October 2019 Anthem Provider News - Missouri

UPDATE: new AIM Rehabilitative Program will begin November 1, 2019

We announced in July that the AIM Rehabilitative Program for Anthem's Commercial membership was delayed. The AIM Rehabilitative Program for prior authorization for physical, speech and occupational therapy services is scheduled to relaunch on November 1, 2019. *Prior authorization requests for dates of service on or after November 1 may be submitted beginning October 21 via the AIM* ***ProviderPortal***$_{SM}$.

Coverage for physical, speech and occupational therapy services with dates of service *July 1, 2019 through October 31, 2019 will not require prior authorization*; processes have been created to allow providers to continue to provide treatment and to allow claims to adjudicate for those dates of service without authorization. Claims that were denied for no authorization in error for dates of service after July 1, 2019 are being reprocessed. The OrthoNet program is no longer active in applicable markets.

We invite you to take advantage of an informational webinar that will introduce you to the Rehabilitative Program and the capabilities of the AIM ***ProviderPortal***$_{SM}$. Visit the AIM Rehabilitation microsite to register for an upcoming training session.

National Accounts 2020 Pre-certification list

The National Accounts 2020 Pre-certification list has been published.

Please note: Providers should continue to verify member eligibility and benefits prior to rendering services.

Anthem engages Matrix to conduct mobile health clinics and in-home assessments for targeted members

Matrix Mobile Bus

As we continue our efforts to help ensure our members enrolled in Affordable Care Act (ACA) compliant plans have their chronic conditions assessed and documented each year, Anthem Blue Cross and Blue Shield (Anthem) is engaging Matrix to help encourage members – on our behalf – to schedule a mobile health clinic assessment. A vendor, Matrix operates the largest fleet of mobile medical centers nationwide and has conducted more than 1,000,000 patient assessments since 1998 – providing convenient access to comprehensive health assessments.

The mobile clinic provides members with additional options to help them close any gaps in care that they may have. In late July, Matrix began reaching out to members on our behalf by letter and phone. Our outreach efforts will continue until the end of this year.

Matrix works with hospitals and health plans like Anthem to deliver preventive health testing to the communities Matrix serves. Each mobile clinic has a reception area and private screening rooms. Matrix also helps members with scheduling follow-up appointments with their PCPs at the end of the assessments and forwards the PCPs a copy of any results from the health assessment.

Matrix In-Home Assessments

Matrix will perform in-home assessments where possible. The in-home assessments offer a board-certified nurse practitioner (NP) to come to a member's home to provide a general exam, suggestions for important screenings or other tests, a full review of the medicines they take, answers to health-related questions and a personal health summary detailing their health information. A copy of the assessment will be sent to members' PCPs to ensure continuity of care.

The overall goals of the mobile clinic program and the in-home program are to provide convenient, comprehensive appointments that are designed to complement the care provided by our network of physicians. **These mobile clinic or in-home visits do not replace any active treatment plans members currently have with their physicians and are not considered wellness visits or a substitute for members' annual physical examinations.**

We're including information about the program in this edition of *Provider News* should patients contact you about the program. Please refer members directly to Matrix if they have questions or need more information:

Mobile Bus: 888-822-3247
In-Home: 855-403-0967

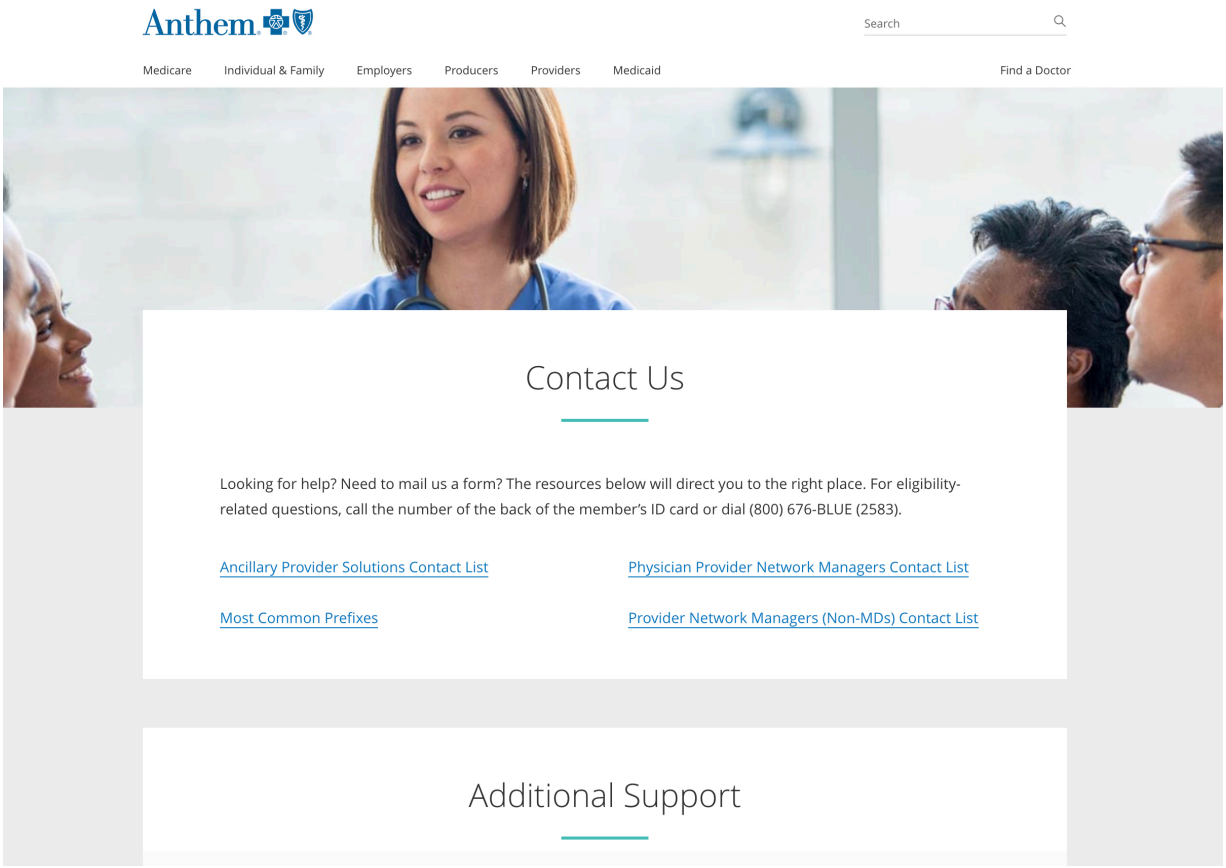
Anthem launches additional changes to anthem.com

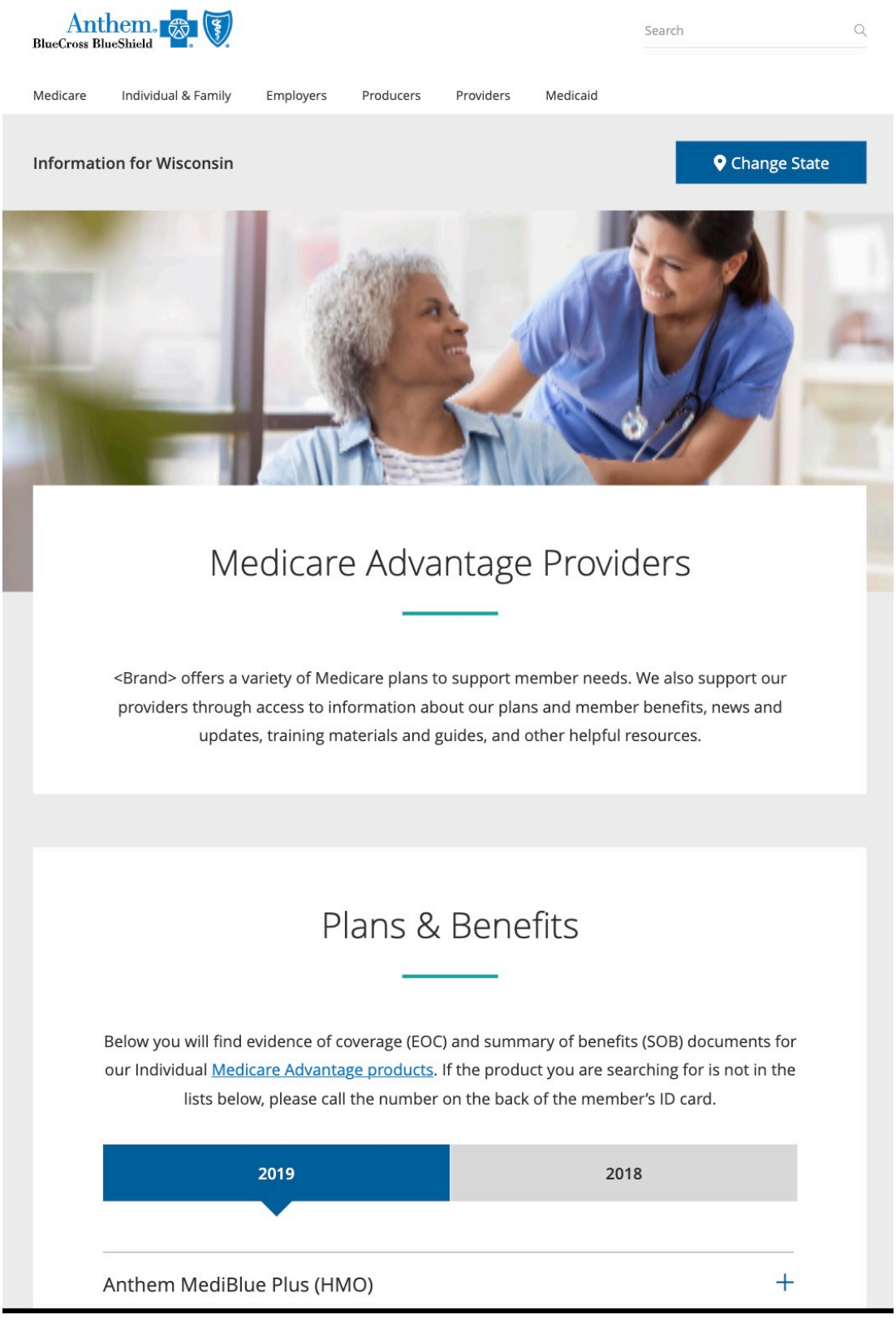
Exciting new changes are on the horizon for the public provider site at anthem.com. These next wave of updates include:

- A new Contact Us page that gives providers easy access to important contact information
- A redesigned Medicare Advantage page with an improved, effortless user experience

- A new Enhanced Personal Health Care (EPHC) page that provides a more prominent and easier access to information that communicates Anthem's role in transforming health care. (EPHC is a program designed to advance and support a patient-centered approach to care delivery.)

Below is a preview of the new Contact Us and Medicare Advantage page:




Anthem BlueCross BlueShield
Search
Medicare
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Producers
Providers
Medicaid
Information for Wisconsin
Change State
Medicare Advantage Providers
<Brand> offers a variety of Medicare plans to support member needs. We also support our providers through access to information about our plans and member benefits, news and updates, training materials and guides, and other helpful resources.
Plans & Benefits
Below you will find evidence of coverage (EOC) and summary of benefits (SOB) documents for our Individual Medicare Advantage products. If the product you are searching for is not in the lists below, please call the number on the back of the member's ID card.
2019
2018
Anthem MediBlue Plus (HMO)

Important update to Anthem's commercial drug lists

Effective with dates of service on and after October 1, 2019, and in accordance with Anthem Blue Cross and Blue Shield (Anthem)'s Pharmacy and Therapeutic (P&T) process, Anthem will update its commercial drug lists. Updates may include changes to drug tiers or the removal of a drug.

To help ensure a smooth transition and minimize member costs, providers should review these changes and consider prescribing a preferred drug to patients currently using a non-preferred drug, if appropriate.

Please note, this update does not apply to the Select Drug List or drugs lists utilized by the Federal Employee Program (FEP).

To view a summary of changes, click here.

Anthem specialty pharmacy medical step therapy drug list-clarification

In the February and May editions of *Provider News*, we shared that the following clinical criteria will be effective May 1, 2019 for the non-oncology uses of these drugs. We will now also begin the medical step therapy review process for ***oncology*** uses of these drugs starting October 1, 2019.

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® will be the preferred short-acting colony stimulating factor (CSF) agent over Neupogen®, Granix®, and Nivestym™®.

Anthem Blue Cross and Blue Shield (Anthem)'s prior authorization clinical review of these specialty pharmacy drugs will be managed by AIM Specialty Health® (AIM), a separate company.

Additional information regarding biosimilar drugs can be found by viewing the reference document, "Biosimilar Drugs – What are they?"

Click here to access the Clinical Criteria page on anthem.com.

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

Pharmacy information available at anthem.com

Visit 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 > Pharmacy Benefits.

Reimbursement Policy update: Place of Service- Professional

Beginning with dates of service on or after January 1, 2020, services reported by a professional provider with a place of service Telehealth (02) or School (03) will be eligible for non-office place of service reimbursement.

Federal Employee Program® Specialty Pharmacy Clinical Site-of-Care prior authorization review

The July 2019 edition of *Provider News* notified providers that certain Federal Employee Program® (FEP) plans (member IDs beginning with an "R") utilize a ***prior approval*** process for specific specialty drugs and site of care. The prior approval process identifies members who meet appropriate site-of-care criteria and encourages ordering providers and members to consider using a lower level of care option for specific specialty drugs. There is no claim penalty for site of care under the current prior approval process. FEP will continue to use this process through December 31, 2019.

Effective with dates of service on or after January 1, 2020, Anthem FEP will implement a specialty pharmacy ***prior authorization review*** process for specific specialty drugs. The prior authorization review will include site-of-care criteria for outpatient hospital-based settings**. As a result of this change, services provided on and after January 1, 2020, without a prior authorization will be denied.**

FEP will continue to review Federal Employee Program medical policy criteria for medical necessity, and Anthem's clinical guideline, Level of Care: Specialty Pharmaceuticals (CG-MED-83), will be utilized to review site-of-care criteria.

What's new beginning with dates of service on or after January 1, 2020?

- Prior to administering the drugs noted below in any setting, a prior authorization must

be completed in order to evaluate if the drug meets clinical criteria. Anthem FEP will begin accepting prior authorization requests on December 18, 2019 for dates of service on and after January 1, 2020.

- **Request prior authorization review by calling the Blue Cross and Blue Shield Federal Employee Program Service Benefit Plan at (800) 860-2156.**
- Outpatient hospital-based settings will require a site-of-care review for medical necessity as part of the prior authorization review.
    - A provider toolkit aligned to Anthem's clinical guideline (CG-Med83) will be provided to providers requiring a site-of-care review, either by fax or e-review. For outpatient hospital settings that do not meet clinical criteria, a dedicated clinical team will work with you to identify alternate lower level of care sites that can safely administer the drug.
    - In the event that there are no infusion centers within 30 miles of the member's place of residence, or there are no home infusion providers able to service the member's residence, the hospital-based setting will be approved.
- If the prior authorization is denied for either the drug not meeting medical necessity or the site-of-care not meeting medical necessity, providers should follow the disputed claim/service process. To obtain the current process, please contact the Blue Cross and Blue Shield Federal Employee Program Service Benefit Plan at (800) 860-2156.
- Services provided on or after January 1, 2020, without prior authorization will result in a denial of claims payment.

Drugs requiring medical necessity and site-of-care review:

Drug	Code	FEP Medical Policy
(Orencia)	J0129	5.70.18
(Benlysta)	J0490	5.99.01
(Privigen)	J1459	5.20.03
(Cuvitru)	J1555	5.20.08
(Bivigam)	J1556	5.20.03
(Gammaplex)	J1557	5.20.03
(Hizentra)	J1559	5.20.08
(Gamunex-c/Gammaked)	J1561	5.20.03-IV
(Gamunex-c/Gammaked)	J1561	5.20.08-Subq
(Carimune)	J1566	5.20.03
(Octagam)	J1568	5.20.03
(**Gammagard liquid**)	J1569	5.20.03-IV
(**Gammagard liquid**)	J1569	5.20.08-Subq
(Flebogamma)	J1572	5.20.03
(HyQvia)	J1575	5.20.08
(Panzyga)	J1599	5.20.03

(Simponi Aria)	J1602	5.70.51
(Remicade)	J1745	5.50.02
(Tysabri)	J2323	5.60.13
(Entyvio)	J3380	5.50.12
(Inflectra)	Q5103	5.50.02
(Renflexis)	Q5104	5.50.02
(Ixifi)	Q5109	5.50.02

These changes apply to Anthem FEP members (member IDs beginning with an “R”) who are receiving the specialty drugs listed above through their medical benefits. **These changes do not impact the approval process for these specialty drugs obtained through pharmacy benefits.** For more information, such as clinical criteria for specialty drugs and level of care, please contact the Blue Cross and Blue Shield Federal Employee Program Service Benefit Plan at (800) 860-2156.

Pre-certification information for the Federal Employee Program

The Anthem Blue Cross and Blue Shield Service Benefit Plan®, also known as Federal Employee Program®, FEP®, would like to share information about the turnaround times for urgent or non-urgent precertification requests.

Anthem FEP follows the National Committee for Quality Assurance (NCQA) standards for turnaround time for urgent or non-urgent precertification requests which are outlined below:

- Urgent concurrent - 24 hours (1 day)
- Urgent preservice - 72 hours (3 days)
- Non-urgent preservice - 15 calendar days
- Post-service - 30 calendar days

In addition, Anthem FEP offers an advanced benefit determination (ABD) for elective services.

- ABD – 15 calendar days

This precertification service is offered as a courtesy. If you would like more information regarding the ABD review process or have additional questions, please contact FEP Utilization Management at 800-860-2156, 8:00 a.m. – 7:00 p.m., Monday – Friday.

US Antibiotic Awareness Week is November 11-18, 2019

This is a one week observance that gives organizations and providers an opportunity to raise awareness on the appropriate use of antibiotics and reduce the threat of antibiotic resistance. The Centers for Disease Control and Prevention (CDC) has many tools for providers at https://www.cdc.gov/antibiotic-use/week/toolkit.html. Posters, prescriptions pads, social media posts, patient education pieces, sticker and counter clings, and more can be found on the CDC website.

During U.S. Antibiotic Awareness Week and throughout the year, the CDC promotes *Be Antibiotics Aware*, an educational effort to raise awareness about the importance of safe antibiotic prescribing and use. *Be Antibiotics Aware* has resources to help healthcare professionals (in outpatient and inpatient settings) educate patients and families about antibiotic use and risks for potential side effects. For more information visit: https://www.cdc.gov/antibiotic-use/?s_cid=NCEZID-AntibioticUse-005.

Medicare News -- October 2019

- March 2019 Medical Policies and Clinical Utilization Management Guidelines update
- Clinical Laboratory Improvement Amendments for Anthem Blue Cross and Blue Shield
- Lowering health risks with no-cost statins
- Assisting your patients in managing the Donut Hole
- Prior authorization requirements for continuous positive airway
- Introducing a new fall risk program
- ***Ohio only:*** Introducing ConcertoHealth

Aspire Telehealth Palliative Care program

Aspire Health* for Medicare members in need of telephonic palliative care

The Aspire Telehealth Palliative Care program provides an additional layer of telephonic support to patients facing a serious illness. The program is focused on:

- Helping patients understand their diagnosis.
- Facilitating conversations with patients and their families around their goals of care.
- Ensuring patients receive care aligned with their goals and values.

The program begins with an initial 30 to 60 minute telephonic assessment by a specially trained Aspire Health social worker. The conversation in this initial call focuses on building rapport and completing a comprehensive assessment. This assessment includes understanding the patient's perception of their illness and current treatment plan. Follow-up calls occur every 2 to 4 weeks, typically lasting 15 to 45 minutes, with the exact frequency based on a patient's individual need.

Aspire Health's social workers are supported by a full interdisciplinary team of board-certified palliative care physicians, nurses, and chaplains who provide additional telephonic support to patients and their families as needed.

Patients enrolled in the telehealth program have access to 24/7 on-call support. The average patient is enrolled in the program for 6 to 8 months with some of the key goals being the ability for patients to *teach-back* their current medical situation, articulate their health and quality-of-life goals, and establish a future care plan through either the completion of advanced care planning documents and/or a transition to hospice when appropriate.

More information is available at **www.aspirehealthcare.com** or by calling the 24/7 Patient & Referral Hotline at **1-844-232-0500**.

* Aspire Health is an independent company providing telephonic palliative care on behalf of Anthem Blue Cross and Blue Shield.

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June 2019 Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* below were developed or revised to support clinical coding edits. Several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. **Please note:** The *Medical Policies* and *Clinical UM Guidelines* below are followed in the absence of Medicare guidance.

Please share this notice with other members of your practice and office staff.

To view a guideline, visit the provider website at www.anthem.com/medicareprovider.

Notes/updates

Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive:

- DME.00037 — added devices that combine cooling and vibration to the investigational and not medically necessary statement
- LAB.00027 — added Mediator Release Test to investigational and not medically necessary statement
- LAB.00033 — clarified investigational and not medically necessary statement to include 4K score and AR-V7
- OR-PR.00003:
    - Clarified medically necessary position statement criteria 2 through 4
    - Added statement that use of prosthetic devices that combine both a microprocessor controlled knee and foot-ankle prosthesis is considered investigational and not medically necessary for all indications
- SURG.00011:
    - Added new medically necessary and investigational and not medically necessary statements addressing amniotic membrane-derived products for conjunctival and corneal indications, including KeraSys and Prokera
    - Added new products to investigational and not medically necessary statement
- SURG.00045:
    - Added erectile dysfunction, Peyronie’s disease and wound repair to the investigational and not medically necessary statement
    - Revised title
- SURG.00121 — added investigational and not medically necessary statement to address use of transcatheter tricuspid valve repair or replacement for all indications

The following AIM Specialty Health® updates were approved on June 6, 2019:

- Advanced imaging:
    - Imaging of the heart
    - Oncologic imaging
    - Vascular imaging
    - Proton beam therapy
    - Rehabilitative therapies — physical therapy, occupational therapy and speech therapy (new)

Medical Policies

On June 6, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Anthem Blue Cross and Blue Shield

(Anthem).

Publish date	*Medical Policy*	*Medical Policy* title	New or revised
June 13, 2019	MED.00129	Gene Therapy for Spinal Muscular Atrophy	New
June 13, 2019	GENE.00029	Genetic Testing for Breast and/or Ovarian Cancer Syndrome	Revised
June 13, 2019	* SURG.00011	Allogeneic, Xenographic, Synthetic, and Composite Products for Wound Healing and Soft Tissue Grafting	Revised
June 13, 2019	SURG.00023	Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures	Revised
June 13, 2019	SURG.00028	Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions	Revised
June 27, 2019	GENE.00025	Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignancies Previous title: Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignant Tumors	Revised
June 27, 2019	DRUG.00046	Ipilimumab (Yervoy®)	Revised
June 27, 2019	DRUG.00053	Carfilzomib (Kyprolis®)	Revised
June 27, 2019	DRUG.00062	Obinutuzumab (Gazyva®)	Revised
June 27, 2019	DRUG.00067	Ramucirumab (Cyramza®)	Revised
June 27, 2019	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
June 27, 2019	DRUG.00075	Nivolumab (Opdivo®)	Revised
June 27, 2019	DRUG.00107	Avelumab (Bavencio®)	Revised
June 27, 2019	GENE.00044	Analysis of PIK3CA Status in Tumor Cells	Revised
June 27, 2019	* SURG.00121	Transcatheter Heart Valve Procedures	Revised
June 27, 2019	GENE.00001	Genetic Testing for Cancer Susceptibility	Revised
June 27, 2019	GENE.00043	Genetic Testing of an Individual's Genome for Inherited Diseases	Revised
June 27, 2019	LAB.00011	Analysis of Proteomic Patterns	Revised
June 27, 2019	LAB.00015	Detection of Circulating Tumor Cells in the Blood as a Prognostic Factor for Cancer	Revised

July 10, 2019	GENE.00051	Bronchial Gene Expression Classification for the Diagnostic Evaluation of Lung Cancer	New
July 10, 2019	SURG.00153	Cardiac Contractility Modulation Therapy	New
July 10, 2019	* DME.00037	Cooling Devices and Combined Cooling/Heating Devices	Revised
July 10, 2019	DME.00038	Static Progressive Stretch (SPS) and Patient-Actuated Serial Stretch (PASS) Devices	Revised
July 10, 2019	GENE.00011	Gene Expression Profiling for Managing Breast Cancer Treatment	Revised
July 10, 2019	* LAB.00027	Selected Blood, Serum and Cellular Allergy and Toxicity Tests	Revised
July 10, 2019	* LAB.00033	Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer	Revised
July 10, 2019	MED.00109	Corneal Collagen Cross-Linking	Revised
July 10, 2019	* OR-PR.00003	Microprocessor Controlled Lower Limb Prosthesis	Revised
July 10, 2019	SURG.00005	Partial Left Ventriculectomy	Revised
July 10, 2019	* SURG.00045	Extracorporeal Shock Wave Therapy Previous Title: Extracorporeal Shock Wave Therapy for Orthopedic Conditions	Revised
July 10, 2019	SURG.00120	Internal Rib Fixation Systems	Revised
September 4, 2019	GENE.00010	Genotype Panel Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status Previous title: Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status	Revised

Clinical UM Guidelines

On June 6, 2019, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem. These guidelines were adopted by the Medical Operations Committee for Medicare Advantage members on July 5, 2019.

Publish date	***Clinical UM Guideline #***	***Clinical UM Guideline* title**	**New or revised**
June 27, 2019	CG-SURG-97	Cardioverter Defibrillators	New
June 27, 2019	CG-DRUG-98	Bendamustine Hydrochloride	Revised

June 27, 2019	CG-LAB-09	Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain	Revised
June 27, 2019	CG-LAB-14	Respiratory Viral Panel Testing in the Outpatient Setting	Revised
July 10, 2019	CG-SURG-100	Laser Trabeculoplasty and Laser Peripheral Iridotomy	New
July 10, 2019	CG-ADMIN-01	Clinical Utilization Management (UM) Guideline for Pre-Payment Review Medical Necessity Determinations When No Other Clinical UM Guideline Exists	Revised
July 10, 2019	CG-ANC-06	Ambulance Services: Ground; Non-Emergent	Revised
July 10, 2019	CG-DME-03	Neuromuscular Stimulation in the Treatment of Muscle Atrophy	Revised
July 10, 2019	CG-DME-07	Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output Previous title: Augmentative and Alternative Communication (AAC) Devices/Speech Generating Devices (SGD)	Revised
July 10, 2019	CG-DME-08	Infant Home Apnea Monitors	Revised
July 10, 2019	CG-DME-39	Dynamic Low-Load Prolonged-Duration Stretch Devices	Revised
July 10, 2019	CG-DME-42	Non-implantable Insulin Infusion and Blood Glucose Monitoring Devices	Revised
July 10, 2019	CG-DME-45	Ultrasound Bone Growth Stimulation	Revised
July 10, 2019	CG-MED-41	Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting	Revised
July 10, 2019	CG-MED-49	Auditory Brainstem Responses (ABRs) and Evoked Otoacoustic Emissions (OAEs) for Hearing Disorders	Revised
July 10, 2019	CG-MED-57	Cardiac Stress Testing with Electrocardiogram	Revised
July 10, 2019	CG-MED-59	Upper Gastrointestinal Endoscopy in Adults	Revised
July 10, 2019	CG-SURG-11	Surgical Treatment for Dupuytren's Contracture	Revised
July 10, 2019	CG-SURG-17	Trigger Point Injections	Revised
July 10, 2019	CG-SURG-35	Intracytoplasmic Sperm Injection (ICSI)	Revised

July 10, 2019	CG-SURG-49	Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities	Revised
July 10, 2019	CG-SURG-81	Cochlear Implants and Auditory Brainstem Implants	Revised
July 10, 2019	CG-SURG-85	Hip Resurfacing	Revised
July 10, 2019	CG-SURG-93	Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction	Revised
September 4, 2019	CG-GENE-11	Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status	New
September 4, 2019	CG-GENE-10	Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies	New
September 4, 2019	CG-SURG-101	Ablative Techniques as a Treatment for Barrett's Esophagus	New
September 4, 2019	CG-SURG-102	Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy	New

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Update: 2019 risk adjustment provider trainings

The Medicare Risk Adjustment Regulatory Compliance team at Anthem Blue Cross and Blue Shield offers two provider training programs regarding Medicare risk adjustment guidelines. Information for each training is outlined below. The Medicare Risk Adjustment Regulatory Compliance team developed the following two provider trainings. This update outlines the training series:

Medicare risk adjustment and documentation guidance (general)

When: Offered the first Wednesday of each month from December 5, 2018, to November 6, 2019 from 1 to 2 p.m. Eastern time

Learning objective: This training will provide an overview of Medicare Risk Adjustment, including the Risk Adjustment Factor and the Hierarchical Condition Category (HCC) Model, with guidance on medical record documentation and coding.

Credit: This activity has been reviewed and is acceptable for up to one prescribed credit by the American Academy of Family Physicians.

If you are interested in joining us to learn how providers play a critical role in facilitating the risk adjustment process, register for one of the monthly training sessions at the link below: https://antheminc.adobeconnect.com/admin/show-event-catalog?folder-id=38826374.

Medicare risk adjustment, documentation and coding guidance (condition specific)

When: Offered on the fourth Wednesday of every other month from January 23, 2019 to November 27, 2019 from 12 noon to 1 p.m. Eastern time

Learning objective: This is a collaborative learning event with Enhanced Personal Health Care (EPHC) to provide in-depth disease information pertaining to specific conditions including an overview of their corresponding hierarchical condition categories (HCC), with guidance on documentation and coding.

Credit: This live series activity has been reviewed and is acceptable for credit by the American Academy of Family Physicians.

For those interested in joining us for this six-part training series, please see the list of topics and scheduled training dates below:

1. Red flag HCCs, part one — *Register for recording of live session.*
Training will cover HCCs most commonly reported in error as identified by CMS: chronic kidney disease (stage 5), ischemic or unspecified stroke, cerebral hemorrhage, aspiration and specified bacterial pneumonias, unstable angina and other acute ischemic heart disease, and end-stage liver disease. Recording will play upon registration.
https://antheminc.cosocloud.com/e4i5k4h7cf3j/event/registration.html

2. Red Flag HCCs, part two — *Register for recording of live session.*
Training will cover HCCs most commonly reported in error as identified by CMS: atherosclerosis of the extremities with ulceration or gangrene, myasthenia gravis/myoneural disorders and Guillain-Barre syndrome, drug/alcohol psychosis, lung and other severe cancers, and diabetes with ophthalmologic or unspecified manifestation. Recording will play upon registration.
https://antheminc.cosocloud.com/enfndbyedd5g/event/event_info.html

3. Opioids and more: substance abuse and dependence — Recording will play upon registration.

https://antheminc.cosocloud.com/ekx3tooh22f7/event/registration.html

4. Acute, chronic and status conditions — Recording will play upon registration.
https://antheminc.cosocloud.com/eeq7am1fht49/event/registration.html

5. Behavioral health — November 27, 2019
https://antheminc.cosocloud.com/eatxsocnqf6h/event/registration.html

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Medicare preferred continuous glucose monitors

On January 1, 2020, Anthem Blue Cross and Blue Shield (Anthem) will implement a preferred edit on Medicare-eligible continuous glucose monitors (CGMs). Currently, there are two CGM systems covered by CMS under the Medicare Advantage Part D (MAPD) benefit; these are Dexcom and Freestyle Libre. The preferred CGM for Medicare Advantage Part D individual members covered by Anthem will be Freestyle Libre. This edit will only affect members who are newly receiving a CGM system. Members will need to obtain their CGM system from a retail or mail order pharmacy – not a durable medical equipment (DME) facility. For Dexcom coverage requests, call **1-833-293-0661**.

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Medical drug Clinical Criteria updates

On February 22, 2019, and March 14, 2019, the Pharmacy and Therapeutics (P&T) Committee approved changes to *Clinical Criteria* applicable to the **medical drug benefit** for Anthem Blue Cross and Blue Shield. These policies were developed, revised or reviewed to support clinical coding edits.

The Clinical Criteria is publicly available on the provider website, and the effective dates will be reflected in the *Clinical Criteria Q1 web posting*. Visit *Clinical Criteria* to search for specific policies.

For questions or additional information, use this email.

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Prior authorization requirements changes effective November 1, 2019

Effective **November 1, 2019**, prior authorization (PA) requirements will change for the following services. These services will require PA by Anthem Blue Cross and Blue Shield for Medicare Advantage members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines (including definitions and specific contract provisions/exclusions) take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following codes:

- **0026U** — Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result
- **0533T** — Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes setup, patient training, configuration
- **0534T** — Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; setup, patient training, configuration of monitor
- **0535T** — Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration
- **0536T** — Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report
- **0546T** — Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report
- **33270** — Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation
- **33271** — Insertion of subcutaneous implantable defibrillator electrode
- **77299** — Unlisted procedure, therapeutic radiology clinical treatment planning
- **81205** — BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (e.g., Maple syrup urine disease) gene analysis, common variants (e.g., R183P, G278S, E422X)
- **81219** — CALR (calreticulin) (e.g., myeloproliferative disorders), gene analysis, common variants in exon 9
- **81250** — G6PC (glucose-6-phosphatase, catalytic subunit) (e.g., Glycogen storage disease, Type 1a, von Gierke disease) gene analysis, common variants (e.g., R83C, Q347X)

- **81302** — MECP2 (methyl CpG binding protein 2) (e.g., Rett syndrome) gene analysis; full sequence analysis
- **81303** — MECP2 (methyl CpG binding protein 2) (e.g., Rett syndrome) gene analysis; known familial variant
- **81304** — MECP2 (methyl CpG binding protein 2) (e.g., Rett syndrome) gene analysis; duplication/deletion variants
- **81331** — SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (e.g., Prader-Willi syndrome and/or Angelman syndrome), methylation analysis
- **81332** — SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (e.g., Prader-Willi syndrome and/or Angelman syndrome), methylation analysis
- **81400** — Molecular pathology procedure, Level 1 (e.g., identification of single germline variant e.g., SNP by techniques such as restriction enzyme digestion or melt curve analysis)ACADM (acyl—CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (e.g., medium chain acyl dehydrogenase deficiency)
- **81401** — Molecular pathology procedure, Level 2 (e.g., 2-10 SNPs, 1 methylated variant, or 1 somatic variant typically using nonsequencing target variant analysis, or detection of a dynamic mutation disorder/triplet repeat) ABL (c-abl oncogene 1, receptor tyrosine kinase) (e.g., acquired imatinib resistance)
- **81402** — Molecular pathology procedure, Level 3 (e.g., >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants typically using nonsequencing target variant analysis, immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon) CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (e.g., congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (e.g., IVS2-13G, P30L, I172N, exon 6 mutation cluster I235N, V236E, M238K)
- **81402** — Molecular pathology procedure, Level 3 (e.g., >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants typically using nonsequencing target variant analysis, immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon) CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (e.g., congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (e.g., IVS2-13G, P30L, I172N, exon 6 mutation cluster I235N, V236E, M238K)
- **81407** — Molecular pathology procedure, Level 8 (e.g., analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) SCN1A (sodium channel, voltage-gated, type 1, alpha subunit) (e.g., generalized epilepsy with febrile seizures), full gene sequence
- **81408** — Molecular pathology procedure, Level 9 (e.g., analysis of >50 exons in a single gene by DNA sequence analysis) FBN1 (fibrillin 1) (e.g., Marfan syndrome), full

gene sequence NF1 (neurofibromin 1) (e.g., neurofibromatosis, type 1), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (e.g., malignant hyperthermia), full gene sequence VWF (von Willebrand factor) (e.g., von Willebrand disease types 1 and 3), full gene sequence

- **97033** — Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
- **C9042** — Injection, bendamustine hcl (belrapzo), 1 mg
- **C9043** — Injection, levoleucovorin, 1 mg
- **C9141** — Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl (jivi)
- **D9130** — Temporomandibular Joint Dysfunction – Non-Invasive Physical Therapies
- **D9920** — or management, by report
- **J9999** — Not otherwise classified, antineoplastic drugs
- **S3850** — Genetic testing for sickle cell anemia

To request PA, you may use one of the following methods:

- **Web**: Availity.com
- **Phone**: Call the Provider Services number on the back of the member's ID card for PA requirements.

Not all prior authorization requirements are listed here. Detailed prior authorization requirements are available to contracted providers by accessing the Provider Self-Service Tool at Availity.com. Contracted and non-contracted providers who are unable to access Availity may call the Provider Services number on the back of the member's ID card for PA requirements.

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