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## CAA: Keep your provider directory information up to date

Published: Nov 1, 2022 - Administrative

As a partner in the care of our members, we ask that you review your online provider directory information regularly and provide updates as needed.

For any needed changes, please update your information by submitting them to us on our online [Provider Maintenance Form](#). Once you submit the form, you will receive an email acknowledging receipt of your request.

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

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. Thank you for doing your part in keeping our provider directories current.

MULTI-BCBS-CM-010846-22-CPN10828

**URL:** <https://providernews.anthem.com/missouri/article/caa-keep-your-provider-directory-information-up-to-date-1>

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## Support documentation for AIM prior authorization requests

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Providers currently submit prior authorization (PA) requests to AIM Specialty Health®\* (AIM) for outpatient diagnostic imaging services. These PA requests are often reviewed based on provider attestation of certain requirements.

As part of our ongoing quality improvement efforts, we want you to know that as of January 1, 2023, some review requests may require documentation to substantiate the attestations that support the clinical appropriateness of the request. This documentation can be uploaded during the intake process.

When requested, providers must submit such documentation from the patient's medical record. If medical necessity is not supported through documents submitted, the request may be denied as not medically necessary. Such documentation is limited to what has been asserted via the PA review attestations.

If the request would be denied as not medically necessary, providers can participate in a PA discussion with an AIM physician reviewer.

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

MULTI-BCBS-CM-009687-22

**URL:** <https://providernews.anthem.com/missouri/article/support-documentation-for-aim-prior-authorization-requests-1>

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## **Claims status message enhancements: providing clear descriptions and actionable next steps**

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

We're phasing in clear, concise, and simplified denial descriptions when returning claims status inquiries. The denial descriptions will explain why the claim or claim line was denied and what to do next. We've even included details about how to provide us with information digitally to move the claim further along in the claims process.

### **Continuing to improve**

The new denial descriptions will be phased in over the next few months. Based on your feedback, we're starting with those claims or claim lines that have caused the most confusion. If new denial reasons are added, the descriptions will be expanded as well.

### **Accessing claim statuses**

The Claims Status application on [availity.com](https://availity.com)\* enables you to check the status of your claim and submit attachments needed to process your claim, all in one place. To access the Claims Status app, log into [availity.com](https://availity.com) and, from the *Claims & Payments* tab, select **Claims Status**. It's just that fast and easy to check your claim status through Availity Essentials.

If you're not enrolled in Availity Essentials, use this link for registration information: <https://availity.com/Essentials-Portal-Registration>. There is no cost for our providers to use the applications through Availity Essentials.

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

MOBCBS-CM-10726-22-CPN10713

**URL:** <https://providernews.anthem.com/missouri/article/claims-status-message-enhancements-providing-clear-descriptions-and-actionable-next-steps-4>

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## **Submit digital attachments within seven-calendar days for claims filed with a PWK segment indicator**

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

When submitting claims through the Electronic Data Interchange (EDI), a PWK segment indicator tells us you will be submitting supporting documentation for the claim and ensures the documents are attached correctly. The supporting documents are then sent through the Availity Essentials\* *Attachments Dashboard*.

### **In November, the *Attachments Dashboard* will have a new look for Anthem Blue Cross and Blue Shield claims**

The sooner we receive your claim attachments, the faster your claim can be processed for payment. To meet this expectation, the *Attachments Dashboard* will begin a seven-calendar day countdown beginning in November. This means that claims will begin processing sooner for those claims with the PWK segment indicator.

If you are unable to meet the seven-calendar day submission deadline, the claim will move from your *Attachments Dashboard* inbox into your *History* folder and will be marked as *expired*. The claim will then deny for additional information based on the PWK segment indicator and move to *Claims Status* located under the *Claims & Payments* tab on [availity.com](https://www.availity.com). Upload your attachment from *Claims Status* by using the **Submit Attachment** button located on your claim.

To learn more about the new claims attachments workflow, visit our [Provider Learning Hub](#) or access the on-demand webinar recording, *Learn about the new claims attachments workflow*, using this [link](#).

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

MOBCBS-CM-10726-22-CPN10713

**URL:** <https://providernews.anthem.com/missouri/article/submit-digital-attachments-within-seven-calendar-days-for-claims-filed-with-a-pwk-segment-indicator-3>

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## **You can now submit one electronic claim dispute for multiple claims and access correspondence digitally, too**

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

Submitting Anthem Blue Cross and Blue Shield claims disputes through Availity Essentials\* is the most efficient way to have a claim reconsidered. Easily accessible through the *Claims & Payments* application, select **Claims Status** to access the claim. Use the **Dispute** button to file the appeal and upload supporting document to finalize the submission.

### **Add multiple claims to one dispute submission**

You can submit one dispute and add multiple claims — up to 25 claims — as long as the additional disputed claims are for the same member, provider, and dispute reason. For Commercial member claims, you can begin submitting multiple claims on one dispute beginning in November.

### **Access acknowledgement, update, and decision letters digitally, too**

Access correspondence related to your disputes through the *Appeals Dashboard*. When you submit multiple claims on one dispute through Availity Essentials, you will receive correspondence related to each individual dispute, so expect a greater number of letters in your *Appeals Dashboard*. You can easily identify the correspondence related to your multiple dispute submission by looking for the CI-COMM case number.

### **Availity Essentials appeals training**

For detailed instructions about submitting disputes electronically, use [this link](#) to access appeals training from Availity Essentials.

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

MOBCBS-CM-10726-22-CPN10713

**URL:** <https://providernews.anthem.com/missouri/article/you-can-now-submit-one-electronic-claim-dispute-for-multiple-claims-and-access-correspondence-digitally-too-3>

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## **Visit the Provider Learning Hub to view our latest learning opportunities**

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

New learnings added to the [Provider Learning Hub](#).

### **Remittance Inquiry App: How to view, print, and save remittance advice**

If you're still using paper remittance to reconcile your claims, imagine the time you'll save when you access remittance advice digitally through [availity.com](#). This course shares information about how to view, print, and save electronic remittances.

### **Attachments: How to setup the Medical Attachment role**

To submit attachments digitally (medical records, itemized bills, or other documents needed to process your claims), registering your organization in this training is step one. It will help you every step of the way.

### **Claim Submission: How to submit a claim using direct data entry**

For providers who are not submitting their claims through Electronic Data Interchange (EDI), [availity.com](#) offers direct data entry for professional and facility claims. Take this course and walk through the process for submitting claims electronically.

### **Get started today**

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

- All courses and webcasts are available 24/7 for your convenience.
- Use filtering options to quickly find courses and job aids.
- Use the *Favorites* folder to save items for easy access later.
- Once registered, no further registration is required.
  
- On future visits, your preferences are populated eliminating the need for any additional logon information.

Not registered on [availity.com](#)? Use this [link](#) for registration information or access registration information from the Provider Learning Hub. There is no cost for our providers to use [availity.com](#).

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

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## Remote EMR access service for HEDIS

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

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

## **HEDIS medical record submission made easier with our remote EMR access service**

Let us take on the responsibility to retrieve medical records for the annual HEDIS® hybrid project by signing up for the remote electronic medical record (EMR) access service offered Anthem.

We offer providers the ability to grant access to their EMR system directly to pull the required documentation to aid your office in reaching compliance while reducing the time and costs associated with medical record retrieval.

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 claims evidence related to the HEDIS measures.
- We access the least amount of information needed for use, disclosure, or for the specific medical records request.
- We only save to file and do not physically print any PHI.

### **Getting started with remote EMR access**

Download and complete the [registration form](#), then email it to us at: Centralized\_EMR\_Team@anthem.com.

## **FAQ**

### **How does Anthem retrieve your medical records?**

We access your EMRs 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 access 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 nonstandard format, such as an in-office lab slip scanned into miscellaneous documents.

### **What information do I need to submit to use the remote EMR access service?**

Complete the registration form that requests the following information:

- Practice/facility demographic information (for example, address, NPI, TIN, etc.)
- EMR system information (for example, type of EMR system, required access forms, access type, etc.)
- List of current providers/locations or a website for accessing this list

Remote Access not an option? We are now offering onsite visits for HEDIS hybrid retrieval. Email us at [Centralized\\_EMR\\_Team@anthem.com](mailto:Centralized_EMR_Team@anthem.com) for more information.

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

MULTI-BCBS-CRCM-004119-22-CPN2931

**URL:** <https://providernews.anthem.com/missouri/article/remote-emr-access-service-for-hedis>

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## **Specialty pharmacy updates - November 2022**

Published: Nov 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 February 1, 2023**, 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-0002*	Fylnetra (pegfilgrastim-pbbk)	J3590
ING-CC-0002*	Rolvedon (eflapegrastim-xnst)	C9399, J3490, J3590
ING-CC-0002*	Stimufend (pegfilgrastim-fpgk)	C9399, J3490, J3590
ING-CC-0072	Cimerli (ranibizumab-cqrn)	J3590
ING-CC-0220	Xenpozyme (olipudase alfa)	C9399, J3490, J3590
ING-CC-0221	Spevigo (spesolimab-sbzo)	C9399, J3490, J3590

\* Oncology use is managed by AIM.

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

## Site of care updates

**Effective for dates of service on and after February 1, 2023**, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our site of care review process.

Access our [Clinical Criteria](#) to view the complete information for these site of care updates.

Clinical Criteria	Drug	HCPCS or CPT Code(s)
ING-CC-0065	Advate (factor viii (antihemophilic factor, recombinant))	J7192
ING-CC-0065	Adynovate (factor vii)	J7207
ING-CC-0065	Afstyla (antihemophilic factor (recombinant) single chain))	J7210
ING-CC-0065	Alphanate (antihemophilic factor viii)	J7186
ING-CC-0065	Eloctate (recombinant antihemophilic factor)	J7205
ING-CC-0065	Esperoct (factor viii recombinant, glycopegylated)	J7204
ING-CC-0065	factor viii, anti-hemophilic factor (porcine)	J7191
ING-CC-0065	Hemlibra (emicizumab-kxwh)	J7170
ING-CC-0065	Hemofil M ((factor viii) human plasma-derived)	J7190
ING-CC-0065	Humate-P (antihemophilic factor viii)	J7187
ING-CC-0065	Jivi (factor viii, recombinant, pegylated-aucl)	J7208
ING-CC-0065	Koate DVI ((factor viii) human plasma-derived)	J7190
ING-CC-0065	Kogenate-FS (factor viii (antihemophilic factor, recombinant))	J7192
ING-CC-0065	Kovaltry (factor viii (antihemophilic factor, recombinant))	J7211
ING-CC-0065	Novoeight (factor viii (antihemophilic factor, recombinant))	J7182
ING-CC-0065	Nuwiq (factor viii (antihemophilic factor, recombinant))	J7209
ING-CC-0065	Obizur (antihemophilic factor viii (recombinant))	J7188
ING-CC-0065	Recombinate (factor viii (antihemophilic factor, recombinant))	J7192
ING-CC-0065	Vonvendi (von willebrand factor)	J7179
ING-CC-0065	Wilate (antihemophilic factor viii)	J7183
ING-CC-0065	Xyntha (factor viii (antihemophilic factor, recombinant))	J7185
ING-CC-0065	Xyntha Solofus (factor viii (antihemophilic factor, recombinant))	J7185
ING-CC-0148	AlphaNine SD (coagulation factor ix (human))	J7193
ING-CC-0148	Alprolix (recombinant coagulation factor ix)	J7201
ING-CC-0148	Benefix (factor ix recombinant)	J7195
ING-CC-0148	Idelvion (factor ix)	J7202
ING-CC-0148	Ixinity (factor ix)	J7195
ING-CC-0148	Mononine (coagulation factor ix (human))	J7193
ING-CC-0148	Profilnine SD (factor ix complex human)	J7194
ING-CC-0148	Rebinyn (glycopegylated)	J7203
ING-CC-0148	Rixubis (factor ix recombinant)	J7200

ING-CC-0149	Coagadex (factor x)	J7175
ING-CC-0149	Corifact (factor xiii concentrate (human))	J7180
ING-CC-0149	Feiba (anti-inhibitor coagulant complex)	J7198
ING-CC-0149	Fibryga (human fibrinogen)	J7177
ING-CC-0149	NovoSeven RT (factor viia recombinant)	J7189
ING-CC-0149	RiaSTAP (fibrinogen concentrate)	J7178
ING-CC-0149	Sevenfact (factor vlla recombinant)	J7212
ING-CC-0149	Tretten (coagulation factor xiii a-subunit (recombinant))	J7181

## Step therapy updates

**Effective for dates of service on and after February 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.

Clinical criteria ING-CC-0002 currently has a step therapy preferring Neulasta, Neulasta OnPro and the biosimilar Udenyca. This update is to notify that the new biosimilars Fylnetra and Stimufend and the new long-acting colony stimulating factor Rolvedon will be added to existing step therapy as a non-preferred agents.

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-0002*	Non-preferred	Fylnetra	J3590
ING-CC-0002*	Non-preferred	Rolvedon	C9399, J3490, J3590
ING-CC-0002*	Non-preferred	Stimufend	C9399, J3490, J3590
ING-CC-0002	Preferred	Neulasta	J2506
ING-CC-0002	Preferred	Neulasta OnPro	J2506
ING-CC-0002	Preferred	Udenyca	Q5111
ING-CC-0002	Non-preferred	Fulphila	Q5108
ING-CC-0002	Non-preferred	Nyvepria	Q5122
ING-CC-0002	Non-preferred	Ziextenzo	Q5120

\*Oncology use is managed by AIM

This is a courtesy notice that there is a non-material change in the clinical criteria for Orencia ING-CC-0078. The criteria document now references ING-CC-0062 Tumor Necrosis Factor Antagonists criteria document for the most current preferred infliximab product(s).

## Quantity limit updates

**Effective for dates of service on and after February 1, 2023**, 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-0017	Xiaflex (collagenase clostridium histolyticum)	J0775
ING-CC-0072	Cimerli (ranibizumab-cqrn)	J3590
ING-CC-0182	Feraheme (ferumoxytol)	Q0138
ING-CC-0182	Ferlecit (ferric gluconate)	J2916
ING-CC-0182	Infed (iron dextran)	J1750
ING-CC-0182	Injectafer (ferric injection)	J1439
ING-CC-0182	Monoferric (ferric derisomaltose)	J1437
ING-CC-0182	Venofer (iron sucrose)	J1756
ING-CC-0220	Xenpozyme (olipudase alfa)	C9399, J3490, J3590
ING-CC-0221	Spevigo (spesolimab-sbzo)	C9399, J3490, J3590

\* 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/specialty-pharmacy-updates-november-2022-4>



## Medical policy and clinical guideline updates - November 2022

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

The following Anthem Blue Cross and Blue Shield medical policies and clinical guidelines were reviewed on August 11, 2022.

Determine if prior authorization is needed for an Anthem member by going to [anthem.com](https://www.anthem.com) > select "Providers" > under "Claims" > select "Prior Authorization", then select your state. Or, you may call the prior authorization phone number on the back of the member's ID card.

These medical policies do not apply to members enrolled in the Blue Cross and Blue Shield Service Benefit Plan, commonly referred to as the Federal Employee Program® (FEP®). To view medical policies and utilization management guidelines applicable to FEP members, please visit [fepblue.org](https://www.fepblue.org) > Policies & Guidelines.

**Below are the current clinical guidelines and/or medical policies we reviewed and updates that were approved.**

\* Denotes prior authorization required.

Policy/guideline	Information	Effective date
<b>*MED.00142</b> Gene Therapy for Cerebral Adrenoleukodystrophy	Addresses the recent U.S. Food & Drug Administration (FDA) approved gene therapy product, elivaldogene autotemcel (Skysona®).	2/1/2023
<b>*MED.00129</b> Gene Therapy for Spinal Muscular Atrophy	Revised MN criterion to "no more than 3 copies of SMN2"	2/1/2023
<b>CG-GENE-11-</b> Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status	Added thiopurine methyltransferase (TPMT) to scope of document and Clinical Indications MN section Existing CPT code 81335 will be reviewed for MN criteria	2/1/2023
<b>CG-GENE-22</b> Gene Expression Profiling for Managing Breast Cancer Treatment	Added MN statement on decisions on extending adjuvant hormone therapy beyond 5 years in individuals with 1-3 positive lymph nodes	2/1/2023
<b>*DME.00044</b> Robotic Arm Assistive Devices  Previously titled: Wheelchair Mounted Robotic Arm	Revised title Rescoped the Position Statement to also address robotic feeding assistive device No specific code for robotic assistive feeding device, E1399 NOC already listed; considered INV&NMN	2/1/2023
<b>*MED.00057</b> MRI Guided High Intensity Focused Ultrasound Ablation for Non-Oncologic Indications	Added MN criteria for essential tremor CPT Category III code 0398T for intracranial MRgFUS will be reviewed for MN criteria for diagnosis G25.0 (was considered INV&NMN)	2/1/2023

<p><b>SURG.00079</b> Nasal Valve Repair Previously titled: Nasal Valve Suspension</p>	<p>Revised title Revised the Position Statement Expanded scope of document to address an absorbable nasal implant and low-dose radiofrequency intranasal tissue remodeling for the treatment of nasal airway obstruction Content related to the absorbable nasal implant (Latera) moved from CG-SURG-87 to this document Added CPT code 30468 for absorbable nasal implant (Latera), considered INV&amp;NMN (was addressed in CG-SURG-87); no specific code for RF remodeling considered INV&amp;NMN, CPT 30999 NOC already listed</p>	<p>2/1/2023</p>
<p><b>SURG.00119</b> Endobronchial Valve Devices</p>	<p>Added a note in the Position Statement addressing individuals unable to perform a 6-Minute Walk Distance test Updated hierarchy formatting in Position Statement</p>	<p>2/1/2023</p>
<p><b>*SURG.00121</b> Transcatheter Heart Valve Procedures</p>	<p>Clarified TAVR MN Clinical Indications. Added MN statement for transcatheter Mitral Edge-to-Edge Repair/transcatheter mitral valve repair using an FDA approved device when criteria met Added NMN statement for transcatheter mitral edge-to-edge repair/TMVr for the treatment of primary or secondary (functional) MR when the criteria above are not met Revised INV/NMN statement TMVr to address transcatheter mitral edge-to-edge repair for all “other” indications CPT codes 33418, 33419 specific to MitraClip mitral valve procedure will be reviewed for MN criteria (were INV&amp;NMN), and added associated ICD-10-PCS code (other mitral valve codes still considered INV&amp;NMN)</p>	<p>2/1/2023</p>

<b>*SURG.00129</b> Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring	Added MN criteria for hypoglossal nerve stimulation as a treatment of OSA in individuals with Down syndrome Removed examples from the NMN indications Hypoglossal nerve stimulation codes will be reviewed for MN criteria for diagnosis codes Q90.0-Q90.9	2/1/2023
<b>*CG-GENE-13</b> Genetic Testing for Inherited Diseases	Interim update to add genes PIK3CA and CDKL5 to the table of genes in the Discussion section; added existing CPT code 81309 and genes to Tier 2 codes 81405, 81406 (MN criteria)	2/1/2023
<b>*SURG.00150</b> Leadless Pacemaker	Moving from Post Service Review to Prior Authorization	2/1/2023

**List of policies that will be moving from Post Service Review to Prior Authorization on February 1, 2023.**

<b>Policy/guideline</b>	<b>MPCG Title</b>	<b>Effective date</b>
CG-LAB-13	Skin Nerve Fiber Density Testing	2/1/2023
LAB.00027	Selected Blood, Serum and Cellular Allergy and Toxicity Tests	2/1/2023
MED.00099	Navigational Bronchoscopy	2/1/2023
SURG.00036	Fetal Surgery for Prenatally Diagnosed Malformations	2/1/2023
SURG.00082	Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures of the Appendicular System	2/1/2023
SURG.00116	High Resolution Anoscopy Screening for Anal Intraepithelial Neoplasia (AIN) and Squamous Cell Cancer of the Anus	2/1/2023
SURG.00120	Internal Rib Fixation Systems	2/1/2023

MOBCBS-CM-009540-22-CPN8959

**URL:** <https://providernews.anthem.com/missouri/article/medical-policy-and-clinical-guideline-updates-november-2022>

# Transition to AIM Specialty Health Perirectal Hydrogel Spacer for Prostate Radiotherapy Clinical Appropriateness Guideline

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

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

Effective November 6, 2022, Anthem will transition the *Clinical Criteria* for medical necessity review of perirectal hydrogel spacer to the AIM Specialty Health®\* (AIM) *Perirectal Hydrogel Spacer for Prostate Radiotherapy Clinical Appropriateness Guideline*.

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

- Access AIM's **ProviderPortal**<sup>SM</sup> directly at [providerportal.com](https://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 Availity\* at [availity.com](https://availity.com).

For questions related to guidelines, contact AIM via email at [aim.guidelines@aimspecialtyhealth.com](mailto:aim.guidelines@aimspecialtyhealth.com).

Additionally, you may access and download a copy of the current and upcoming guidelines [here](#).

\* AIM Specialty Health is an independent company providing some utilization review services on behalf of Anthem Blue Cross and Blue Shield. Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield.

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**URL:** <https://providernews.anthem.com/missouri/article/transition-to-aim-specialty-health-perirectal-hydrogel-spacer-for-prostate-radiotherapy-clinical-appropriateness-guideline-10>

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## Outpatient Prepay Itemized Bill Review Program update - Facility

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

As a reminder, we have expanded the current Outpatient Prepay Itemized Bill Review Program to include host business and ambulatory surgery center (ASC) facility claims. The program currently reviews outpatient claims more than \$100K billed at a percent of charge prior to reimbursement to ensure items and services included on the claim are reimbursable. Beginning February 1, 2023, this initiative will lower the threshold for itemized bill reviews to \$50K.

MOBCBS-CM-009213-22

**URL:** <https://providernews.anthem.com/missouri/article/outpatient-prepay-itemized-bill-review-program-update-facility>

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## **New reimbursement policy: Place of Service - Facility**

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

Beginning with dates of service on or after February 1, 2023, Anthem Blue Cross and Blue Shield will implement a new facility reimbursement policy titled *Place of Service – Facility*.

The policy outlines professional services that can be rendered in an office, professional building, medical office building, clinic or a space owned by a hospital, or an institutional provider, other than the primary structure on the campus of the hospital, institutional provider, or rented by a professional from the hospital or an institutional provider.

Evaluation & management (E/M) services and other professional services must be billed on a *CMS-1500* claim form and are not reimbursable if they are billed on a *UB-04* claim form (excluding E/M services rendered in an emergency room and billed with ER Revenue codes). In addition, professional services billed under revenue codes 960-983 and preventive counseling CPT® codes 99401-99404, 99411, and 99412 when billed in an outpatient setting of a facility are not reimbursable when submitted on a UB-04.

For specific policy details, visit the [reimbursement policy page](#) at [anthem.com](https://www.anthem.com) provider website.

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## Keep up with Medicare News - November 2022

Published: Nov 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:

- [Medical drug benefit \*Clinical Criteria\* updates](#)
- [New specialty pharmacy medical step therapy requirements \(Avastin, Mvasi\)](#)
- [New specialty pharmacy medical step therapy requirements \(Zarxio\)](#)

## Anthem Blue Cross and Blue Shield expands specialty pharmacy precertification list

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

Effective for dates of service on and after **December 1, 2022**, the specialty Medicare Part B drugs listed in the table below will be included in our precertification review process.

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.

HCPSC or CPT® codes	Medicare Part B drugs
C9399, J3490, J3590, J9999	Opdualag (nivolumab and relatlimab-rmbw)
C9096	Releuko (filgrastim-ayow)
A9699	Pluvicto (lutetium lu 177 vipivotide tetraxetan)

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URL: <https://providernews.anthem.com/missouri/article/anthem-blue-cross-and-blue-shield-expands-specialty-pharmacy-precertification-list-8>

## Personalized Match

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

Find Care, the doctor finder and transparency tool in the Anthem Blue Cross and Blue Shield (Anthem) online directory, provides Anthem members with the ability to search for in-network providers using the secure member website at [www.anthem.com](http://www.anthem.com). This tool currently offers multiple sorting options, such as sorting providers based on distance, alphabetic order, and provider name.

Beginning **January 1, 2023**, or later, an additional sorting option will be available for members to search by provider performance called Personalized Match. This sorting option is based on provider efficiency and quality outcomes, alongside member search radius. Provider pairings with the highest overall ranking within the member's search radius will be displayed first. Members will continue to have the ability to sort based on distance, alphabetic order, and provider name.

- You may review a copy of the Personalized Match methodology which has been posted on Availity\* – our secure web-based provider tool – using the following navigation: Go to Availity > Payer Spaces > Anthem > Education & Reference Center > Administrative Support > Personalized Match Methodology.pdf.
- If you have general questions regarding this new sorting option, please submit an inquiry via the web at [availity.com](http://availity.com).
- If you would like information about your quality or efficiency scoring used as part of this sorting option or if you would like to request reconsideration of those scores, you may do



so by submitting an inquiry to [availity.com](https://www.availity.com).

Going forward, Anthem will continue to focus and expand our consumer tools and content to assist members in making more informed and personalized healthcare decisions.

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

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**URL:** <https://providernews.anthem.com/missouri/article/personalized-match-2>

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