Anthem Blue Cross

Avastin for Ophthalmic Use

**C9257 can be billed in office setting for network providers**
Beginning first quarter 2016, C9257-Avastin 0.25mg (for ophthalmic use), will be payable for facilities and professional providers when other criteria are met for individual Medicare Advantage claims. In addition, Anthem will no longer require a Prior Authorization for Avastin for Ophthalmic injection.

Anthem Blue Cross is implementing a new reimbursement methodology for specific injectables effective 1/1/16. For certain drugs, this will represent an increase in reimbursement over current ASP rates. The positive reimbursement change impacts individual Medicare Advantage members. Providers are encouraged to utilize lower cost therapeutic alternatives when clinically appropriate. You can help your patients who are using higher cost brand injectable drugs save money. To help your patients, we review ways to lower the cost of health care and make insurance more affordable.

**Changes to Billing C9257 for Individual Medicare Advantage plans**

*Expanded billing to office setting*
Effective 1/1/16, office-based retina specialists should use HCPCS code C9257 when submitting claims for intravitreal injections of bevacizumab for retina diseases. Up to five (5) units may be submitted per eye.

The enhanced C-code reimbursement rate, provides comparable reimbursement dynamics as other intravitreal injections available to treat these conditions. To understand the rate you will received please contact Samit Bhatt, Clinical Pharmacist, at SBhatt@magellanhealth.com

*No Precertification required*
As part of this effort, the plan has removed the 2015 prior authorization requirement for C9257. You do not need to call for prior authorization for C9257 when using Avastin 0.25 mg for ophthalmic uses. This applies to all provider types that can currently bill C9257, which has been limited to facilities and clinics.

*For more information*
Email Samit Bhatt, Clinical Pharmacist, at SBhatt@magellanhealth.com

Any communication between Magellan and providers should not be construed as clinical or medical advice, treatment protocols or required practice guidelines. Diagnosis, prescriptions and treatment recommendations, and the provision of medical care services for Anthem Blue Cross members and enrollees are the sole responsibility
of providers and practitioners who must exercise their own judgment. Magellan’s communications do not supersede the members’ Policy or Certificate and Schedule of Benefits.

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