Missouri Provider News

June 2021 Anthem Provider News - Missouri

Reimbursement Policies:

Federal Employee Plan (FEP):

Medicare:

Let’s vaccinate

Published: Jun 1, 2021 - **Products & Programs**

Help increase your vaccination rates and close gaps-in-care with these tools and strategies

Healthcare providers are often seen as trusted sources of medical information and are in a unique position to improve lives and community health. Research shows that a strong vaccination recommendation from a provider is the greatest motivator for people of all ages to vaccinate themselves and their family members against serious infectious diseases.

Let’s Vaccinate offers providers tools and strategies to aid in vaccinating people of all ages. This website will help your practice:

- Address disparities for vaccine-preventable diseases
- Identify and fill workflow gaps, including assessing vaccination status, enhancing vaccine communications, providing vaccine education, and improving vaccine management and administration in your office;
- Access up-to-date guidance from the Centers for Disease Control and Prevention (CDC) for vaccines during COVID-19; and
- Connect with your state immunization program, local immunization coalition or other vaccine advocates in your community to collaborate.

Keeping all patients healthy and safe requires the support and collaboration of the entire healthcare industry. So, together, let’s vaccinate.

Let’s Vaccinate is a collaboration of Anthem, Inc., Pfizer Inc., and Vaccinate Your Family.

1151-0521-PN-CNT

URL: https://providernews.anthem.com/missouri/article/lets-vaccinate-3

Update on requirement to obtain certain specialty drugs from CVS Specialty Pharmacy

Published: Jun 1, 2021 - **Products & Programs** / Pharmacy

As we previously communicated, Anthem Blue Cross and Blue Shield (Anthem) developed a policy requiring facilities to acquire certain select specialty pharmacy medications administered in the hospital outpatient setting through CVS Specialty Pharmacy.

This update is to advise of the following changes:

Effective for dates of service on and after June 30, 2021, the following specialty pharmacy medication will be **added** to the Designated Medical Specialty Pharmacy drug list and must be procured from CVS Specialty Pharmacy.

HCPCS	Description	Brand Name
Q5121	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR 10MG	Avsola

Effective immediately, the following specialty pharmacy medications have been **removed** from the Designated Medical Specialty Pharmacy drug list.

HCPCS	Description	Brand Name
J0178	EYLEA	Eylea
J0588	INJECTION INCOBOTULINUMTOXIN 1 UNIT	Xeomin
J2353	INJ OCTREOTIDE DEPOT FORM IM 1MG	Sandostatin LAR Depot
J1930	SOMATULINE DEPOT	Somatuline Depot

To access the current Designated Medical Specialty Pharmacy drug list, please visit anthem.com, select *Providers*, select *Missouri*, under the Provider Resources column select *Forms and Guides*, scroll down and select *Pharmacy* in the Category drop down.

Note that the Designated Medical Specialty Pharmacy drug list may be updated periodically by Anthem.

If you have questions or would like to discuss the terms and conditions for providing certain specialty medications, please contact your Anthem Contract Manager.

Thank you for your continued participation in the Anthem networks and the services you provide to our members.

1199-0621-PN-MO

Updates for specialty pharmacy are available - June 2021

Published: Jun 1, 2021 - **Products & Programs** / Pharmacy

Prior authorization updates

Effective for dates of service on and after September 1, 2021, 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 National Drug Code (NDC) code on your claim will help expedite claim processing of drugs billed with a Not Otherwise Classified (NOC) code.

To access the Clinical Criteria information, click here.

Prior authorization clinical review of non-oncology use of specialty pharmacy drugs is managed by the medical specialty drug review team. Review of specialty pharmacy drugs for oncology use is managed by AIM Specialty Health® (AIM).

Clinical Criteria	HCPCS or CPT Code(s)	Drug
**ING-CC-0191	J3490, J9999, C9399	Pepaxto
**ING-CC-0192	J3490, C9399	Cosela
*ING-CC-0193	J3490, C9399	Evkeeza
*ING-CC-0194	J3490	Cabenuva
*ING-CC-0167	J9999, J3590, C9399	Riabni

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

Step therapy updates

Effective for dates of service on and after July 1, 2021, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our existing specialty pharmacy medical step therapy review process.

To access the Clinical Criteria information, click here.

Prior authorization clinical review of non-oncology use of specialty pharmacy drugs is managed by the medical specialty drug review team. Review of specialty pharmacy drugs for oncology use is managed by AIM Specialty Health® (AIM).

Inflectra is changing to preferred status effective July 1, 2021. See additional updates below:

Clinical Criteria	Status	Drug(s)	HCPCS Codes
ING-CC-0062	Preferred	Inflectra	Q5103
ING-CC-0062	Preferred	Remicade	J1745
ING-CC-0062	Non-preferred	Avsola	Q5121
ING-CC-0062	Non-preferred	Renflexis	Q5104

1184-0621-PN-CNT

URL: https://providernews.anthem.com/missouri/article/updates-for-specialty-pharmacy-are-available-june-2021

Pharmacy information available at anthem.com

Published: Jun 1, 2021 - **Products & Programs** / Pharmacy

Visit Pharmacy Information for Providers on anthem.com 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.

1157-0621-PN-CNT

URL: https://providernews.anthem.com/missouri/article/pharmacy-information-available-at-anthemcom-34

Keep your contact information current

Published: Jun 1, 2021 - **Administrative**

Easily update demographic changes and much more, by simply submitting your updates through Anthem Blue Cross and Blue Shield (Anthem) online Provider Maintenance Form. Online update options include: add an address location, name change, tax ID changes, provider leaving a group or a single location, phone/fax numbers, closing a practice location. Visit the Provider Maintenance Form landing page to review more.

Important information about updating your practice profile:

- Change request should be submitted using the online Provider Maintenance Form
- Submit the change request online. No need to print, complete and mail, fax or email demographic updates
- You will receive an auto-reply e-mail acknowledging receipt of your request and another email when your submission has been processed
- For change(s) that require submission of an updated IRS Form w-9 or other documentation, attach them to the form prior to submitting

You can check your directory listing on the Anthem *"Find Care".* The Find Care tool at Anthem is used by consumers, members, brokers, and providers to identify in-network physicians and other health care providers supporting member health plans. To ensure Anthem has the most current and accurate information, please take a moment to access Find Care. Go to anthem.com, select Providers, under Provider Overview, choose Find Care. You can log in as a guest to view how you and your practice are being displayed.

1187-0621-PN-CNT

URL: https://providernews.anthem.com/missouri/article/keep-your-contact-information-current-3

Answering your claims questions is easier through chat; secure messaging will sunset soon, start using chat now

Published: Jun 1, 2021 - **Administrative**

Anthem Blue Cross and Blue Shield (Anthem) is always looking for better ways to make working together simpler, faster, and more efficient. As we move toward decommissioning the secure messaging function currently available on Availity, we encourage you to begin using chat for your claims questions.

Chat is the easiest way to have your claims questions answered fast, and in real-time. Log onto Availity.com and select Anthem from *Payer Spaces*. Select the *Chat with Payer* application from the *Payer Spaces* home page and you are ready to chat.

Take a minute after your chat to tell us what you think by completing the after-chat survey.

Current requests through secure messaging
If you have submitted a message through secure messaging, we want you to know we will respond. While secure messaging will be decommissioned, an exact date has not yet been determined.

1183-0621-PN-CNT

URL: https://providernews.anthem.com/missouri/article/answering-your-claims-questions-is-easier-through-chat-secure-messaging-will-sunset-soon-start-using-chat-now

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Regular check-ins with your clearinghouse could affect timely filing

Published: Jun 1, 2021 - **Administrative**

Nationally, 7 percent of all claims are denied because they weren't filed within the timely filing limits. At Anthem Blue Cross and Blue Shield (Anthem), we want your claims to be received on time, so they get paid on time. One way to ensure your claim isn't denied because it wasn't received within timely filing limits is to follow-up with your clearinghouse on a regular basis.

When you send claims electronically through a clearinghouse, if errors are identified on the claims, they won't get submitted for payment. Checking in regularly with your clearinghouse is key to identifying claims errors. This gives you the opportunity to correct claims quickly, avoiding delays in filing and running the risk of a claim denial because it wasn't filed within the timely filing limit.

Have you confirmed the patient is an Anthem member?

Another reason claims are delayed is because the claim was filed with Anthem, but it should have been filed with another insurance company first. To make sure your claim is received on time, double check the member's insurance information with each visit to your office confirming their primary insurance. To check the member's eligibility or to get a digital copy of the member's ID card, log onto availity.com. From the Patient Registration tab use the Eligibility and Benefits Inquiry tool for a quick and easy search.

Checking your claims status.

It is easy to check your claim online to confirm we've received it. Log onto availity.com and use the Claims & Payment tab for the Claims Status tool. You may also be able to check the claim to verify no adjustments are needed through the Claims Status Listing application located on the Payer Spaces home page.

The sooner you file the faster your claim is paid.

Filing your claim within the timely filing limits can eliminate claim denials. If your claim denies because it was filed late, Anthem will deny the claim as outlined in your contract with us. It is important to note that the member cannot be billed for denied claims that were not filed timely.

Use these helpful tips when filing your claims because Anthem understands that timely payments are as important as timely filing.

1182-0621-PN-CNT

URL: https://providernews.anthem.com/missouri/article/regular-check-ins-with-your-clearinghouse-could-affect-timely-filing-1

Physicians and clinical care teams: Imaging for lower back pain does not improve outcomes, study finds

Published: Jun 1, 2021 - **Administrative**

Chances are that one out of every four patients you see in your office has low back pain. The Centers for Disease Control and Prevention (CDC) reports that in the last three months, 25 percent of U.S. adults report having low back pain, making it second only to the common cold as a cause for lost work time and a primary reason for a doctor's visit.[1] Back pain will usually go away on its own. About 90 percent of patients with low back pain recover within six weeks.[2] For this reason, the National Committee for Quality Assurance (NCQA) recommends avoiding imaging for patients when there is no indication of an underlying condition. In a study published by the CDC, Early imaging for acute low back pain, the findings indicated not only was early imaging not associated with better outcomes, it also indicated that certain early imaging (MRI) was associate with an increased likelihood of disability and its duration.[3]

Watch this video to learn more
Take advantage of the Recommendation for Treating Acute Low Back Pain video located on the CDC website or use this link. The video also offers communications strategies to share with patients for effectively treating their low back pain.

HEDIS® Measure: Use of Imaging Studies for Low Back Pain (LBP)
Description: The percentage of members with a primary diagnosis of low back pain who **did not** have an imaging study (plain X-ray, MRI, CT scan) **within 28 days** of the diagnosis. The higher compliance score indicates appropriate treatment of low back pain.

Exclusions include cancer, recent trauma, IV drug abuse, neurologic impairment, HIV, spinal infection, major organ transplant and prolonged use of corticosteroids.

Coding Tips: This is a few of the approved codes for the diagnosis and services associated with the LBP measure. For a complete list, visit ncqa.org.

CPT	72010, 72020, 72052, 72100	Imaging study
ICD-10	M47.898	Other spondylosis, sacral and sacrococcygeal region
ICD-10	M48.08	Spinal stenosis, sacral and sacrococcygeal region
ICD-10	M53.2X8	Spinal instabilities, sacral and sacrococcygeal region
ICD-10	M54.40	Lumbago with sciatica, unspecified side
ICD-10	M51.26 – M51.27	Other intervertebral disc displacement, lumbar lumbosacral region
ICD-10	M54.30 – M54.32	Sciatica, unspecified, right side, left side
ICD-10	M51.16-M51.17	Intervertebral disc disorders with radiculopathy, lumbar region, lumbosacral region
ICD-10	M51.26-M51.27	Intervertebral disc displacement, lumbar region, lumbosacral region
ICD-10	M51.36-M51.37	Other intervertebral disc degeneration, lumbar region, lumbosacral region
ICD-10	M51.86-M51.87	Other intervertebral disc disorders, lumbar region, lumbosacral region
ICD-10	M99.53	Intervertebral disc stenosis of neural canal of lumbar region
ICD-10	S33.100A, S33.100D, S33.100S	Subluxation of unspecified lumbar vertebra; initial, subsequent, sequela encounter
ICD-10	S33.5XXA	Sprain of ligaments of lumbar spine; initial encounter
ICD-10	S33.6XXA	Sprain of sacroiliac joint; initial encounter
ICD-10	S33.8XXA	Sprain of other parts of lumbar spine and pelvis; initial encounter
ICD-10	S33.9XXA	Sprain of unspecified parts of lumbar spine and pelvis; initial encounter
ICD-10	S39.002A, S39.002D, S39.002S	Unspecified injury of muscle, fascia, and tendon of lower back; initial, subsequent, sequela encounter

ICD-10	S39.82XA, S39.82XD, S39.82XS	Other specified injuries of lower back; initial, subsequent, sequela encounter

1 https://www.cdc.gov/acute-pain/low-back-pain/index.html#:~:text=25%25%20of%20U.S.%20adults%20report,the%20most%20common%20pain%20reported.
2 https://abcnews.go.com/Health/CommonPainProblems/story?id=4047737#:~:text=Answer%3A%20Back%20pain%20usually%20goes,people%20recover%20faster%20than%20others
3 http://dx.doi.org/10.1097/BRS.0b013e318251887b

1180-0621-PN-CNT

URL: https://providernews.anthem.com/missouri/article/physicians-and-clinical-care-teams-imaging-for-lower-back-pain-does-not-improve-outcomes-study-finds-1

Interactive Care Reviewer's new copy feature decreases time to submit authorization request

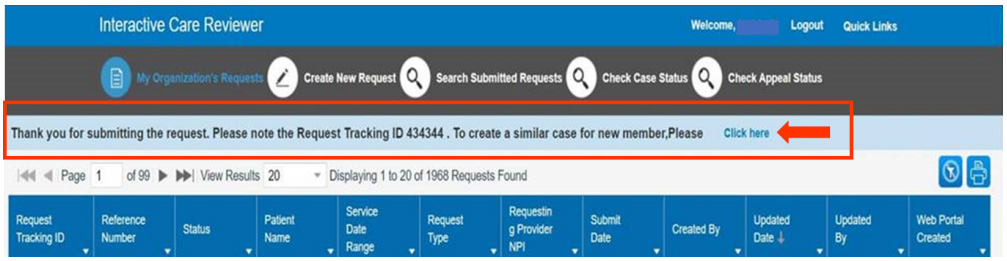
Published: Jun 1, 2021 - **Administrative** / Digital Tools

A new copy feature that will significantly speed up your authorization workflow is now available on Interactive Care Reviewer (ICR). Submit multiple requests in a fraction of the time it takes to create an entire case. You can choose to create a duplicate case or select specific elements of a case to copy for a different patient*. The copy feature will be particularly useful for facility staff requesting multiple authorizations for inpatient emergent / urgent admissions and providers who request multiple authorizations for the same services.

You have two options for copying a submitted case:

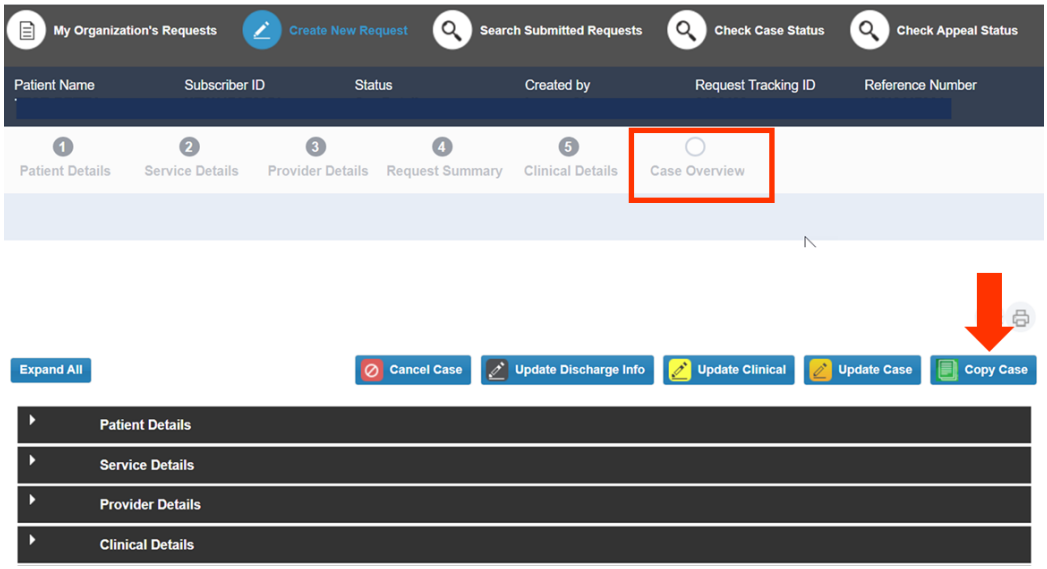
Option 1: Immediately copy a case you just submitted from the ICR dashboard.

Select **Click here** from the blue bar message located at the top of the dashboard.



Option 2: Copy a case that has been submitted **within 45** days from the **ICR Case Overview**

Select the **Copy Case** button.



The Case Type, Request Type, Place and Type of Service is duplicated onto the new case. You will be given the option to select the following case details to copy:

- Diagnosis Code and Procedure Code
- Inpatient length of stay
- Requesting provider and contact information
- Servicing facility
- Inpatient length of stay
- Servicing provider

Simply key in the patient details* and add the clinical details to complete the new case.

Article Attachments

**Please note: To duplicate the authorization request, the new patient needs to be enrolled in the same state and health plan as the patient's case that is being copied. Federal Employee Program (FEP) requests can be duplicated for any state.*

***W*ant to learn more about the new ICR copy feature?**
Attend our monthly live webinar sessions: Introduction to Interactive Care Reviewer – **Register here**

Or, view and download an illustrated job aid – *Interactive Care Reviewer Copy Feature*.
Find the job aid on the **Custom Learning Center**: From Availity's home page select Payer Spaces | **Anthem** tile | Custom Learning Center | Resources. To narrow the results, apply the Interactive Care Reviewer filter.

1185-0621-PN-CNT

URL: https://providernews.anthem.com/missouri/article/interactive-care-reviewers-new-copy-feature-decreases-time-to-submit-authorization-request-1

Submit EDI corrected claims via Availity or EDI

Published: Jun 1, 2021 - **Administrative** / Digital Tools

Our digital-first initiative allows you to submit EDI corrected claims using the Availity Portal or through Electronic Data Interchange (EDI). The corrected claims process begins when a claim has already been adjudicated. Multiple types of errors that occur can typically be corrected quickly with the options below. As a reminder, the corrected claim must be received within the claim timely filing period.

Availity Portal Corrected Claim Submission
You can recreate a claim and submit it as a replacement or cancellation (void) of the original claim, if we have already accepted the original claim for processing.

Follow these steps:

1. In the Availity portal menu, select **Claims & Payments**, and then select **Professional Claim** or **Facility Claim**, depending on which type of claim you want to correct.

- Enter the claim information, and set the billing frequency and payer control number as follows:
- **Replacement of Prior Claim** or **Void/Cancel of Prior Claim**
- **Billing Frequency** (or **Frequency Type**) field, in the **Claim Information** section (for professional and facility claims) or **Ancillary Claim/Treatment Information** section (for dental claims).

2. Set the **Payer Control Number (ICN / DCN)** (or **Payer Claim Control Number**) field to the claim number assigned to the claim by Anthem. You can obtain this number from the 835 ERA or Remittance Inquiry on Payer Spaces.
3. Submit the claim.

EDI Corrected Claim Submission
Corrected claims submitted electronically must also have the applicable frequency code.

Frequency code: Indicates the claim is a correction of a previously submitted and adjudicated claim. Providers should use one of the following:

- For corrected professional (837P) claims, use one the following frequency codes to indicate a correction was made to a previously submitted and adjudicated claim:
  - 7 – Replacement of Prior Claim\Corrected Claim
  - 8 – Void/Cancel Prior Claim

- For corrected institutional (837I) claims**,** use bill type frequency codes to indicate a correction was made to a previously submitted and adjudicated claim:
  - 0XX7 — Replacement of Prior Claim
  - 0XX8 — Void/Cancel Prior Claim

Please check with your practice management software vendor, billing service or clearinghouse for full details for submitting corrected claims.

We encourage you and your staff to use the digital methods available to submit corrected claims to save costs in mailing, paper, and your valuable time.

1177-0621-PN-CNT

URL: https://providernews.anthem.com/missouri/article/submit-edi-corrected-claims-via-availity-or-edi-1

Digital solution options with Availity

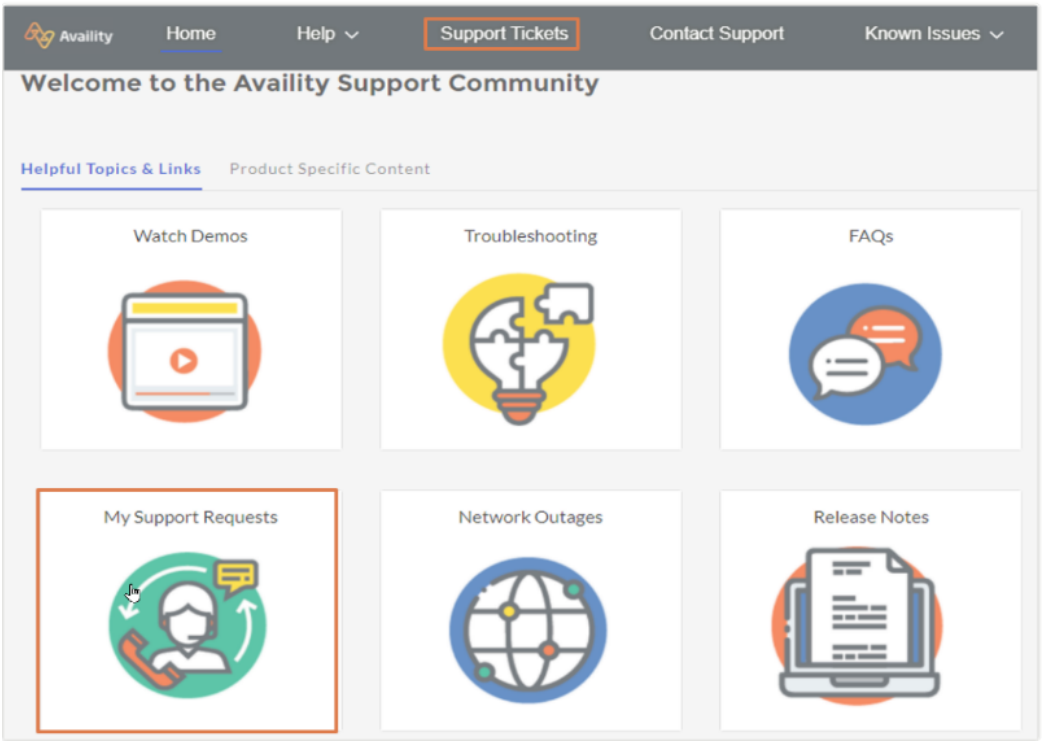
Published: Jun 1, 2021 - **Administrative** / Digital Tools

Availity offers digital solutions that can assist your organization in many ways by visiting the **Availity Support Community.**

Below are the different ways you can obtain support:

- Watch Demos
- Troubleshooting
- FAQs
- Support Requests
- Network Outages
- Release Notes

Log into **Availity** > Select **Help & Training** > **Availity Support** > Select the **Organization,** Continue and you will reach the **Availity Support Community**



Below are the actions you can do with a support ticket:

Open a support ticket

1. Select the **Contact Support** menu
2. On the Contact Support page, complete the fields in the **Create Case** section, and then select **Start Case**
3. Complete the fields on the Contact Support page.

View

Select the **My Support Requests** tile

1. Select a ticket to see more information about the ticket.
2. To filter the tickets by their status, do one of the following:

- Select the **Open** tab to display your organization's open tickets.
- Select the **Closed** tab to view your organization's closed tickets.
- Select the **Archived** tab to view your organization's archived tickets.
- Select **Contact Support** to open a new support ticket.

Update
Once a support ticket has been created, you can **update/edit** information in the ticket.

1. On the **Support Tickets** page, select the ticket you want to update.
2. On the ticket detail page, select **Edit Case**.
3. Update the information that you want
4. When you've completed your changes, select **Save**.

Add Comments
You can add comments to provide additional information for a support ticket.

1. On the **Support Tickets** page**,** select the ticket you want to add comments to.
2. On the ticket detail page, type your comment in the **Add comment** field, and then select **Comment**. Comments display in the **Case Comments** section on the ticket detail page.

Attach Documentation
Use this feature to attach a file that could assist Availity in troubleshooting your issue. This feature supports most file types, including Word, Excel, and .jpg. If you receive an error message preventing you from uploading a specific file type, try saving the file in a different format.

1. On the **Support Tickets** page, select the ticket you want to attach files to.
2. In the **Files** section of the ticket details page, select **Upload File** to open the Add Attachment window

Change Status
You should change a support ticket's status when you want to perform functions such as close, re-open, or archive a support ticket.

1. On the **Support Tickets** page, select the ticket whose status you want to change.
2. On the ticket detail page, select **Change Status**.
3. Select the status that you want from the **Status** field, and then select **Save**.

- **Closed** – Select this status to close the support ticket.

- **Re-opened** – Select this status to re-open the support ticket (Do not reopen a case to report a new issue, open a new case instead).
- **Archived** – Select this status to archive the support ticket. When you archive a ticket, it's moved from a closed queue to an archived queue. Archiving tickets helps keep your closed tickets queue manageable.

Article Attachments

Contact Availity Client Services
If you need to speak with an Availity Client Services representative, call 1.800.AVAILITY (282.4548).

1159-0621-PN-CNT

URL: https://providernews.anthem.com/missouri/article/digital-solution-options-with-availity-1

Two great learning resources on one secure portal

Published: Jun 1, 2021 - **Administrative** / Digital Tools

Are you aware that you have two self-service learning centers where you can find training and educational materials that will help you learn about the transactions and tools you have access to on the Availity Portal?

- **Availity Learning Center:** Your resource for information related to multi-payer tools and transactions.
- **Custom Learning Center:** Your resource for information related to Anthem tools that are accessed through the Availity Portal.

Availity Learning Center
Dive into the Availity Learning Center for training materials related to multi-payer functionality. Availity works with many payers to give you the most consistent experience available. For learning opportunities on basic capabilities that you access on behalf of multiple payers, the Availity Learning Center is your go-to source.

- From the secure Availity Portal home page select Help & Training > Get Trained to open the Learning Center catalog.
- Once you open the **Availity Learning Center**, you can enroll for new administrator and new user onboarding modules, other topic specific courses, and live webinars.

Custom Learning Center
Explore Anthem's Custom Learning Center application on Payer Spaces to increase your understanding of how Anthem's self-service digital tools function. The Custom Learning Center opens on the **Catalog** page where you will find videos and courses. Select **Resources** from the upper left corner of Custom Learning Center to access reference guides.

Use these self-service learning options to help you get up to speed quickly on Availity transactions and Anthem digital tools.

1154-0621-PN-CNT

URL: https://providernews.anthem.com/missouri/article/two-great-learning-resources-on-one-secure-portal-1

Medical policy and clinical guideline updates - June 2021

Published: Jun 1, 2021 - **Policy Updates** / Medical Policy & Clinical Guidelines

This following updates are for Anthem Blue Cross and Blue Shield in Indiana, Kentucky, Missouri, Ohio and Wisconsin.

Clinical guideline retraction

We previously announced that clinical guideline, **CG-DME-42 Non-implantable Insulin Infusion and Blood Glucose Monitoring Devices**, would be adopted effective February 1, 2021. A decision has been made to **not adopt this guideline**.

Medical policy update

Anthem will be implementing changes to the medical policy shown below that is currently adopted.

DME.00009 – Vacuum Assisted Wound Therapy will require precertification effective September 1, 2021

To view medical policies and utilization management guidelines applicable to members enrolled in the Blue Cross and Blue Shield Service Benefit Plan (commonly referred to as the Federal Employee Program® (FEP®)), please visit www.fepblue.org > Policies & Guidelines.

1166-0621-PN-CNT

URL: https://providernews.anthem.com/missouri/article/medical-policy-and-clinical-guideline-updates-june-2021

Prior authorization for genetic testing medical policy effective September 1, 2021

Published: Jun 1, 2021 - **Policy Updates** / Medical Policy & Clinical Guidelines

GENE.00056 Gene Expression Profiling for Bladder Cancer: This document addresses gene expression profiling to diagnose bladder cancer, predict response to therapy in individuals with bladder cancer, and monitor individuals with a history of bladder cancer.

- Prior authorization required for AIM-eligible members effective September 1, 2021

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

- Access AIM's ***Provider****Portal*℠ 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 through Friday, 8:30 a.m. to 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.

1195-0621-PN-CNT

URL: https://providernews.anthem.com/missouri/article/prior-authorization-for-genetic-testing-medical-policy-effective-september-1-2021

Updates to AIM advanced imaging clinical appropriateness guidelines

Published: Jun 1, 2021 - **Policy Updates** / Medical Policy & Clinical Guidelines

Effective for dates of service on and after September 12, 2021, the following updates will apply to the AIM advanced imaging clinical appropriateness guidelines. Part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable health care services

Advanced Imaging of the Spine – updates by section
Congenital vertebral defects

- New requirement for additional evaluation with radiographs

Scoliosis

- Defined criteria for which pre-surgical planning is indicated
- Requirement for radiographs and new or progressive symptoms for postsurgical imaging

Spinal dysraphism and tethered cord

- Diagnostic imaging strategy limiting the use of CT to cases where MRI cannot be performed
- New requirement for US prior to advanced imaging for tethered cord in infants age 5 months or less

Multiple sclerosis

- New criteria for imaging in initial diagnosis of MS

Spinal infection

- New criteria for diagnosis and management aligned with IDSA and University of Michigan guidelines

Axial spondyloarthropathy

- Defined inflammatory back pain
- Diagnostic testing strategy outlining radiography requirements

Cervical injury

- Aligned with ACR position on pediatric cervical trauma

Thoracic or lumbar injury

- Diagnostic testing strategy emphasizing radiography and limiting the use of MRI for known fracture
- Remove indication for follow-up imaging of progressively worsening pain in the absence of fracture or neurologic deficits

Syringomyelia

- Removed indication for surveillance imaging

Non-specific low back pain

- Aligned pediatric guidelines with ACR pediatric low back pain guidelines

Advanced Imaging of the Extremities– updates by section
Osteomyelitis or septic arthritis; myositis

- Removed CT as a follow up to non-diagnostic MRI due to lower diagnostic accuracy of CT

Epicondylitis and Tenosynovitis – long head of biceps

- Removed due to lack of evidence supporting imaging for this diagnosis

Plantar fasciitis and fibromatosis

- Removed CT as a follow up to non-diagnostic MRI due to lower diagnostic accuracy of CT
- Added specific conservative management requirements

Brachial plexus mass

- Added specific requirement for suspicious findings on clinical exam or prior imaging

Morton’s neuroma

- Added requirements for focused steroid injection, orthoses, plan for surgery

Adhesive capsulitis

- Added requirement for planned intervention (manipulation under anesthesia or lysis of adhesions)

Rotator cuff tear; Labral tear – shoulder; Labral tear - hip

- Defined specific exam findings and duration of conservative management
- Recurrent labral tear now requires same criteria as an initial tear (shoulder only)

Triangular fibrocartilage complex tear

- Added requirement for radiographs and conservative management for chronic tear

Ligament tear – knee; meniscal tear

- Added requirement for radiographs for specific scenarios
- Increased duration of conservative management for chronic meniscal tears

Ligament and tendon injuries – foot and ankle

- Defined required duration of conservative management

Chronic anterior knee pain including chondromalacia patella and patellofemoral pain syndrome

- Lengthened duration of conservative management and specified requirement for chronic anterior knee pain

Intra-articular loose body

- Requirement for mechanical symptoms

Osteochondral lesion (including osteochondritis dissecans, transient dislocation of patella)

- New requirement for radiographs

Entrapment neuropathy

- Exclude carpal and cubital tunnel

Persistent lower extremity pain

- Defined duration of conservative management (6 weeks)
- Exclude hip joint (addressed in other indications)

Upper extremity pain

- Exclude shoulder joint (addressed in other indications)
- Diagnostic testing strategy limiting use of CT to when MRI cannot be performed or is non-diagnostic

Knee arthroplasty, presurgical planning

- Limited to MAKO and robotic assist arthroplasty cases

Perioperative imaging, not otherwise specified

- Require radiographs or ultrasound prior to advanced imaging

Vascular Imaging – updates by section

- Alternative non-vascular modality imaging approaches, where applicable

Hemorrhage, Intracranial

- Clinical scenario specification of subarachnoid hemorrhage indication.
- Addition of Pediatric intracerebral hemorrhage indication.

Horner’s syndrome; Pulsatile Tinnitus; Trigeminal neuralgia

- Removal of management scenario to limit continued vascular evaluation

Stroke/TIA; Stenosis or Occlusion (Intracranial/Extracranial)

- Acute and subacute time frame specifications; removal of carotid/cardiac workup requirement for intracranial vascular evaluation; addition of management specifications
- Sections separated anatomically into anterior/posterior circulation (Carotid artery and Vertebral or Basilar arteries, respectively)

Pulmonary Embolism

- Addition of non-diagnostic chest radiograph requirement for all indications
- Addition of pregnancy-adjusted YEARS algorithm

Peripheral Arterial Disease

- Addition of new post-revascularization scenario to both upper and lower extremity PAD evaluation

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 Portal at availity.com.

- Call the AIM Contact Center toll-free number: 800-554-0580, Monday through Friday, 8:30 a.m. to 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.

1152-0621-PN-CNT

URL: https://providernews.anthem.com/missouri/article/updates-to-aim-advanced-imaging-clinical-appropriateness-guidelines-21

Updates to AIM musculoskeletal program clinical appropriateness guidelines

Published: Jun 1, 2021 - **Policy Updates** / Medical Policy & Clinical Guidelines

Effective for dates of service on and after September 12, 2021, the following updates will apply to the AIM Musculoskeletal Program: Joint Surgery and Spine Surgery Clinical Appropriateness Guidelines. Part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable health care services.

Joint Surgery - updates by section

- Further defined criteria for home physical therapy
- Removed cognitive behavioral therapy as a conservative care modality for extremity
- Added indication for diagnostic arthroscopy
- Standardized Radiographic criteria to align with lateral release criteria
- Adhesive capsulitis - added history of trauma or post-operative contracture as a requirement
- Tendinopathy - Removed rotator cuff tear as a criterion for tenodesis/tenotomy in patients with a clinical exam who do not meet criteria for SLAP repair or have suggestive MRI findings
- Hip athroscopy - Removed complementary alternative medicine as not typically done for the hip
- Arthroscopic treatment of femoroacetabular impingement syndrome (FAIS) - Removed age as an exclusion for FAIS but further define radiographic exclusions
- Unicompartmental Knee Arthroplasty/Partial Knee Replacement - Added degenerative change of the patellofemoral joint as a contraindication

- Arthroscopically assisted lysis of adhesions - added ligamentous or joint reconstruction criteria
- Added criteria for plica resection

Spine Surgery - updates by section

- Further defined criteria for home physical therapy
- Added standard conservative management requirement for instability to align with spinal stenosis indications
- Added new comprehensive indication for tethered cord syndrome

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

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URL: https://providernews.anthem.com/missouri/article/updates-to-aim-musculoskeletal-program-clinical-appropriateness-guidelines-11

Reimbursement policy update: Outpatient facility claim edits

Published: Jun 1, 2021 - **Policy Updates** / Reimbursement Policies

Beginning with claims processed **on or after June 1, 2021**, Anthem Blue Cross and Blue Shield will enhance its claims editing systems to include an automated front end adjudication of claim edits.

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URL: https://providernews.anthem.com/missouri/article/reimbursement-policy-update-outpatient-facility-claim-edits

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DEXA bone scan criteria for the Federal Employee Program®

Published: Jun 1, 2021 - **State & Federal** / Federal Employee Plan (FEP)

Osteoporosis affects more than 50 million Americans. Treatment options are better and bone fractures are more preventable the sooner it is detected. Does your patient meet the criteria for a DEXA bone scan? Initial or repeat bone mineral density (BMD) measurement is not indicated unless the results will influence treatment decisions.

To assist providers in administrative requirements for bone mineral density (BMD) studies, the Federal Employee Program (FEP®) medical policy and utilization guidelines can be found on fepblue.org. The medical policy is titled *Medical Policy MPM 6.01.01, Bone Mineral Density Studies*. Below is an outline of this policy.

Policy Statement

An initial measurement of central (hip/spine) BMD using dual x-ray absorptiometry (DXA) may be considered medically necessary to assess future fracture risk and the need for pharmacologic therapy in both women and men who are considered at risk for osteoporosis. BMD testing may be indicated under the following conditions:

- Women age 65 and older, independent of other risk factors;
- Men age 70 and older, independent of other risk factors;
- Younger postmenopausal women with an elevated risk factor assessment; (See policy guidelines)
- Men age 50 to 70 with an elevated risk factor assessment; (See policy guidelines)
- Adults with a pathologic condition associated with low bone mass or increased bone loss;
- Adults taking a medication associated with increased bone loss.

Repeat measurement of central (hip/spine) BMD using dual x-ray absorptiometry for individuals who previously tested normal may be considered medically necessary at an interval not more frequent than every 3 to 5 years; the interval depends on an updated patient fracture risk assessment.

Repeat measurement of central (hip/spine) BMD using dual x-ray absorptiometry may be considered medically necessary at an interval of not more frequent that every 1-2 years in individuals:

- With a baseline evaluation of osteopenia (BMD T- score -1.0 to -2.5)
- Adults with a pathologic condition associated with low bone mass or increased bone loss;
- Adults taking a medication associated with increased bone loss.

Repeat measurement of central (hip/spine) BMD using dual x-ray absorptiometry may be considered medically necessary at an interval not more frequent than every 1-3 years in individuals who are receiving pharmacologic treatment for osteoporosis when the information will affect treatment decisions (continuation, change in drug therapy, cessation or resumption of drug therapy).

Peripheral (lower arm, wrist, finger or heel) BMD testing may be considered medically necessary when conventional central (hip/spine) DXA screening is not feasible or in the management of hyperparathyroidism, where peripheral DXA at the forearm (i.e., radius) is essential for evaluation.

Dual x-ray absorptiometry of peripheral sites is considered investigational except as noted above.

BMD measurement using ultrasound densitometry is considered not medically necessary.

BMD measurement using quantitative computed tomography is considered investigational.

If you have any questions about Federal Employee benefits or medical policy information, please contact Customer Service at 800-392-8043.

1176-0621-PN-CNT

URL: https://providernews.anthem.com/missouri/article/dexa-bone-scan-criteria-for-the-federal-employee-program-4

Medicare News - June 2021

Published: Jun 1, 2021 - **State & Federal** / Medicare

Please continue to read news and updates at anthem.com/medicareprovider for the latest Medicare Advantage information, including:

- Anthem working with Optum to collect medical records for risk adjustment
- Medical drug benefit clinical criteria updates
- Updates to the AIM Advanced Imaging clinical appropriateness guidelines

ABSCRNU-0222-21
ABSCRNU-0223-21
ABSCRNU-0216-21

URL: https://providernews.anthem.com/missouri/article/medicare-news-june-2021

Medical policies and clinical utilization management guidelines update

Published: Jun 1, 2021 - **State & Federal** / Medicare

The *Medical Policies*, *Clinical Utilization Management (UM) Guidelines* and *Third Party Criteria* below were developed and/or revised to support clinical coding edits. Note, 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 https://www.anthem.com/provider/policies/clinical-guidelines/search.

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

- *CG-LAB-17 - Molecular Gastrointestinal Pathogen Panel (GIPP) Testing for Infectious Diarrhea in the Outpatient Setting
  - Outlines the medical necessity and not medically necessary criteria for multiplex PCR-based panel testing of gastrointestinal pathogens for infectious diarrhea in the outpatient setting
- *ANC.00008 - Cosmetic and Reconstructive Services of the Head and Neck
  - Added otoplasty using a custom-fabricated device, including but not limited to a custom fabricated alloplastic implant, as cosmetic and not medically necessary
- *CG-OR-PR-04 - Cranial Remodeling Bands and Helmets (Cranial Orthotics)
  - Removed condition requirement from reconstructive criteria and replaced current diagnostic reconstructive criteria with criteria based on one of the following cephalometric measurements: the cephalic index, the cephalic vault asymmetry index, the oblique diameter difference index, or the cranioproportional index of plagiocephelometry
- *CG-SURG-78 - Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies
  - Added TACE using immunoembolization (for example, using granulocyte-macrophage colony-stimulating factor [GM-CSF]) as not medically necessary for all liver-related indications
- *CG-SURG-82 - Bone-Anchored and Bone Conduction Hearing Aids
  - Revised audiologic pure tone average bone conduction threshold criteria for unilateral implant for bilateral hearing loss
  - Added not medically necessary statement for when medical necessity criteria have not been met and clarified not medically necessary statement regarding replacement

parts or upgrades
    - Added bone conduction hearing aids using an adhesive adapter behind the ear as not medically necessary for all indications

- CG-GENE-22 - Gene Expression Profiling for Managing Breast Cancer Treatment
    - A new *Clinical Guideline* was created from the content contained in GENE.00011. There are no changes to the guideline content and the publish date is April 7, 2021.

- CG-GENE-23 - Genetic Testing for Heritable Cardiac Conditions
    - A new *Clinical Guideline* was created from the content contained in GENE.00007 and GENE.00017. There are no changes to the guideline content and the publish date is April 7, 2021

- CG-SURG-110 - Lung Volume Reduction Surgery
    - A new *Clinical Guideline* was created from the content contained in SURG.00022. There are no changes to the guideline content and the publish date is June 25, 2021

AIM Specialty Health®* Clinical Appropriateness Guideline updates.
To view AIM guidelines, visit the AIM Specialty Health page.

- The Small Joint Surgery Guideline has been revised and will be effective on March 14, 2021.
- The following guidelines have been revised and will be effective on June 4, 2021:
    - *Imaging of the Spine
    - *Imaging of the Extremities
    - *Vascular Imaging
    - *Joint Surgery
    - *Spine Surgery

Medical Policies

On February 11, 2021, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Anthem Blue Cross and Blue Shield (Anthem). These guidelines take effect June 4, 2021.

Publish date	Medical Policy number	Medical Policy title	New or revised
4/7/2021	*ANC.00008	Cosmetic and Reconstructive Services of the Head and Neck	Revised
2/18/2021	SURG.00121	Transcatheter Heart Valve Procedures	Revised
2/18/2021	SURG.00145	Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)	Revised

Clinical UM Guidelines

On February 11, 2021, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem. These guidelines were adopted by the medical operations committee for Anthem members on February 25, 2021. These guidelines take effect June 4, 2021.

Publish date	Clinical UM Guideline number	Clinical UM Guideline title	New or revised
4/7/2021	*CG-LAB-17	Molecular Gastrointestinal Pathogen Panel (GIPP) Testing for Infectious Diarrhea in the Outpatient Setting	New
2/18/2021	CG-GENE-21	Cell-Free Fetal DNA-Based Prenatal Testing	Revised
4/7/2021	CG-MED-26	Neonatal Levels of Care	Revised
2/18/2021	CG-MED-87	Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications	Revised
4/7/2021	*CG-OR-PR-04	Cranial Remodeling Bands and Helmets (Cranial Orthotics)	Revised
2/18/2021	CG-SURG-55	Intracardiac Electrophysiological Studies (EPS) and Catheter Ablation	Revised
4/7/2021	CG-SURG-71	Reduction Mammaplasty	Revised
4/7/2021	*CG-SURG-78	Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies	Revised
4/7/2021	*CG-SURG-82	Bone-Anchored and Bone Conduction Hearing Aids	Revised
4/7/2021	CG-SURG-97	Cardioverter Defibrillators	Revised

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

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URL: https://providernews.anthem.com/missouri/article/medical-policies-and-clinical-utilization-management-guidelines-update-47

Reminders for Medicare Advantage Group Retiree PPO plans and National Access Plus FAQ

Published: Jun 1, 2021 - **State & Federal** / Medicare

Article Attachments

The Group Retiree Medicare Advantage membership is experiencing a high volume of enrollment, and as we continue to grow, we wanted to send these reminders for our PPO plans for Anthem Blue Cross and Blue Shield (Anthem). Group Retiree Medicare Advantage memberships may include the National Access Plus benefit, which allows retirees to receive services from any provider, as long as the provider is eligible to receive payments from Medicare and accepts the member's PPO plan. These PPO plans also offer benefits that original Medicare doesn't cover, including an annual routine physical exam, hearing, vision, chiropractic care, acupuncture, LiveHealth Online* and SilverSneakers®.*

If you are already part of our Medicare Advantage PPO network, thank you. The FAQ below will be helpful as you grow your practice and serve members who may be new to our Group Retiree PPO plans.

Out-of-network providers are paid Medicare allowable rates for covered services, less the member's copay, coinsurance, and/or deductible. **No contract is required.**

With the National Access Plus benefit, the member's cost share doesn't change — whether local or nationwide, doctor or hospital, in- or out-of-network.

For more information, please refer to this FAQ for Medicare Advantage Group Retiree PPO plans and National Access Plus.

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URL: https://providernews.anthem.com/missouri/article/reminders-for-medicare-advantage-group-retiree-ppo-plans-and-national-access-plus-faq-3

Reimbursement policy reminder: Inpatient readmissions

Published: Jun 1, 2021 - **State & Federal** / Medicare

As a reminder, Anthem Blue Cross and Blue Shield (Anthem) Medicare Advantage does not allow separate reimbursement for claims that have been identified as a readmission to the same hospital for the same, similar or related condition unless provider, federal or CMS contracts and/or requirements indicate otherwise, as further described in the existing reimbursement policy located at: https://www.anthem.com/medicareprovider.

If Anthem Medicare Advantage determines that this reimbursement policy has not been followed, Anthem Medicare Advantage may deny the claim prior to payment or recover any paid claim. Providers may dispute any claim denied under this policy consistent with applicable law, your agreement with Anthem Medicare Advantage and Anthem Medicare Advantage policies.

For more detailed information on the Inpatient Readmissions reimbursement policy, please visit https://www.anthem.com/provider/policies/reimbursement.

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URL: https://providernews.anthem.com/missouri/article/reimbursement-policy-reminder-inpatient-readmissions

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MCG Care Guidelines 25th Edition

Published: Jun 1, 2021 - **State & Federal** / Medicare

Effective September 1, 2021, Anthem Blue Cross and Blue Shield will upgrade to the 25th edition of MCG* care guidelines for the following modules: inpatient and surgical care (ISC), general recovery care (GRC), chronic care (CC), recovery facility care (RFC), and behavioral health care (BHC). The below tables highlight new guidelines and changes that may be considered more restrictive.

Goal length of stay (GLOS) for inpatient and surgical care (ISC)

Guideline	MCG Code	24th Edition GLOS	25th Edition GLOS
Aortic Coarctation, Angioplasty	S-152	Ambulatory or 1 day postoperative	Ambulatory
Cardiac Septal Defect: Atrial, Transcatheter Closure	W0016	Ambulatory or 1 day postoperative	Ambulatory
Esophageal Diverticulectomy, Endoscopic	S-445	Ambulatory or 1 day postoperative	Ambulatory
Gastrectomy, Partial - Billroth I or II	S-510	4 or 6 days postoperative	5 days postoperative
Hernia Repair (Non-Hiatal)	S-1305	Ambulatory or 1 day postoperative	Ambulatory
Pancreatectomy	S-1200	5 or 7 days postoperative	6 days postoperative
Pyloroplasty and Vagotomy	S-990	4 or 6 days postoperative	4 days postoperative
Cervical Laminectomy	W0097	2 days postoperative	Ambulatory or 2 days postoperative
Lumbar Diskectomy, Foraminotomy, or Laminotomy	W0091	Ambulatory or 1 day postoperative	Ambulatory
Removal of Posterior Spinal Instrumentation	S-530	1 day postoperative	Ambulatory or 1 day postoperative
Shoulder Hemiarthroplasty	W0138	1 day postoperative	Ambulatory or 1 day postoperative
Spine, Scoliosis, Posterior Instrumentation, Pediatric	W0156	4 days postoperative	3 days postoperative
Bladder Resection: Cystectomy with Urinary Diversion, Conduit or Continent	S-190	5 or 6 days postoperative	5 days postoperative
Prostatectomy, Transurethral Resection (TURP)	S-970	Ambulatory or 1 day postoperative	Ambulatory
Urethroplasty	S-1172	Ambulatory or 1 day postoperative	Ambulatory

New Guidelines for Behavioral Health Care (BHC) and Recovery Facility Care (RFC)

Body System	Guideline Title	MCG - Code
Withdrawal Management	Withdrawal Management, Adult: Inpatient Care	B-031-IP
Withdrawal Management	Withdrawal Management, Adult: Intensive Outpatient Program	B-031-IOP
Withdrawal Management	Withdrawal Management, Adult: Outpatient Care	B-031-AOP
Withdrawal Management	Withdrawal Management, Adult: Partial Hospital Program	B-031-PHP
Withdrawal Management	Withdrawal Management, Adult: Residential Care	B-031-RES
Cardiology	Hypertension	M-5197
Cardiology	Peripheral Vascular Disease (PVD)	M-7087
Nephrology	Rhabdomyolysis	M-7095
Nephrology	Encephalopathy	M-7100
Thoracic Surgery	Rib Fracture	M-5545

Customizations to MCG care guidelines 25th edition
Effective September 1, 2021, the following MCG care guideline 25th edition customization will be implemented:

- Transcranial magnetic stimulation (TMS), W0174 (previously ORG: B-801-T) - Revised Clinical Indications for Procedure and added the following:

- Need for acute TMS treatment, up to six weeks
- Acute treatment course needed as indicated by (a) initial course of treatment for major depressive disorder (severe), or (b) relapse of symptoms after remission
- Continuation of acute treatment, up to six months
- TMS is considered not medically necessary for all other indications not listed above, including but not limited to, the following:

- Maintenance TMS treatment
- Continuation of acute TMS treatment for longer than six months
- TMS treatment of conditions other than major depressive disorder (severe), including but not limited to, the following: Alzheimer's disease, Anxiety disorders, Bipolar depression, Neurodevelopmental disorders, Obsessive-compulsive disorder, Peripartum depression, Post-traumatic stress disorder, Substance use disorders, Tourette's syndrome.

To view a detailed summary of customizations, visit this link, scroll down to other criteria section and select **Customizations to MCG Care Guidelines 25th Edition**.

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

* MCG Health is an independent company providing care guidelines on behalf of Anthem Blue Cross and Blue Shield.

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URL: https://providernews.anthem.com/missouri/article/mcg-care-guidelines-25th-edition-14