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Monkeypox and smallpox vaccines: Product code on claims

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

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

Care providers are a trusted resource for members when it comes to vaccine advice. As information on the monkeypox outbreak changes and vaccination and testing guidance is released, we're committed to keeping you informed.

Some care providers may have seen a message on their provider *Explanation of Benefits (EOB)* stating that Anthem does not recognize the vaccine product codes for monkeypox and smallpox that became effective July 26, 2022. We're updating the provider fee schedules to reflect the new vaccine product codes as quickly as possible. The *EOB* message did not impact payment for *administration* of the vaccines, which is reimbursable; however, since the monkeypox and smallpox vaccines are provided by the government at no charge, the vaccine products are non-reimbursable.

To aid in processing claims for the monkeypox and smallpox vaccine products, care providers must include these three elements on claims, even if vaccine products were received from the federal government at no charge:

1. Product code (90611 or 90622)
2. Applicable ICD-10-CM diagnosis code
3. Administration code

More detail on codes and cost-sharing

Providers are encouraged to use:

- Product code 90611 for smallpox and monkeypox vaccine.
- Product code 90622 for vaccinia (smallpox) virus vaccine.
- Code 87593 for laboratory testing.

When billing the monkeypox and smallpox vaccine products, care providers should submit those codes with a \$0.01 charge.

Cost-sharing for the vaccine is waived.

If you have any questions, contact the Provider Service number on the back of the member's ID card. You can [read more information on monkeypox](#).

MULTI-BCBS-CRCM-008692-22-CPN8260

URL: <https://providernews.anthem.com/virginia/article/monkeypox-and-smallpox-vaccines-product-code-on-claims-11>

Norfolk Healthcare Consortium offers plan options from Anthem Blue Cross and Blue Shield and our affiliate HealthKeepers, Inc.

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

Effective January 1, 2022, Norfolk Healthcare Consortium* is offering health benefit plans from Anthem Blue Cross and Blue Shield and our affiliate HealthKeepers, Inc. The Norfolk Healthcare Consortium is comprised of Norfolk Public Schools, the City of Norfolk, and the Norfolk Redevelopment and Housing Authority with approximately 7,700 employees and 13,300 members in total.

For Norfolk Healthcare Consortium employees in Virginia, Anthem has issued two Anthem HealthKeepers Point of Service (POS) Open Access plans (Anthem HealthKeepers POS 1000 and Anthem HealthKeepers POS 750) as well as an Anthem HealthKeepers Health Savings Account (HSA) plan (Anthem HealthKeepers HSA 1500). Anthem has made available a PPO Out-of-Area plan (KeyCare PPO \$750 Out-of-Area) for employees outside of Virginia.

The prefix on member ID cards will be **XHY** for plans offered by Anthem and **VQX** for the PPO plan. The cards will also show customized benefit information and the group logo for the specific entity.

Providers should follow normal claims filing procedures.

ID cards

As always, Anthem encourages providers to ask patients to present their current ID cards. Many members were assigned new identification numbers effective January 1, 2022. New ID cards were provided digitally or mailed to all affected members in late December 2021. To ensure claims are processed appropriately, here is some helpful information.

Tips for success

When Anthem members arrive at the office or facility, ask to see their *current* member identification card at each visit. Many Anthem members no longer receive a paper card, so they will present their digital card on their mobile device. Asking this will help:

- Identify the member's product.
- Obtain health plan contact information.
- Speed claims processing.

processed and may be returned for correction and resubmission with the correct ID.

* Norfolk Healthcare Consortium is an independent company providing comprehensive benefit packages on behalf of Anthem Blue Cross and Blue Shield and its affiliate HealthKeepers, Inc.

VABCBS-CM-005292-22

URL: <https://providernews.anthem.com/virginia/article/norfolk-healthcare-consortium-offers-plan-options-from-anthem-blue-cross-and-blue-shield-and-our-affiliate-healthkeepers-inc>

Commercial-Local precertification list change notification

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

The following services will be added to precertification for the effective dates listed below.

Precertification responsibility

The ordering or rendering provider of service is responsible for completing the prior authorization process.

HMO plans: Services that require precertification will be denied if rendered without the appropriate prior authorization for in-network providers. HMO members may not have benefits for non-emergency services rendered outside of the network and are subject to review and may be denied.

PPO plans: Precertification for services requiring prior approval is highly recommended. If not completed in advance, a pre-payment review of the claim will occur and may result in a denial of claim reimbursement.

EPO plans: Precertification for services requiring prior approval is highly recommended. If not completed in advance, a pre-payment review of the claim will occur and may result in a denial of claim reimbursement. No out-of-network benefit is available with the exception of ER/Urgent Care and authorized services.

To request precertification with the Virginia plan

Access Availity* at <https://www.availity.com> for Anthem Blue Cross and Blue Shield and its affiliate HealthKeepers, Inc., or call the number listed on the back of the member's ID card.

For mental health and substance abuse precertification, call **800-755-0851**. Professionals are available 24 hours a day, seven days a week.

Add to Precertification

Criteria	Criteria description	Code	Effective date
LAB.00031	Advanced lipoprotein testing	0052U	Add 01/01/2023
MED.00118	Continuous monitoring of intraocular pressure	0329T	Add 01/01/2023
SURG.00150	Leadless pacemaker	33274	Add 01/01/2023
SURG.00150	Leadless pacemaker	33275	Add 01/01/2023
MED.00115	Outpatient cardiac hemodynamic monitoring using a wireless sensor for heart failure management	33289	Add 01/01/2023
SURG.00032	Patent foramen ovale and left atrial appendage closure devices for stroke prevention	33340	Add 01/01/2023
SURG.00121	Transcatheter heart valve procedures	33418	Add 01/01/2023
SURG.00116	High resolution anoscopy screening for anal intraepithelial neoplasia (AIN) and squamous cell cancer of the anus	46601	Add 01/01/2023
SURG.00116	High resolution anoscopy screening for anal intraepithelial neoplasia (AIN) and squamous cell cancer of the anus	46607	Add 01/01/2023
SURG.00010	Treatments for urinary incontinence	53445	Add 01/01/2023
SURG.00010	Treatments for urinary incontinence	53446	Add 01/01/2023
SURG.00010	Treatments for urinary incontinence	53448	Add 01/01/2023
SURG.00010	Treatments for urinary incontinence	53449	Add 01/01/2023

SURG.00077	Uterine fibroid ablation: laparoscopic, percutaneous or transcervical image guided techniques	58674	Add 01/01/2023
SURG.00026	Deep brain, cortical, and cerebellar stimulation	61850	Add 01/01/2023
SURG.00026	Deep brain, cortical, and cerebellar stimulation	61860	Add 01/01/2023
SURG.00144	Occipital nerve block therapy for the treatment of headache and occipital neuralgia	64405	Add 01/01/2023
SURG.00140	Peripheral nerve blocks for treatment of neuropathic pain	64415	Add 01/01/2023
SURG.00140	Peripheral nerve blocks for treatment of neuropathic pain	64417	Add 01/01/2023
SURG.00140	Peripheral nerve blocks for treatment of neuropathic pain	64447	Add 01/01/2023
SURG.00140; SURG.00144	Peripheral nerve blocks for treatment of neuropathic pain; occipital nerve block therapy for the treatment of headache and occipital neuralgia	64450	Add 01/01/2023
SURG.00151	Balloon dilation of the eustachian tubes	69705	Add 01/01/2023
SURG.00151	Balloon dilation of the eustachian tubes	69706	Add 01/01/2023
CG-MED-51; RAD.00038	Three-dimensional (3-D) rendering of imaging studies; use of 3-D, 4-D or 5-D ultrasound in maternity care	76376	Add 01/01/2023
CG-MED-51; RAD.00038	Three-dimensional (3-D) rendering of imaging studies; use of 3-D, 4-D or 5-D ultrasound in maternity care	76377	Add 01/01/2023
LAB.00033	Protein biomarkers for the screening, detection and management of prostate cancer	81539	Add 01/01/2023

MED.00125	Biofeedback and neurofeedback	90875	Add 01/01/2023
MED.00125	Biofeedback and neurofeedback	90876	Add 01/01/2023
MED.00115	Outpatient cardiac hemodynamic monitoring using a wireless sensor for heart failure management	93264	Add 01/01/2023
RAD.00064	Myocardial sympathetic innervation imaging with or without single-photon emission computed tomography (SPECT)	A9582	Add 01/01/2023
MED.00115	Outpatient cardiac hemodynamic monitoring using a wireless sensor for heart failure management	C2624	Add 01/01/2023
DME.00037	Cooling devices and combined cooling/heating devices	E0218	Add 01/01/2023
MED.00125	Biofeedback and neurofeedback	E0746	Add 01/01/2023
MED.00013	Parenteral antibiotics for the treatment of Lyme disease	J0558	Add 01/01/2023
MED.00013	Parenteral antibiotics for the treatment of Lyme disease	J0561	Add 01/01/2023
MED.00013	Parenteral antibiotics for the treatment of Lyme disease	J0690	Add 01/01/2023
MED.00013	Parenteral antibiotics for the treatment of Lyme disease	J0743	Add 01/01/2023
MED.00013	Parenteral antibiotics for the treatment of Lyme disease	J1267	Add 01/01/2023
MED.00013	Parenteral antibiotics for the treatment of Lyme disease	J1335	Add 01/01/2023
MED.00013	Parenteral antibiotics for the treatment of Lyme disease	J1956	Add 01/01/2023
MED.00013	Parenteral antibiotics for the treatment of Lyme disease	J2185	Add 01/01/2023

MED.00013	Parenteral antibiotics for the treatment of Lyme disease	J2280	Add 01/01/2023
MED.00013	Parenteral antibiotics for the treatment of Lyme disease	J2510	Add 01/01/2023

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

VABCBS-CM-006249-22

URL: <https://providernews.anthem.com/virginia/article/commercial-local-precertification-list-change-notification>

Guidance for coding evaluation and management services for new and established patients **RETRACTION: Please refer to article published 8/1/22**

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

RETRACTION: Please refer to article published 8/1/22 - [New patient evaluation and management services when reported for the same patient within the last three years](#)

URL: <https://providernews.anthem.com/virginia/article/guidance-for-coding-evaluation-and-management-services-for-new-and-established-patients-7>

National Accounts 2023 Precertification list

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

The [National Accounts 2023 Precertification list](#) has been published. Please note, providers should continue to verify member eligibility and benefits prior to rendering services.

MULTI-BCBS-CM-006731-22

Article Attachments

[2023 National Accounts Standard Precertification 9.27.2022 VA.pdf](#)
application/pdf - 264.84 KB

Consolidated Appropriations Act: Review your online provider directory information

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

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

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

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

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

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

MULTI-BCBS-CM-006813-22

URL: <https://providernews.anthem.com/virginia/article/consolidated-appropriations-act-review-your-online-provider-directory-information>

Learn how Interactive Care Reviewer makes it easy to submit authorizations electronically

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

We understand that submitting authorizations by phone or fax is time consuming and inefficient. We have a digital application, Interactive Care Reviewer (ICR), that makes it easy to submit, review, and check authorization status all in one place, electronically.

We'd like to invite you to a webcast that covers how to:

- Access ICR.
- Create an authorization request.
- Inquire on a previously submitted authorization.
- Update a case.
- Copy a case.
- View letters associated with a case.
- Request and check the status of an authorization appeal.

Join us for an ICR learning webcast:

- Wednesday, October 12, 2022, at 11 a.m. Eastern time
- [Register here](#)

Visit the [ICR Target page](#) to register and to access self-service learning by viewing recorded learning sessions. Download ICR user guides and other job aides from the **ICR Target** page too. You can also register from the [Provider Learning Hub](#) by clicking on the ICR live webinar learning icon.

MULTI-BCBS-CM-006766-22

URL: <https://providernews.anthem.com/virginia/article/learn-how-interactive-care-reviewer-makes-it-easy-to-submit-authorizations-electronically-3>

The Provider Learning Hub is here

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

Now open for learning

Understanding how to use the many time saving applications on Availity Essentials* is important to working together digitally. Anthem Blue Cross and Blue Shield has developed a learning place just for that purpose — the **Provider Learning Hub**.

Using the Provider Learning Hub available from <https://www.anthem.com/provider> is the easiest and quickest way to access courses and learning guides about claim submission, attachments and status, eligibility and benefits, and more.

These new and improved learning experiences apply to Availity Essentials and electronic data interchange (EDI) transactions:

- Visit the Provider Learning Hub for short, easy-to-follow training videos with supporting resources — no username and password required.
- Handy filtering options make it easy to find what you are looking for.
- The **Favorites** folder lets you save courses for easy access later.
- Register once and on future visits your preferences are populated, eliminating the need for any additional logon information.

Get started today

Access the **Provider Learning Hub** today or from <https://www.anthem.com/provider> under *Important Announcements* on the home page.

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

MULTI-BCBS-CM-007018-22

URL: <https://providernews.anthem.com/virginia/article/the-provider-learning-hub-is-here-6>

Coverage and Clinical Guidelines update effective January 1, 2023

Published: Oct 1, 2022 - **Guideline Updates** / Coverage and Clinical Guidelines

Anthem Blue Cross and Blue Shield (Anthem) in Virginia and our affiliate HealthKeepers, Inc. will implement the following new and revised *Coverage Guidelines* effective **January 1, 2023**. These guidelines impact all our products with the exception of Anthem HealthKeepers Plus, Medallion and Anthem CCC Plus offered by HealthKeepers, Inc.; Medicare Advantage; and the Blue Cross and Blue Shield Service Benefit Plan (also called the Federal Employee Program or FEP). These guidelines were among those recently approved at the Medical Policy and Technology Assessment Committee meeting held on August 11, 2022.

Special note:

The services addressed in ALL the coverage guidelines presented in this document and in the attachment under "Article Attachments" to the right will require authorization for all our products offered by HealthKeepers, Inc., with the exception of the Anthem HealthKeepers Plus, Medallion and Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus). Other exceptions are Medicare Advantage and the Blue Cross and Blue Shield Service Benefit Plan (also called the Federal Employee Program[®] or FEP[®]). A pre-determination can be requested for our Anthem PPO products.

The guidelines addressed in this edition of *Provider News* are:

- *Robotic Arm Assistive Devices (DME.00044)*
- *External Upper Limb Stimulation for the Treatment of Tremors (DME.00049)*
- *Remote Devices for Intermittent Monitoring of Intraocular Pressure (DME.00050)*
- *Artificial Intelligence-Based Software for Prostate Cancer Detection (LAB.00049)*
- *High Volume Colonic Irrigation (MED.00141)*
- *Nasal Valve Repair (SURG.00079)*
- *Hand Transplantation (TRANS.00040)*
- *Powered Wheeled Mobility Devices (CG-DME-31)*
-

Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status (CG-GENE-11)

VABCBS-CM-006508-22

Article Attachments

[Coverage guidelines effective January 1, 2023-Virginia.pdf](#)
application/pdf - 169.3 KB

URL: <https://providernews.anthem.com/virginia/article/coverage-and-clinical-guidelines-update-effective-january-1-2023>

Coding update effective January 1, 2023

Published: Oct 1, 2022 - **Guideline Updates**

The following guideline was among those recently approved at the Medical Policy and Technology Assessment Committee meeting held August 11, 2022. Revisions have been made to the coding, which may result in services previously considered medically necessary to now be considered not medically necessary for **dates of service on or after January 1, 2023**.

This guideline impacts all our products — excluding Medicare Advantage, Anthem HealthKeepers Plus Medicaid products offered by HealthKeepers, Inc., and the Blue Cross and Blue Shield Service Benefit Plan (also called the Federal Employee Program [FEP]).

The services addressed in this guideline will require authorization for all our products, excluding Medicare Advantage, and Anthem HealthKeepers Plus Medicaid products offered by HealthKeepers, Inc. A predetermination can be requested for our PPO products. Please note that FEP is excluded from this requirement as well.

Guideline	Code
CG-GENE-13	81309

VABCBS-CM-006509-22

URL: <https://providernews.anthem.com/virginia/article/coding-update-effective-january-1-2023>

Anthem in Virginia's upcoming amendment will allow posting of Commercial professional reimbursement policies online at anthem.com

Published: Oct 1, 2022 - **Guideline Updates** / Reimbursement Policies

Anthem Blue Cross and Blue Shield and our affiliate HealthKeepers, Inc. are committed to ongoing transparency in our business relationship with our participating professional healthcare providers. Our reimbursement policies are intended to promote a better understanding of the reimbursement rules and claims editing logic that may impact payment for specific services covered under members' benefit plans.

Beginning with our upcoming amendment effective date of March 1, 2023, the Commercial reimbursement policies will now be posted online at anthem.com. If you have questions about the coming changes, please contact your Anthem network manager.

Important note:

The provider manual has been historically posted on anthem.com and will continue to be provided online. However, the provider manual will **not** be included in contract packages after the upcoming amendment.

Availity* will also be a source to find the reimbursement policies, provider manual, physician office laboratory listing, and quarterly drug disclosures.

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

VABCBS-CM-006640-22

URL: <https://providernews.anthem.com/virginia/article/anthem-in-virginias-upcoming-amendment-will-allow-posting-of-commercial-professional-reimbursement-policies-online-at-anthemcom>

Specialty pharmacy updates effective January 1, 2023

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

Specialty pharmacy updates for Anthem Blue Cross and Blue Shield (Anthem) along with our affiliate HealthKeepers, Inc., are listed below.

Prior authorization clinical review of nononcology use of specialty pharmacy drugs is managed by Anthem's medical specialty drug review team. Review of specialty pharmacy drugs for oncology use is managed by AIM Specialty Health®* (AIM), a separate company. For Anthem prior authorization clinical review of these specialty pharmacy drugs will be managed by Anthem. Drugs used for the treatment of oncology will still require preservice clinical review by AIM. This would apply to members with Preferred Provider Organization (PPO), HealthKeepers (HMO), POS AdvantageOne, and Act Wise (CDH plans).

Inclusion of the National Drug Code on your claim will help expedite claim processing of drugs billed with a Not Otherwise Classified code. The health plan requires that claims for injection services performed in the office setting must include the applicable HCPCS J-code, Q-code, or S-code, with the corresponding National Drug Code for the injected substance. This requirement is consistent with CMS guidelines. A covered drug will not be eligible for reimbursement when the National Drug Code is not reported on the same claim.

Step therapy updates

Effective for dates of service on and after January 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.

Please note that infliximab agents are subject to step therapy today, and this is to notify of the changes in the preferred and nonpreferred products. Inflectra will become non-preferred and Avsola will become preferred as of January 1, 2023.

Access our [*Clinical Criteria*](#) to view the complete information for these step therapy updates.

Clinical Criteria	Status	Drug	HCPCS or CPT® Code(s)
ING-CC-0062	Preferred	Avsola	Q5121
ING-CC-0062	Preferred	Infliximab Unbranded	J1745
ING-CC-0062	Preferred	Remicade	J1745
ING-CC-0062	Non-preferred	Inflectra	Q5103
ING-CC-0062	Non-preferred	Renflexis	Q5104

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

VABCBS-CM-008062-22-CPN6800

URL: <https://providernews.anthem.com/virginia/article/specialty-pharmacy-updates-effective-january-1-2023>

IngenioRx will become CarelonRx on January 1, 2023

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

This communication applies to Medicare Advantage members covered by Anthem Blue Cross and Blue Shield (Anthem), and Commercial plans offered by Anthem in Virginia.

Our pharmacy benefit management partner, IngenioRx,* will join the Carelon family of companies and change its name to CarelonRx on January 1, 2023.

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

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

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

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

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

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

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

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

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

VABCBS-CRCM-005505-22-CPN005255

URL: <https://providernews.anthem.com/virginia/article/ingeniorx-will-become-carelonrx-on-january-1-2023-12>

Clinical Criteria updates for specialty pharmacy are available

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

Effective for dates of service on and after January 1, 2023, the following *Clinical Criteria* were developed and might result in services that were previously covered but may now be found to be not medically necessary.

For Anthem Blue Cross and Blue Shield and our affiliate HealthKeepers, Inc., prior authorization of these specialty pharmacy drugs will be managed by Anthem. Drugs used for the treatment of oncology will still require prior authorization by AIM Specialty Health® (AIM).^{*} This applies to members with Preferred Provider Organization (PPO), Anthem HealthKeepers Plus (HMO), POS AdvantageOne, and Act Wise (CDH plans).

Access the [Clinical Criteria document information](#).

ING-CC-00219	Korsuva (difelikefalin acetate)	
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^{*} AIM Specialty Health® is an independent company providing some utilization review services on behalf of Anthem Blue Cross and Blue Shield and its affiliate HealthKeepers, Inc.

VABCBS-CM-006571-22

URL: <https://providernews.anthem.com/virginia/article/clinical-criteria-updates-for-specialty-pharmacy-are-available-18>

Pharmacy information available on anthem.com

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

Visit the [Drug Lists page](#) for more information on:

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

The Commercial and Exchange drug lists are posted to the website quarterly on the first day of the month in January, April, July, and October.

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

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

MULTI-BCBS-CM-006689-22

URL: <https://providernews.anthem.com/virginia/article/pharmacy-information-available-on-anthemcom-130>

Availity Essentials provider chat: A fast, easy way to get your utilization management questions answered for Federal Employee members

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

Effective July 8, 2022, Federal Employee Program (FEP) for Anthem Blue Cross and Blue Shield (Anthem) began participating in a real-time provider chat option through Availity Essentials. The secure portal allows providers to seek real-time answers to questions about prior authorization, precertification requirements, status check, and more.

Currently, only Missouri and Georgia providers can access the chat capability for Federal members. Chat is available from 8 a.m. to 7 p.m. ET through the secure provider website found at www.availity.com. Select Payer Spaces, Anthem, and access the chat through *Chat with Payer*.

Chat is one example of how FEP is using digital technology to improve the healthcare experience with the goal of saving valuable time.

With the success of the real-time chat option for Federal members, Anthem is implementing additional states ranging in dates from October 2022 through the first quarter of 2023. To that end, the chat option will be available for Virginia providers in December 2022.

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

MULTI-BCBS-CM-006329-22

URL: <https://providernews.anthem.com/virginia/article/availity-essentials-provider-chat-a-fast-easy-way-to-get-your-utilization-management-questions-answered-for-federal-employee-members>

Complex Case Management program

Published: Oct 1, 2022 - **State & Federal** / Medicaid

Please note, this communication applies to Anthem HealthKeepers Plus, Medallion offered by HealthKeepers, Inc.

Managing illness can be a daunting task for Medallion and FAMIS members enrolled in HealthKeepers, Inc. It is not always easy to understand test results, to know how to obtain essential resources for treatment, or to know who to contact with questions and concerns.

HealthKeepers, Inc. is available to offer assistance in these difficult moments with our Complex Case Management program. Our case managers are part of an interdisciplinary team of clinicians and other resource professionals working to support members, families, primary care physicians and caregivers. The complex case management process uses the experience and expertise of the Case Coordination team to educate and empower our members by increasing self-management skills. The Complex Case Management process can help members understand their illnesses and learn about care choices to ensure they have access to quality, efficient healthcare.

Members or caregivers can refer themselves or family members by calling the Member Services number located on the back of their ID card. They will be transferred to a team member based on the immediate need. In addition, physicians can refer their patients by contacting us telephonically or through electronic means. We can help with transitions across levels of care so that patients and caregivers are better prepared and informed about healthcare decisions and goals.

If you have any questions about this communication, call Anthem HealthKeepers Plus, Medallion Provider Services at **800-901-0020** or Anthem CCC Plus Provider Services at **855-323-4687**. Case Management business hours are Monday through Friday from 8 a.m. to 6 p.m. ET.

VAHK-CD-003831-22-CPN3339

URL: <https://providernews.anthem.com/virginia/article/complex-case-management-program-26>

Members' Rights and Responsibilities section

Published: Oct 1, 2022 - **State & Federal** / Medicaid

Please note, this communication applies to Anthem HealthKeepers Plus, Medallion and Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus) offered by HealthKeepers, Inc.

In line with our commitment to participating practitioners and members, HealthKeepers, Inc. has a *Members' Rights and Responsibilities* section located within the provider manual. The delivery of quality healthcare requires cooperation between patients, their providers, and their healthcare benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Review this section in your provider manual [here](#):

https://providers.anthem.com/docs/gpp/VA_CAID_ProviderManual.pdf?v=202110141650

If you have any questions about this communication, call Anthem HealthKeepers Plus, Medallion Provider Services at **800-901-0020** or Anthem CCC Plus Provider Services at **855-323-4687**.

VAHK-CD-003853-22-CPN3784

URL: <https://providernews.anthem.com/virginia/article/members-rights-and-responsibilities-section-4>

Reimbursement Policy Retraction: Sexually Transmitted Infections Testing – Professional

Published: Oct 1, 2022 - **State & Federal** / Medicaid

Reimbursement Policy Retraction

Sexually Transmitted Infections Testing — Professional

(Policy 21-001, effective 01/01/2022)

Please note, this communication applies to Anthem HealthKeepers Plus, Medallion and Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus) offered by HealthKeepers, Inc.

In the October 2021 edition of the provider newsletter, we announced that a new reimbursement policy titled *Sexually Transmitted Infections Testing — Professional* would be effective for dates of service on or after January 1, 2022. We have planned to retract this reimbursement policy.

If you have any questions about this communication, call Anthem HealthKeepers Plus, Medallion Provider Services at **800-901-0020**, Anthem CCC Plus Provider Services at **855-323-4687**, or visit the *Contact Us* page on our provider website (<https://providers.anthem.com/va>) for up-to-date contact information.

VAHK-CD-004020-22-CPN3670

URL: <https://providernews.anthem.com/virginia/article/reimbursement-policy-retraction-sexually-transmitted-infections-testing-professional-13>

Monkeypox resources and recommendations for our care providers

Published: Oct 1, 2022 - **State & Federal** / Medicaid

Please note, this communication applies to Anthem HealthKeepers Plus Medicaid products offered by HealthKeepers, Inc.

Background

HealthKeepers, Inc. is carefully monitoring the recent outbreak of monkeypox infections in the U.S. and is working to support our members and our network care providers with information to help you respond appropriately in the context of your patient population.

The best source of up-to-date information is at the Centers for Disease Control and Prevention which has a dedicated [monkeypox page for healthcare professionals](#).

In addition to resources for care providers, the CDC has developed educational materials for the public, available for free download [online](#).

FAQs

How does monkeypox spread?

Monkeypox does not spread easily between people without close contact. Person-to-person transmission is possible by skin-to-skin contact with body fluids or monkeypox sores, or respiratory droplets during prolonged face-to-face contact, and less likely through contaminated items such as bedding, clothing, or towels. Patients are contagious until the scabs heal and are replaced by new skin.

How dangerous is the disease?

Monkeypox virus belongs to the poxvirus family and infection is rarely fatal. Patients whose immune system is compromised are most at risk for severe disease, along with children younger than 8 years old, pregnant and breastfeeding people, and people with a history of atopic dermatitis or other active skin conditions.

What are monkeypox symptoms?

Patients often have a characteristic rash (well-circumscribed, firm, or hard macules evolving to vesicles or pustules) on a single site on the body. Patients may also present with a fever and muscle aches. The rash may start in the genital and perianal areas. The lesions are painful when they initially emerge, but can become itchy as they heal, and then go away after two to four weeks. Symptoms can be similar or occur at the same time as sexually transmitted infections.

Yes, although at the time of this writing, availability is limited. Smallpox and monkeypox vaccines are effective at protecting people against monkeypox when given before exposure to monkeypox, and vaccination after a monkeypox exposure may help prevent the disease or make it less severe. You can access the CDC's vaccination updates [online](#).

How can monkeypox be treated?

There are no treatments specifically for monkeypox virus infections. However, antiviral drugs and vaccines developed to protect against smallpox may be used to prevent and treat monkeypox virus infections.

Do I need to report a case of suspected monkeypox?

Yes, contact your state health department if you have a patient with monkeypox. They can help with testing and exposure precautions. Find your state health plan department [online](#).

What are the behavioral health impacts of monkeypox?

Studies reporting psychiatric symptoms have indicated that the presence of anxiety, depression, or low mood is common among hospitalized patients with monkeypox infection. Care providers can help by listening with compassion, understanding underlying behavioral health concerns that may be heightened during isolation, and refer patients to the appropriate level of support following a monkeypox diagnosis.

What if I need assistance?

If you have any questions about this communication, call Anthem HealthKeepers Plus, Medallion Provider Services at **800-901-0020** or Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus) Provider Services at **855-323-4687**.

VAHK-CD-005160-22

URL: <https://providernews.anthem.com/virginia/article/monkeypox-resources-and-recommendations-for-our-care-providers-13>

Keep up with Medicaid news: October 2022

Published: Oct 1, 2022 - **State & Federal** / Medicaid

Please continue to check our website <https://providers.anthem.com/virginia-provider/home> for the latest Medicaid information for members enrolled in HealthKeepers, Inc.'s Anthem HealthKeepers Plus and the Commonwealth Coordinated Care Plus (Anthem CCC Plus) benefit plans. Here are the topics we're addressing in this edition:

- [New specialty pharmacy medical step therapy requirements](#)
- [Prior authorization updates for medications billed under the medical benefit – effective December 1, 2022](#)
- [Prior authorization updates for medications billed under the medical benefit – effective November 1, 2022](#)
- Private duty nursing reimbursement **RETRACTION: October 14, 2022**
(Watch for the November 2022 edition of *Provider News* for further information.)
- [Change to DME canes, crutches, and walkers benefit limits](#)
- [Change to DME traction equipment](#)

URL: <https://providernews.anthem.com/virginia/article/keep-up-with-medicaid-news-october-2022-4>

Medicare telehealth services during the Coronavirus (COVID-19) public health emergency FAQ

Published: Oct 1, 2022 - State & Federal / Medicare

This frequently asked questions (FAQ) communication is designed to provide general guidance for questions related to Medicare telehealth services during the Coronavirus (COVID-19) Public Health Emergency (PHE). The PHE is ongoing and ever evolving; therefore, Anthem Blue Cross and Blue Shield (Anthem) wants to support accurate and up-to-date information around legal and regulatory changes that may impact healthcare.

This FAQ is for informational purposes only and is intended to provide guidance regarding the changing landscape of Medicare telehealth. This guidance is not all-inclusive; it is intended to address frequently asked questions and common Medicare telehealth topics. The content included herein is not intended to be a substitute for the provisions of applicable statutes or regulations or other relevant guidance issued by CMS, as those items are subject to change from time-to-time.

General

Q. What virtual services are categorized as telehealth?

According to CMS, there are three main types of virtual services that physicians and other qualified healthcare providers can render to Medicare beneficiaries: (i) Medicare telehealth visit; (ii) virtual check-ins; and (iii) e-visits. Medicare telehealth visits are those facilitated by a telecommunication system between a provider and a patient. Virtual check-ins, which may or may not be face-to-face, are brief (5 to 10 minutes) interactions with an established patient and provider via telephone or other telecommunications platform and are used to determine whether an office visit or other service is needed. E-visits are non-face-to-face, patient-initiated communications between an established patient and their provider through an online patient portal. Please refer to the [CMS Telemedicine Fact sheet](#) for additional information.

Medicare Telehealth Services				
Virtual Service	Description of Virtual Service	Medicare Covered	Eligible for Risk Adjustment Payment	Place of Service (POS)
Telehealth visits with real-time, interactive simultaneous audio <u>and</u> video	Medicare telehealth visits with real-time, interactive simultaneous audio and video are treated the same as an in-person visit and can be billed using the code for that service; POS 02 for telehealth provided at a location other than the patient's home, or POS 10 for telehealth provided in the patient's home; <u>and</u> telehealth CPT modifier 95 to indicate the services were performed via audio-visual telehealth	✓	✓	POS 02 or 10 (depending on location) <u>and</u> telehealth CPT modifier 95

Telehealth visits with audio only	Certain Medicare telehealth services may be conducted via an audio-only telecommunications system and can be billed using the code for that service; any applicable POS; and telehealth CPT modifier 93 to indicate the services were performed via audio only telehealth See CMS List of Telehealth Services	✓	X	Any applicable POS <u>and</u> telehealth CPT modifier 93
Virtual/brief check-ins	5-to-10-minute communication with an established patient to determine the need for an in-person visit	✓	X	Any applicable POS
E-visit	Communication between an established patient and their provider through an online patient portal	✓	X	Any applicable POS

Q. According to CMS, what types of services may be offered via telehealth?

As a result of the COVID-19 public health emergency, CMS has expanded the types of services that may be offered via telehealth. A complete list of Medicare telehealth services payable under the Medicare *Physician Fee Schedule* can be found here:

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>.

Q. Who may perform telehealth services?

In accordance with the *Social Security Act* and CMS guidance, healthcare professionals such as physicians, nurse practitioners, physician assistants, certified registered nurse anesthetists, certified nurse-midwives, clinical social workers, clinical psychologists, and registered dietitians may perform and bill for acceptable telehealth services within their scope of practice and consistent with federal and state requirements. For more information, please view the **[Social Security Act](#)** and the **[CMS List of Telehealth Services](#)**.

Q. Can telehealth services be rendered using FaceTime?

Yes, CMS has eased some *Health Insurance Portability and Accountability Act (HIPAA)* Privacy rules and currently permits the use of telecommunications systems that have audio and video capabilities that allow for simultaneous real-time, interactive communication between a healthcare provider and a patient. During the COVID-19 PHE, the Department of Health & Human Services (HHS) has waived penalties for *HIPAA* violations, allowing healthcare providers to serve patients using communications technologies, like FaceTime or Skype, when used in good faith. The Department of Health & Human Services (HHS) addresses telehealth remote communications in the [Notification of Enforcement Discretion for Telehealth | HHS.gov](#).

Q. Can any of the services on the Medicare telehealth list be furnished and billed when rendered using audio-only technology, such as a telephone?

Currently, and throughout the duration of the PHE, eligible providers may furnish certain limited services using audio-only technology. These services are included on the [Medicare telehealth list](#). Unless this list indicates that a service is acceptable for delivery through audio-only interaction, the Medicare telehealth service must be furnished simultaneously using, at a minimum, an interactive audio and video telecommunications system that permits real-time communication between the provider and patient.

Telephonic-only (in other words, telephone) evaluation and management (E/M) service provided by a physician or other qualified healthcare professional to an established patient, parent, or guardian (not originating from a related E/M services provided within the last seven days nor leading to an E/M service or procedure within the next 24 hours) should be billed with codes 99441-99443.

Q. Is occupational therapy considered a covered Medicare telehealth service?

Historically, therapy services, such as occupational therapy, have not been included on the list of approved Medicare telehealth services. However, in light of the public health emergency (PHE) associated with the COVID-19 pandemic, CMS offered additional clarification in the interim final rule and [March 17, 2020 Medicare Provider FAQ](#). There, CMS acknowledged the need to mitigate exposure risks during the PHE by adding therapy services to the telehealth list as of March 1. Importantly, only eligible healthcare providers may render such services.

Q. Does a healthcare provider have to be licensed in the state in which the patient is located at the time of service?

As a result of the COVID-19 PHE, many states have relaxed licensing requirements to support continuity of care and prevent impediments to accessing care during these unprecedented times. Further, on March 13, 2020, pursuant to the 1135-based waivers, CMS temporarily waived requirements that out-of-state healthcare providers must be licensed in the state in which they are providing services as well as the state in which they practice. More specifically, CMS will waive this licensing requirement when the following criteria is met: (i) provider is enrolled in the Medicare program; (ii) provider has a valid license to practice in the state associated with their Medicare enrollment; (iii) state in which provider is practicing – in addition to that associated with their Medicare enrollment – is affected by the COVID-19 PHE; and (iv) provider is not affirmatively barred from practice in the state in which they seek to render services or any other state that is part of the 1135 emergency area. Therefore, if the above criteria are met, providers may practice in states other than that in which they are licensed to practice if the state in which the provider wishes to practice via telehealth has – like CMS – waived its licensure requirements. Because licensure and scope of practice laws vary from state to state, it is important to check the [applicable state-specific requirements](#) and a member's benefit agreement.

For additional information on the 1135 Waiver, please consult the [Waiver or Modification of Requirements under Section 1135 of the Social Security Act](#) from the US Department of Health and Human Services.

Billing and documentation guidance:

Q. What place of service (POS) code should be used for telehealth services rendered during the PHE?

To report telehealth E/M services to Anthem for a real-time, interactive simultaneous audio and video encounter, the applicable E/M CPT code, CPT Telehealth modifier 95, and either POS 02 or POS 10, depending on the location of the patient at the time of service should be used.

Importantly, CPT Telehealth modifier 95 must be used to indicate the encounter as an audio and video, real-time, interactive interaction between a provider and a patient. CPT Telehealth modifier 93 must be used to indicate the encounter as an audio only interaction between a provider and a patient.

Q. Is the originating site restriction still in place for Medicare telehealth visits?

Q. Are there specific documentation requirements for telehealth services during the PHE?

Healthcare providers should document services furnished via telehealth the same way a face-to-face encounter would be documented, except for the elements that require the presence of the patient, in other words, physical examination. Additionally, providers should document that the service was rendered via telehealth to reflect details of the encounter accurately and completely, specifically indicating whether the telehealth visit was with audio and video or whether it was audio only. **See above regarding Q&A as to coding guidance, for example, E/M, POS, and CPT Telehealth modifier.**

Q. Can an annual wellness visit (AWV) be conducted and billed for when rendered via telehealth even when vitals cannot be captured?

Yes, as of April 30, 2020, CMS expanded the list of acceptable Medicare telehealth services to include the AWV (G0438, Initial AWV and G0439, Subsequent AWV). Though several of the required elements of an AWV look and feel the same when completed via telehealth, some, like recording a patient's vitals, necessitate adaptation. Healthcare providers should continue to document all information accurately and completely what they are able to collect during a telehealth encounter. Therefore, the provider can ask the patient if they have the ability to measure their height, weight, temperature, blood pressure, and/or heart rate. If so, the patient may be able to do so during the telehealth encounter. Alternatively, the patient may be able to self-report such information; self-reported information should be documented as such.

However, if vitals cannot be captured during a telehealth AWV, an AWV may still be conducted and billed when rendered in accordance with state and federal guidelines. In the [interim final rule](#), CMS provided additional flexibility to providers during the COVID-19 PHE: on an interim basis, CMS removed requirements regarding documentation of history and/or physical exam in the medical record for office/outpatient evaluation and management (E/M) encounters provided via telehealth.

Medicare Risk Adjustment (MRA or *risk adjustment*)

Q. Is a diagnosis code reportable for risk adjustment purposes if documented by a provider based on a telehealth encounter?

- Encounter must be face-to-face, using interactive audio telecommunication **simultaneously with** video telecommunication to permit real-time communication between the provider and the member;
- Provider must use CPT Telehealth modifier 95;
- Provider must use POS 02 for telehealth provided at a location other than the patient's home or POS 10 for telehealth provided in the patient's home;
- Services rendered must be those which are allowable by CMS, included within the Anthem benefit package, and clinically appropriate to furnish via a face-to-face telehealth encounter;
- Provider must be an **acceptable physician specialty/provider type**, for example, physician (MD or DO), physician assistant (PA), or nurse practitioner (NP); and
- Encounter must meet all other criteria for risk adjustment eligibility, which include, but are not limited to, being from an allowable inpatient, outpatient, or professional service.

Q. How can the risk adjustment face-to-face requirement be met for services rendered via telehealth?

As a result of the COVID-19 PHE, CMS expanded the definition of *face-to-face* with regard to risk adjustment data submission criteria. Formerly, this requirement was met only when an in-person encounter between a patient and an acceptable provider type/physician specialty occurred. Under its April 10, 2020, guidance, CMS authorized satisfaction of this required element in a virtual setting via telehealth. To meet the risk adjustment face-to-face requirement for telehealth encounters, CMS requires the provider to simultaneously use an interactive audio and video telecommunications system that permits real-time communication between the provider and patient.

Q. Do telephone (audio-only) encounters between a provider and patient satisfy CMS criteria for risk adjustment payment?

No, an audio-only encounter, such as that facilitated using telephone audio-only, does not satisfy the criteria for risk adjustment data eligibility. To satisfy the criteria for risk adjustment data submission, diagnoses submitted based on a telehealth encounter must be derived from an eligible face-to-face interaction between a provider and patient. More specifically, the interaction must be conducted in real-time with simultaneous use of an interactive audio and video telecommunication system.

Q. How should a real-time, interactive audio and video telehealth encounter be reported?

To report telehealth Evaluation and Management (E/M) services to Anthem for an audio and video encounter, please use applicable E/M CPT code, CPT Telehealth modifier 95, **and** either POS 02 or POS 10 depending on the location of the patient at the time of service. CPT Telehealth modifier 95 **in addition** to the applicable POS must be used so Anthem can identify the encounter as an eligible face-to-face telehealth encounter, in other words, one that took place via real-time, simultaneous interactive audio **and** video telecommunications system. Providers should also document that the service was rendered via telehealth to reflect details of the encounter accurately and completely, specifically indicating that the telehealth visit was performed with audio and video.

Q. Would an encounter using Skype meet the CMS face-to-face requirement for risk adjustment data submission?

Yes, CMS currently permits the use of telecommunications systems with audio **and** video capabilities that allow for simultaneous, real-time, interactive communication between a healthcare provider and a patient. During the COVID-19 PHE, penalties for *HIPAA* violations have been waived. This waiver allows providers to serve patients using communications technologies like Skype or FaceTime when used in good faith. The department of Health and Human Services (HHS) addresses telehealth remote communications in [Notification of Enforcement Discretion for Telehealth | HHS.gov](#).

Q. To what dates of service (DOS) is the CMS guidance applicable with regard to eligible interactive audio and video telehealth encounters for risk adjustment payment?

During an April 29, 2020, stakeholder call, CMS clarified to what DOS its April 10, 2020, guidance regarding the applicability of diagnoses from telehealth services for risk adjustment data submission and payment applied. There, CMS stated that such guidance is applicable to eligible face-to-face telehealth encounters (in other words, those using real-time, interactive audio **simultaneously with** video) within open data submission periods, which as of the date of publication of this document include 2019 DOS, 2020 DOS, 2021 DOS, and 2022 DOS.

MULTI-BCBS-CARE-002053

URL: <https://providernews.anthem.com/virginia/article/medicare-telehealth-services-during-the-coronavirus-covid-19-public-health-emergency-faq>

Courtesy notification of specialty pharmacy medical step therapy updates

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

Effective for dates of service on and after October 1, 2022, updated step criteria for immunoglobulins found in *Clinical Criteria* document **ING-CC-0003** has been implemented. The preferred product list is being expanded. Please refer to the [Clinical Criteria](#) page for more information.

MULTI-BCBS-CR-003774-22-CPN3658

URL: <https://providernews.anthem.com/virginia/article/courtesy-notification-of-specialty-pharmacy-medical-step-therapy-updates-8>

Reimbursement policy retraction: Sexually transmitted infections testing - professional

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

Reimbursement Policy Retraction Sexually Transmitted Infections Testing — Professional (Policy 21-001, effective 01/01/2022)

In the October 2021 edition of the provider newsletter, we announced that a new reimbursement policy titled *Sexually Transmitted Infections Testing — Professional* would be effective for dates of service on or after January 1, 2022. We have made a decision to retract this reimbursement policy.

If you have any questions, contact your Provider Experience associate or visit the *Contact Us* page on our provider website (<https://www.anthem.com/medicareprovider>) for up-to-date contact information.

MULTI-BCBS-CR-004022-22-CPN3670

Keep up with Medicare news: October 2022

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

Please continue to read news and updates at [anthem.com/provider/medicare-advantage](https://providernews.anthem.com/virginia/article/keep-up-with-medicare-news-october-2022-6) for the latest Medicare Advantage information, including:

- [Anthem Blue Cross and Blue Shield expands specialty pharmacy precertification list](#)
- [Anthem Blue Cross and Blue Shield expands specialty pharmacy precertification list – J3490, J3590 and J3299](#)
- [Consultation codes](#)