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National Accounts 2023 Precertification list

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

The [National Accounts 2023 Precertification list](#) has been published.

Article Attachments

Please note, providers should continue to verify member eligibility and benefits prior to rendering services.

MULTI-BCBS-CM-006731-22

URL: <https://providernews.anthem.com/missouri/article/national-accounts-2023-precertification-list-1>

Monkeypox and smallpox vaccines: Product code on claims

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

This communication applies to the Commercial and Medicare Advantage programs from Anthem Blue Cross and Blue Shield (Anthem).

Care providers are a trusted resource for members when it comes to vaccine advice. As information on the monkeypox outbreak changes and vaccination and testing guidance is released, we're committed to keeping you informed.

Some care providers may have seen a message on their provider *Explanation of Benefits (EOB)* stating that Anthem does not recognize the vaccine product codes for monkeypox and smallpox that became effective July 26, 2022. We're updating the provider fee schedules to reflect the new vaccine product codes as quickly as possible. The *EOB* message did not impact payment for *administration* of the vaccines, which is reimbursable; however, since the monkeypox and smallpox vaccines are provided by the government at no charge, the vaccine products are non-reimbursable.

To aid in processing claims for the monkeypox and smallpox vaccine products, care providers must include these three elements on claims, even if vaccine products were received from the federal government at no charge:

1. Product code (90611 or 90622)
2. Applicable ICD-10-CM diagnosis code
3. Administration code

More detail on codes and cost-sharing

Providers are encouraged to use:

- Product code 90611 for smallpox and monkeypox vaccine.
- Product code 90622 for vaccinia (smallpox) virus vaccine.
- Code 87593 for laboratory testing.

When billing the monkeypox and smallpox vaccine products, care providers should submit those codes with a \$0.01 charge.

Cost-sharing for the vaccine is waived.

The Provider Learning Hub is here

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Now open for learning!

Understanding how to use the many time saving applications on Availity Essentials* is important to working together digitally. Anthem Blue Cross and Blue Shield has developed a learning place just for that purpose — the **Provider Learning Hub**.

Using the Provider Learning Hub available from anthem.com/provider is the easiest and quickest way to access courses and learning guides about claim submission, attachments and status, eligibility and benefits, and more.

These new and improved learning experiences apply to Availity Essentials and electronic data interchange (EDI) transactions:

- Visit the Provider Learning Hub for short, easy-to-follow training videos with supporting resources — no username and password required.
- Handy filtering options make it easy to find what you are looking for.
- The **Favorites** folder lets you save courses for easy access later.
- Register once and on future visits your preferences are populated, eliminating the need for any additional logon information.

Get started today!

Access the Provider Learning Hub today using this [link](#) or from anthem.com/provider under *Important Announcements* on the home page.

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

Guidance for coding evaluation and management services for new and established patients

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

According to the American Medical Association (AMA) Current Procedural Terminology® (CPT) guidelines, a **new patient** is defined as *one who has not received any professional services, i.e. face-to-face services from a physician/qualified healthcare professional, or another physician/qualified healthcare professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.*

By contrast, AMA CPT guidelines state that an **established patient** is *one that has received professional services from the physician/qualified healthcare professional or another physician/qualified healthcare professional in the same group and of the same specialty and subspecialty within the prior three years.*

Effective with claims processed on or after 30-day notice, Anthem Blue Cross and Blue Shield will add rigor to its existing review of professional provider claims for new patient evaluation and management (E/M) services submitted for the same patient within the last three years to align with the AMA CPT guidelines. Claims that do not meet these criteria will be denied.

Providers who believe their medical record documentation supports a new patient E/M service for the same patient within the last three years should follow the claims payment dispute process (including submission of such documentation with the dispute) as outlined in the Provider Manual or resubmit the claim with an established patient E/M code.

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

MULTI-BCBS-CM-003809-22-CPN3508

URL: <https://providernews.anthem.com/missouri/article/guidance-for-coding-evaluation-and-management-services-for-new-and-established-patients-2>

Signature requirements for laboratory orders or requisitions

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

Anthem Blue Cross and Blue Shield (Anthem) strives to ensure our providers understand documentation compliance, and we are committed to educating our providers in hopes of eliminating errors in documentation practices. It is a best practice and industry standard that physicians sign and date laboratory orders or requisitions.

Although the provider signature is not required on laboratory requisitions, if signed and dated, the requisition will serve as acceptable documentation of a physician order for the testing and so it is strongly encouraged. In the absence of a signed requisition, documentation of your intent to order each laboratory test must be included in the patient's medical record and available to Anthem upon request. Documentation must accurately describe the individual tests ordered; it is not sufficient to state "labs ordered."

Anthem will consider laboratory order or requisition requirements met with one of the following:

- A signed order or requisition listing the specific test(s)
- An unsigned order or requisition listing the specific test(s), and an authenticated medical record supporting the physician's intent to order the test(s)
- An authenticated medical record (for example, office notes or progress notes) supporting the physician's intent to order the specific test(s)

Attestation statements are not acceptable for unsigned physician order or requisitions. Signature stamps are not acceptable.

References:

- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/LabServices-ICN909221-Text-Only.pdf>
- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Signature_Requirements_Fact_Sheet_ICN905364.pdf
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/medicare-provider-compliance-tips/medicare-provider-compliance-tips.html#BloodCount>
- *Title 42 CFR §410.32*
- *Documentation Standards for Episodes of Care – Professional-Administration*

CAA: Review your online provider directory information

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

We are asking you to review your online provider directory information on a regular basis to ensure it is correct. Access your information by visiting [anthem.com](https://www.anthem.com), select **For Providers**, then choose **Go To Providers Overview**, select **Find Care**.

Submit updates and corrections to your directory information using 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 form, we will send you an email acknowledging receipt of your request.

The *Consolidated Appropriations Act (CAA)* contains a provision that requires online provider directory information be reviewed and updated (if needed) at least every 90 days. By reviewing your information regularly, you can help us ensure your online provider directory information is current.

Learn how Interactive Care Reviewer makes it easy to submit authorizations electronically

Published: Oct 1, 2022 - **Administrative** / Digital Tools

We understand that submitting authorizations by phone or fax is time consuming and inefficient. We have a digital application, Interactive Care Reviewer (ICR), that makes it easy to submit, review, and check authorization status all in one place, electronically.

We'd like to invite you to a webcast that covers how to:

- Access ICR
- Create an authorization request
- Inquire on a previously submitted authorization
- Update a case
- Copy a case
- View letters associated with a case
- Request and check the status of an authorization appeal

Join us for an ICR learning webcast:

Wednesday, October 12, 2022, at 11 a.m. Eastern time

[Register here](#)

Visit the [ICR Target page](#) to register and to access self-service learning by viewing recorded learning sessions. Download ICR user guides and other job aides from the [ICR Target](#) page too. You can also register from the [Provider Learning Hub](#) by clicking on the ICR live webinar learning icon.

MULTI-BCBS-CM-006766-22

URL: <https://providernews.anthem.com/missouri/article/learn-how-interactive-care-reviewer-makes-it-easy-to-submit-authorizations-electronically-1>

New Strategic Provider System implementation in August 2022

Published: Oct 1, 2022 - **Administrative** / Digital Tools

In August, Anthem Blue Cross and Blue Shield (Anthem) replaced the current provider data management system with a new and significantly improved Strategic Provider System (SPS). The SPS data website will increase website data accuracy, transparency, and timeliness to create an enhanced provider experience.

We have found that a number of professional providers are submitting claims without a billing national provider identifier (NPI) number. Submitting claims with complete and correct data is critical to help ensure we are able to process your claims efficiently and accurately. Please submit your full address including your line 2 address (suite #, unit, etc.) when applicable. All data fields are used on claims when building your claim record.

Review your billing practices carefully to ensure provider tax identification number (TIN), billing national provider identifier (NPI), taxonomy code, and servicing/rendering provider information (if applicable) are submitted in the appropriate fields.

Below are some tips to filing a complete and correct professional claim.

If you are filing professional claims electronically (supported by electronic data interchange or EDI):

- **Billing provider** — Loop (section) 2010:
 - When the billing provider is an organization healthcare provider, the organization's national provider identification (NPI) number is reported in field **NM109**
 - The taxpayer identification number (TIN) of the billing provider must be reported in the **REF** segment of this loop
 - The billing provider may be an individual only when the healthcare provider performing the services is an independent, unincorporated entity.
 - Billing provider address must hold a **physical address** and should **not** contain any of the following: **Post Office Box, P.O. Box, PO Box, Lock Box, or Lock Bin**
- **Rendering provider** — Loop 2310:
 - This loop or section of the EDI file is required when the rendering provider's NPI is different from that carried in Loop ID-2010AA-billing provider. If not required by the EDI implementation guide, do not send.
 - The rendering provider is the person or company who rendered the care.

If you are filing a professional claim via mail/fax (not supported by EDI):

- **Facility information:**

- Box 32: Include the address of the servicing facility — the address where services were rendered.
- Box 32a: servicing facility's NPI — service location NPI

- **Billing provider:**

- The billing provider's complete name, address, and phone number **must** be in Box 33.
- NPI **must** be reported in box 33a (group's organization or individual provider is an independent, unincorporated entity).
- The TIN of the billing provider **must** be reported in box 25.

- **Rendering provider:**

- For claims that require a rendering provider, please ensure you are reporting the rendering provider NPI in box 24J.

Review your billing practices carefully to ensure proper TIN, billing NPI, and rendering provider information (if applicable) are submitted in the appropriate fields.

Questions?

If you have questions about this information, [contact your local Anthem network consultant](#).

MULTI-BCBS-CM-004295-22

URL: <https://providernews.anthem.com/missouri/article/new-strategic-provider-system-implementation-in-august-2022-1>

IngenioRx will become CarelonRx on January 1, 2023

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

This communication applies to the Commercial and Medicare Advantage programs from Anthem Blue Cross and Blue Shield (Anthem).

Our pharmacy benefit management partner, IngenioRx,* will join the Carelon family of companies and change its name to CarelonRx on January 1, 2023.

This change will not affect the ways in which CarelonRx will do business with care providers and there will be no impact or changes to the prior authorization process, how claims are processed, or level of support.

If your patients are having their medications filled through IngenioRx's home delivery and specialty pharmacies, please take note of the following information:

- IngenioRx Home Delivery Pharmacy will become CarelonRx Mail.
- IngenioRx Specialty Pharmacy will become CarelonRx Specialty Pharmacy.

These are name changes only and will not impact patients' benefits, coverage, or how their medications are filled. Your patients will not need new prescriptions for medicine they currently take.

When e-prescribing orders to the mail and specialty pharmacies:

- Prescribers will need to **choose CarelonRx Mail or CarelonRx Specialty Pharmacy, not IngenioRx**, if searching by name.
- If searching by NPI (National Provider Identifier), **the NPI will not change.**

In addition to the mail and specialty pharmacies, your patients can continue to have their prescriptions filled at any in-network retail pharmacy.

Keeping you well informed is essential and remains our top priority. We will continue to provide updates prior to January and throughout 2023.

* IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Anthem Blue Cross and Blue Shield.

MOBCBS-CRCM-005497-22-CPN5255

Specialty pharmacy updates - October 2022

Published: Oct 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.

Inclusion of the National Drug Code (NDC) on your claim will help expedite claim processing of drugs billed with a Not Otherwise Classified (NOC) code.

Step therapy updates

Effective for dates of service on and after January 1, 2023, 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.

Please note that infliximab agents are subject to step therapy today, and this is to notify of the changes in the preferred and nonpreferred products. Inflectra will become non-preferred and Avsola will become preferred as of January 1, 2023.

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-0062	Preferred	Avsola	Q5121
ING-CC-0062	Preferred	Infliximab Unbranded	J1745
ING-CC-0062	Preferred	Remicade	J1745
ING-CC-0062	Nonpreferred	Inflectra	Q5103
ING-CC-0062	Nonpreferred	Renflexis	Q5104

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

MULTI-BCBS-CM-007041-22-CPN6800

URL: <https://providernews.anthem.com/missouri/article/specialty-pharmacy-updates-october-2022-5>

Pharmacy information available on provider website

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

Visit the [Drug Lists page 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 Exchange drug lists are posted to the website quarterly on the first day of the month in January, April, July, and October.

To locate *Exchange Select Formulary* and pharmacy information, scroll down to *Select Drug Lists*. This drug list is also reviewed and updated regularly as needed.

Federal Employee Program (FEP) pharmacy updates and other pharmacy related information may be accessed at [fepblue.org](https://www.fepblue.org) > Pharmacy Benefits.

MULTI-BCBS-CM-006689-22

URL: <https://providernews.anthem.com/missouri/article/pharmacy-information-available-on-provider-website-4>

Reimbursement policy update: Multiple and Bilateral Surgery Processing - Professional

Published: Oct 1, 2022 - **Policy Updates** / Reimbursement Policies

Beginning with dates of service on or after January 1, 2023, Anthem Blue Cross and Blue Shield will update the Related Coding section of the policy with the following:

- Added CPT code 43497 to base code 43235 Esophagogastroduodenoscopy (EGD) with the reduction of 100% primary and 25% subsequent.

For specific policy details, visit the [reimbursement policy page](#) at [anthem.com](#).

MOBCBS-CM-006899-22-CPN6702

URL: <https://providernews.anthem.com/missouri/article/reimbursement-policy-update-multiple-and-bilateral-surgery-processing-professional-5>

Reimbursement policy update: Three-Dimensional (3D) Radiology Services - Professional and Facility

Published: Oct 1, 2022 - **Policy Updates** / Reimbursement Policies

Effective as of July 27, 2022, Anthem Blue Cross and Blue Shield combined the *Three-Dimensional (3D) Radiology Services- Facility* and *Three-Dimensional (3D) Radiology Services - Professional* policies into a single policy. The *Three-Dimensional (3D) Radiology Services - Professional* policy was updated to include the facility-specific language from the facility policy, and the title was changed to *Three-Dimensional (3D) Radiology Services – Professional and Facility*. As a result, the *Three-Dimensional (3D) Radiology Services - Facility* policy will be retired.

For specific policy details, visit the [reimbursement policy page](#) at [anthem.com](#).

MOBCBS-CM-006912-22-CPN6736

Availity Essentials provider chat - a fast, easy way to get your UM questions answered for Federal Employee members

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

Effective July 8, 2022, Federal Employee Program (FEP) for Anthem Blue Cross and Blue Shield (Anthem) began participating in a real-time provider chat option through Availity Essentials. The secure portal allows providers to seek real-time answers to questions about prior authorization, precertification requirements, status check, and more.

Currently, only Missouri and Georgia providers can access the chat capability for Federal members. Chat is available from 8 a.m. to 7 p.m. ET through the secure provider website found at [availity.com](https://www.availity.com). Select Payer Spaces, Anthem, and access the chat through *Chat with Payer*.

Chat is one example of how FEP is using digital technology to improve the health care experience with the goal of saving valuable time.

With the success of the real-time chat option for Federal members, Anthem is implementing additional states ranging in dates from October 2022 through the first quarter of 2023.

October 2022 – Colorado, Connecticut, and Ohio.

December 2022 – Indiana, Maine, Nevada, and Virginia.

February 2023 – Kentucky, New Hampshire, New York, and Wisconsin.

MULTI-BCBS-CM-006329-22

Keep up with Medicare News - October 2022

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

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

- [Medicare telehealth services during the Coronavirus \(COVID-19\) public health emergency \(PHE\) FAQ](#)
- [Anthem expands specialty pharmacy precertification list-1](#)
- [Anthem expands specialty pharmacy precertification list-2](#)
- [Consultation codes](#)

URL: <https://providernews.anthem.com/missouri/article/keep-up-with-medicare-news-october-2022-2>

Reimbursement Policy Retraction: Sexually Transmitted Infections Testing - Professional

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

In the October 2021 edition of the provider newsletter, we announced that a new reimbursement policy titled *Sexually Transmitted Infections Testing — Professional* would be effective for dates of service on or after January 1, 2022. **We have made a decision to retract this reimbursement policy.**

If you have any questions, contact your Provider Experience associate or visit the *Contact Us* page on our [provider website](#) for up-to-date contact information.

MULTI-BCBS-CR-004022-22-CPN3670

URL: <https://providernews.anthem.com/missouri/article/reimbursement-policy-retraction-sexually-transmitted-infections-testing-professional-4>

Courtesy notification of specialty pharmacy medical step therapy updates

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

Effective for dates of service on and after October 1, 2022, updated step criteria for immunoglobulins found in *Clinical Criteria* document **ING-CC-0003** has been implemented. The preferred product list is being expanded. Please refer to the [Clinical Criteria](#) page for more information.

MULTI-BCBS-CR-003774-22-CPN3658

URL: <https://providernews.anthem.com/missouri/article/courtesy-notification-of-specialty-pharmacy-medical-step-therapy-updates-1>
