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National Accounts 2022 Pre-certification list

Published: Sep 1, 2021 - Administrative

The [National Accounts 2022 Pre-certification list](#) has been published. Please note, providers should continue to verify member eligibility and benefits prior to rendering services.

1291-0921-PN-CNT

URL: <https://providernews.anthem.com/missouri/article/national-accounts-2022-pre-certification-list-5>

Register now for our September CME webinars

Published: Sep 1, 2021 - Administrative



Join us in a Continuing Medical Education (CME) webinar series as we share practices and success stories to overcoming barriers in achieving clinical quality goals, attaining better patient outcomes and improving STARS ratings.

- Learn strategies to help you and your healthcare team improve your performance across a range of clinical areas.
- Apply the knowledge you gain from the webinars to improve your organization's quality and STARS ratings.

Attendees will receive one CME credit upon completion of a program evaluation at the conclusion of each webinar.

[REGISTER HERE](#) for our upcoming clinical quality webinars!

1301-0921-PN-CNT

Statin therapy for patients with diabetes

Published: Sep 1, 2021 - Administrative

Achieve 90% patient statin therapy adherence with a personalized approach

Adults 40–75 years of age with diabetes, who do or do not have clinical atherosclerotic cardiovascular disease (ASCVD), should be started on a statin for primary and secondary prevention of ASCVD regardless of lipid status.¹

Studies show that statin use reduces comorbidities and mortality from heart disease and non-adherence to statins may increase cardiovascular events and even death.²

Clinicians play a powerful role in ensuring their patients are adherent to their statin therapies.

In fact, 90% of patients can be successfully adherent to statin therapy with a personalized approach.

We created [this video](#) to offer clinicians best practices in helping their patients remain adherent to their statin therapies.

The following seven strategies can help increase adherence to statin therapy in your patients:

1. Initiate statin therapy for patients with diabetes or clinical ASCVD as appropriate
 - For diabetics without ASCVD, use MODERATE INTENSITY statin for primary prevention.²
 - For diabetics with ASCVD, use HIGH INTENSITY statin for secondary prevention.¹
 - Low Intensity statins are not recommended unless unable to tolerate moderate or high intensity.⁴

Medications One of the following medications must have been dispensed to satisfy the SUPD measure.	
Drug Category	Medications
Statin medication	Lovastatin Fluvastatin Pravastatin Simvastatin Rosuvastatin Atorvastatin Pitavastatin
Statin combination products	Atorvastatin / amlodipine Atorvastatin / ezetimibe Lovastatin / niacin Simvastatin / ezetimibe Simvastatin / niacin Simvastatin / sitagliptin
Timeframe	Standard exclusion(s)
Any time during the measurement year	End-stage renal disease Hospice Rhabdomyolysis or myopathy Pregnancy, lactation, or fertility Liver disease Pre-diabetes Polycystic ovary syndrome (PCOS)

2. If a statin is not suitable for a patient, document exclusion criteria with the appropriate ICD-10 code
3. Educate patients about the long-term cardiovascular benefits of statin therapy and potential side effects
4. Try a lower dose, different statin, or consider intermittent statin therapy if there were previous statin-associated side effects

Intensity and Dose of Statin Therapy		
High Intensity	Moderate Intensity	Low Intensity
Daily dose lowers LDL-C on average by \approx \geq 50%	Daily dose lowers LDL-C on average by \approx 30% to $<$ 50%	Daily dose lowers LDL-C on average by $<$ 30%
Atorvastatin 40-80 mg Rosuvastatin 20-40 mg	Atorvastatin 10-20 mg Rosuvastatin 5-10 mg Simvastatin 20-40 mg Pravastatin 40-80 mg Lovastatin 40 mg Fluvastatin XL 80 mg Fluvastatin 40 mg bid Pitavastatin 2-4 mg	Simvastatin 10 mg Pravastatin 10-20 mg Lovastatin 20 mg Fluvastatin 20-40 mg Pitavastatin 1 mg

5. Inform patients that a significant number of generic statin medications are available for \$0 for a 90-day supply on most plans
6. Encourage patients to use their plan ID card to fill statin medications
7. Watch [this video](#) to learn best practices on helping improve statin therapy adherence and your organization's overall quality and STARS performance.

References:

- 1 2013 ACC/AHA Prevention Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults, A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2014;129:S1-S45, June 24, 2014. <https://www.ahajournals.org/doi/pdf/10.1161/01.cir.0000437738.63853.7a>
- 2 American College of Cardiology, The New 2017 American Diabetes Statement on Standards of Medical Care in Diabetes: Reducing Cardiovascular Risk in Patients with Diabetes, May 22, 2017. <https://www.acc.org/latest-in-cardiology/articles/2017/05/22/11/00/new-2017-american-diabetes-statement-on-standards-of-medical-care-in-diabetes>
- 3 CMS, 2019 Medicare-Medicaid Plan Performance Data Technical Notes. <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MMPPerformanceDataTechNotes.pdf>
- 4 Cochrane Database Syst Rev. 2013:CD004816

1304-0921-PN-CNT

URL: <https://providernews.anthem.com/missouri/article/statin-therapy-for-patients-with-diabetes-5>

Six SIMPLE strategies to help increase medication adherence

Published: Sep 1, 2021 - Administrative

Did you know the cost Impact of medication non-adherence is **\$528 billion** from non-optimized medication therapy?¹ That's equivalent to **16% of U.S. total health expenditures** and contributes to **275,689 deaths per year.**²

As a healthcare provider, you can motivate your patients to adhere to their medication regimens, which can contribute to improved outcomes and increased STARS performance. Lack of medication adherence also negatively impacts your STARS performance, which in turn can negatively impact your reimbursement.

We developed [this video](#) to offer best practices in boosting medication adherence among your patient population.

Use the **six SIMPLE strategies** below to help improve medication adherence among your patient population.

S – Simplify the regimen

- Limit the # of doses and frequency
- Encourage adherence aids such as a pill box
- Utilize generic prescriptions if clinically appropriate
- Implement real-time pharmacy benefit to understand patient cost-share at the point of care

I – Impart knowledge

- Assess patient's knowledge of medication regimen
- Provide clear medication instructions (written and verbal)
- Patient-provider shared decision-making

M – Modify patient beliefs and behavior

- Ask open ended questions about impact of not taking medications
- Empower patients to self-manage their condition

P – Provide communication and trust

- Provide emotional support
- Allow adequate time for the patient to ask question

L – Leave the bias

- Understand patient's health literacy and how it affects outcomes
- Develop a patient-centered communication styles

E – Evaluate adherence

- Utilize motivational interviewing to confirm adherence
- Review pharmacy refill records, prescription bottles, lab testing
- Identify barriers to adherence
- Determine interventions and follow-up
- When appropriate, prescribe 90-day fills for chronic conditions

Watch [this video](#) to learn more best practices on helping improve medication adherence and your organization's overall quality and STARS performance.

References:

- 1 Lloyd J et al. How much does medication nonadherence cost the Medicare fee-for-service program? *Med Care.* 2019;00:1-7.
- 2 Watannabe JE et al. Cost of prescription drug-related morbidity and mortality. *Ann Pharmacother.* 2018;52(9):829-837. DOI: 10.1177/1060028018765159

1305-0921-PN-CNT

URL: <https://providernews.anthem.com/missouri/article/six-simple-strategies-to-help-increase-medication-adherence>

Cure for the common cold: Rest, fluids and this free prescription pad

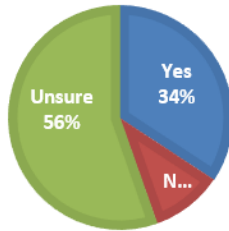
Published: Sep 1, 2021 - Administrative

Be Antibiotic Aware campaign offers a prescription solution to antibiotics

A mother has a sick child and like all good mothers, wants comfort and care. And a prescription for antibiotics. *BMJ Journals* published a study that rated how many patients with upper respiratory infections (URI) prior to consultation with their physician expected a prescription for antibiotics¹.

Chart Area

EXPECTING ANTIBIOTICS PRECONSULTATION



Evidence-based data does not support the use of antibiotics in the treatment of the common cold because they do not improve symptoms or shorten the course of the illness.²

Instead of putting away the prescription pad, [use this one](#).

Offered by the CDC's *Be Antibiotics Aware* campaign, the "Relief for common symptoms of colds and cough" prescription pad provides an alternative to unnecessary antibiotics. Get it through the CDC website [here](#).

Relief for Common Symptoms of Colds and Cough



GENERAL INSTRUCTIONS

- Drink extra water and fluids.
- Use a cool mist vaporizer or saline nasal spray to relieve congestion.
- For sore throats, suck on ice chips, popsicles, or lozenges. (Do not give lozenges to children younger than two years old.)
- Use honey to relieve cough for adults and children at least 12 months old or older.
- Other:

SPECIFIC MEDICINES

- Fever or aches:

- Ear pain:

- Sore throat:

- Nasal congestion:

- Cough/chest congestion:

Use medicines according to the package instructions or as directed by your doctor or pharmacist. Stop the medication when the symptoms get better.

FOR CHILDREN YOUNGER THAN 4 YEARS OLD

Do not use over-the-counter cough and cold medicine in children younger than 4 years old unless directed by your doctor. Overuse and misuse of these medicines can result in serious and potentially life-threatening side effects.

To relieve a stuffy nose, parents can use:

- A rubber suction bulb

- Nose saline drops

- A clean humidifier

- A cool mist vaporizer

Call your doctor if the illness has not improved in a few days or if symptoms are severe or unusual.

To learn more about antibiotic prescribing and use, visit www.cdc.gov/antibiotic-use or call 1-800-CDC-INFO.



Measure up: HEDIS® guidelines for URI/Pharyngitis

URI measures the percentage of episodes for members 3 months of age and older with a URI diagnosis that did not result in an antibiotic dispensing event.

Appropriate testing for pharyngitis (CWP) evaluates members 3 years of age and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

Records and billing codes

URI: In the patient’s medical records, document results of all strep tests or refusal for testing. If antibiotics are prescribed for another condition, take care to associate the antibiotic with the appropriate diagnosis.

Description	CPT/HCPCS/ICD-10
Pharyngitis	ICD-10-CM: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
URI	ICD-10-CM: J00, J06.0, J06.9
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99422, 99423

CWP: In the patient’s medical records, document results of all strep tests or refusal for testing. If antibiotics are prescribed for another condition, take care to associate the antibiotic with the appropriate diagnosis.

Description	CPT/HCPCS/ICD-10
Pharyngitis	ICD-10-CM: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
Group A streptococcal tests	CPT: 87070, 87071, 87081, 87430, 87650-87652, 87880 LOINC: 11268-0, 17656-0, 17898-8, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99422, 99423

References:

1 BMJ Journals. Medical management of acute upper respiratory infections in an urban primary care out of hours facility: cross-sectional study of patient presentation and expectations. <https://bmjopen.bmj.com/content/9/2/e025396>

1306-0921-PN-CNT

URL: <https://providernews.anthem.com/missouri/article/cure-for-the-common-cold-rest-fluids-and-this-free-prescription-pad-4>

HEDIS® medical record submission made easier with our Remote EMR Access Service

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

Instead of faxing multiple pages of medical records for HEDIS® studies, use Anthem Blue Cross and Blue Shield (Anthem)'s Remote EMR Access Service we offer to providers that allows us to access your EMR system directly to pull the documentation we need. Our Remote EMR Access Service helps reduce the time and costs associated with medical record retrieval while improving efficiency and lessening the impact on your office staff.

We have a centralized EMR team experienced with multiple EMR systems and extensively trained annually on HIPAA, EMR systems, and HEDIS® measure updates. We complete medical record retrieval based on minimum necessary guidelines:

- We only access medical records of members pulled into the HEDIS® sample using specific demographic data.
- We only retrieve the medical records that have evidence related to the HEDIS® measures.
- We only view face sheets when there are demographic discrepancies.
- We exclude data related to hospice, long-term care, inpatient, and palliative care.

Let us help you! Getting started with Remote EMR Access is just one click away.

[Download and complete this registration form](#) and email it to us at Centralized_EMR_Team@anthem.com.

To learn more about our Remote EMR Access Service, view the **Frequently Asked Questions below.**

How do you retrieve our medical records?

We access your EMR using a secure portal and retrieve only the necessary documentation

by printing to an electronic file we store internally, on our secure network drives.

Is printing necessary?

Yes. The NCQA audit requires print-to-file access.

Is this process secure?

Yes. We only use secure internal resources to access your EMR systems. All retrieved records are stored on Anthem secure network drives.

Why does Anthem need full access to the entire medical record?

There are several reasons we need to look at the entire medical record of a member:

- HEDIS® measures can include up to a 10-year look back at a member's information.
- Medical record data for HEDIS® compliance may come from several different areas of the EMR system, including labs, radiology, surgeries, inpatient stays, outpatient visits, and case management.
- Compliant data may be documented or housed in a non-standard format, such as an in-office lab slip scanned into miscellaneous documents

What information do I need to submit to use your Remote EMR Access Service?

Complete the registration form that requests the following information:

- Practice/facility demographic information (e.g., address, National Provider ID, taxpayer identification numbers , etc.)
- EMR system information (e.g., type of EMR system, required access forms, access type—web based or VPN-to-VPN connection, special requirements needed for access, etc.)
- List of current providers/locations or a website for accessing this list. Also, if applicable, a list of providers affiliated with the

group that are not in the EMR System.

Article Attachments

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

1313-0921-PN-CNT

URL: <https://providernews.anthem.com/missouri/article/hedis-medical-record-submission-made-easier-with-our-remote-emr-access-service-4>

Get your payments faster when you sign up for electronic funds transfer

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

Effective November 1, 2021, EnrollSafe will replace CAQH Enrollhub as the electronic funds transfer (EFT) enrollment portal for Anthem Blue Cross and Blue Shield (Anthem) providers. As of November 1, 2021, CAQH Enrollhub will no longer offer EFT enrollment to new users.

When you sign up for EFT through **EnrollSafe**, the new enrollment portal, you'll receive your payments up to seven days sooner than through the paper check method. Not only is receiving your payment more convenient, so is signing up for EFT. What's more, it's easier to reconcile your direct deposits.

EnrollSafe is safe, secure and available 24-hours a day.

Beginning November 1, 2021, log onto the EnrollSafe enrollment hub at enrollsafe.payeehub.org to enroll in EFT. You'll be directed through the EnrollSafe secure portal to the enrollment page, where you'll provide the required information to receive direct payment deposits.

Already enrolled in EFT through CAQH Enrollhub?

If you're already enrolled in EFT through CAQH Enrollhub, no action is needed unless making changes. Your EFT enrollment information will not change as a result of the new enrollment hub.

If you have changes to make, after October 31, 2021, use EnrollSafe to update your account.

Electronic remittance advice (ERA) makes reconciling your EFT payment easy and paper-free.

Now that you are enrolled in EFT, using the digital ERA is the very best way to reconcile your deposits – securely and safely. You'll be issued a trace number with your EFT deposit that matches up with your ERA on Availity.

ERAs can be retrieved directly from Availity. Log onto [Availity](#) and select **Claims and Payments > Send and Receive EDI Files > Received Files** folder. When using a clearinghouse or billing service, they will supply the 835 ERA for you. You also have the option to view or download a copy of the **Remittance Advice** under **Payer Spaces > Remittance Inquiry tool**.

1294-0921-PN-CNT

URL: <https://providernews.anthem.com/missouri/article/get-your-payments-faster-when-you-sign-up-for-electronic-funds-transfer-4>

Updates for specialty pharmacy are available - September 2021

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

Prior authorization updates

Effective for dates of service on and after December 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.

[Access our Clinical Criteria information 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-0201	J9999	Rybrevant

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

** Oncology use is managed by AIM.

Quantity limit updates

Effective for dates of service on and after December 1, 2021, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our quantity limit 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.

[Access our Clinical Criteria information 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-0050	J3490 J3590	Skyrizi
*ING-CC-0075	Q5123	Riabni

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

** Oncology use is managed by AIM.

1295-0921-PN-CNT

URL: <https://providernews.anthem.com/missouri/article/updates-for-specialty-pharmacy-are-available-september-2021-1>

Reimbursement policy update: Sexually transmitted infections testing - Professional

Published: Sep 1, 2021 - [Policy Updates](#) / Reimbursement Policies

Beginning with dates of service on or after December 1, 2021, Anthem Blue Cross and Blue Shield (Anthem) will implement a new reimbursement policy titled Sexually Transmitted Infections Testing. Anthem considers Sexually Transmitted Infection (STI) testing CPT® codes 87491, 87591, and 87661 to be part of a laboratory panel grouping. When two or more of single test laboratory procedure codes are reported on a claim by the same provider on the same date of service, the codes will be bundled into the comprehensive laboratory procedure code 87801. Anthem will reimburse the more comprehensive, multiple organism CPT code 87801 when two or more single tests are billed separately by the same provider on the same date of service. Reimbursement will be made based on a single unit of CPT code 87801 regardless of the units billed for a single code. The provider is required to bill for the applicable single STI CPT codes as rendered and the comprehensive CPT code will be reimbursed. Modifiers will not override this edit.

For more information about this policy, visit the [Reimbursement Policy page](#) at [anthem.com](#).

1307-0921-PN-CNT

URL: <https://providernews.anthem.com/missouri/article/reimbursement-policy-update-sexually-transmitted-infections-testing-professional-1>

New reimbursement policy update: Inpatient Facility Transfers - Facility

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

Beginning with dates of service on or after December 1, 2021, Anthem Blue Cross and Blue Shield (Anthem) will implement a new reimbursement policy, *Inpatient Facility Transfers*. The policy addresses inpatient transfers from one acute care facility to another acute care facility for the same episode of care. Anthem allows reimbursement for services rendered by both the transferring and the receiving facility.

For more information about this policy, visit the [Reimbursement Policy page](#) at [anthem.com](#).

1308-0921-PN-CNT

URL: <https://providernews.anthem.com/missouri/article/new-reimbursement-policy-update-inpatient-facility-transfers-facility>

Reimbursement policy update: Drug Screen Testing - Professional

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

Beginning with dates of service on or after December 1, 2021, Anthem Blue Cross and Blue Shield will update the policy to indicate that separate reimbursement is not allowed for specimen validity testing when utilized for drug screening because it is included in the CPT and HCPCS code descriptions for presumptive and definitive drug testing. Modifiers will not override this edit; therefore, we have included this information in our Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU) reimbursement policy.

For more information about this policy, visit the [Reimbursement Policy page](#) at [anthem.com](#).

1309-0921-PN-CNT

URL: <https://providernews.anthem.com/missouri/article/reimbursement-policy-update-drug-screen-testing-professional-3>

Keep up with Medicare news - September 2021

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

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

- [Clinical criteria updates notification – May 2021](#)

URL: <https://providernews.anthem.com/missouri/article/keep-up-with-medicare-news-september-2021-1>

Reimbursement Policy Update: DRG Inpatient Facility Transfers

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

Effective November 30, 2021, Anthem Blue Cross and Blue Shield claims for members

who leave against medical advice and are admitted to another acute care facility on the same day are considered transfers and will follow the criteria detailed in the policy.

For additional information, please review the [DRG Inpatient Facility Transfers reimbursement policy](#) at [anthem.com/medicareprovider](https://providernews.anthem.com/missouri/article/reimbursement-policy-update-drg-inpatient-facility-transfers-1) under the Facilities dropdown.

ABSCRNU-0240-21

URL: <https://providernews.anthem.com/missouri/article/reimbursement-policy-update-drg-inpatient-facility-transfers-1>

Utilization management authorization rule operations

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

On **November 1, 2021**, Anthem Blue Cross and Blue Shield (Anthem) prior authorization (PA) requirements will change for L8702 covered by Anthem. Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions take precedence over these precertification rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

PA requirements will be added for the following code:

- L8702 — Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider website at anthem.com > Login or by accessing Availity.* Once logged in to availity.com, select Patient Registration > Authorizations & Referrals, then choose Authorizations or Auth/Referral Inquiry, as appropriate. Contracted and non-contracted providers who are unable to access Availity may call our Provider Services at the number on the back of your patients' Anthem ID card for assistance with PA requirements.

* Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield.

ABSCRNU-0247-21

URL: <https://providernews.anthem.com/missouri/article/utilization-management-authorization-rule-operations-2>

Prior authorization form notification

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

The best way to ensure you're submitting everything needed for a prior authorization is to use the [prior authorization/precertification form](#) at [anthem.com/medicareprovider](https://www.anthem.com/medicareprovider) > Providers > Provider Resources > Forms and Guides. By filling out the form completely and with as much information as possible, you can be sure we have the information to process your request timely.

ABSCRNU-0248-21

URL: <https://providernews.anthem.com/missouri/article/prior-authorization-form-notification-2>
