

# May 2019 Anthem Provider Newsletter - Missouri

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## **Notice of Material Changes/Amendments to Contract and Prior Authorization Changes - May 2019**

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**Material Changes/Amendments to Contract and Changes to Prior Authorization Requirements** may apply for new or updated reimbursement policies, medical policies, or prior authorization requirements starred (\*) below.

### **Medical Policies and Clinical Guidelines**

- Clinical Guidelines Updates - May 2019\*
- Anthem MCG Care Guidelines - 23rd Edition\*

### **Reimbursement Policies**

- Update: Drug Screen Testing - Professional\*

### **Pharmacy Updates**

- Anthem expands specialty pharmacy medical step therapy drug list for agents for hereditary angioedema
- Anthem specialty pharmacy medical step therapy drug list clarification about non oncology colony stimulating factor agents

### **Other Important Updates**

- Medicare and Medicaid News

## **Anthem expands specialty pharmacy medical step therapy drug list for agents for hereditary angioedema\***

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The following clinical criteria will be effective August 1, 2019.

## Agents for Hereditary Angioedema ING-CC-0034

Effective for dates of service on and after August 1, 2019, the following specialty pharmacy codes from new or current clinical criteria will be included in our existing specialty pharmacy medical step therapy review process. Haegarda<sup>®</sup> and Takhzyro<sup>™</sup> will be the preferred prophylactic agents over Cinryze<sup>®</sup>.

Please note, inclusion of NDC code on your claim will shorten the claim processing time of drugs billed with a Not Otherwise Classified (NOC) code.

You can go online to access the [Clinical Criteria](#) information.

Clinical Criteria	Status	Drug	HCPCS or CPT Code	NDC Code
ING-CC-0034	Preferred Agent	Haegarda <sup>®</sup>	J0599	63833-0828-02 63833-0829-02
ING-CC-0034	Preferred Agent	Takhzyro <sup>™</sup>	J3490, J3590, C9399	47783-0644-01
ING-CC-0034	Non-Preferred Agent	Cinryze <sup>®</sup>	J0598	42227-0081-05

\* Notice of Prior Authorization or Material Adverse Change

## Anthem specialty pharmacy medical step therapy drug list clarification about non-oncology colony stimulating factor agents\*

In the February edition of *Provider News*, we shared that the following clinical criteria will be effective May 1, 2019. We will begin the medical step therapy review process for non-oncology uses of these drugs at this time. We will notify you when we begin the medical step therapy review process for oncology indications.

### Colony Stimulating Factor Agents ING-CC-0002

Effective for dates of service on and after May 1, 2019, the following specialty pharmacy codes from new or current criteria will be included in our existing specialty pharmacy medical step therapy review process. Zarxio<sup>®</sup> will be the preferred short-acting colony stimulating factor (CSF) agent over Neupogen<sup>®</sup>, Granix<sup>®</sup>, and Nivestym<sup>™</sup>.

Anthem's prior authorization clinical review of these specialty pharmacy drugs will be managed by AIM Specialty Health<sup>®</sup> (AIM), a separate company.

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Additional information regarding biosimilar drugs can be found by viewing this reference document, [Biosimilar Drugs - What are they?](#)

You can go online to access the [Clinical Criteria](#) information.

Clinical Criteria	Status	Drug	HCPCS or CPT Code	NDC Code
ING-CC-0002	Preferred Agent	Zarxio®	Q5101	61314-0304-01 61314-0304-10 61314-0312-01 61314-0312-10 61314-0318-01 61314-0318-10 61314-0326-01 61314-0326-10
ING-CC-0002	Non-Preferred Agent	Neupogen®	J1442	55513-0530-01 55513-0530-10 55513-0546-01 55513-0546-10 55513-0924-01 55513-0924-10 55513-0924-91 55513-0209-01 55513-0209-10 55513-0209-91
ING-CC-0002	Non-Preferred Agent	Granix®	J1447	63459-0910-11 63459-0910-12 63459-0910-15 63459-0910-17 63459-0910-36 63459-0912-11 63459-0912-12 63459-0912-15 63459-0912-17 63459-0912-36
ING-CC-0002	Non-Preferred Agent	Nivestym™	Q5110	00069-0291-10 00069-0291-01 00069-0292-01 00069-0292-10

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## Pharmacy information available at anthem.com

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Visit [anthem.com/pharmacyinformation](http://anthem.com/pharmacyinformation) for more information on:

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

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

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

FEP Pharmacy updates and other pharmacy related information may be accessed at [www.fepblue.org](http://www.fepblue.org) > Pharmacy Benefits.

## Electronic Member ID Cards - Easy online access on the Availity Portal

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Have you had more patients present with their ID card on their smartphone? We want to remind you of the ways you can access your own copy of their ID card.

In the [October 2017 issue of Network Update](#), Anthem informed you about our mobile app called *Anthem Anywhere* that allows members to manage their benefits on their smart phones, including the option of an electronic only version of their ID cards. We want to ensure a member’s electronic only ID card meets your needs.

Based on member requests and growing trends, we anticipate that by the year 2020, nearly 50% of our Local Plan members may choose the electronic ID card option, so we urge you to start using the available retrieval tools today.

### Provider options for obtaining a copy of an electronic Member ID card

- **Online through the Availity Portal**

Providers also have the option to view Anthem Member ID Cards online (and print if

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needed) from the Availity Portal at [availity.com](http://availity.com). When conducting an Eligibility and Benefits (E&B) Inquiry -- from the E&B Results page, select the blue button titled **View Member ID Card**. (Currently excludes BlueCard®, Federal Employee Program® (FEP) and some health plans' Medicare Advantage and Medicaid members.)



**Note:** As with all E&B Inquiries on Availity, providers must have the member ID number (including the three-character prefix) and one or more search options of date of birth, first name and last name.

- **Email or Fax**

Members can email/fax the card from his/her phone. When members are viewing their ID Card on their phone, they will select the **email** or **fax** icon to forward their ID card.



These options are available for your patients who are members covered by our affiliated health plans in California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, New Hampshire, New York, Nevada, Ohio, Wisconsin, and Virginia.

Members are still required to have a copy of their card in one format or another, whether hard copy or electronic, in order for services to be rendered. *See our Quick Reference Guide for further details.*

## Quick Reference Guide

See our [Electronic Member ID Cards - Quick Reference Guide](#) for more details and information on:

- Frequently Asked Questions
- Details on provider options for obtaining a copy of an electronic Member ID card
- Sample electronic Member ID cards

## Review of professional claims with emergency room level 5 E/M codes

Anthem Blue Cross and Blue Shield (Anthem) has identified an increasing trend in the billing of emergency room (ER) level 5 Evaluation and Management (E/M) codes. To help manage increasing healthcare costs, **beginning August 1, 2019**, Anthem will initiate the post-pay review of professional ER claims billed with level 5 E/M Codes (99285 or G0384) to ensure documentation meets or exceeds the components necessary to support its billing.

Professional ER claims with the highest potential for up-coding will be selected.

Anthem will request documentation for identified claims, and level 5 ER professional reviews will evaluate the appropriate use of the level 5 ER code based on the AMA CPT coding manuals, and Anthem guidelines. Reimbursement will be based on the ER E/M code the submitted documentation supports.

Please note, these coding reviews are not related to any prior notifications of reviews which examine the appropriate use of ERs for non-emergencies, nor do they include the examination of emergent versus non-emergent reasons patient utilize emergency room services.

## **Anthem Commercial Risk Adjustment (CRA) Reporting Update: Health Assessment requests for 2019 / Alternative reporting engagement**

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In a continuation of our [CRA reporting update articles throughout 2019](#), Anthem Blue Cross and Blue Shield (Anthem) requests your assistance with respect to our Commercial Risk Adjustment (CRA) reporting processes.

As a reminder, there are **two approaches that we take (Retrospective and Prospective) to improve risk adjustment reporting accuracy**. We are focusing on performing appropriate interventions and chart reviews for patients with undocumented Hierarchical Condition Categories (HCC), to close the documentation and coding gaps that we are seeing with our members enrolled in our Affordable Care Act (ACA) compliant plans.

**This month we'd like to focus on the Prospective approach, and the request to our Providers.**

Anthem network providers - **usually primary care physicians** - may receive letters from our vendor, Inovalon, requesting that physicians:

1. **Schedule a comprehensive visit** with patients identified to confirm or deny if previously coded or suspected diagnoses exists, and
2. **Submit a Health Assessment** documenting the previously coded or suspected diagnoses (also called a SOAP Note - *Subjective, Objective, Assessment and Plan*).

**Incentives for properly submitted Health Assessments (in addition to the office**

## visit reimbursement):

- \$100 for assessments submitted electronically
- \$50 for assessments submitted via fax

## Health Assessment requests through Inovalon

We have engaged Inovalon – an independent company that provides secure, clinical documentation services – to help us comply with provisions of the ACA that require us to assess members’ relative health risk level. In the coming weeks and months, Inovalon will be sending letters to providers as part of our risk adjustment cycle, asking for their help with completing health assessments for some of our members.

This year will bring a new round of assessments. As a reminder, chronic conditions must be coded every year, and we encourage you to code to the greatest level of specificity on all Anthem claim submissions. If you have questions about the requests you receive, you can reach Inovalon directly at 1-866-682-6680.

## Maximize your Incentive opportunity: submit electronically via Inovalon’s ePASS® tool

Join an ePASS webinar to learn how to submit a Health Assessment electronically and maximize your incentive opportunities. They are offered every Wednesday from 3:00 – 4:00pm EST. Register by sending an email to [ePASSProviderRelations@inovalon.com](mailto:ePASSProviderRelations@inovalon.com) with your name, organization, contact information and the date of the webinar you wish to attend.

- Teleconference: Dial 1-415-655-0002 (US Toll) and enter access code: 736 436 872
- WebEx: Visit <https://inovalonmeet.webex.com> and enter meeting number: 736 436 872
- Once you join the call, live support is available at any time by dialing \*0

## Alternative reporting engagement

ePASS is our preferred method for submission for the Prospective approach. However to improve engagement and collaborate with our Providers who are not submitting via ePASS, we have identified other alternatives which may be helpful and provide more flexibility with your current processes.

If you are interested in any of these alternative options, please contact our CRA Network Education Representative at [Natalie.Wilder@anthem.com](mailto:Natalie.Wilder@anthem.com).



Alternative reporting option/Description
<p><b>Availity Comprehensive Health Assessment</b>                      Availity will send a notification of members who have gaps and need assessments. The office will schedule members to be seen, at this time open gaps are displayed. Once the visit is completed, the office will complete the health assessment via Availity and the provider will review and sign off. <i>Eligible for \$100 incentive.</i></p>
<p><b>EPIC Patient Assessment Form (PAF)</b>                      Providers with EPIC as their EMR system can fax the EPIC PAF to Inovalon at 1-866-682-6680 without a coversheet. <i>Eligible for \$50 incentive.</i></p>
<p><b>Providers Existing Patient Assessment Form (PAF)</b> - Utilize providers existing EMR system and applicable PAF and fax to Inovalon at 1-866-682-6680. Must be submitted with a coversheet indicating "see attached Anthem Progress Note". <i>Eligible for \$50 incentive.</i>  <i>Note: Please reach out to the CRA Network Education Representative listed above for confirmation that your EMR system's PAF is compliant.</i></p>
<p><b>EPHC Providers using PCMS</b> - Providers participating in our Enhanced Personal Health Care (EPHC) program can use member reports from our PCMS tool within Availity to schedule members for comprehensive visits. Providers use normal gap closure through claims submission. No Health Assessment needed.</p>
<p><b>List of Members to be scheduled</b> - Anthem provides member report for Provider to schedule members for comprehensive visits. Providers use normal gap closure through claims submission. No Health Assessment needed.</p>
<p><b>Allscripts Push Notifications</b> <i>(combine with EMR Interoperability for Chart Requests from our Retrospective approach)</i>                      Once a member is scheduled for visit, provider will get notification of outstanding gaps. Benefit: Provider is aware upfront, at the time of the visit to address chronic conditions with members and code them accurately on their claim. No Health Assessment needed.</p>

## Anthem Contracted Ambulance Providers

As a contracted provider with Anthem Blue Cross and Blue Shield (Anthem) in Indiana, Kentucky, Missouri, Ohio and/or Wisconsin, please remember that you are obligated when medically appropriate to refer Anthem members to in-network providers. This includes physicians and all provider types including, but not limited to, ambulance transport (ground and air), ambulatory surgical centers, behavioral health services, physical medicine providers and ancillary providers. Referring to in-network providers allows members to receive the highest level of benefits under their Health Benefit Plan. As a reminder, call Anthem first for pre-certification if required by the member's policy.


### Ground Ambulance Providers

You can search for participating ground providers using our online tool, Provider Finder, located at [www.anthem.com](http://www.anthem.com). Search parameters include distance from your location (zip

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code, address or county). To use the tool, go to [www.anthem.com](http://www.anthem.com) and follow these steps in our “Find a Doctor” tool:

1. Select “all plans/networks” 2. Select type of coverage 3. I am looking for a: “other medical services” 4. Who specializes in: “ambulance companies” 5. Located near: add your address, zip or county	
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## Air Ambulance Providers

[Attached is the list of participating air ambulance providers with Anthem](#) in Indiana, Kentucky, Missouri, Ohio and/or Wisconsin. This means that these providers have contractually agreed to accept the Anthem Rate as payment in full for covered services, and they will bill members only for allowable benefit cost-share obligations when transporting members who are picked up in your state.

Some air ambulance providers choose not to participate with payers like Anthem.

- These air ambulance providers may charge member rates that are much higher than the Anthem contracted provider rates.
- Depending on their benefits, members who utilize non-participating air ambulance providers can be left with significant out-of-pocket expenses, which the ambulance providers and their billing agents may seek to collect.

To avoid these situations, we ask that, whenever possible, you use a participating air ambulance provider for your patients who are our members. **Utilizing participating providers:**

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

To schedule fixed wing or rotary wing air ambulance services, please contact Anthem for pre-certification if required by the member’s policy, then call one of the phone numbers listed below. Please have the following information ready when you call:

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

hospital/facility and address.

- Approximate transport date or time frame.
- Special equipment or care needs.

Should you have questions regarding the air ambulance network, including providers contracted for air ambulance pickups outside of your state, please contact your Provider Network Manager. To arrange air transport originating outside the U.S., U.S. Virgin Islands and Puerto Rico, call 800-810-BLUE for BCBS Global Core (formerly Bluecard Worldwide).

## **Attention: Availity launches additional changes to the new look to our Medical Attachment submission tool**

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In the March 2019 edition of our newsletter, we announced the exciting updates we've made to the Medical Attachment submission tool. As you start using the updated medical attachment tool on the Availity Portal, you will notice the following changes from the information we shared in March:

- File size - each attachment can be up to 10 MB with a maximum of 30 MB as the file size limit
- The addition of logos in your dashboard make it easy to quickly identify each payer
- The Medical Attachment tool will be retired from the Availity Portal soon, so we encourage you to start utilizing the 'Attachment - New' option now. We will announce the retirement date for the Medical Attachment tool soon.

Other features of the updated medical attachment include:

- The ability to submit an itemized bill
- A different link titled "Attachment - New" where you will now submit medical records when Anthem has requested additional information to process a claim
- A new link on the attachment page called "Send Attachment" will allow you to start the process
- A record history of each entry provides you increased visibility of your submission

The **Medical Attachment tool** makes the process of submitting an electronic documentation in support of a claim, simple and streamlined. You can use your tax identification number (TIN) or your NPI to register and submit *solicited* (requested by Anthem) medical record attachments through the Availity Portal.

NOTE: We will continue to keep you informed of upcoming changes to the 'Attachment - New'

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platform as we progress toward streamlining our electronic documentation functionality.

## **How to Access *solicited* Medical Attachments for Your Office**

Availity Administrator, complete these steps:

From **My Account Dashboard**, select **Enrollments Center > Medical Attachments Setup**, follow the prompts and complete the following sections:

1. Select Application>choose **Medical Attachments Registration**
2. Provider Management>Select **Organization** from the drop-down. Add NPIs and/or Tax IDs (Multiples can be added separated by spaces or semi-colons)
3. Assign user access by checking the box in front of the user's name. Users may be removed by unchecking their name

## **Using Medical Attachments**

Availity User, complete these steps:

1. Log in to [www.availity.com](http://www.availity.com)
2. Select **Claims and Payments > Attachments-New >Send Attachment** Tab
3. Complete all required fields of the form
4. Attach supporting documentation
5. Submit

## **Need Training?**

To access additional training for this Availity feature:

1. Log in and select **Help & Training | Get Trained** to open the Availity Learning Center (ALC) Catalog in a new browser tab. It is your dedicated ALC account.
2. Search the Catalog by keyword (attachments) to find training demo and on-demand courses.
3. Select **Enroll** to enroll for a course and then go to your Dashboard to access it any time.

## **Clinical Guideline Update - May 2019\***

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The following new Anthem Blue Cross and Blue Shield Clinical Guideline will require Precertification review effective **August 1, 2019** in Indiana, Kentucky, Missouri, Ohio and Wisconsin.

<b>CG-SURG-92</b>	<b>Paraesophageal Hernia Repair</b>	<ul style="list-style-type: none"> <li>• PEH repair is considered Medically necessary (<b>MN</b>) for symptomatic individuals when criteria are met</li> <li>• PEH repair during operation for Roux-en-Y gastric bypass, sleeve gastrectomy, or the placement of an adjustable gastric band is considered <b>MN</b> when criteria are met</li> <li>• Recurrent PEH repair is considered <b>MN</b> when criteria are met</li> <li>• PEH repair is considered not Medically necessary (<b>NMN</b>) when criteria are not met and for all other indications</li> </ul>	Existing codes 43280, 43281, 43282, 43283, 43325, 43327, 43328, 43330, 43331, 43332, 43333, 43334, 43335, 43336, 43337, 43338, 0BQT0ZZ, 0BQT3ZZ, 0BQT4ZZ, 0BUT0JZ will be reviewed for MN criteria
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\* Notice of Prior Authorization or Material Adverse Change

## MCG care guidelines 23rd Edition\*

Effective **August 1, 2019**, Anthem Blue Cross and Blue Shield (Anthem) will upgrade to the 23rd edition of MCG care guidelines for the following modules: Inpatient & Surgical Care (ISC), General Recovery Care (GRC), Chronic Care (CC), Recovery Facility Care (RFC), and Behavioral Health Care (BHC).

### Goal Length of Stay (GLOS) changes for Inpatient & Surgical Care (ISC)

Guideline	MCG Number	23rd Edition GLOS	22nd Edition GLOS
Neurology- Traumatic Brain Injury, Nonsurgical Treatment	M-78	Ambulatory or 2 days	2 days
Orthopedics-Lumbar Fusion	S-820	2 days postoperative	3 days postoperative

### New Optimal Recovery Guidelines (ORGs), Common Complications and Conditions (CCC) and Level of Care (LOC) Guidelines

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<b>Module</b>	<b>Guideline</b>	<b>Title</b>	<b>MCG Number</b>
ISC	ORG	Anorexia Nervosa, Child or Adolescent	P-585
ISC	ORG	Substance-Related Disorders, Child or Adolescent	P-596
ISC	ORG	Left Atrial Appendage Closure, Percutaneous	M-333
ISC	ORG	Abdominal Pain, Undiagnosed, Pediatric	P-05
ISC	ORG	Craniotomy for Traumatic Brain Injury or Intracerebral Hemorrhage, Pediatric	P-414
ISC	ORG	Craniotomy, Supratentorial, Pediatric	P-411
ISC	ORG	Headaches, Pediatric	P-185
ISC	ORG	Hernia Repair (Non-Hiatal), Pediatric	P-1305
ISC	ORG	Inflammatory Bowel Disease, Pediatric	P-565
ISC	ORG	Pelvic Inflammatory Disease (PID), Acute, Pediatric	P-260
ISC	ORG	Spine, Scoliosis, Posterior Instrumentation, Pediatric	P-1056
ISC	ORG	Supraventricular Arrhythmias, Pediatric	P-510
ISC	CCC	Pain: Common Complications and Conditions	CCC-050
RFC	ORG	Degenerative Joint Disease (DJD)	M-7030
BHC	LOC	Obsessive-Compulsive and Related Disorders, Adult: Inpatient Care	B-030-IP
BHC	LOC	Obsessive-Compulsive and Related Disorders, Child or Adolescent: Inpatient Care	B-029-IP
BHC	LOC	Obsessive-Compulsive and Related Disorders: Residential Care	B-030-RES
BHC	LOC	Obsessive-Compulsive and Related Disorders: Partial Hospital Program	B-030-PHP
BHC	LOC	Obsessive-Compulsive and Related Disorders: Intensive Outpatient Program	B-030-IOP

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BHC

LOC

Obsessive-Compulsive and Related  
Disorders: Acute Outpatient Care

B-030-AOP

## **Anthem Customizations to MCG care guideline 23rd Edition**

Effective **August 1, 2019**, the following MCG care guideline 23rd edition customizations will be implemented.

- Left Atrial Appendage Closure, Percutaneous (W0157) - customized to refer to SURG.00032 Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention
- Spine, Scoliosis, Posterior Instrumentation, Pediatric (W0156) - customized to refer to Musculoskeletal Program Clinical Appropriateness Guidelines, Level of Care Guidelines and Preoperative Admission Guidelines

[Available online is a more detailed summary of the Anthem customizations.](#)

For questions, please contact the provider service number on the back of the member's ID card.

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## **Update: Drug Screen Testing - Professional\***

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Beginning with dates of service on or after **April 28, 2019**, Anthem Blue Cross and Blue Shield (Anthem) policy language will be updated to allow the lower level definitive code drug testing of 1-7 drug class(es) (G0480) on the same day as presumptive services. Additionally, the definitive drug testing related coding section was expanded for clarification. More information about this new policy is available on anthem.com. To view Anthem's professional reimbursement policies at anthem.com, select your state: [Indiana](#), [Kentucky](#), [Missouri](#), [Ohio](#), [Wisconsin](#).

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## **Keep up with Medicare news - May 2019**

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Please continue to check [Important Medicare Advantage Updates](#) at [anthem.com/medicareprovider](http://anthem.com/medicareprovider) for the latest Medicare Advantage information, including:

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- [Medicare Advantage Group Retiree PPO plans and National Access Plus FAQ](#)
- [Group Retiree members and National Access Plus](#)
- [Prior authorization requirements for DME repair and portable oxygen concentrator](#)
- [Update: Evaluation and management with Modifier 25 update](#)
- [Latest updates to Electronic Data Interchange Gateway migration](#)
- [New incentive program for reimbursement for select CPT Category II codes](#)
- [Fall prevention tips](#)
- [Medical records request for risk adjustment](#)
- [Medicare Advantage reimbursement policy provider bulletin for Modifier 63: Procedure Performed on Infants Less Than 4 kg](#)
- [Partial hospitalization services - Highlights](#)
- [New provider learning opportunity: Put the AIM ProviderPortal to work for you](#)
- [Skilled nursing facility QIO appeal documentation reminder \*\*\(Ohio only\)\*\*](#)