



Network eUPDATE



August 15, 2017
IN, KY, MO, OH, WI

Important Updates from Anthem

Anthem opioid analgesics utilization management clinical policies

Last fall, Anthem Blue Cross and Blue Shield (Anthem) began implementing revised clinical policies for opioid analgesics to help improve patient safety and to reduce the misuse and abuse of opioid analgesics. The policies apply to all Anthem health plans. As a result, on July 1, 2017, the short-acting opioid analgesic clinical policy was applied to hydrocodone-containing products and on August 1, 2017, the policy was applied to short-acting tramadol-containing products. The utilization management clinical policies include requirements for both the short-acting opioid analgesics and the long-acting opioid analgesics that are based on CDC Guideline for Prescribing Opioids for Chronic Pain: <http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>.

Short-acting opioid analgesics: Members not currently using opioid analgesics on a regular basis will be limited to a 7 days' supply per fill and 14 days' supply per 30 days before requiring a prior authorization. Members who are in active treatment for cancer and those who are terminal and undergoing palliative care will be approved through the prior authorization review process. In addition, requests for greater than the noted 7 or 14 days' supply will require a prior authorization review.

Long-acting opioid analgesics: Members who are new starts and not currently using a long-acting opioid analgesic will require prior authorization. Members currently using a long-acting opioid analgesic will not require prior authorization. Members who are newly prescribed a long-acting opioid and in active treatment for cancer, or those who are terminal and undergoing palliative care, will be automatically approved.

If you have any questions, please contact the Provider Services phone number on the back of the member ID card.

KY, MO, OH: Company to conduct post-service reviews of MRIs in the ED -- effective November 15, 2017

Anthem conducts periodic reviews of claims and chart information on behalf of members enrolled in our health plans. Our data on procedures performed in emergency departments (ED) shows significant increases in the utilization of all types of high-tech imaging over the past few years. In particular, Magnetic Resonance Imaging (MRI) is increasingly being done in the ER.

Therefore, beginning **November 15, 2017**, Anthem Utilization Management will conduct the following post-service reviews:

In Missouri and Ohio: Anthem Utilization Management will conduct post-service reviews of all MRIs, CTs of the abdomen, CTs of the pelvis and combination CTs abdomen and pelvis done in the emergency department on claims for members enrolled in Anthem's commercial group and individual policies.

In Kentucky: Anthem Utilization Management will conduct post-service reviews of MRIs done in the emergency department on claims for members enrolled in Anthem's Kentucky commercial group and individual policies.

ED claims billed with these services for dates of service, on or after **November 15, 2017**, will be pended for clinical review, and records will be requested if none are submitted with the claim. Payment will be denied as not medically necessary for those studies if they do not meet AIM Specialty Health® (AIM), a separate company, appropriateness criteria. Furthermore, as specified in provider contracts, the member cannot be balanced billed in these situations and will be held harmless.

Thank you for your cooperation, as we continue to work together to provide access to safe, quality care for our members -- your patients. If you have questions, please contact your local Network Relations consultant.

AIM genetic testing urgent reminder

Anthem transitioned the medical necessity review of all genetic testing services to AIM, beginning with dates of service on and after July 1, 2017, for all local Anthem fully insured members. Medical necessity reviews take place as a prior authorization. To reduce administrative delays, it is critical that ordering physicians submit prior authorization requests for genetic testing to AIM.

Please submit in one of the following ways:

- Access AIM *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 Web Portal at availity.com.
- Call the AIM Contact Center toll-free number: 800-554-0580, Monday - Friday, 8:30 am - 7 pm ET.

To learn more about the AIM genetic testing program, visit <http://www.aimprovider.com/genetictesting/>. You may also register for a webinar to learn how to submit a request for genetic testing. Webinars are scheduled for August 23 and 25, 2017.

Please note, this program does not apply to the following plans: Medicare, Medicaid, FEP, Labor & Trust, National Accounts and Local ASO.

Please don't reply to this email. We want to help you, but replies to these messages aren't monitored. If you have questions, please contact your account or service representative.

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