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# Controlling High Blood Pressure and Submitting Compliant Readings

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The Controlling High Blood Pressure (CBP) HEDIS<sup>®</sup> measure can be challenging as it not only requires proof of a blood pressure (BP) reading, but also that the patient's blood pressure is adequately controlled. CBP care gaps can open and close throughout the year depending on if the patient's most recent BP reading is greater than 140/90 mmHG. As we start a new year, it's important that we have record of your patients' blood pressure readings and that you continue to monitor patients with elevated readings.

## Tips when scheduling members to close CBP care gaps:

- When scheduling appointments, have staff ask patients to avoid caffeine and nicotine for at least an hour before their scheduled appointment time.
- If possible, update your scheduling app and/or your reminder text message campaigns to include reminders about abstaining from caffeine and nicotine prior to appointment time as well as a reminder to arrive early to avoid a sense of rushing.

## Tips for lower BP readings during the appointment:

- Ask the patient if they tend to get nervous at appointments and have higher readings as a result. If they do, take their blood pressure at both the start and end of the appointment and document the lower reading.
- Readings can also vary arm to arm. If slightly elevated in one arm, try the other and document the lower reading.

## Getting credit for adequately controlled blood pressure readings:

- Submit readings via Category II CPT<sup>®</sup> codes on claims.

Description	Code
Diastolic BP	CAT II: 3078F-3080F LOINC: 8462-4
Diastolic 80 to 89	CAT II: 3079F
Diastolic greater than/equal to 90	CAT II: 3080F
Diastolic less than 80	CAT II: 3078F
Systolic BP	CAT II: 3074F, 3075F, 3077F LOINC: 8480-6
Systolic greater than/equal to 140	CAT II: 3077F
Systolic less than 140	CAT II: 3074F, 3075F

- Ensure readings are carefully and appropriately documented within your electronic medical record system.
- If you have questions on how to submit readings, speak to your care or practice consultant.
- Also, be sure to adequately code patients who meet the exclusion criteria:
  - Exclusions:
    - Palliative care
    - Enrolled in hospice
    - Frailty and/or advanced illness
    - Living in long-term care
  - Optional exclusions:
    - Dialysis (ESRD), kidney transplant, nephrectomy
    - Female members with a diagnosis of pregnancy
    - Non-acute inpatient admissions

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

## AIM Specialty Health will transition to Carelon Medical Benefits Management Inc.

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

In March 2023, AIM Specialty Health®\* will transition to Carelon Medical Benefits Management Inc. **This transition is a name change only, and there will be no process changes.** The new name will not impact the way AIM works with health plans and providers. In March, any operational assets that mention AIM Specialty Health (such as determination letters) will adopt the new Carelon Medical Benefits Management Inc. name.

### Provider brand transition FAQ

### Provider experience focus area

- |   |   |
|---|---|
| 1. Will the <b>AIM ProviderPortal<sub>SM</sub></b> URL or platform name be changed?                                   | 1. No, the website address will not be impacted; all providers will continue to have access to <b>www.providerportal.com</b> . The AIM logo will be replaced with a Carelon logo. No changes are being made to the case submission process. |
| 2. Will there be any changes to the <b>AIM Clinical Guidelines</b> URL or content?                                    | 2. Yes, the clinical guidelines site will be automatically redirected to a new Carelon URL, and the branding will be updated to reflect Carelon.  |
| 3. Are any phone number changes planned as part of this transition?   | 3. No, inbound phone numbers are not being changed. References to AIM within recorded scripting will be replaced with Carelon Medical Benefits Management Inc.  |
| 4. Will there be any changes for providers who connect with AIM via other means such as <b>Availity Essentials*</b> ? | 4. No, access changes are not needed or planned; however, all references to the AIM company name will eventually be updated to Carelon Medical Benefits Management Inc.   |
| 5. Will AIM references on health plan websites and member materials such as ID cards be changed?                      | 5. Not right away. Providers may continue to see the AIM company name on health plan websites and member ID cards for some time, but it's expected that these will be changed through scheduled content update cycles.                      |

### Corporate website

- |  |   |
|--|---|
| 1. Will the <b>AIM corporate website</b> URL be changed? | 1. The corporate website will be moved to <b>www.carelon.com</b> . All links to the <b>ProviderPortal</b> and clinical guideline pages will remain active and will be redirected. |
|--|---|

### Provider microsites

1. Will the AIM provider microsite URLs change?

1. The provider microsite URLs you use today to access information from AIM will be automatically redirected to new Carelon URLs, and the branding will be updated to reflect Carelon branding.

\* Availity, LLC is an independent company providing administrative support services on behalf of the health plan. AIM Specialty Health is an independent company providing some utilization review services on behalf of the health plan.

MOBCBS-CRCM-015626-22

URL: <https://providernews.anthem.com/missouri/article/aim-specialty-health-will-transition-to-carelon-medical-benefits-management-inc-7>

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## Have you reviewed your online provider directory information lately?

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The *Consolidated Appropriations Act*, implemented in 2021, contains a provision that requires online provider directory information be reviewed and updated as needed at least every 90 days. By reviewing your information regularly, you help us ensure your online provider directory information is current.

We ask that you to review your online provider directory information on a regular basis to ensure it is correct. To access your information, go [here](#). Then, under *Provider Overview*, select **Find Care**.

Submit updates and corrections to your directory information by 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.

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**URL:** <https://providernews.anthem.com/missouri/article/have-you-reviewed-your-online-provider-directory-information-lately-1>

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## Do you offer telehealth services? Let us know!

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The Department of Health and Human Services (HHS) Notice of Benefit and Payment Parameters for 2023 Final Rule for Marketplace health plans has a Network Adequacy provision regarding telehealth services. As of January 2023, HHS requires health plans to identify and report the in-network providers who offer telehealth services.

As a participating provider with Anthem Blue Cross and Blue Shield, if you provide telehealth services, please let us know by submitting your information to us via the online *Provider Maintenance Form*, which can be found at [anthem.com](https://www.anthem.com) or through **Availity Essentials**.<sup>\*</sup> We will add a telehealth indicator to your online provider directory profile so our members know you offer this service.

If you have questions about submitting your information, please contact Provider Services.

<sup>\*</sup> 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/do-you-offer-telehealth-services-let-us-know>

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## Enhancing Provider News website and email communications

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

We are committed to improving the way we do business with our provider community. Listening to your feedback, we are pleased to announce a new look and feel is coming to *Provider News* in the first half of 2023, with additional improvements planned throughout the rest of the year.

Stay tuned for more updates.

MOBCBS-CRCM-016123-22-CPN15788

**URL:** <https://providernews.anthem.com/missouri/article/enhancing-provider-news-website-and-email-communications-11>

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## **Helping to reduce delays when submitting attachments: Make sure your correspondence includes one of these elements**

Published: Feb 1, 2023 - **Administrative** / Digital Tools

The best way to send supporting documents when disputing, appealing, or sending us additional information about a claim is to use the digital applications available on [Availity.com](https://www.availity.com).<sup>\*</sup> Using [Availity.com](https://www.availity.com) to send attachments, such as medical records or an itemized bill, is:

- We'll receive the documents needed faster than through the mail.
- Less expensive. No need to pull records, copy them, and then mail them. Digital submissions can be uploaded directly to the claim.
- Submitting attachments digitally is the easiest way to send them and the best way for us to receive them.
- More accurate. The information needed to identify the claim is automated, so the risk associated with submitting incorrect information on paper is eliminated.

However, if you choose to send documentation through the mail, it is important that you include at least one of the three following elements; otherwise, we will not be able to match the document to the claim and **the correspondence will be returned to you**, causing further delays:

1. Valid claim number

**or**

1. Valid member ID with prefix **and** correct dates of service

**or**

1. Valid member ID with prefix **and** billed charges

**For a clinical appeal, ensure these elements are included:**

1. Valid claim number

**or**

1. Valid member ID with prefix **and** correct dates of service

**or**

or

1. Member name, member date of birth, and correct dates of service

or

1. Member name, member date of birth, authorization, or reference number

**This is important: We cannot match the attachment to the correct claim or member if these elements are not included with your non-digital (fax or mail) submission.**

**The preferred method for submitting supporting documentation is digitally because the documents are attached directly to the claim. This reduces the possibility that incorrect information is included on the paper submission.**

To attach documents to your claim digitally, go to [Availity.com](https://www.availity.com) and use the *Claims & Payments* tab to access *Claims Status*. Enter the necessary information to find your claim and use the **Submit Attachments** button to upload your supporting documentation.

For a claim dispute or an appeal, from [Availity.com](https://www.availity.com), use the *Claims & Payments* tab to access *Claims Status*. Enter the necessary information to find your claim, use the **Dispute** button, and upload your supporting documentation. If the **Dispute** button capability is not available, refer to the provider manual for information about how to file a claim dispute/appeal.

If you do send supporting documentation through the mail or fax, you **must include the elements noted above**. It is preferable that you include this information on the first page of the correspondence you send to us. If this information is not included on your paper correspondence, **we will return the correspondence to you** because we are not able to validate the documentation.

For information about submitting attachments digitally, use this link to access [Availity: Learn about the new claim attachments workflow](#).

\* Availity, LLC is an independent company providing administrative support services on behalf of health plan.

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## Medical Policies and Clinical Guidelines updates - February 2023

Published: Feb 1, 2023 - **Policy Updates** / Medical Policy & Clinical Guidelines

The following Anthem Blue Cross and Blue Shield (Anthem) *Medical Policies* and *Clinical Guidelines* were reviewed on November 10, 2022.

To view medical policies and utilization management guidelines, go to [anthem.com](https://www.anthem.com), select *Providers*, and then select your state. Under *Provider Resources*, select **Policies, Guidelines & Manuals**.

To help determine if prior authorization is needed for Anthem members, go to [anthem.com](https://www.anthem.com), select *Providers*, and then select your state. Under *Claims*, select **Prior Authorization**. You can also call the prior authorization phone number on the back of the member's ID card.

To view *Medical Policies* and *Utilization Management Guidelines* applicable to members enrolled in the Blue Cross and Blue Shield Service Benefit Plan (commonly referred to as the Federal Employee Program<sup>®</sup> [FEP<sup>®</sup>]), visit [www.fepblue.org](https://www.fepblue.org) > **Policies & Guidelines**.

**Below are the current *Clinical Guidelines* and/or *Medical Policies* we reviewed, and updates were approved.**

\* *Denotes prior authorization required*

Policy/guideline	Information	Effective date
* <b>CG-DME-31</b> Powered Wheeled Mobility Devices	Added NMN statement for powered wheeled mobility devices using computerized systems to assist with functions such as seat elevation and navigation over curbs, stairs, or uneven terrain (for example, the iBOT Personal Mobility Device) for all indications	5/1/2023
* <b>CG-GENE-13</b> Genetic Testing for Inherited Diseases	Incorporated content from <b>CG-GENE-23</b> Genetic Testing for Heritable Cardiac Conditions, <b>GENE.00033</b> Genetic Testing for Inherited Peripheral Neuropathies, <b>GENE.00037</b> Genetic Testing for Macular Degeneration (partial content), <b>GENE.00038</b> Genetic Testing for Statin-induced Myopathy, and <b>GENE.00039</b> Genetic Testing for Frontotemporal Dementia (FTD) into this document- Added CPT and HCPCS codes 81324, 81325, 81326, 81328, 81414, S3861, S3865, S3866, and genes to Tier 2 codes from the documents listed above; also some additional genes added to Tier 2 and NOC codes	12/28/2022
* <b>CG-GENE-14</b> Gene Mutation Testing for Cancer Susceptibility and Management	Moved content from <b>CG-GENE-07</b> BCR-ABL Mutation Analysis and <b>CG-GENE-17</b> RET Proto-oncogene Testing for Endocrine Gland Cancer Susceptibility into this document  Added CPT and HCPCS codes 81170 and S3840 and additional genes to Tier 2 codes from documents listed above	12/28/2022
<b>CG-MED-23</b> Home Health	Added HCPCS codes G0320, G0321, G0322 for home health services MN when criteria are met	5/1/2023
* <b>CG-MED-41</b> Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting	Added HCPCS code G0330 for facility billing for dental services requiring anesthesia, replacing NOC code 41899	12/28/2022

<b>*CG-SURG-27</b> Gender Affirming Surgery	Added 'Placement of penile or testicular prostheses' to NMN statement	5/1/2023
<b>*CG-SURG-49</b> Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities	Added HCPCS codes C7531, C7534, C7535 for revascularization of femoral, popliteal arteries, MN when criteria are met	5/1/2023
<b>*CG-SURG-63</b> Cardiac Resynchronization Therapy with or without an Implantable Cardioverter Defibrillator for the Treatment of Heart Failure	Added HCPCS codes C7538, C7539, C7540 when related to cardiac resynchronization therapy, MN when criteria are met	5/1/2023
<b>*CG-SURG-82</b> Bone-Anchored and Bone Conduction Hearing Aids	Added CPT codes 69729, 69730 for BAHA with magnetic transcutaneous attachment, MN when criteria are met; also descriptor revisions for codes 69716, 69717, 69719	5/1/2023
<b>*CG-SURG-83</b> Bariatric Surgery and Other Treatments for Clinically Severe Obesity	Added new CPT codes 43290, 43291 for intragastric balloon considered INV&NMN; added NOC code 64999 replacing CPT category III codes 0312T-0317T when specified as VBLOC considered INV&NMN; removed CPT code 00797 for associated anesthesia not addressed	5/1/2023
<b>DME.00011</b> Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices	Added new CPT Category III codes 0766T, 0767T, 0768T, 0769T, 0783T effective for transcutaneous electromagnetic pulse stimulation and transcutaneous auricular neurostimulation, considered INV&NMN	5/1/2023
<b>DME.00048</b> Virtual Reality-Assisted Therapy Systems	Added new CPT Category III codes 0770T, 0771T, 0772T, 0773T, 0774T for services using virtual reality technology, considered INV&NMN	5/1/2023

<b>GENE.00010</b> Panel and other Multi-Gene Testing for Polymorphisms to Determine Drug-Metabolizer Status	Added new CPT code 81418 for drug metabolism panel, considered INV&NMN	5/1/2023
<b>GENE.00049</b> Circulating Tumor DNA Panel Testing (Liquid Biopsy)	Added CPT PLA code 0356U for NavDx test considered INV&NMN	5/1/2023
<b>*GENE.00052</b> Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	Moved content from GENE.00037 Genetic Testing for Macular Degeneration and CG-GENE-23 Genetic Testing for Heritable Cardiac Conditions into this document  Added chromosome conformation signatures to scope of document and INV&NMN statement	5/1/2023
<b>*GENE.00056</b> Gene Expression Profiling for Bladder Cancer	Added CPT PLA code 0363U for Cxbladder Triage test considered INV&NMN	5/1/2023
<b>LAB.00011</b> Selected Protein Biomarker Algorithmic Assays	Added CPT PLA code 0360U for Nodify CDT test considered INV&NMN	5/1/2023
<b>LAB.00033</b> Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer	Added CPT PLA code 0359U for IsoPSA test, considered INV&NMN	5/1/2023
<b>LAB.00046</b> Testing for Biochemical Markers for Alzheimer's Disease	Added CPT PLA codes 0358U for Lumipulse G $\beta$ Amyloid Ratio and 0361U for Neurofilament Light Chain (NfL) tests, considered INV&NMN	5/1/2023

<p><b>*MED.00130</b> Surface Electromyography and Electrodermal Activity Sensor Devices for Seizure Monitoring</p> <p><b>Previously titled:</b> Surface Electromyography Devices for Seizure Monitoring</p>	<p>Revised title Revised Position Statement by adding electrodermal activity sensor devices</p> <p>Added HCPCS code E1399 NOC, no specific code for electrodermal activity devices considered INV&amp;NMN</p>	<p>5/1/2023</p>
<p><b>*SURG.00011</b> Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting</p>	<p>Added HCPCS codes Q4262, Q4263, Q4264 for products considered INV&amp;NMN; also added Q4236 reactivated for Care patch, considered INV&amp;NMN</p>	<p>5/1/2023</p>
<p><b>*SURG.00023</b> Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures</p>	<p>Added chest wall reconstruction with flat chest closure to the list of surgical procedures considered 'Reconstructive' following surgery for breast cancer</p>	<p>5/1/2023</p>
<p><b>SURG.00079</b> Nasal Valve Repair</p>	<p>Added new CPT code 30469 for Vivaer procedure, considered INV&amp;NMN</p>	<p>5/1/2023</p>
<p><b>SURG.00095</b> Viscocalostomy and Canaloplasty</p>	<p>Revised descriptors for CPT codes 66174, 66175</p>	<p>12/28/2022</p>
<p><b>*SURG.00097</b> Scoliosis Surgery</p>	<p>Added magnetically controlled growing rods to scope of document in INV&amp;NMN statement</p>	<p>5/1/2023</p>
<p><b>SURG.00113</b> Artificial Retinal Devices</p>	<p>Removed HCPCS codes C1841, C1842 HCPCS update</p>	<p>12/28/2022</p>
<p><b>SURG.00140</b> Peripheral Nerve Blocks for Treatment of Neuropathic Pain</p>	<p>Revised descriptors for CPT codes 64415, 64417, 64447</p>	<p>12/28/2022</p>



<p><b>TRANS.00013</b> Small Bowel, Small Bowel/Liver, and Multivisceral Transplantation</p>	<p>Added the term “Multivisceral” and the phrase, “including but not limited to treatment of pseudotumor peritonei” to the first INV&amp;NMN statement</p> <p>Removed the third INV&amp;NMN on “all other Multivisceral transplants”</p>	<p>5/1/2023</p>
<p><b>TRANS.00029</b> Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias</p>	<p>Expanded scope of document to address autologous hematopoietic stem cell mobilization and pheresis for the treatment of genetic diseases as part of the development of an FDA-approved ex vivo gene therapy (for example, betibeglogene autotemcel or elivaldogene autotemcel)</p> <p>Added MN and INV&amp;NMN criteria for Autologous hematopoietic stem cell mobilization and pheresis</p>	<p>5/1/2023</p>
<p><b>THER-RAD.00012</b> Electrophysiology-Guided Noninvasive Stereotactic Cardiac Radio-ablation</p>	<p>Added new CPT Category III codes 0745T, 0746T, 0747T for cardiac radio-ablation services considered INV&amp;NMN: replacing non-specific radiation therapy codes</p>	<p>5/1/2023</p>
<p><b>TRANS.00035</b> Therapeutic use of Stem Cells, Blood, and Bone Marrow Products</p>	<p>Added CPT Category III code 0748T for injection of stem cell product into perianal perifistular soft tissue considered INV&amp;NMN</p>	<p>5/1/2023</p>

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**URL:** <https://providernews.anthem.com/missouri/article/medical-policies-and-clinical-guidelines-updates-february-2023>

## AIM Specialty Health Cardiology Clinical Appropriateness Guidelines CPT Code List update

Published: Feb 1, 2023 - **Policy Updates** / Medical Policy & Clinical Guidelines

Effective for dates of service on and after April 1, 2023, the following code updates will apply to the AIM Specialty Health®\* 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 in one of several ways:

- Access AIM's *ProviderPortal*<sub>SM</sub> 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 the Availity Essentials at [availity.com](https://availity.com)

If you have questions related to guidelines, please 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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## Updates to AIM Specialty Health Advanced Imaging Clinical Appropriateness Guidelines

Published: Feb 1, 2023 - **Policy Updates** / Medical Policy & Clinical Guidelines

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

Effective for dates of service on and after April 9, 2023, the following updates will apply to the AIM Specialty Health®\* (AIM) *Advanced Imaging 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.

## **Updates by guideline**

- Imaging of the Brain:
  - Meningioma — Added more frequent surveillance for WHO grade II/III
  - Bell's palsy — Limited the use of CT to scenarios where MRI cannot be performed
  - Seizure disorder — Added indication for advanced imaging in pediatric patients with nondiagnostic electroencephalogram (EEG)
  
- Imaging of the Head and Neck:
  - Perioperative imaging — Added indication for imaging prior to facial feminization surgery
  
- Imaging of the Chest:
  - Perioperative imaging — Added indication for imaging prior to lung volume reduction procedures
  - Imaging abnormalities — Added indication for evaluation of suspected tracheal or bronchial pathology
  
- Imaging of the Abdomen/Pelvis:
  - Uterine leiomyomata — Added indication for advanced imaging when ultrasound suggests leiomyosarcoma
  - Pancreatic indications — Added indication for pancreatic duct dilatation
  - Pancreatic mass — Added allowance for more frequent follow up of lesions with suspicious features or in high-risk patients
  - Pancreatitis — Removed allowance for MRI following nondiagnostic CT

- Abdominal/pelvic pain, undifferentiated — Removed indication for MRI following nondiagnostic CT
- Oncologic Imaging:
  - National Comprehensive Cancer Network annual alignments for breast cancer screening and the following: Cervical, Head and Neck, Histiocytic Neoplasms, Lymphoma (Non-Hodgkin and Leukemia), Multiple Myeloma, Thoracic, and Thyroid cancers
  - Prostate Cancer:
    - Updated respective conventional imaging prerequisites for 18F Fluciclovine/11C PET/CT and 68Ga PSMA/18F-DCFPyL PET/CT, based on utility of conventional imaging at various PSA thresholds (and removal of low-risk disease waiver from conventional imaging footnote).
    - Addition of 68Ga PSMA or 18F-DCFPyL PET/CT indication aligned with FDA-approved use of Pluvicto (radioligand) treatment for metastatic castrate-resistant disease

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

- Access AIM's *ProviderPortal*<sub>SM</sub> 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\* Essentials at [availity.com](https://www.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 at <http://www.aimspecialtyhealth.com/ClinicalGuidelines.html>.

\* AIM Specialty Health is an independent company providing some utilization review services on behalf of the health plan. Availity, LLC is an independent company providing administrative support services on behalf of the health plan. CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of the health plan.

MULTI-BCBS-CRCM-012947-22-CPN11942

**URL:** <https://providernews.anthem.com/missouri/article/updates-to-aim-specialty-health-advanced-imaging-clinical-appropriateness-guidelines-35>

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## Specialty pharmacy updates - February 2023

Published: Feb 1, 2023 - **Products & Programs** / Pharmacy

Prior authorization clinical review for **non-oncology** use of specialty pharmacy drugs is managed by Anthem Blue Cross and Blue Shield'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 submit a prior authorization for your patients' continued use of these medications.

Including the National Drug Code (NDC) code on your claim may help expedite claim processing for drugs billed with a Not Otherwise Classified (NOC) code.

### **Reminder: *Clinical Criteria* name change**

In January 2023, we changed the name of *Clinical Criteria* documents from ING-CC-XXXX to CC-XXXX; however, the content within the documents remains unchanged.

### **Prior authorization updates**

**Effective for dates of service on and after May 1, 2023**, the following specialty pharmacy codes from current or new *Clinical Criteria* documents will be included in our prior authorization review process.

<b>Clinical Criteria</b>	<b>Drug</b>	<b>HCPCS or CPT® code(s)</b>
CC-0226* <sup>+</sup>	Elahere (mirvetuximab)	J3590, J9999
CC-0223* <sup>+</sup>	Imjudo (tremelimumab-actl)	J3490, J3590, J9999
CC-0224* <sup>+</sup>	Pedmark (sodium thiosulfate injection)	J3490, J9999
CC-0222* <sup>+</sup>	Tecvayli (teclistamab-cqyv)	J3490, J3590, J9999
CC-0225 <sup>+</sup>	Tzield (teplizumab-mzww)	J3490, J3590
CC-0107* <sup>+</sup>	Vegzelma (bevacizumab-adcd)	J3590, J9999
CC-0072 <sup>+</sup>	Vegzelma (bevacizumab-adcd)	J3590

\* Oncology use is managed by AIM.

<sup>+</sup> The applicable Clinical Criteria is attached to this article in PDF format.

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

### Step therapy updates

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

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

*Clinical Criteria* CC-0107 currently has a step therapy preferring Avastin and the biosimilar Mvasi. This update is to notify that the new biosimilar Vegzelma will be added to existing step therapy as a non-preferred agent.

<b>Clinical Criteria</b>	<b>Status</b>	<b>Drug</b>	<b>HCPCS or CPT code(s)</b>
CC-0107* <sup>+</sup>	Non-preferred	Alymsys	C9142, J3490, J3590, J9999
CC-0107*	<i>Non-preferred</i>	<i>Vegzelma</i>	<i>J3590, J9999</i>
CC-0107*	Non-preferred	Zirabev	Q5118
CC-0107*	Preferred	Avastin	J9035
CC-0107*	Preferred	Mvasi	Q5107

\* Oncology use is managed by AIM.

<sup>+</sup> The applicable Clinical Criteria is attached to this article in PDF format.

**Clinical Criteria CC-0072:** This is a courtesy notice to notify that there is an expansion in the preferred products in the step therapy for *Clinical Criteria* CC-0072 Vascular Endothelial Growth Factor inhibitors. Currently, Avastin and Eylea are preferred. Effective April 1, 2023, Byooviz, Cimerli, Lucentis, and Vabysmo will change from non-preferred to preferred product status.

### Quantity limit updates

Effective for dates of service on and after May 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.

<b>Clinical Criteria</b>	<b>Drug</b>	<b>HCPCS or CPT code(s)</b>
CC-0225 <sup>+</sup>	Tziel (teplizumab-mzww)	J3490, J3590
CC-0072 <sup>+</sup>	Vegzelma (bevacizumab-adcd)	J3590

<sup>+</sup> The applicable Clinical Criteria is attached to this article in PDF format.

\* AIM Specialty Health is an independent company providing some utilization review services on behalf of the health plan.

MULTI-BCBS-CM-016921-23

URL: <https://providernews.anthem.com/missouri/article/specialty-pharmacy-updates-february-2023-1>

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## 2023 FEP benefit information available online

Published: Feb 1, 2023 - **State & Federal** / Federal Employee Plan (FEP)

To view the 2023 benefits and changes for the Blue Cross Blue Shield Service Benefit Plan, also known as the Federal Employee Program<sup>®</sup> (FEP), **go to [www.fepblue.org](http://www.fepblue.org)** > select **Tools & Resources > Brochure & Resources**. Here, you will find the Service Benefit plan brochure, benefit plan summaries, and Quick Reference Guides on information for year 2023. If you have questions, please contact FEP Customer Service at:

CO – **800-852-5957**



CT – 800-438-5356  
GA – 800-282-2473  
IN – 800-382-5520  
KY – 800-456-3967  
ME – 800-722-0203  
MO – 800-392-8043  
NV – 800-727-4060  
NH – 800-852-3316  
NY – 800-522-5566  
OH – 800-451-7602  
VA – 800-552-6989  
WI – 800-242-9635

MULTI-BCBS-CM-014973-22

URL: <https://providernews.anthem.com/missouri/article/2023-feb-benefit-information-available-online-1>

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## **Name change announcement: myNEXUS will transition to Carelon Post Acute Solutions on March 1, 2023**

Published: Feb 1, 2023 - State & Federal / Medicare

In June 2022, myNEXUS\* announced that it joined the Carelon family of companies. Carelon\* is a new healthcare services brand dedicated to solving the industry's most complex challenges.

As part of this shift, myNEXUS will begin operating under a new name, Carelon Post Acute Solutions, on March 1, 2023.

In March, any documents that mention myNEXUS, such as provider forms or the myNEXUS website (<https://www.mynexuscare.com>), will begin adopting the new Carelon Post Acute Solutions name. This is a name change only and does not impact the services myNEXUS offers or the way myNEXUS works with providers.

Learn more about Carelon and myNEXUS by visiting:

<https://www.carelon.com/about-us/businesses/mynexus>

\* myNEXUS/Carelon is an independent company providing post acute care services on behalf of the health plan.

MULTI-BCBS-CR-016950-22-CPN16447

**URL:** <https://providernews.anthem.com/missouri/article/name-change-announcement-mynexus-will-transition-to-carelon-post-acute-solutions-on-march-1-2023>

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## Keep up with Medicare News - February 2023

Published: Feb 1, 2023 - **State & Federal** / Medicare

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

- [Anthem Blue Cross and Blue Shield expands specialty pharmacy precertification list \(FyInetra\)](#)
- [Anthem Blue Cross and Blue Shield expands specialty pharmacy precertification list \(Spevigo, Xenpozyme\)](#)
- [Specialty pharmacy precertification list expansion \(Rolvedon, Stimufend\)](#)
- [New specialty pharmacy medical step therapy requirements](#)
- [Prior authorization requirement changes effective April 1, 2023](#)
- [Medical Policies and Clinical Utilization Management Guidelines update](#)

**URL:** <https://providernews.anthem.com/missouri/article/keep-up-with-medicare-news-february-2023-6>

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