

**Administrative:**

Evaluation and management services for COVID testing- Professional . . . . . 3

2022 provider manual is now available . . . . . 3

Resources to support diverse patients and communities . . . . . 4

Anthem announces changes to post-payment audits conducted on our behalf . . . . . 5

CAA: Timely updates help keep our provider directories current . . . . . 6

Primary care appointment access and open panels . . . . . 7

May is National High Blood Pressure Education Month: We've got this! . . . . . 9

Alcohol use disorder has a big cost . . . . . 10

**Pharmacy:**

Specialty pharmacy updates - May 2022 . . . . . 11

**Medical Policy & Clinical Guidelines:**

MCG Care Guidelines 26th Edition . . . . . 14

**Federal Employee Plan (FEP):**

CORRECTION: Save time tomorrow by using CPT II codes today: Introducing the FEP Quality Reimbursement Program for PPO providers . . . . . 17

Join us for an FEP Quality Learning Program live webinar . . . . . 18

**Medicare:**

Keep up with Medicare News - May 2022 . . . . . 19

Convenient, reliable at-home testing for colorectal cancer and diabetes care . . . . . 20

HEDIS 2022: summary of changes from NCQA . . . . . 21

New specialty pharmacy medical step therapy requirements- . . . . . 23  
March 2022 update

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare or WCIC; CompCare Health Services Insurance Corporation (CompCare) underwrites or administers the HMO policies and Wisconsin Collaborative Insurance Company (WCIC) underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. Use of the Anthem websites constitutes your agreement with our Terms of Use.

# Evaluation and management services for COVID testing- Professional

Published: May 1, 2022 - Administrative

Effective with dates of service on or after August 1, 2022, Anthem Blue Cross and Blue Shield (Anthem) will facilitate review of selected claims for COVID-19 visits reported with evaluation and management (E/M) services submitted by professional providers to align with CMS reporting guidelines. When the purpose of the visit is for COVID-19 testing only, reimbursement for CPT® code 99211 (office or other outpatient visit) is allowed when billed with place of service office (11), mobile unit (15), walk-in retail health clinic (17), or urgent care facility (20). Claims for exposure only may be affected. Professional providers are encouraged to code their claims to the highest level of specificity in accordance with ICD-10 coding guidelines.

Prior to payment, Anthem will review the selected claims to determine, in accordance with correct coding requirements and/or reimbursement policy as applicable, whether the E/M code level submitted is appropriate for the COVID-19 visit reported. If the visit is determined to be solely for the purpose of COVID-19 testing, Anthem will reimburse using CPT code 99211.

Professional providers that believe their medical record documentation supports reimbursement for the originally submitted level for the E/M service will be able to follow the Claims Payment Dispute process (including submission of such documentation with the dispute) as outlined in the provider manual.

If you have questions on this program, contact your Provider Experience representative.

2135-0522-PN-KY.MO.OH/ PEC-NL-0849-22

**URL:** <https://providernews.anthem.com/missouri/article/evaluation-and-management-services-for-covid-testing-professional-1>

---

## 2022 provider manual is now available

Published: May 1, 2022 - Administrative

Anthem Blue Cross and Blue Shield (Anthem) reviews and updates our provider manuals annually. We are pleased to notify you that the updated 2022 provider manual is now

[here](#). Or go to [anthem.com](#) > Providers > Policies, Guidelines & Manuals > select a State – Missouri > Provider Manual.

The 2021 Missouri Provider Manual will be available until June 30, 2022.

1097-0522-PN-MO

URL: <https://providernews.anthem.com/missouri/article/2022-provider-manual-is-now-available>

---

## Resources to support diverse patients and communities

Published: May 1, 2022 - Administrative

We've heard it all our lives: To be fair, you should treat everybody the same. But the challenge is that everybody is not the same—and these differences can lead to critical disparities not only in how patients access health care, but their outcomes as well. The COVID-19 pandemic has reignited public attention about the serious public health risks and consequences of disparities, and the critical need for health equity.

Health equity means everyone has the opportunity to reach their highest level of health, and barriers to doing so must be removed. Health disparities are health differences that are closely linked with social, economic, and/or environmental disadvantage.<sup>1</sup> Achieving health equity requires focus on the elimination of barriers and disparities associated with factors such as race, ethnicity, gender, gender identity, religion, socioeconomic status, disability, and even where you live.<sup>2</sup> As a result, it is imperative to offer access to care that is tailored to the unique needs of patients, and Anthem Blue Cross and Blue Shield (Anthem) is committed to supporting our providers in this effort.

[MyDiversePatients.com](#) is where you can find resources, information, and techniques to help provide individualized care every patient deserves, regardless of their diverse backgrounds. There you can also find opportunities for free Continuing Medical Education (CME) credit for learning experiences on topics related to cultural competency and disparities.

[Mydiversepatients.com](#) is free and accessible from any device (desktop computer, laptop, phone, or tablet) with no account or log in required. Scan the QR code below for direct access to [mydiversepatients.com](#).



[Stronger Together](#) is a website where you can find free resources to support the diverse health needs of all people where they live, learn, work and play. These resources were created in collaboration with national organizations and are available for you to share with your patients and communities. Scan the QR code below for direct access to [Stronger Together](#).



While there is no single, easy answer to address health care disparities, the vision of [MyDiversePatients.com](#) and [Stronger Together](#) is a start to reversing health care inequity one person at a time.

<sup>1</sup>Office of Disease Prevention and Health Promotion. (2022, Feb 6). Healthy People - Disparities. Retrieved from <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

<sup>2</sup>Think Anthem.com. (2022, Feb 7). Why We Need Health Equity. Retrieved from <https://www.thinkanthem.com/health-equity/what-are-health-disparities/>

1805-0522-PN-CNT

URL: <https://providernews.anthem.com/missouri/article/resources-to-support-diverse-patients-and-communities-17>

---

## **Anthem announces changes to post-payment audits conducted on our behalf**

Published: May 1, 2022 - **Administrative**

*Change Healthcare* will transition out of the post-payment hospital bill audit (HBA) program by the end of 2022. Effective immediately, Anthem Blue Cross and Blue Shield (Anthem)'s

*Change Healthcare* may continue to contact you to finalize any work that is in process, or already scheduled.

Anthem continues to work with Cotiviti as a post-payment DRG validation audit partner. Effective immediately, the Anthem CCA team is assuming a larger role in conducting post-payment DRG validation audits and DRG readmission audits. In addition to receiving requests from Anthem's CCA team, network-participating providers may continue to receive letters from Cotiviti requesting access to medical records for the purpose of conducting these audits. We will do our best to avoid duplicate medical record requests from Anthem and Cotiviti.

Thank you for your continued efforts to expedite medical record requests.

This notification applies to all lines of business and all markets. If you have questions about this notification, please contact Provider Services.

2120-0522-PN-ALLCSBD

**URL:** <https://providernews.anthem.com/missouri/article/anthem-announces-changes-to-post-payment-audits-conducted-on-our-behalf-1>

---

## **CAA: Timely updates help keep our provider directories current**

Published: May 1, 2022 - **Administrative**

Submitting your updates in a timely manner helps to ensure we have the most current online provider directory information available to members. We ask that you review your information regularly and let us know as soon as possible if any of your information in our online provider directory has changed.

If updates are needed, you can use our online [Provider Maintenance Form](#). Online update options include:

- add/change an address location
- name change
- tax ID changes
- provider leaving a group or a single location
- phone/fax number changes

- closing a practice location

Once you submit the Provider Maintenance Form, you will receive an email acknowledging receipt of your request. Visit the [Provider Maintenance Form landing page](#) for complete instructions.

The Consolidated Appropriations Act (CAA), effective January 1, 2022, contains a provision that requires online provider directory information be reviewed and updated (if needed) at least every 90 days. We appreciate your help in keeping our online provider directories current.

2129-0522-PN-CNT

**URL:** <https://providernews.anthem.com/missouri/article/caa-timely-updates-help-keep-our-provider-directories-current-3>

---

## Primary care appointment access and open panels

Published: May 1, 2022 - **Administrative**

The annual PCP access studies performed by our vendor, North American Testing Organization based in California, were resumed and fielded in the third quarter of 2021. The purpose is to assess adequate appointment timeframes for our members with an urgent condition or for routine.

The main challenges the vendor encounters while attempting to collect this required, essential data are related to inaccurate provider information in Anthem Blue Cross and Blue Shield (Anthem)'s demographic database, i.e., incorrect or non-working phone numbers, practitioner moved, retired, or deceased; the practice has resigned their Anthem contract, accepts private pay only or is no longer in practice; as well as, staff refusing to participate in the survey. We ask that you update your office information using the online [Provider Maintenance Form](#) and that you participate in quality programs such as this critical survey as a condition of Anthem's contract.

Another item captured in the survey is open panel status for new patients. At the office level, we are capturing more closed panel data than is reflected in the provider directory for members. Please keep Anthem abreast of the open/close panel status of your practice.

What does this mean for our members? If the directory indicates “open” and the practitioner is not available for new patients, the member is making multiple calls to select a primary care physician. Their experience is reflected in the annual *CAHPS*® member survey of Anthem enrollees, which indicated “not open to new patients” as the number one reason throughout Anthem plan’s for not getting a personal doctor.

To be compliant, per the provider manual, participating providers agree to meet the following access standards, whether in person or a telehealth visit:

- **Urgent** – The patient must meet with their Practitioner, another Practitioner in the practice or a covering Practitioner within twenty-four (24) hours.

*Explanation* – These callers are experiencing a non-emergent condition or injury with acute symptoms that require immediate attention (without prior authorization).

- **Routine** – The patient must meet with their Practitioner, another Practitioner in the practice or a covering Practitioner within 10 business days.

*Explanation* – A regular routine appointment is a non-symptom related visit for existing patients, such as a check-up, including physicals and chronic monitoring.

- **Routine follow-up** – The patient must meet with their Practitioner, another Practitioner in the practice or a covering Practitioner within 30 calendar days.

*Explanation* – This is for an evaluation of progress or services, including, but not limited to, medication management. This includes new or existing patients.

**Note to staff:** It is imperative that your office updates any changes to your practice using the online [Provider Maintenance Form](#) on Anthem.com.

2149-0522-PN-CNT

**URL:** <https://providernews.anthem.com/missouri/article/primary-care-appointment-access-and-open-panels-3>

---



# May is National High Blood Pressure Education Month: We've got this!

Published: May 1, 2022 - Administrative

Many resources are available for health professionals to support hypertension prevention and management and educate others. To support that effort, the Centers for Disease Control and Prevention (CDC)'s Division for Heart Disease and Stroke Prevention has put together these sets of educational materials for health professionals and patients:

- **Hypertension Communications Kit:** Health professionals can share these social media messages, graphics, and resources to educate their audiences about hypertension.
- **Hypertension Patient Education Handouts:** These fact sheets and handouts can help patients understand how hypertension affects their health and how to make healthy lifestyle changes.
- **Hypertension Tools and Training:** These materials can help health professionals develop and support programs for preventing and managing hypertension.

Visit the [Million Hearts<sup>®</sup>](#) website for more resources designed for health professionals. Million Hearts<sup>®</sup> is a national initiative co-led by CDC and the Centers for Medicare & Medicaid Services (CMS). Million Hearts<sup>®</sup> aims to prevent 1 million heart attacks and strokes within five years.

## Measure Up: Controlling High Blood Pressure (CBP) HEDIS<sup>®</sup> measure

The HEDIS measure Controlling High Blood Pressure (CBP) assesses adults ages 18–85 with a diagnosis of hypertension and whose blood pressure was properly controlled based on the following criteria:

- Adults 18–59 years of age whose blood pressure was <140/90 mm Hg
- Adults 60–85 years of age, with a diagnosis of diabetes, whose blood pressure was <140/90 mm Hg
- Adults 60–85 years of age, without a diagnosis of diabetes, whose blood pressure was <150/90 mm Hg

Patient claims should include one systolic reading and one diastolic reading:

CPT II Code	Most recent systolic blood pressure
3074F	<130 mm Hg
3075F	130-139 mm Hg
3077F	≥ 140 mm Hg
CPT II Code	Most recent diastolic blood pressure
3078F	<80 mm Hg
3079F	80-89 mm Hg
3080F	≥ 90 mm Hg

When charting your patient's blood pressure readings, in addition to the systolic and diastolic readings, and dates, if the patient has an elevated blood pressure, but does not have hypertension, note the reason for follow-up.

Additional tips for talking to patients:

- Continue to educate patients about the risks of hypertension
- Encourage weight loss, regular exercise and diet
- Advise patients who are smoking to quit
- Talk about chronic stress and ways to cope with it in a healthy way

HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA)

Resource: Centers for Disease Control and Prevention. [https://www.cdc.gov/bloodpressure/educational\\_materials.htm](https://www.cdc.gov/bloodpressure/educational_materials.htm)

2185-0522-PN-CNT

**URL:** <https://providernews.anthem.com/missouri/article/may-is-national-high-blood-pressure-education-month-weve-got-this-2>

## Alcohol use disorder has a big cost

Published: May 1, 2022 - Administrative

The total economic cost of alcohol use disorder has been estimated to be \$249 billion according to the Centers for Disease Control and Prevention (CDC)<sup>1</sup>, \$27 billion of which has been accounted for healthcare costs

2. The CDC projects the economic impact to society is about \$807 per person, per year.<sup>3</sup>

Alcohol use disorder also impacts the economy through work force disruptions caused by tardiness, absenteeism, employee turnover and conflict in the workplace. It causes a reduction in potential employees, customer and taxpayer bases.<sup>4</sup>

According to the CDC, alcohol use was directly tied to 95,000 deaths annually between 2011 and 2015. This was more than all illicit substances combined. The CDC estimates that alcohol-attributed disease resulted in almost 685,000 years of potential life lost for the same period.

This chart shows the years of potential life lost (YPLL) related directly or indirectly to alcohol use disorder:

Cause	YPLL
Total YPLL	>2.7 million
100% alcohol attributed disease	684,750
Suicide	334,058
Motor vehicle crashes	323,610
Liver disease	202,391
Heart disease	118,021
Cancer	88,729

If you need assistance connecting your patients to opioid, substance use or alcohol use disorder treatment, contact your Anthem Blue Cross and Blue Shield (Anthem) health plan.

<sup>1</sup>Center for Disease Control and Prevention, 2019 <https://www.cdc.gov/alcohol/features/excessive-drinking.html>

<sup>2</sup>National Institute on Drug Use, 2018 <https://archives.drugabuse.gov/trends-statistics/costs-substance-abuse>

<sup>3</sup>Center for Disease Control and Prevention, 2019

<sup>4</sup>National Institute on Drug Use, 2018

2186-0522-PN-CNT

URL: <https://providernews.anthem.com/missouri/article/alcohol-use-disorder-has-a-big-cost-2>

---

## Specialty pharmacy updates - May 2022

Published: May 1, 2022 - **Products & Programs** / Pharmacy

Specialty pharmacy updates for Anthem Blue Cross and Blue Shield (Anthem) are listed below.

Prior authorization clinical review of **non-oncology** use of specialty pharmacy drugs is managed by Anthem's medical specialty drug review team. Review of specialty pharmacy drugs for **oncology** use is managed by AIM Specialty Health® (AIM), a separate company.

**Important to note:** Currently, your patients may be receiving these medications without prior authorization. As of the effective date below, you may be required to request prior authorization review for your patients' continued use of these medications.

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.

### Prior authorization updates

**Effective for dates of service on and after August 1, 2022**, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our prior authorization review process.

[Access our Clinical Criteria](#) to view the complete information for these prior authorization updates.

Clinical Criteria	Drug	HCPCS or CPT Code(s)
ING-CC-0062	Yusimry (adalimumab-aqvh)	J3590
ING-CC-0072	Vabysmo (faricimab-svoa)	J3490, J3590
ING-CC-0210	Enjaymo (sutimlimab-jome)	C9399, J3490, J3590, J9999
ING-CC-0211*	Kimmtrak (tebentafusp-tebn)	C9399, J3490, J3590, J9999
ING-CC-0212	Tezspire (tezepelumab-ekko)	C9399, J3590
ING-CC-0213	Voxzogo (vosoritide)	C9399, J3490

\*Oncology use is managed by AIM.

**Note:** Prior authorization requests for certain medications may require additional documentation to determine medical necessity.

## Step therapy updates

Effective for dates of service on and after August 1, 2022, 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.

[Access our Clinical Criteria](#) to view the complete information for these step therapy updates.

Clinical Criteria	Status	Drug	HCPCS or CPT Code(s)
ING-CC-0072	Non-Preferred	Vabysmo (faricimab-svoa)	J3490, J3590

## Quantity limit updates

Effective for dates of service on and after August 1, 2022, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our quantity limit review process.

[Access our Clinical Criteria](#) to view the complete information for these quantity limit updates.

Clinical Criteria	Drug	HCPCS or CPT Code(s)
ING-CC-0062	Hulio (adalimumab-fkjp)	J3590
ING-CC-0062	Ixifi (infliximab-qbtx)	Q5109
ING-CC-0062	Yusimry (adalimumab-aqvh)	J3590
ING-CC-0072	Vabysmo (faricimab-svoa)	J3490, J3590
ING-CC-0210	Enjaymo (sutimlimab-jome)	C9399, J3490, J3590, J9999
ING-CC-0212	Tezspire (tezepelumab-ekko)	C9399, J3590
ING-CC-0213	Voxzogo (vosoritide)	C9399, J3490

2152-0522-PN-CNT

URL: <https://providernews.anthem.com/missouri/article/specialty-pharmacy-updates-may-2022-4>

# MCG Care Guidelines 26th Edition

Published: May 1, 2022 - **Policy Updates** / Medical Policy & Clinical Guidelines

Effective September 1, 2022, we will upgrade to the 26th edition of MCG care guidelines for the following modules: Inpatient & Surgical Care (ISC). The below tables highlight new guidelines and changes.

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

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

<b>Guideline</b>	<b>MCG Code</b>	<b>25<sup>th</sup> Edition GLOS</b>	<b>26<sup>th</sup> Edition GLOS</b>
*Aortic Valve Replacement, Transcatheter	S-1320 [W0133]	2 days postoperative	1 day postoperative
*Apnea, Neonatal (Non-Preterm Infants)	P-15	3 days	2 days
*Renal Failure, Chronic	M-325	3 days	2 days
*Subarachnoid Hemorrhage, Nonsurgical Treatment	M-79	4 days	3 days
*Craniotomy, Supratentorial	S-410	3 days postoperative	2 day postoperative
*Ankle Fracture, Closed, Open Reduction, Internal Fixation (ORIF)	S-100	Ambulatory or 1 day postoperative	Ambulatory
*Hip Arthroplasty	S-560 [W0105]	Ambulatory or 2 days postoperative	Ambulatory or 1 day postoperative
*Humerus Fracture, Closed or Open Reduction	S-632	Ambulatory or 1 day postoperative	Ambulatory
*Knee Arthroplasty, Total	S-700 [W0081]	Ambulatory or 2 days postoperative	Ambulatory or 1 day postoperative
*Lumbar Laminectomy	S-830 [W0100]	Ambulatory or 1 day postoperative	Ambulatory
*Nephrectomy	S-870	3 days postoperative	2 days postoperative
*Prostatectomy, Radical	S-960	1 day postoperative	Ambulatory or 1 day postoperative
Dehydration	M-123	1 day	2 days
Esophageal Disease	M-550	1 day	2 days
Gastritis and Duodenitis	M-560	1 day	2 days
Pneumothorax, Neonatal	P-355	2 days	3 days
Seizure	M-327	1 day	2 days

Back Pain	M-63	1 day	2 days
-----------	------	-------	--------

### New Guidelines for Inpatient & Surgical Care (ISC)

Body System	Guideline Title	MCG - Code
Hospital-at-Home	Cellulitis: Hospital-at-Home	M-70-HaH
Hospital-at-Home	Chronic Obstructive Pulmonary Disease: Hospital-at-Home	M-100-HaH
Hospital-at-Home	Heart Failure: Hospital-at-Home	M-190-HaH
Hospital-at-Home	Pneumonia: Hospital-at-Home	M-282-HaH
Hospital-at-Home	Urinary Tract Infection (UTI): Hospital-at-Home	M-300-HaH
Observation Care	Pancreatitis: Observation Care	OC-065
Observation Care	Renal Failure, Acute: Observation Care	OC-066
Observation Care	Stroke: Ischemic: Observation Care	OC-067

### Anthem customizations to MCG care guideline 26th Edition

To view a detailed summary of customizations visit our [Medical Policies & Clinical UM Guidelines page](#) and scroll down to other criteria section and select Customizations to MCG Care Guidelines 26<sup>th</sup> Edition.

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

1959-0522-PN-CNT

**URL:** <https://providernews.anthem.com/missouri/article/mcg-care-guidelines-26th-edition-4>



# **CORRECTION: Save time tomorrow by using CPT II codes today: Introducing the FEP Quality Reimbursement Program for PPO providers**

Published: May 1, 2022 - **State & Federal** / Federal Employee Plan (FEP)

In the [April 2022 edition of \*Provider News\*](#), we published incorrect information in the heading of the First Prenatal Visit section of the article. We have corrected the information, and the updated article is included below. We apologize for any inconvenience.

The Federal Employee Program (FEP)® is introducing a new Quality Reimbursement Program for PPO providers. Coding for CPT II Category Codes for A1c results, blood pressure readings and the first prenatal visit will now be reimbursed at \$10 per code.

CPT II codes are supplemental tracking codes that are used to measure quality performance. The use of these tracking codes decreases the need for record submissions and chart reviews, minimizing administrative burden on physicians and other healthcare professionals.

## **How to use CPT II codes**

Use these CPT II codes when submitting a claim. In field 24F on the CMS-1500 claim form, enter the CPT II code along with the amount of \$10. In order to receive reimbursement, the exact dollar amount (\$10) and the date of service must be entered on the claim along with the appropriate code for the service performed:

### **Blood Pressure – Receive \$10 for the systolic and the diastolic readings:**

3074F	Most recent systolic blood pressure less than 130 mm Hg
3075F	Most recent systolic blood pressure 130-139 mm Hg
3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg
3078F	Most recent diastolic blood pressure less than 80 mm Hg
3079F	Most recent diastolic blood pressure 80-89 mm Hg
3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg

### **Hemoglobin A1c:**

3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0%
3046F	Most recent hemoglobin A1c (HbA1c) level greater than 9.0%
3051F 3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%

**First Prenatal Visit – The first prenatal visit date of service must be on the claim (Field 24A CMS-1500) with the appropriate code:**

0500F	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit, and in a separate field, the date of the last menstrual period [LMP]) (Prenatal)
0501F	Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal)

For additional information about the Quality Reimbursement Program, email us at [FEPproviderGIC@anthem.com](mailto:FEPproviderGIC@anthem.com).

This incentive program is for preferred providers who see FEP members. The program can be altered or rescinded at any time.

2178-0522-PN-CNT

**URL:** <https://providernews.anthem.com/missouri/article/correction-save-time-tomorrow-by-using-cpt-ii-codes-today-introducing-the-fep-quality-reimbursement-program-for-ppo-providers-3>

## Join us for an FEP Quality Learning Program live webinar

Published: May 1, 2022 - **State & Federal** / Federal Employee Plan (FEP)

### Everything you need to know about using CPT II Codes

Preferred providers can receive incentives for using specific CPT II codes when filing claims.

CPT II codes are supplemental tracking codes that are used to measure quality performance.

Use these tracking codes to decrease the need for record submissions and chart reviews – minimizing administrative burden on you and your healthcare teams.

FEP preferred providers can receive incentives for using specific CPT II codes, including blood pressure readings. Join us for a CPT II code webinar to learn more about filing CPT II codes to receive incentives.

### **Join us for a Live Webinar**

*Everything you need to know about using CPT II Codes*

Tuesday, May 10, 2022

12 noon to 1 p.m. Eastern time

[Register here](#)

For additional information about the Quality Reimbursement Program, email us at [FEPproviderGIC@anthem.com](mailto:FEPproviderGIC@anthem.com).

This incentive program is for preferred providers who see FEP members. The program can be altered or rescinded at any time.

2180-0522-PN-CNT

URL: <https://providernews.anthem.com/missouri/article/join-us-for-an-fep-quality-learning-program-live-webinar-1>

---

## **Keep up with Medicare News - May 2022**

Published: May 1, 2022 - **State & Federal** / Medicare

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

- [Anthem expands specialty pharmacy precertification list-March 2022 update](#)

- [Anthem expands specialty pharmacy precertification list-April 2022 update](#)
- [New specialty pharmacy medical step therapy requirements-May 2022 update](#)

URL: <https://providernews.anthem.com/missouri/article/keep-up-with-medicare-news-may-2022-1>

---

## Convenient, reliable at-home testing for colorectal cancer and diabetes care

Published: May 1, 2022 - **State & Federal** / Medicare

Anthem Blue Cross and Blue Shield has partnered with Everlywell\* to provide at-home lab tests for a subset of our eligible patients. We mail at-home test kits directly to patients' homes with instructions on how to complete and return the kits. Clinical Laboratory Improvement Amendments-certified labs process the tests, and an independent physician reviews the results.

We provide PCPs a list of their patients who receive test kit(s) and send individual results to the patient and their doctor. You can help your patients navigate needed testing by encouraging them to complete kits mailed to them. A physician's recommendation is a significant factor in patient screenings.

A patient may receive up to two at-home test kits:

- Fecal immunochemical test for colorectal cancer screening
- Hemoglobin A1c test to measure average glucose levels over the past two to three months for those with diabetes

How the program works:

- Test kit(s) are automatically mailed to eligible patients, and patient lists are sent to physicians.
- Patients collect samples at home, using instructions provided.
- Patients mail samples to Everlywell in the provided, postage-paid envelope.

- Individual test results are sent to patients and their primary care physician, providing evidence of preventive screening completion.

If you have questions about the at-home testing program, contact your local representative. For additional information about Everlywell, visit [everlywell.com](https://www.everlywell.com)

\* Everlywell is an independent company providing at-home lab testing services on behalf of Anthem Blue Cross and Blue Shield.

ABSCRNU-0320-22

URL: <https://providernews.anthem.com/missouri/article/convenient-reliable-at-home-testing-for-colorectal-cancer-and-diabetes-care-2>

---

## **HEDIS 2022: summary of changes from NCQA**

Published: May 1, 2022 - **State & Federal** / Medicare

The National Committee for Quality Assurance (NCQA) has changed, revised, and retired HEDIS® measures for measurement year 2022. Below is a summary of the key changes to be aware of.

### **Diabetes measures**

NCQA has separated the Comprehensive Diabetes indicators into stand-alone measures:

- Hemoglobin A1c Control for Patients with Diabetes (HBD) (HbA1c Control < 8 and Poor Control HbA1c)
- Eye Exam Performed for Patients with Diabetes (EED)
- Blood Pressure for Patients with Diabetes (BPD)
- Kidney Health Evaluation for Patients with Diabetes (KED)

The process measure Comprehensive Diabetes HbA1c testing was retired as the goal is to move towards more outcome measures.

### **Race/ethnicity stratification**

To address healthcare disparities, the first step is reporting and measuring performance. Given this, NCQA has added race and ethnicity stratifications to the following HEDIS measures:

- Colorectal Cancer Screening (COL)
- Controlling High Blood Pressure (CBP)
- Hemoglobin A1c Control for patients with Diabetes (HBD)
- Prenatal and Post-Partum Care (PPC)
- Child and Adolescent Well Care Visits (WCV)

NCQA plans to expand the race and ethnicity stratifications to additional HEDIS measures over several years to help reduce disparities in care among patient populations. This effort builds on NCQA's existing work dedicated to the advancing health equity in data and quality measurement.

### **New measures**

**Antibiotic Utilization for Respiratory Conditions (AXR):** The percentage of episodes for members 3 months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event

This measure was added given antibiotics prescribed for acute respiratory conditions are a large driver of antibiotic overuse. Tracking antibiotic prescribing for all acute respiratory conditions will provide context about overall antibiotic use. Given this new measure, the Antibiotic Utilization measure has been retired.

**Deprescribing of Benzodiazepines in Older Adults (DBO):** The percentage of Medicare members 65 years of age and older who were dispensed benzodiazepines and achieved a 20% decrease or greater in benzodiazepine dose during the measurement year

Guidelines recommend that benzodiazepines be avoided in older adults, and deprescribing benzodiazepines slowly and safely, rather than stopping use immediately. There is an opportunity to promote harm reduction by assessing progress in appropriately reducing benzodiazepine use in the older adult population.

**Advanced Care Planning (ACP):** The percentage of adults 65 to 80 years of age, with advanced illness, an indication of frailty or who are receiving palliative care, and adults 81 years of age and older, who had advance care planning during the measurement year

Advance care planning is associated with improved quality of life, this measure will allow an understanding if it is provided to those who are most likely to benefit from it. Given this new measure, the Care for Older Adults measure has been retired.

### Measure changes

**Use of Imaging Studies for Low Back Pain (LBP):** This measure was expanded to the Medicare line-of-business and the upper age limit for this measure was expanded to age 75. Additional exclusions to the measure were also added.

A complete summary of 2022 HEDIS changes and more information, can be found [online](#).

Source: [NCQA.org](#)

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

ABSCRNU-0325-22

URL: <https://providernews.anthem.com/missouri/article/hedis-2022-summary-of-changes-from-ncqa-9>

---

## New specialty pharmacy medical step therapy requirements- March 2022 update

Published: May 1, 2022 - **State & Federal** / Medicare

Effective March 1, 2022, the following Part B medications from the current *Clinical Utilization Management (UM) Guidelines* will be included in our medical step therapy precertification review process. Step therapy review will apply upon precertification initiation, in addition to the current medical necessity review (as is current procedure). Step therapy will not apply for members who are actively receiving medications listed below.

*Clinical UM Guidelines* are publicly available on the provider website. Visit the [Clinical Criteria page](#) to search for specific criteria.

<b>Clinical UM Guidelines</b>	<b>Preferred drug(s)</b>	<b>Nonpreferred drug(s)</b>
ING-CC-0062	Inflectra Remicade, Infliximab (unbranded)	Avsola Renflexis

ABSCARE-1286-22

**URL:** <https://providernews.anthem.com/missouri/article/new-specialty-pharmacy-medical-step-therapy-requirements-march-2022-update>

---