://providernews.anthem.com/ohio/article/access-instant-health-plan-information-via-availity-essentials

Introducing the Provider Learning Hub for Anthem Blue Cross and Blue Shield

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

This communication applies to Medicaid and Medicare Advantage plans from Anthem Blue Cross and Blue Shield in Ohio.

Now, you can learn about many of our digital capabilities through our new educational platform we are calling the Provider Learning Hub. The Provider Learning Hub will include how-to trainings for Availity* registration and onboarding, and other administrative transactions. All this is available at your fingertips without having to remember another username and password.

Access the new Provider Learning Hub today from the home page on our public website under Availity by using this link: **https://gateway.on24.com/wcc/eh/3555851/category/104185/anthem-blue-cross-and-blue-shield**.

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

OHBCBS-CDCR-012995-22-CPN10343

URL: https://providernews.anthem.com/ohio/article/introducing-the-provider-learning-hub-for-anthem-blue-cross-and-blue-shield

---

Pregnancy notification process using the benefit look-up tool

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

Anthem Blue Cross and Blue Shield (Anthem) aims to identify all pregnant members early in their pregnancy so members can take full advantage of the education, support, resources and incentives available through the New Baby, New Life^SM program we offer.

Anthem uses the Benefit Look-Up Tool in the Availity Portal* to generate timely information about newly identified pregnant women. Early intervention helps improve birth outcomes and assists patients with accessing additional benefits as soon as possible. This does not replace submitting an electronic *Pregnancy Risk Assessment Form* (ePRAF) via NurtureOhio.

How it works
During the eligibility and benefits inquiry, if the member is of childbearing age, the office associate will be prompted to answer whether the member is pregnant or not. If the response is yes, the system will ask the due date, and a *Maternity form* is generated. Providers are asked to complete the form and provide additional information including the dates of the first prenatal and postpartum care visits.

Just follow these simple steps:

- Perform an eligibility and benefits request on a member of childbearing age and choose one of the following benefit service types: maternity, obstetrical, gynecological, obstetrical/gynecological.
- Before you see the benefit results screen, you will be asked if the member is pregnant and given a **Yes** or **No** option. If you indicate **Yes**, you will be asked what the estimated due date is. Fill in that date if you have an estimate or leave it blank if you do not.
- After you submit your answer, you will be taken to the benefits page. In the background, a *Maternity Application form* will be generated for this patient in the maternity application in Payer Spaces for Anthem.

Provider frequently asked questions
What is the purpose of the Availity Portal pregnancy notification process?
Anthem aims to identify all pregnant Anthem members early in their pregnancy so members can take full advantage of the education, support, resources, and incentives available through maternity programs like New Baby, New Life^SM.

When will the maternity screening questions display?

and benefits inquiry. For members 15 to 44 years of age, the system will then display a maternity screening consisting of two required questions. If the provider confirms the patient is pregnant, a *Maternity Form* is generated. If the patient is not pregnant, the desired eligibility and benefits information displays, and no further action is required.

What information is required on the maternity screening in the Availity Portal?
The following questions are required: "Is the patient pregnant?" and "What is the estimated due date?" If the estimated due date is not yet known, that question can be skipped; however, it will appear the next time a provider uses the eligibility and benefits lookup.

How is the information on the *Maternity Form* used?
The *Maternity Form* helps identify pregnant women so that maternity programs can be offered to them. As part of the process, all identified pregnant women receive an OB high-risk screening as well as appropriate prenatal, postpartum and well-child health education. Therefore, it is important that pregnancy data is correctly entered into the Availity Portal.

The *Maternity Form* is optional, but completing it is highly recommended so pregnancy support can be offered to members. For example, if Anthem sees a member has not yet had important prenatal and postpartum visits, we can help the member schedule these visits. It also notifies us if a pregnancy has ended prematurely so we can turn off pregnancy related health education messaging.

How should the provider respond when a member presents as a transfer from another OB provider?
You should answer the member pregnancy questions and complete the *Maternity Form* as usual. Even though the first prenatal visit question typically relates to prenatal care in the first trimester or within 42 days of plan enrollment, you can enter the date you first provided prenatal care for the patient.

If a member transfers out of our practice during her prenatal course, how should the provider complete the *Maternity Form*?
You can leave the *Maternity Form* in pending status as it still provides us with pertinent prenatal care information up to the point the patient transfers out of the practice. The form remains in place until it is automatically retired 19 months later.

If we have confirmed the patient is pregnant but suffers an early miscarriage or chooses to terminate their pregnancy, how should the provider communicate this

delivered prior to 20 weeks." This action allows the office to close out and submit the Maternity Form for this pregnancy. This will also notify us that any previously initiated maternity programs should be stopped.

Do I have to answer all questions on the *Maternity Form* at the same time?
No, the workflow is designed so you can enter and save information as it becomes available at multiple times during the pregnancy. After entering the delivery and postpartum visit dates, you are given the option to complete and submit the attestation. Until you are ready to submit the attestation, you may save information and continue with other tasks.

Is there an easy way for me to obtain a list of all patients for whom I need to enter prenatal or postpartum visit dates?
Yes, you will receive two notifications to complete the *Maternity Form*:

- The notification to complete the form and enter the first prenatal visit date is posted at the time the form is created.
- The second notification to alert you to schedule the postpartum visit and to enter the postpartum visit date is posted 14 days prior to the estimated due date.

You can access the work queue at any time under *Payer Spaces*. Select the payer title from the list and select **Maternity**.

How can I get additional help, support or training?

- Availity offers integrated help and on-demand training demonstrations (select **Help** or **Find Help** and search using the keyword *maternity*).
- You can launch a training demo from associated help topics as well as the *Maternity* work queue.
- If you have technical difficulties related to the *Maternity* workflow, contact Availity support at **800-282-4548**.

If you have questions, please contact Provider Services at **844-912-1226**.

Name change announcement: myNEXUS will transition to Carelon Post Acute Solutions on March 1, 2023

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

In June 2022, myNEXUS* announced that it joined the Carelon family of companies. Carelon* is a new healthcare services brand dedicated to solving the industry's most complex challenges.

As part of this shift, myNEXUS will begin operating under a new name, Carelon Post Acute Solutions, on March 1, 2023.

In March, any documents that mention myNEXUS, such as provider forms or the myNEXUSwebsite (**https://www.mynexuscare.com**), will begin adopting the new Carelon Post Acute Solutions name. This is a name change only and does not impact the services myNEXUS offers or the way myNEXUS works with providers.

Learn more about Carelon and myNEXUS by visiting:
https://www.carelon.com/about-us/businesses/mynexus

* myNEXUS/Carelon is an independent company providing post acute care services on behalf of the health plan.

MULTI-BCBS-CR-016950-22-CPN16447

Keep up with Medicare News - February 2023

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

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

- Introducing the Provider Learning Hub for Anthem Blue Cross and Blue Shield
- Anthem Blue Cross and Blue Shield expands specialty pharmacy precertification list (Fylnetra)
- Anthem Blue Cross and Blue Shield expands specialty pharmacy precertification list (Spevigo, Xenpozyme)
- Specialty pharmacy precertification list expansion (Rolvedon, Stimufend)
- New specialty pharmacy medical step therapy requirements
- Prior authorization requirement changes effective April 1, 2023
- *Medical Policies* and *Clinical Utilization Management Guidelines* update

URL: https://providernews.anthem.com/ohio/article/keep-up-with-medicare-news-february-2023-7