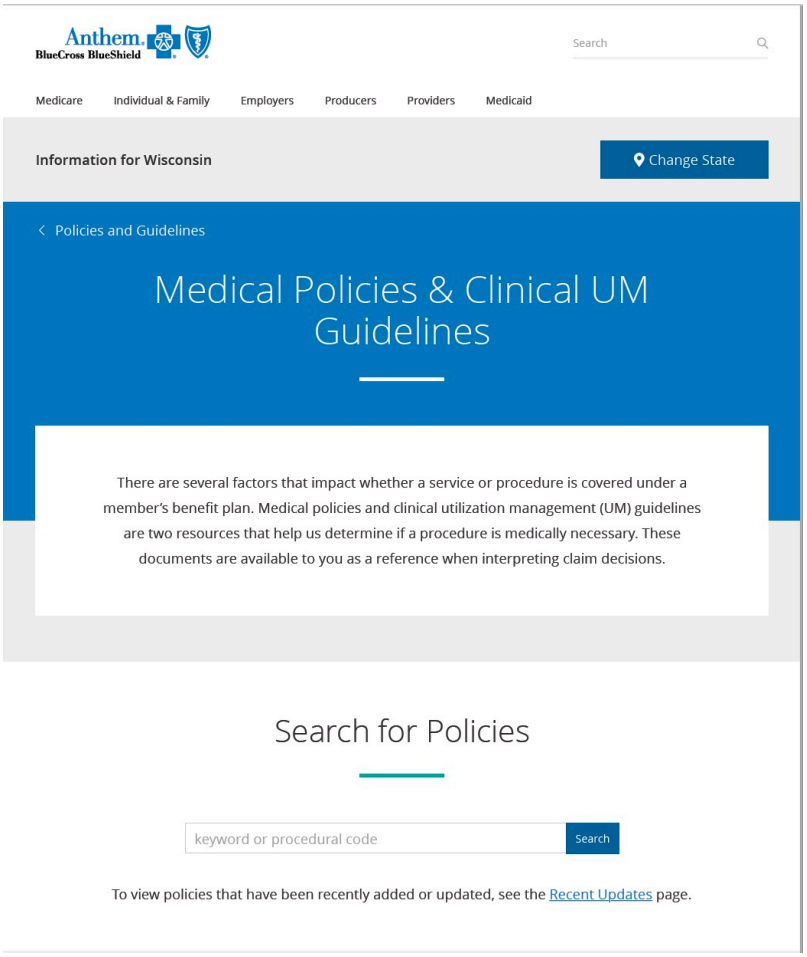
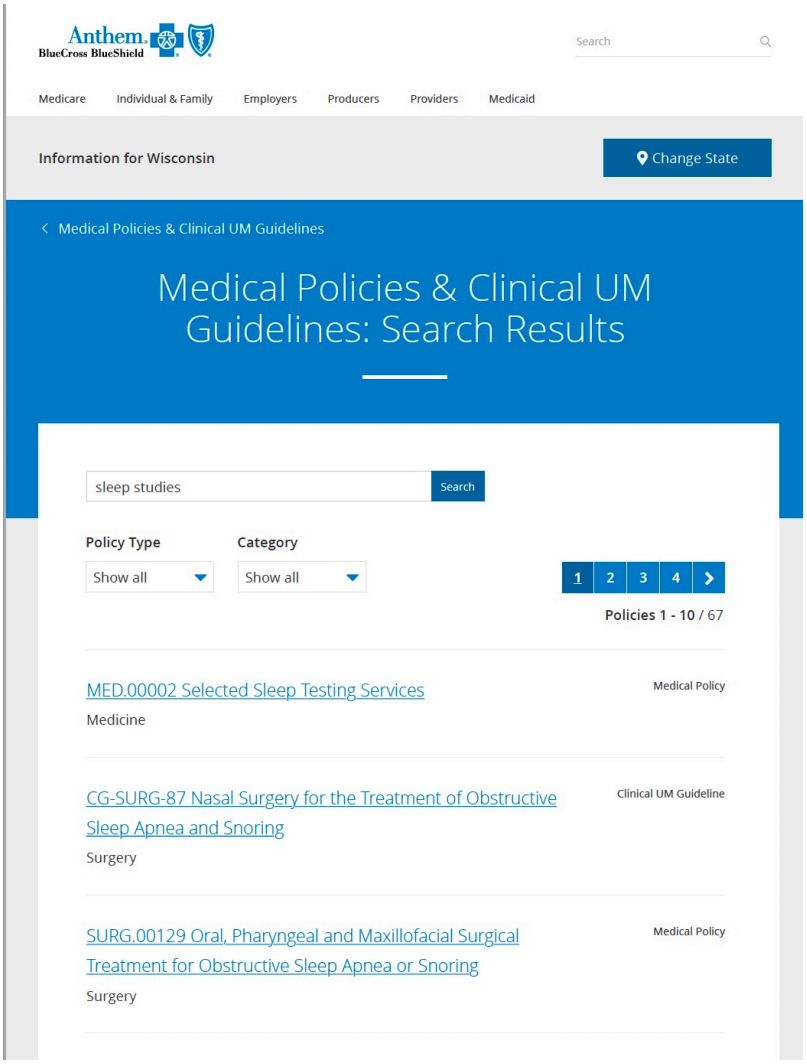
November 2019 Anthem Provider News - Missouri

Additional improvements coming to anthem.com

More exciting new changes are coming to the public provider site at anthem.com. This next wave of updates includes a new, enhanced Medical Policies page. The page will have an improved and straightforward process for viewing policies that allows providers to easily scan, sort and filter. In addition, providers will now be able to access “Search” from the Medical Policies landing page.

Below is a preview of the streamlined page**.**





Appropriate coding helps provide a comprehensive picture of patients' health

As the physician of a member who has coverage under Affordable Care Act (ACA) compliant plans, you play a vital role in accurately documenting the health of the member to ensure compliance with ACA program reporting requirements. **When members visit your practice, we encourage you to document ALL of the members' health conditions, especially chronic diseases. Ensuring that the coding on the claim submission is to the greatest level of specificity can help reduce the number of medical record requests from us in the future.**

Please ensure that all codes captured in your EMR system are also included on the claim(s), and are not being truncated by your claims software management system. For example, some EMR systems may capture up to 12 diagnosis codes, but the claim system may only have the ability of capturing 4. If your claim system is truncating some of your codes, please work with your vendor/clearing house to ensure all codes are being submitted.

Reminder about ICD-10 coding

As you may be aware, the ICD-10 coding system serves multiple purposes including identification of diseases, justification of the medical necessity for services provided, tracking morbidity and mortality, and determination of benefits. Additionally, Anthem uses ICD-10 codes submitted on claims to monitor health care trends and costs, disease management, and clinical effectiveness of management of medical conditions. The Centers for Medicare and Medicaid Services (CMS) uses ICD-10 as part of the risk adjustment program created under the ACA to determine the risk score associated with a member's health.

Using specific ICD diagnosis codes will help convey the true complexity of the conditions being addressed in each visit.

- Code the primary diagnosis, condition, problem or other reason for the medical service or procedure.
- Include any secondary diagnosis codes that are actively being managed.
- Include all chronic historical codes, as they must be documented each year pursuant to the ACA. (e.g.: An amputee must be coded each and every year even if the visit is not addressing the amputated limb specifically).

If you are interested in having a coding training session conducted by an Anthem coding auditor, please contact our Commercial Risk Adjustment Representative who supports your area: Mary.Swanson@anthem.com

REMINDER: new AIM Rehabilitative Program effective November 1, 2019

As previously communicated in the October 2019 edition of Anthem Blue Cross and Blue Shield (Anthem)'s *Provider News*, the AIM Rehabilitative program for Anthem's Commercial Membership relaunched November 1, 2019. AIM Specialty Health® (AIM), a separate company, will begin to perform prior authorization review of physical, occupational and speech therapy services. Requests may be submitted via the AIM ProviderPortal℠ for dates of service November 1 and after. The OrthoNet program is no longer active in applicable markets.

Anthem is also transitioning vendors for review of Rehabilitative Services for our *Medicare members to include outpatient physical therapy, occupational therapy, and speech-language pathology, to AIM Specialty Health. Anthem has decided to delay the implementation of this transition. The AIM Rehab program will now begin in April 2020. Pre-authorization will not be required for the above mentioned services through March 2020.

*This does not apply to members in the states of Florida, New Jersey and New York for whom prior authorization will still be required.

Anthem clinical criteria and prior authorization updates for specialty pharmacy are available*

Prior authorization updates

Effective for dates of service on and after February 1, 2020, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our prior authorization review process.

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.

To access the clinical criteria document information please click here.

Prior authorization clinical review of non-oncology specialty pharmacy drugs listed below is managed by Anthem's medical specialty drug review team.

Clinical Criteria	HCPCS or CPT Code(s)	Drug
ING-CC-0072	Q5118	Zirabev
ING-CC-0075	Q5115	Truxima
ING-CC-0075	J3490	Ruxience

Review of specialty pharmacy drugs for oncology indications listed below is managed by AIM Specialty Health® (AIM), a separate company.

Clinical Criteria	HCPCS or CPT Code(s)	Drug
ING-CC-0107	Q5118	Zirabev
ING-CC-0142*	J1930	Somatuline Depot

ING-CC-0143	C9399 J9999	Polivy
ING-CC-0144	J9313	Lumoxiti
ING-CC-0145	J9119	Libtayo

* Non-oncology use is managed by Anthem's medical specialty drug review team. Oncology use is managed by AIM.

Clinical criteria updates

Effective for dates of service on and after February 1, 2020, the following current clinical criteria documents were revised and might result in services that were previously covered but may now be found to be not medically necessary.

To access the clinical criteria document information please click here.

Prior authorization clinical review of non-oncology specialty pharmacy drugs listed below is managed by Anthem's medical specialty drug review team.

- ING-CC-0041 Complement Inhibitors Added medical necessity criteria for Soliris for the new indication of neuromyelitis optica spectrum disorder.
- ING-CC-0048 Spinraza (nusinersen) Updated medical necessity criteria for use after gene therapy to require decline in clinical status.
- ING-CC-0082 Onpattro (patisiran) Added not medically necessary criteria for combination use with other agents for amyloidosis.

Review of specialty pharmacy drugs for oncology indications listed below is managed by AIM Specialty Health® (AIM), a separate company.

- ING-CC-0001 Erythropoiesis Stimulating Agents Reduced the timeframe for response for the use of Aranesp, Epogen and Procrit for anemia associated with myelosuppressive chemotherapy from 8-9 weeks to 8 weeks.
- ING-CC-0002 Colony Stimulating Factor Agents Removed medically necessary criteria for the prophylaxis of febrile neutropenia for Leukine.
- ING-CC-0106 Erbitux (cetuximab) Updated medical necessity criteria for RAS testing to require both KRAS and NRAS wild type.

Quantity limit updates

Effective January 31, 2020, clinical criteria document ING-CC-0136 Drug dosage, frequency, and route of administration will be archived.

Effective for dates of service on and after February 1, 2020, prior authorization clinical review of drug dosage, frequency and route of administration for the following specialty pharmacy codes from new or current clinical criteria will be based on the quantity limits established in the applicable clinical criteria document. The table below will assist you in identifying the applicable clinical criteria documents and corresponding HCPCS codes.

To access the clinical criteria document information please click here.

Prior authorization clinical review of these specialty pharmacy drugs will be managed by Anthem's medical specialty drug review team.

Clinical Criteria Document Number	Clinical Criteria Name	Drug(s)	HCPCS Code(s)
ING-CC-0001	Erythropoiesis Stimulating Agents	Aranesp, Epogen, Mircera, Procrit, Retacrit	J0881, J0882, J0885, J0887, J0888, Q4081, Q5105, Q5106
ING-CC-0003	Immunoglobulins	Asceniv, Bivigam, Carimune NF, Flebogamma DIF. Gammagard, Gammagard S/D, Gammaked, Gammaplex, Gamunex-C, Octagam, Panzyga, Privigen	J1459, J1556, J1557, J1561, J1566, J1568, J1569, J1572, J1599
ING-CC-0007	Synagis (palivizumab)	Synagis	90378
ING-CC-0013	Mepsevii (vestronidase alfa)	Mepsevii	J3397
ING-CC-0018	Lumizyme (alglucosidase alfa)	Lumizyme	J0221
ING-CC-0021	Fabrazyme (agalsidase beta)	Fabrazyme	J0180
ING-CC-0022	Vimizim (elosulfase alfa)	Vimizim	J1322

ING-CC-0023	Naglazyme (galsulfase)	Naglazyme	J1458
ING-CC-0024	Elaprase (idursufase)	Elaprase	J1743
ING-CC-0025	Aldurazyme (laronidase)	Aldurazyme	J1931
ING-CC-0028	Benlysta (belimumab)	Benlysta	J0490
ING-CC-0031	Intravitreal Corticosteroid Implants	Illuvien, Retisert, Ozurdex, Yutiq	J7311, J7312, J7313, J7314
ING-CC-0032	Botulinum Toxin	Botox, Xeomin, Dysport, Myobloc	J0585, J0586, J0587, J0588
ING-CC-0033	Xolair (omalizumab)	Xolair	J2357
ING-CC-0034	Agents for Hereditary Angioedema	Cinryze, Haegarda, Berinert, Berinert, Firazyr, Ruconest, Kalbitor, Takhzyro	J0596, J0597, J0598, J1290, J1744, J0599, J0593
ING-CC-0041	Complement Inhibitors	Soliris, Ultomiris	J1300, J1303
ING-CC-0043	Monoclonal Antibodies to Interleukin-5	Cinqair, Fasenra, Nucala	J0517, J2182, J2786
ING-CC-0050	Monoclonal Antibodies to Interleukin-23	Tremfya, Ilumya	J1628, J3245
ING-CC-0051	Enzyme Replacement Therapy for Gaucher Disease	Cerezyme, Elelyso, Vpriv	J1786, J3060, J3385
ING-CC-0058	Octreotide Agents	Sandostatin, Sandostatin LAR Depot	J2353, J2354
ING-CC-0061	GnRH Analogs for the treatment of non-oncologic indications	Lupron Depot/Depot-Ped	J1950, J9217
ING-CC-0062	Tumor Necrosis Factor Antagonists	Simponi Aria, Remicade, Inflectra, Renflexis, Ixifi, Humira, Enbrel, Cimzia	J1602, J1745, Q5103, Q5104, Q5109, J0135, J1438, J0717
ING-CC-0063	Stelara (ustekinumab)	Stelara	J3357, J3358

ING-CC-0066	Monoclonal Antibodies to Interleukin-6	Actemra	J3262
ING-CC-0071	Entyvio (vedolizumab)	Entyvio	J3380
ING-CC-0072	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	Avastin, Lucentis, Eylea, Macugen, Zirabev, Mvasi	J2503, C9257, J9035, J2778, J0178, Q5118, Q5017
ING-CC-0073	Alpha-1 Proteinase Inhibitor Therapy	Aralast, Glassia, Prolastin-C, Zemaira	J0256, J0257
ING-CC-0075	Rituxan (rituximab) for Non-Oncologic Indications	Rituxan, Truxima	J9312, Q5115

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Remaining members will transition to new PBM, IngenioRx, on January 1, 2020

Anthem Blue Cross and Blue Shield (Anthem)’s launch of our new pharmacy benefits manager (PBM) solution, IngenioRx, is nearly complete. IngenioRx serves members of all Anthem affiliated health plans. We began transitioning members on May 1, 2019, and have continued throughout 2019, with all members completely transitioned to IngenioRx by January 1, 2020.

As a reminder, most day-to-day pharmacy experiences will not be affected:

- Members will continue to use their prescription drug benefits as they always have, getting their medications using a retail pharmacy, home delivery, or specialty pharmacy.
- Current home delivery and specialty pharmacy prescriptions and prior authorizations will transfer automatically to IngenioRx when a member transitions, with the exception of controlled substances and compound drugs (see more below).
- If you use ePrescribing and are sending home delivery or specialty pharmacy prescriptions, simply select IngenioRx after your patient has transitioned.

- If you do not use ePrescribing, send home delivery and specialty pharmacy prescriptions to IngenioRx after your patient has transitioned (see contact information below).
- Members will continue to use the same drug list.

Frequently Asked Questions

When can I expect my patients to transition to IngenioRx?
Most Anthem members have already transitioned to IngenioRx. The remaining members will be transitioned on January 1, 2020.

Do providers need to take any action?
Federal law does not allow prescriptions for controlled substances or compound drugs to be automatically transferred to another pharmacy, so providers with patients using these medications will need to send a new prescription to IngenioRx after they've transitioned.

Will my patients be notified of this change?
Anthem will notify members before they transition to IngenioRx. Members currently filling home delivery and specialty pharmacy medications will be notified by mail.

How will a provider know if an Anthem member has moved to IngenioRx?
Availity displays member PBM information under the *patient information section* as part of the eligibility and benefits inquiry. We have enhanced this section of Availity to indicate when a member has moved to IngenioRx. Availity includes the name of the PBM and date the member moved to IngenioRx, or the date the member is scheduled to move to IngenioRx.

How will specialty drugs be transitioned?
Specialty pharmacy prescriptions and prior authorizations will automatically transfer to IngenioRx. In addition, the IngenioRx Care Team will call members to introduce them to IngenioRx and discuss the medications they take.

How do I submit prescriptions to IngenioRx?
If you use ePrescribing and are sending home delivery or specialty pharmacy prescriptions, simply select IngenioRx in your ePrescribing system.

If you do not use ePrescribing, you can submit prescriptions using the following information:

IngenioRx Home Delivery Pharmacy new prescriptions:
Phone Number: 1-833-203-1742
Fax number: 1-800-378-0323

IngenioRx Specialty Pharmacy:
Prescriber phone: 1-833-262-1726
Prescriber fax: 1-833-263-2871

What phone number should I call with questions?
For questions, contact the Provider Service phone number on the back of your patient's ID card.

Medical Policy and Clinical Guidelines Updates -- November 2019*

The following Anthem Blue Cross and Blue Shield medical polices and clinical guidelines were reviewed on August 22, 2019 for Indiana, Kentucky, Missouri, Ohio and Wisconsin.

Below are new medical policies or clinical guidelines

*NOTE: *Precertification required*

Title	Information	Effective Date
MED.00130 Surface Electromyography Devices for Seizure Monitoring	• The use of surface electromyography (sEMG) devices for seizure monitoring is considered Investigational and Not medically necessary (INV&NMN)	2/1/2020
CG-GENE-12 PIK3CA Mutation Testing	• Content moved from GENE.00044 • Revised title • Revised medical necessity (MN) indications to include the use of a circulating tumor DNA (ctDNA) test to detect mutations of the PIK3CA gene • INV&NMN changed to not medically necessary (NMN) as a result of Medical Policy (MP) to Clinical UM Guideline (CUMG) transition	11/20/2019

The below current Clinical Guidelines and/or Medical policies were reviewed and updates were approved.

*NOTE: *Precertification required*

Title	Change	Effective Date

*CG-ANC-07 Inpatient Interfacility Transfers	• Added NMN statements regarding admission and subsequent care at the receiving facility	2/1/2020
*CG-GENE-02 Analysis of RAS Status Previous title: Analysis of KRAS Status	• Revised MN criteria to include NRAS • Revised NMN criteria to include all other indications for NRAS -Added existing CPT code 81311 NRAS to pend for review of MN criteria; added PLA code 0111U effective 10/01/19 for Praxis test replacing 81479 NOC *Precertification will be required effective 2/1/2020	2/1/2020
*CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity	• Revised “gastric bypass, using a Billroth II type of anastomosis (also known as a “mini gastric bypass”)” to “One anastomosis gastric bypass, also known as mini gastric bypass" in NMN section • Added TransPyloric Shuttle and bariatric arterial embolization as NMN indications	2/1/2020
*GENE.00023 Gene Expression Profiling of Melanomas	• Expanded Scope to include testing for the diagnosis of melanoma • Updated INV&NMN statement to include suspicion of melanoma -Added existing CPT codes 0089U Pigmented Lesion Assay and 0090U myPath Melanoma (considered INV&NMN) *Precertification will be required effective 2/1/2020	2/1/2020
GENE.00029 Genetic Testing for Breast and/or Ovarian Cancer Syndrome	• Added MN indication for “Individual with a first-, second- or third-degree relative with metastatic prostate cancer” • Clarified MN indications regarding “at least” -Added ICD-10-CM diagnosis Z80.42 family history of prostate cancer to review for MN; added CPT PLA codes 0129U, 0131U, 0132U, 0134U, 0135U, 0138U eff 10/01/19	9/25/2019

*GENE.00046 Prothrombin (Factor II) Genetic Testing Previous Title: Prothrombin G20210A (Factor II) Mutation Testing	• Revised title • Expanded scope and position statement to include all prothrombin (factor II) variations -Added Tier 2 code 81400 and NOC 81479 for additional F2 variants (considered INV&NMN) *Precertification will be required effective 2/1/2020	2/1/2020
*MED.00110 Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment, Soft Tissue Grafting, and Regenerative Therapy Previous title: Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting	• Revised title • Added new INV&NMN statements addressing Autologous adipose-derived regenerative cell therapy and use of autologous protein solution *Precertification will be required effective 2/1/2020	2/1/2020
RAD.00023 Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications	• Added dopamine transporter (DaT) scan to MN Position Statement • Revised dopamine transporter (DaT) scan criterion in INV&NMN Position Statement -Existing code for brain SPECT 78607 will pend for additional diagnosis codes for DaT scan; removed radiopharmaceutical code A9584	8/29/2019
*SURG.00052 Percutaneous Vertebral Disc and Vertebral Endplate Procedures Previous title: Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET], Percutaneous Intradiscal Radiofrequency Thermocoagulation [PIRFT] and Intradiscal Biacuplasty [IDB])	• Revised title • Combined the three INV&NMN statements into a single statement • Added Intraosseous basivertebral nerve ablation to the INV&NMN statement -Added existing CPT 64999 (NOC), HCPCS C9752, C9753 & ICD-10-PCS 015B3ZZ, 015B4ZZ codes for basivertebral nerve destruction (considered INV&NMN) *Precertification will be required effective 2/1/2020	2/1/2020

*TRANS.00035 Non-Hematopoietic Adult Stem Cell Therapy Previous title: Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases	• Revised title • Expanded Position Statement to include non-hematopoietic adult stem cell therapy	2/1/2020

Below are coding updates and change to precertification requirements

*NOTE: *Precertification required*

Title	Change	Effective Date
*GENE.00009 Gene-Based Tests for Screening, Detection and Management of Prostate Cancer	Added CPT PLA code 0113U effective 10/01/19 for Mi-Prostate Score *Precertification will be required effective 2/1/2020	2/1/2020
*GENE.00012 Preconception or Prenatal Genetic Testing of a Parent or Prospective Parent	Added CPT PLA code 0136U effective 10/01/19 for ATM (pends for specific diagnoses) *Precertification will be required effective 2/1/2020	2/1/2020
*GENE.00028 Genetic Testing for Colorectal Cancer Susceptibility	Added CPT PLA codes 0130U, 0134U for panels (considered INV&NMN) *Precertification will be required effective 2/1/2020	2/1/2020
*GENE.00041 Genetic Testing to Confirm the Identity of Laboratory Specimens	Added 81265, 81266 when billed as provenance testing by dx (considered NMN) *Precertification will be required effective 2/1/2020	2/1/2020
*GENE.00043 Genetic Testing of an Individual's Genome for Inherited Diseases	Added CPT PLA code 0136U effective 10/01/19 for ATM (INV&NMN for diagnoses not on GENE.00012) *Precertification will be required effective 2/1/2020	2/1/2020

*SURG.00011 Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting	Added HCPCS codes Q4205, Q4206, Q4208, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222 effective 10/01/19 for new products (considered INV&NMN) *Precertification will be required effective 2/1/2020	2/1/2020
*SURG.00132 Drug-Eluting Devices for Maintaining Sinus Ostial Patency	Added HCPCS code J7401 for Sinuva, Propel replacing S1090 10/01/19 *Precertification will be required effective 2/1/2020	2/1/2020

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Updates to AIM Advanced Imaging of the Abdomen and Pelvis Clinical Appropriateness Guideline*

Effective for dates of service on and after February 9, 2020, the following updates by section will apply to the AIM Advanced Imaging of the Abdomen and Pelvis Clinical Appropriateness Guidelines.

- Foreign body (Pediatric only), Gastrointestinal bleeding, Henoch-Schonlein purpura, Hematoma or hemorrhage – intracranial or extracranial, Perianal fistula/abscess (fistula in ano), Ascites, Biliary tract dilatation or obstruction , Cholecystitis, Choledocholithiasis, Focal liver lesion, Hepatomegaly, Jaundice, Azotemia, Adrenal mass, indeterminate, Hematuria, Renal mass, Urinary tract calculi, Adrenal hemorrhage, Adrenal mass, Lymphadenopathy, Splenic hematoma, Undescended testicle (cryptorchidism)
- Abdominal and/or pelvic pain
    - Combined pelvic pain with abdominal pain criteria in new “abdominal and/or pelvic pain” indication
    - Required ultrasound or colonoscopy for select adult patients based on clinical scenario
    - Ultrasound-first approach for pediatric abdominal and pelvic pain
- Lower extremity edema
    - Added requirement to exclude DVT prior to abdominopelvic imaging
- Splenic mass, benign, Splenic mass, indeterminate, Splenomegaly

    - Added new indications for diagnosis, management, and surveillance of splenic incidentalomas following the ACR White Paper (previously reviewed against "tumor, not otherwise specified")
- Pancreatic mass
    - Separated criteria for solid and cystic pancreatic masses
    - Defined follow up intervals for cystic pancreatic masses
- Diffuse liver disease
    - Added criteria for MR elastography
- Inflammatory bowel disease
    - Limited requirement for upper endoscopy to patients with relevant symptoms
    - New requirement for fecal calprotectin or CRP to differentiate IBS from IBD
- Enteritis or colitis, not otherwise specified
    - Incorporated Intussusception (pediatric only), and Ischemic bowel
- Prostate cancer
    - Moved this indication to Oncologic Imaging Guideline
- CPT codes
    - Added MR elastography CPT code 76391

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

- Access AIM's ***Provider****Portal*$_{SM}$ directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web Portal at Availity.com
- Call the AIM Contact Center toll-free number 800-554-0580, Monday – Friday, 8:30 a.m. – 7:00 p.m. ET.

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

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Updates to AIM Radiation Therapy Clinical Appropriateness Guideline*

Effective for dates of service on and after February 9, 2020, the following updates will apply to the AIM Radiation Therapy Clinical Appropriateness Guidelines.

- Special Treatment Procedure and Special Physics Consult
    - Removed oral cone endocavitary indication
- Intensity Modulated Radiation Therapy (IMRT), Stereotactic Radiosurgery (SRS) or Stereotactic Body Radiotherapy (SBRT) for bone metastases
    - Broadened description of adjacent normal tissues which may be of concern.
- Single fraction treatment
    - Removed poor performance status criteria
- Central Nervous System cancers
    - Added evidence review
- Spine Lesions; Primary or Metastatic Lesions of the Spine, Metastatic Lesions in the Lung
    - Added note calling out separate criteria for curative intent treatment of extracranial oligometastatic disease.
- SBRT in the treatment of extracranial oligometastatic disease
    - Added new section with discussion and indications
- Prostate cancer – hypofractionation
    - Added fractionation guideline with EBRT/IMRT.
- Prostate cancer – postoperative radiotherapy and SBRT
    - Added indication based on ASTRO/ASCO/AUA recommendation
- Prostate cancer – use of hydrogel spacer
    - Added discussion and medical necessity statement about hydrogel spacers for prostate irradiation
- CPT code changes
    - Added 77316, 77295 and 55874
    - Removed 77427

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Please note, this program does not apply to FEP or National Accounts

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Updates to AIM Spine Surgery Clinical Appropriateness Guideline*

Effective for dates of service on and after February 9, 2020, the following updates will apply to the AIM Musculoskeletal Program Spine Surgery Clinical Appropriateness Guidelines.

- **Conservative management – <u>all sections</u>**
  - Addition of physical therapy or home therapy requirement and one complementary modality for all spine procedures based on preponderance of benefit over harm to conservative care
- **Lumbar Disc Arthroplasty**
  - Changed the duration of conservative management from 1 year to 6 months based on the FDA prospective study that was done to approve the lumbar disc arthroplasty procedure
  - Added age, level requirements, and symptom/sign requirement and clarified contraindications in reflect these changes
  - Added exclusions criteria of Prior spine surgery of any form at the target level
- **Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)**
  - Inclusion for implant failure similar to cervical spine
  - Consolidated juvenile and congenital in adolescent idiopathic
  - Decreased duration of conservative management required based on lower evidence for efficacy in spinal stenosis and specialty panel feedback
  - Excluded anterior lumbar interbody fusion for foraminal stenosis without evidence of instability exclusion due to very low quality evidence for efficacy
- **Lumbar Laminectomy**
  - Decreased duration of conservative care required for known spinal stenosis based on guidance from NASS and less evidence for efficacy of conservative management in this population
  - Aligned conservative care duration with discectomy criteria
  - Added new indication for synovial cyst
- **Noninvasive Electrical Bone Growth Stimulation**
  - Clarification of guideline intent
  - Allow active nicotine use as a risk factor in lumbar uses of bone growth

stimulation
    - Allow thoracic fusion similar to lumbar
- **Bone Graft Substitutes and Bone Morphogenetic Proteins**
    - Allow active nicotine use as a risk factor for pseudoarthrosis in graft failure

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

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Updates to AIM Sleep Disorder Management Clinical Appropriateness Guideline*

Effective for dates of service on and after February 9, 2020, the following updates will apply to the AIM Sleep Disorder Management Clinical Appropriateness Guidelines.

- Polysomnography and Home Sleep Testing: Established sleep disorder (OSA or other) – follow-up laboratory studies
    - Expanded contraindications including the addition of chronic narcotic use based on The American Academy of Sleep Medicine Clinical Practice Guideline recommendation.
- Management of OSA using APAP and CPAP Devices
    - Expanded treatment of mild OSA with APAP and CPAP to patients with any hypertension based on The American Academy of Sleep Medicine Clinical Practice Guideline recommendation
    - Expanded contraindications including the addition of chronic narcotic use based

on The American Academy of Sleep Medicine Clinical Practice Guideline recommendation.

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- 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 a.m. – 7:00 p.m. ET.

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

* Notice of 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.

Medicare News -- November 2019

Category: Medicare

Please continue to check Important Medicare Advantage Updates at anthem.com/medicareprovider for the latest Medicare Advantage information, including:

- 2019 Enhanced Personal Health Care Program releases myFHR
- New Reimbursement Policy: Update Drug Screen Testing
- Rehabilitative services prior authorization review update
- Billing Medicare Part D for shingles or tetanus vaccination claims
- **KY only:** Prior authorization requirements changes effective November 1, 2019

Blue Cross and Blue Shield Association mandate about Medicare Advantage care management and provider engagement

Category: Medicare

The Blue Cross and Blue Shield Association issued a mandate requiring a change in the way we process Host and Home plan HEDIS® STARS Care Gaps, risk adjustment (RADV) and medical records requests. The goal of this mandate is to improve health outcomes and care management for Medicare Advantage out-of-area members.

More information about this mandate will be published in the December 2019 newsletter.

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

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CMS reminder: expedited/urgent requests

Category: Medicare

CMS defines an expedited/urgent request as ‘an expedited/urgent request for a determination is a request in which waiting for a decision under the standard time frame could place the member's life, health or ability to regain maximum function in seriously jeopardy.’ Contracted providers should submit requests in accordance with CMS guidelines to allow for organization determinations within the standard turnaround time, unless the member urgently needs care based on the CMS definition of an expedited/urgent request.

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