Missouri Provider News

January 2023 Anthem Provider News - Missouri

Pharmacy:

Medicare:

Federal Employee Plan (FEP):

Professional system updates for 2023

Published: Dec 30, 2022 - **Administrative**

As a reminder, we will update our claim editing software for professional services throughout 2023, with most updates occurring at a minimum quarterly. These updates apply to any provider, provider group (tax identification number) and/or across providers and claim type (professional/facility) and include, but are not limited to:

- The addition of new, and revised codes (for example, CPT®, HCPCS, ICD-10, modifiers) and associated edits such as:
  - ICD-10 laterality
  - Add-on procedures (indicated by + sign)
  - Code book parenthetical statements and other directives about appropriate code use (for example, *separate procedure*, *do not report*, *list separately in addition to*, etc.)
- Updates to editing for multiple procedure reduction calculations based on relative value unit (RVU) as designated and updated by the Centers for Medicare & Medicaid (CMS) in the physician fee schedule relative value (PFSRV) files
- Updates to National Correct Coding Initiative edits (NCCI) and medically unlikely edits (MUEs)
- Updates to incidental, mutually exclusive, and unbundled (re-bundle) edits
- Updates to code edits associated with reimbursement policies including, but not limited to, updates to the edits that allow/disallow for assistant surgeon/co-surgeon/team surgeon, frequency edits, bundled services and global surgery preoperative and post-operative periods assigned by CMS

MULTI-BCBS-CM-014778-22

URL: https://providernews.anthem.com/missouri/article/professional-system-updates-for-2023-1

Outpatient system updates for 2023

Published: Dec 30, 2022 - **Administrative**

As a reminder**,** we will update our claim editing software for outpatient facility services throughout 2023 with most updates occurring at a minimum quarterly. These updates will include, but are not limited to:

- The addition of new and revised codes (for example, CPT®, HCPCS, ICD-10, modifiers, revenue codes) and associated edits.
- Updates related to the appropriate use of various code combinations, which can include, but are not limited to, CPT/HCPCS code to revenue code, type of bill to procedure code, type of bill to CPT/HCPCS code, and CPT/HCPCS code to modifier.
- Updates to National Correct Coding Initiative edits (NCCI) and Facility Outpatient Hospital Services Medically Unlikely Edits (MUEs).
- Updates to reflect coding requirements as designated by industry standard sources such as the National Uniform Billing Committee (NUBC) and the Centers for Medicare & Medicaid Services (CMS).

MULTI-BCBS-CM-014777-22

URL: https://providernews.anthem.com/missouri/article/outpatient-system-updates-for-2023-1

Notification regarding reimbursement changes to COVID-19 laboratory services codes

Published: Dec 30, 2022 - **Administrative**

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

Beginning with dates of service on or after April 1, 2023, or the end of the public health emergency (PHE), whichever is later, reimbursement for COVID-19 laboratory service codes may be reduced for participating providers contracted with Anthem.

New COVID-19 laboratory service codes were implemented and reimbursed at rates to meet the needs of providers during the PHE. Reimbursement will now be revised to Anthem's standard reimbursement methodology for the following codes:

U0001	86328	87426	87811	0226U
U0002	86408	87428	0202U	0240U
U0003	86409	87635	0223U	0241U
U0004	86413	87636	0224U	
U0005	86769	87637	0225U	

If you have any questions regarding this notice, please contact Provider Services or use Availity* Live Chat, which is available during normal business hours. Go to **www.availity.com** and select **Anthem** from the payer spaces drop-down. Then, select **Chat with Payer** and complete the pre-chat form to start your chat.

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

MULTI-BCBS-CRCM-013072-22

URL: https://providernews.anthem.com/missouri/article/notification-regarding-reimbursement-changes-to-covid-19-laboratory-services-codes-2

Engagement with your patient counts

Published: Dec 30, 2022 - **Administrative**

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

Why is this important?

Each year, a random sample of enrolled members receive a *CAHPS* Survey* or a *Qualified Health Plan Enrollee Survey* asking them to evaluate their experiences with healthcare. The surveys ask members to rate their experiences with:

1. Their health plan.
2. Their personal provider.
3. Their specialist.

Several responses are combined and evaluated for the following:

- Getting needed care

- Receiving care quickly
- Communicating with providers
- Sharing in the decision-making process

The responses give us an idea of how your patients and our members perceive us and provide opportunities for us to improve the way we deliver services. Our engagement and interaction with patients and members are critical. Together, we can provide positive experiences for our shared members and patients.

Members receive the survey either by mail or phone between February and May. Some of the questions they are asked include:

- In the last six[1] months, how often did your personal provider explain things in a way that was easy to understand?
- In the last six[1] months, how often did your personal provider listen carefully to you?
- In the last six[1] months, how often did your personal provider show respect for what you had to say?
- In the last six[1] months, how often did your personal provider spend enough time with you?
- Using any number from zero to 10, where zero is the worst personal provider possible, and 10 is the best personal provider possible, what number would you use to rate your personal doctor?
- We want to know your rating of the specialist you saw most often in the last six[1] Using any number from zero to 10, where zero is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?

Every interaction with a patient is an opportunity to make their healthcare experience positive.

We thank you for striving to provide quality care for our members and for the continued focus on improving our member experience.

Additional information
Continuing medical education (CME) education opportunities:
http://www.mydiversepatients.com.

[1]The commercial survey asks the same questions, but for the last 12 months vs. 6 months and language on the Medicaid Child Survey is slightly different to reflect asking a parent/guardian about their child's experience.

*CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

MOBCBS-CRCM-012965-22-CPN6881

URL: https://providernews.anthem.com/missouri/article/engagement-with-your-patient-counts-3

Childhood Immunization Status and Lead Screening in Children for HEDIS

Published: Dec 30, 2022 - **Administrative**

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

HEDIS® measurement year 2023 documentation for Childhood Immunization Status (CIS)

Measure description: The percentage of children who turn 2 years of age in the measurement year who had the following vaccines on or before their second birthday:

- Four DTaP (diphtheria, tetanus, and acellular pertussis)
- Three IPV (polio)
- One MMR (measles, mumps, and rubella)
- Three HiB (haemophilus influenza type B)
- Three hep B (hepatitis B)
- One VZV (chicken pox)
- Four PCV (pneumococcal conjugate)
- One hep A (hepatitis A)
- Two or three RV (rotavirus)
- Two flu (influenza)

The measure calculates a rate for each vaccine and three combination rates.

HEDIS measurement year 2023 documentation for Lead Screening in Children (LSC)

Measure description: The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

In provider medical records, we look for the following:

- Immunization records from birth (Department of Health immunization records are acceptable).
- If available, newborn inpatient records documenting hepatitis B.
- For immunizations not recorded on the immunization record, provide progress notes for:
    - Immunizations administered.

Patient’s history of disease (chickenpox, hep A, hep B, measles, mumps, rubella).

- Lead testing results and date (capillary or venous) on or before the second birthday.
- Evidence of hospice services in 2023.
- Evidence patient expired in 2023.

Helpful hints:

- Childhood immunizations and lead blood tests must be completed by child’s second birthday.
- Assess immunization needs at every clinical encounter and, when indicated, immunize.
- Ensure immunization records include all vaccines that were ever given including hospitals, health departments, and all former providers, including refusals and contraindications.
- FluMist (LAIV) vaccination (only approved for ages 2 to 49) may be used for the second vaccination; however, it must be given on the child’s second birthday to be compliant.

MULTI-BCBS-CRCM-012261-22-CPN11878

URL: https://providernews.anthem.com/missouri/article/childhood-immunization-status-and-lead-screening-in-children-for-hedis-4

Remittance advice message enhancements: Providing clear descriptions and actionable next steps

Published: Dec 30, 2022 - **Administrative**

In November 2022, we shared information about updates to claim status inquiries denial descriptions. You should now see these expanded descriptions on your explanation of payment remittance advice. These simplified descriptions should make it easier to understand why your claim denied and how to update your claim with the information needed for processing.

We're phasing in clear, concise, and simplified denial descriptions that explain in greater detail why the claim or claim line has 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. We're starting with those claims or claim lines that have caused the most confusion based on your feedback. If new denial reasons are added, those descriptions will be expanded, as well.

Save time. Increase efficiency. Go digital! 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.com**.

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

MULTI-BCBS-CM-014766-22

URL: https://providernews.anthem.com/missouri/article/remittance-advice-message-enhancements-providing-clear-descriptions-and-actionable-next-steps-1

Submitting prior authorizations digitally through Interactive Care Reviewer

Published: Dec 30, 2022 - **Administrative** / Digital Tools

Prior authorizations submitted digitally can reduce denials associated with manual submission errors. The Interactive Care Reviewer (ICR) prior authorization application makes it easy to submit, review, and check authorization status – all in one place.

Learn how by attending our January 2023 ICR webcast.

When:
Tuesday, January 17, 2023
Noon Eastern time
Register here

Learn how to use ICR to:

- 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.

Visit the **ICR target page** to register, access self-service learning, and to view 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 selecting the ICR live webinar learning icon.

MULTI-BCBS-CM-014596-22

URL: https://providernews.anthem.com/missouri/article/submitting-prior-authorizations-digitally-through-interactive-care-reviewer

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Outpatient facility revenue code billing requirements

Published: Dec 30, 2022 - **Policy Updates** / Reimbursement Policies

Effective for all claims received on and after February 1, 2023, in accordance with the Anthem Blue Cross and Blue Shield (Anthem) reimbursement policy titled *Outpatient Facility Revenue Code Billing Requirements — Facility*, Anthem will implement additional steps to review claims submitted by facilities that contain revenue codes but do not include corresponding CPT® or HCPCS codes when required by the National Uniform Billing Committee (NUBC).

Anthem requires that current and valid CPT or HCPCS codes are reported with all revenue codes as specified in the NUBC requirements for outpatient claims. Claim lines that do not meet this requirement will be denied.

If you have questions about this policy, contact your contract manager or Provider Relationship Management account representative.

MULTI-BCBS-CM-014771-22

URL: https://providernews.anthem.com/missouri/article/outpatient-facility-revenue-code-billing-requirements

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Updates to AIM Specialty Health Rehabilitative and Habilitative Services Clinical Appropriateness Guidelines

Published: Dec 30, 2022 - **Policy Updates** / Medical Policy & Clinical Guidelines

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

Effective for dates of service on and after April 9, 2023, the following updates will apply to the *AIM Specialty Health®* Rehabilitative and Habilitative Services Clinical Appropriateness Guidelines*. As part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

Rehabilitative and habilitative services — updates by section

- Clarified language about the background of speech-language professionals
- Clarified language about qualified speech-language pathology providers

Speech therapy alternative treatments:

- Clarified language about *qualified* speech providers
- Definition of *blue dye test* clarified
- Parkinson Voice Project definition expanded

Physical therapy and occupational therapy adjunctive treatments:

- Added definition of Lee Silverman Voice Treatment BIG — proprietary program of intensive physical and/or occupational therapy of at least one month duration involving large, full-body exercises to improve functional movement and self-care tasks of people with Parkinson's disease and other neurological conditions. It requires company-certification of providers.
- Added exclusion for Lee Silverman Voice treatment

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM:

- Access AIM's ***Provider****Portal*$_{SM}$ directly at **providerportal.com**:
  - Online access is available 24/7 to process orders in real-time and is the fastest and most convenient way to request authorization.

If you have questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines **here**.

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

MULTI-BCBS-CRCM-012899-22-CPN11938

URL: https://providernews.anthem.com/missouri/article/updates-to-aim-specialty-health-rehabilitative-and-habilitative-services-clinical-appropriateness-guidelines-1

Update: AIM Specialty Health Cardiology Clinical Appropriateness Guidelines CPT Code List

Published: Dec 30, 2022 - **Policy Updates** / Medical Policy & Clinical Guidelines

As previously communicated in the December 2022 edition of *Provider News*, AIM Specialty Health® (AIM)* will apply additional code updates to the AIM *Diagnostic Coronary Angiography and Percutaneous Coronary Intervention Clinical Appropriateness Guidelines*. That code update expansion has been delayed. The codes listed below will go into effect April 1, 2023, not February 1, 2023, as originally communicated.

Percutaneous coronary intervention:

CPT code	Description
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography
C1714	Catheter, transluminal atherectomy, directional
C1724	Catheter, transluminal atherectomy, rotational
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)
C1753	Catheter, intravascular ultrasound
C1760	Closure device, vascular (implantable/insertable)
C1761	Catheter, transluminal intravascular lithotripsy, coronary
C1769	Guide wire
C1874	Stent, coated/covered, with delivery system
C1875	Stent, coated/covered, without delivery system
C1876	Stent, non-coated/non-covered, with delivery system
C1877	Stent, non-coated/non-covered, without delivery system
C1885	Catheter, transluminal angioplasty, laser
C1887	Catheter, guiding (may include infusion/perfusion capability)
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel

C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)

- Access AIM's ***Provider****Portal*$_{SM}$ directly at **providerportal.com**:
  - **Online access is available 24/7 to process orders in real-time and is the fastest and most convenient way to request authorization.**
- Call the AIM Contact Center toll-free number at **800-714-0040**, Monday through Friday, from 7 a.m. to 7 p.m. Central

If you have questions related to guidelines, contact AIM via email at 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 the health plan.

MULTI-BCBS-CM-015066-22-CPN14827

URL: https://providernews.anthem.com/missouri/article/update-aim-specialty-health-cardiology-clinical-appropriateness-guidelines-cpt-code-list

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AIM Specialty Health Cardiology Clinical Appropriateness Guidelines CPT code list update

Published: Dec 30, 2022 - **Policy Updates** / Medical Policy & Clinical Guidelines

Effective for dates of service on and after April 1, 2023, the following CPT® codes will be added to the AIM Specialty Health®* (AIM) Percutaneous Coronary Intervention *Clinical Appropriateness Guidelines*.

Percutaneous Coronary Intervention:

CPT code	Description
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM through AIM's ***Provider****Portal*$_{SM}$ directly at **www.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.**

If you have questions related to the guideline or code updates to the guideline noted above, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines **here**.

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

MULTI-BCBS-CM-012753-22

URL: https://providernews.anthem.com/missouri/article/aim-specialty-health-cardiology-clinical-appropriateness-guidelines-cpt-code-list-update-5

Updates to AIM Specialty Health Radiation Oncology Clinical Appropriateness Guidelines

Published: Dec 30, 2022 - **Policy Updates** / Medical Policy & Clinical Guidelines

Effective for dates of service on and after April 9, 2023, the following updates will apply to the AIM Specialty Health®* (AIM) Radiation Oncology *Clinical Appropriateness Guidelines*. As part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

- **Radiation Therapy** — Updates by section
  - Gastrointestinal (GI) Cancers — Intensity modulated radiation therapy (IMRT)
  - Removed plan comparison requirement for cholangiocarcinoma, esophageal, gastric, hepatocellular, and pancreatic cancer, because IMRT has become standard of care for curative treatment of these GI malignancies
- **Oligometastatic Extracranial Disease** — SBRT: stereotactic body radiation therapy (SBRT)
  - Added indication for adrenal metastases as SABR-COMET trial listed this as one of the most common sites treated in that trial
- **Prostate Cancer** — Brachytherapy:
  - Added indication for high-dose rate monotherapy in low- and intermediate-risk disease
- **Image Guidance radiation therapy (IGRT)**
  - Added surface-based guidance technique (no change in intent or coding)
  - Added statement that IGRT is not medically necessary to guide superficial radiotherapy for non-melanoma skin cancer (supported by American Society for Radiation Oncology [ASTRO] *Clinical Practice Guideline*)

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM through the AIM ***Provider****Portal*SM directly at **www.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.

here.

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

MOBCBS-CM-015779-22

URL: https://providernews.anthem.com/missouri/article/updates-to-aim-specialty-health-radiation-oncology-clinical-appropriateness-guidelines-3

Updates to AIM Specialty Health Musculoskeletal - Interventional Pain Management Clinical Appropriateness Guidelines

Published: Dec 30, 2022 - **Policy Updates** / Medical Policy & Clinical Guidelines

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

Effective for dates of service on and after April 9, 2023, the following updates will apply to the AIM Specialty Health® (AIM)* Musculoskeletal — Interventional Pain Management *Clinical Appropriateness Guidelines*. As part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

Interventional pain management — updates by section:

- Epidural steroid injections:
  - For nerve root compression due to herniated disc, specified that the MRI/CT showing this finding must have been done within 18 months instead of 12 months.
- Selective nerve root block:
  - Included a second session for cases requiring evaluation of more than one level.
- Therapeutic intra-articular facet injections:
  - Included criteria for repeat injections in patients who met criteria for an initial injection.
- Conservative management requirements:
  - Aligned definitions with joint surgery, spine surgery, spine, and extremity imaging guidelines.
  - More rigorous definition of the supervised home physical therapy requirement and removed cognitive behavioral therapy as a conservative care modality.
  - Included activity modification and a trial of rest.
- Epidural steroid injections:
  - Specified that only one spinal region may be treated per date of service.
  - For repeat injection, prior injection must have provided improvement for three months instead of three weeks.

Diagnostic medial branch block:

- Specified that up to four diagnostic sessions may be done in a rolling 12-month period (previously three).
- Reduced the number of unilateral levels that may be done in a session from three to two.

- Thermal medial branch radiofrequency neurotomy:
  - Reduced the number of unilateral levels that may be done in a session from three to two.
  - Specified a maximum of two radiofrequency sessions per rolling 12-month period.

- Regional sympathetic nerve block:
  - Specified that procedure must be performed using imaging guidance.
  - Specified that the procedure must be performed unilaterally.
  - Specified a lifetime maximum of six blocks.
  - Removed exclusions that referred to procedures which are no longer performed.

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM:

- Through AIM's ***Provider****Portal*$_{SM}$ directly at **providerportal.com**:
  - Online access is available 24/7 to process orders in real-time and is the fastest and most convenient way to request authorization.

If you have questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines **online**.

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

MULTI-BCBS-CRCM-013444-22-CPN11940

URL: https://providernews.anthem.com/missouri/article/updates-to-aim-specialty-health-musculoskeletal-interventional-pain-management-clinical-appropriateness-guidelines

Updates to AIM Specialty Health Cardiac Clinical Appropriateness Guidelines - Material adverse change

Published: Dec 30, 2022 - **Policy Updates** / Medical Policy & Clinical Guidelines

Effective for dates of service on and after April 9, 2023, the following updates will apply to the *AIM Specialty Health®* Cardiology Clinical Appropriateness Guidelines*. As part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate and affordable healthcare services.

Cardiac Imaging — Updates by section
Stress testing with imaging:

- Suspected coronary artery disease (CAD) without symptoms — Indications removed
- Suspected CAD with symptoms — Indications modified
- Need for testing determined by pretest probability
- Definition of *chest pain* expanded to include ischemic equivalent pain elsewhere
- Dyspnea included as standalone symptom
- Imaging modality to be selected by the treating physician
- Exercise preferred over pharmacologic testing in patients referred for stress testing with imaging
- Patients with atypical symptoms to undergo non-imaging stress testing (assuming capable of exercise and no precluding resting EKG abnormalities)
- Established CAD without symptoms — Indications removed
- Established CAD with symptoms — Indications removed

CT coronary angiography (CCTA):

- Indications added — Considerable expansion in use for evaluation of CAD (now a first-line modality)
- Indications added — Preoperative testing indications
- Indications added — Abnormal prior testing indications
- Indications removed — Suspected anomalous coronary arteries (basis for suspicion required)

Fractional Flow Reserve from CCTA (FFR-CT):

- Indication modified — 40% to 90% coronary stenosis in symptomatic patient who has failed **guideline-directed medical therapy** and has undergone CCTA within preceding 90 days

Stress Cardiac MRI:

- Indications added — Considerable expansion in use for evaluation of CAD (now a first-line modality)
- Indications added — Preoperative testing indications
- Indications added — Abnormal prior testing indications

Resting Cardiac MRI:

- Indication added — Fabry disease
- Indications modified — Suspected myocarditis (basis for suspicion required)
- Indications modified — Arrhythmogenic right ventricular dysplasia (ARVD) requirements clarified
- Indications modified — Suspected anomalous coronary arteries (basis for suspicion required)

Resting transthoracic echocardiography (TTE):

- Valvular heart disease — updated frequency of surveillance in patients with prosthetic valves and those who had transcatheter valve replacement/repair; removed requirement of valvular dysfunction for those who had surgical mitral valve repair; removed moderate/severe mitral regurgitation for those who had transcatheter mitral valve repair

Diagnostic Coronary Angiography:

- Indications modified — Clarification that patients with established CAD who have failed GDMT may undergo coronary angiography regardless of how initial diagnosis was made

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM by accessing AIM's ***Provider****Portal*$_{SM}$ directly at **www.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.**

If you have questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines **here**.

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MULTI-BCBS-CM-012489-22-CPN11939

URL: https://providernews.anthem.com/missouri/article/updates-to-aim-specialty-health-cardiac-clinical-appropriateness-guidelines-material-adverse-change-1

Specialty pharmacy updates

Published: Dec 30, 2022 - **Products & Programs** / Pharmacy

The Medical Specialty Drug Review team for Anthem Blue Cross and Blue Shield manages prior authorization clinical review of ***non-oncology*** use of specialty pharmacy drugs. AIM Specialty Health®* (AIM), a separate company, manages review of specialty pharmacy drugs for ***oncology***.

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.

Including the national drug code (NDC) code on your claim may help expedite claim processing of drugs billed with a *not otherwise classified* (NOC) code.

Clinical Criteria **update:** Effective January 1, 2023, clinical criteria naming will be changed from ING-CC-XXXX to CC-XXXX; however, the content within the documents will remain unchanged.

Prior authorization updates

Correction: In the **August 2022 edition of *Provider News***, we published prior authorization updates for the drug **Pluvicto** (lutetium lu 177 vipivotide tetraxetan). Please be advised that the effective date for this update has been changed:

- Previous effective date: November 1, 2022
- Updated effective date: **February 1, 2023**

Access our ***Clinical Criteria*** to view the complete information for these prior authorization updates.

Clinical Criteria	**Drug**	**HCPCS or CPT® code(s)**
CC-0118*	Pluvicto (lutetium lu 177 vipivotide tetraxetan)	A9607

* Oncology use is managed by AIM.

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

MOBCBS-CM-014740-22

URL: https://providernews.anthem.com/missouri/article/specialty-pharmacy-updates-11

Keep up with Medicare news - January 2023

Published: Dec 30, 2022 - **State & Federal** / Medicare

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

- Prior authorization requirement changes
- New specialty pharmacy medical step therapy requirements (Inflectra & Renflexis)

- Anthem Blue Cross and Blue Shield expands specialty pharmacy precertification list (Cimerli)
- Updates to AIM Specialty Health *Radiation Oncology Clinical Appropriateness Guidelines*

URL: https://providernews.anthem.com/missouri/article/keep-up-with-medicare-news-january-2023-5

Cleveland-Cliffs offers Medicare Advantage option

Published: Dec 30, 2022 - **State & Federal** / Medicare

Effective January 1, 2023, many Cleveland-Cliffs retirees who are eligible for Medicare Parts A and B will be enrolled in an Anthem Medicare Preferred (PPO) plan. The plan allows retirees to receive services from any provider, as long as the provider is eligible to receive payments from Medicare. In addition, Cleveland-Cliffs retirees pay the same cost share for both in-network and out-of-network services. The Medicare Advantage plan offers the same hospital and medical benefits that Medicare covers and covers additional benefits that Medicare does not, such as an annual routine physical exam, hearing, vision, LiveHealth Online, and SilverSneakers®.* The prefix on Cleveland-Cliffs member ID cards will be ZVR. The ID cards will also show the Cleveland-Cliffs logo.

Providers may submit claims electronically using the electronic payer ID for the Anthem Blue Cross and Blue Shield (Anthem) plan in their state or submit a *UB-04 or CMS-1500* form to the Anthem plan in their state. Claims should not be filed with Original Medicare. Contracted and non-contracted providers may call the provider services number on the back of the member ID card for benefit eligibility, prior authorization requirements, and any questions about Southern Company member benefits or coverage.

Detailed prior authorization requirements also are available to contracted providers by accessing the Provider Self-Service Tool at **Availity.com**.*

* Silver Sneakers is an independent company providing fitness services on behalf of Anthem Blue Cross and Blue Shield. Availity, LLC is an independent company provider administration support services on behalf of Anthem Blue Cross and Blue Shield.

MULTI-BCBS-CR-011574-22

URL: https://providernews.anthem.com/missouri/article/cleveland-cliffs-offers-medicare-advantage-option

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Federal Employee Program observation conversion for musculoskeletal cases

Published: Dec 30, 2022 - **State & Federal** / Federal Employee Plan (FEP)

Effective with dates of service on or after April 1, 2023, the Federal Employee Program® (FEP) with Anthem Blue Cross and Blue Shield (Anthem) will refer the following procedures for observation stay instead of full inpatient admission. **These services will require prior authorization to determine medical necessity prior to rendering the service for Anthem federal employee members.**

For services that are scheduled to begin on or after April 1, 2023, all providers must be aware that for the following procedures, FEP will be approving observation stay versus inpatient stay when medically appropriate:

- Knee arthroplasty (total/partial/revision knee)
- Shoulder arthroplasty (hemi arthroplasty/arthroscopy)
- Hip arthroplasty (total/partial/revision hip replacement) and hip arthroscopy
- Cervical fusion (anterior)
- Cervical discectomy or microdiscectomy, foraminotomy, and laminotomy
- Lumbar discectomy, foraminotomy, and/or laminotomy
- Small joint surgeries of the foot and ankle
- Reconstruction midface, LeFort I-III
- Sacral-Iliac fusion

How to submit a request for review
Starting March 13, 2023, providers can begin submitting requests for review with dates of service on or after April 1, 2023.

To reach the FEP Utilization Management (UM) department to submit an authorization request, providers may call our department directly, fax a request, or submit a request via Availity Essentials* with clinical information:

- Phone number:**800-860-2156**
- Fax:**800-732-8318**
- Chat: To chat with an FEP UM representative, go to: **availity.com**. Select **Payer Spaces**, select **Federal Employee Plan**, and access the chat through *Chat with Payer.*

We value your participation in our network, as well as the services you provide. We look forward to working with you to help improve the health of our members.

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

MULTI-BCBS-CM-014832-22

URL: https://providernews.anthem.com/missouri/article/federal-employee-program-observation-conversion-for-musculoskeletal-cases-1
