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Network Update is produced bi-monthly by Anthem Blue Cross and Blue Shield’s Marketing Communications Department.

Important phone numbers

anthem.com
CT17002
CTNL0417
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- ConditionCare Program benefits members and physicians

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- Pharmacy information available on anthem.com

Medical policy update
- Medical policy updates are available on anthem.com

Clinical guidelines update
- Clinical guideline updates are available on anthem.com

Health care reform update

Health care reform updates on anthem.com

Please be sure to check the Health Care Reform Updates and Notifications and Information about Health Insurance Exchanges sections of our website regularly for the latest updates on health care reform and Health Insurance Exchanges.

Anthem provides new or additional evidence considered during an appeal

The Department of Labor, Health and Human Services and the Treasury published final ACA Market Reform regulations. Under the rule, issuers must automatically provide impacted members (free of charge) a copy of any new or additional evidence considered in conjunction with the appeal of a claim. This information must be provided in advance of a final adverse benefit determination.

Please be advised, in accordance with the regulation, we will send new or additional evidence to impacted members. This includes any information providers submit that is used in decision making for a grievance or appeal request.

Integrated Care Model for plans purchased on the Health Insurance Marketplace benefits members and physicians

An Integrated Care Model affords members with plans purchased on the Health Insurance Marketplace (also called the exchange) the ability to have continuity of care with each care management case. A single primary care nurse provides case and disease assessment and management. This continuity provides opportunity for the member to get assistance working through an acute phase of an illness and then work with their nurse on the necessary behavioral changes needed to improve their health and enhance their well-being. The program is based on nationally recognized clinical guidelines and serves as an excellent adjunct to physician care.

The Integrated Care Model helps exchange members better understand and control certain medical conditions like diabetes, COPD, heart failure, asthma and coronary artery disease. Our nurse care managers are part of an interdisciplinary team of
clinicians and other resource professionals that are there to support members, families, primary care physicians and caregivers.

Nurse Care Managers encourage participants to follow their physician's plan of care; not to offer separate medical advice. In order to help ensure that our service complements the physician's instructions, we collaborate with the treating physician to understand the member's plan of care and educate the member on options for their treatment plan.

Members or caregivers can refer themselves or family members by calling the Case Management (CM) number located in the grid below. How do you contact Case Management?

<table>
<thead>
<tr>
<th>CM Telephone Number</th>
<th>CM Email Address</th>
<th>CM Business Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>800-231-8254</td>
<td><a href="mailto:CMReferralSpecialistNE@anthem.com">CMReferralSpecialistNE@anthem.com</a></td>
<td>Mon - Thurs, 8:00 a.m. - 9:00 p.m., Friday, 8:00 a.m. - 8:00 p.m., Saturday, 9:00 a.m. - 5:30 p.m.</td>
</tr>
</tbody>
</table>

**Administrative and policy update**

**Sign-up today for Network eUPDATE – it's free!**

Connecting with us and staying informed is easy, faster and convenient with our Network eUPDATEs. Network eUPDATE is our web tool for sharing vital information with you. It features short topic summaries on late breaking news that impacts providers:

- Important website updates
- System changes
- Medical policy updates
- Claims and billing updates

......and much more

[Registration](#) is fast and easy. There is no limit to the number of subscribers who can register for Network eUPDATEs, so you can submit as many e-mail addresses as you like.

**Update to claims processing edits and reimbursement policies**

On April 1, 2017, we will be updating our Anthem Online Provider Services (AOPS) website with the following new and/or revised reimbursement policies. The updates below identify if the article pertains to professional or facility provider billing.

**Anesthesia Services, Bundled Services and Supplies, and Modifiers 59, XE, XP, XS, and XU – professional**

Based on January 1, 2017 Current Procedural Terminology (CPT®) code additions and deletions, we have updated our Anesthesia Services, Bundled Services and Supplies, and Modifiers 59, XE, XP, XS, and XU policies to reflect coding changes to spinal injections with imaging guidance; however, these updates do not cause significant changes to the policies' position or criteria.
Claim Editing Overview and Frequency Editing - professional
We are updating our Claim Editing Overview and Frequency Editing reimbursement policies to further clarify our frequency editing guidelines will apply per day unit frequency maximums based on the CPT/Healthcare Common Procedure Coding System (HCPCS) codes listed on the CMS Medically Unlikely Edit (MUE) listing that have a per day MUE Adjudication Indicator of “2”. Modifiers will not override these frequency limits.

Frequency Editing – professional
CPT codes 95925, 95926, 95938, and 95927 (short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system...) and 95928, 95929, and 95939 (central motor evoked potential study (transcranial motor stimulation)... and 195928, 95929, and 95939 (central motor evoked potential study (transcranial motor stimulation)... are currently limited to once per date of service. Based on the indication of plurality within each code’s description, beginning with claims processed on or after May 20, 2017, modifiers will not override the frequency limit of one per date of service on each of these codes.

CPT code 96900 (actinotherapy (ultraviolet light)) is currently limited to once per date of service. The August 2006 CPT Assistant states, "Code 96900 is reported once per session... regardless of the number of anatomical areas treated." Therefore, beginning with claims processed on or after May 20, 2017 modifiers will not override the frequency limit of one per date of service.

In addition, CPT code 87483 (infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen... includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets) will have a unit limit of one (1) per date of service for claims processed on or after May 20, 2017. Modifiers will not override this frequency limit edit.

Injection & Infusion Administration and Related Services & Supplies – professional
Hydration, therapeutic, prophylactic, and diagnostic injections and infusions are used for the administration of fluids and medications. We consider such injection and infusion services to be an integral component to the performance of procedural services that require the use of injection or infusion services to complete the procedure. Therefore, we are updating our policy to clarify that our current edits do not allow separate reimbursement for hydration, therapeutic, prophylactic, and diagnostic injections and infusions when reported with procedures that inherently include injection or infusion services to complete the procedure. For example, 96360-96361 (hydration infusion) is not eligible for separate reimbursement when reported with 92242 (fluorescein angiography and indocyanine-green angiography).

Laboratory & Venipuncture Services and Modifier Rules – professional
We are updating our policies to reflect that modifier 91 (repeat clinical diagnostic laboratory test) will not override our bundling edit for component codes for “Organ and Disease-Oriented Panels.” This edit will be effective for claims processed on or after May 20, 2017.

Modifier Rules - professional
We are adding modifiers Q5 (service furnished by a substitute physician under a reciprocal billing arrangement) and Q6 (service furnished by a locum tenens physician) to our Modifier Rules policy. These modifiers are informational only and have no effect on the maximum allowable amount of the reported procedure code.

Unit Frequency Maximums for Drugs and Biologic Substances - professional
Beginning with dates of service on or after July 1, 2017, HCPCS code J9351 (injection, topotecan, 0.1 mg) will have a frequency limit of 40 units per date of service. Modifiers will not override the frequency limit edit.
Review of reimbursement policies – professional
The following professional reimbursement policies received a review and may have word changes or clarifications; however, the changes did not cause significant changes to the policies’ position or criteria:

- Cancer Treatment Planning and Care Coordination
- Surgical Pathology & Related Prostate Needle Biopsy
- Screening Services with Related Evaluation & Management Services

Pre-service clinical review changes for specialty pharmacy drugs effective July 1, 2017
We will be expanding the list of specialty pharmacy drugs that are a part of the pre-service clinical review process. Listed below are specialty pharmacy codes from new or current medical policies and/or clinical UM guidelines that will be added to our existing pre-service review process effective July 1, 2017.

Pre-service clinical review of these specialty pharmacy drugs will be managed by AIM Specialty Health® (AIM®), a separate company administering the program on behalf of Anthem, as applicable.

<table>
<thead>
<tr>
<th>Clinical UM Guideline or Medical Policy</th>
<th>Drug Name</th>
<th>Drug Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRUG.00104</td>
<td>J3490</td>
<td>Spinraza</td>
</tr>
</tbody>
</table>

Ordering physicians can submit a pre-service clinical review request to AIM for this drug starting July 1, 2017 through one of the following options:

- AIM ProviderPortal® available 24/7 to process orders in real-time
- Access AIM’s portal via the Availity Web Portal
- AIM’s call center - 866-714-1107, 8:00 a.m. - 5:00 p.m.

Requests received by AIM more than two business days after the date of service will not be accepted by AIM. Post service clinical review will be handled by Anthem.

These medical policies and/or clinical UM guidelines can be accessed at anthem.com > Providers > Connecticut > Medical Policy, Clinical UM Guidelines, Pre-Cert Requirements > Medical Policies and Clinical UM Guidelines (for Local Plan Members). Recent changes to Medical Policies can be found under “Recent Updates”.

Clinically equivalent agents
As previously announced in the February 2017 Network Update, we have selected Remicade (infliximab) to be the infliximab of choice and the clinically equivalent agent over Inflectra (Infliximab-dyyb). Synvisc, Synvisc One, Orthovisc, and Monovisc have been selected as the clinically equivalent Hyaluronic Acid agents of choice.

Please note: Some benefit plans require the use of clinically equivalent agents; therefore, when prescribing a product in these categories, please consider using these agents.
Below are Clinical Guidelines and Medical Policies that have been updated to include the requirement of a clinically equivalent treatment. *Please note that the effective date for clinical guidelines CG-DRUG-64 and CG-DRUG-29 has been changed from May 1, 2017 to June 1, 2017.*

For more information on our Medical Policy and Clinical UM guidelines and dosing guidelines, refer to the complete list of Medical Policies and Clinical UM Guidelines on our website at anthem.com.

<table>
<thead>
<tr>
<th>Policy</th>
<th>Impacted Products</th>
<th>Clinically Equivalent/Cost Effective Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>FDA-Approved Biosimilar Products; CG.DRUG.64</td>
<td>Inflectra®</td>
<td>Remicade®</td>
</tr>
<tr>
<td><em>CG.Drug.29</em></td>
<td>Euflexxa®, Gel-One®, GelSyn®, Genvisc 850®, Hyalgan®, Hymovis®, Supartz®</td>
<td>Monovisc®, Orthovisc®, Synvisc, Synvisc One®</td>
</tr>
</tbody>
</table>

*CG.DRUG.29 is for clinically equivalent agents only.

**Clinically equivalent treatment requirement effective July 1, 2017**

Below is a Medical Policy that has been updated to include the requirement of a clinically equivalent treatment effective July 1, 2017.

For more information on our Medical Policy and Clinical UM guidelines and dosing guidelines, refer to the complete list of Medical Policies and Clinical UM Guidelines on our website at anthem.com.

<table>
<thead>
<tr>
<th>Policy</th>
<th>Impacted Products</th>
<th>Clinically Equivalent/Cost Effective Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRUG.00017 Hyaluronan injections for indications in joints other than the knee</td>
<td>Euflexxa®, Gel-One®, GelSyn®, Genvisc 850®, Hyalgan®, Hymovis®, Supartz®</td>
<td>Monovisc®, Orthovisc®, Synvisc, Synvisc One®</td>
</tr>
</tbody>
</table>

**Clinical Guideline CG-DRUG-15 - Gonadotropin Releasing Hormone archived effective December 28, 2016**

(The following guideline has been archived.)

CG-DRUG-15 - Gonadotropin Releasing Hormone Analogs (Note: Content of CG-DRUG-15 transferred to new clinical UM guidelines CG-DRUG-60 Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications and CG-DRUG-61 Gonadotropin Releasing Hormone Analogs for the Treatment of Non-Oncologic Indications. Only CG-DRUG-61 has been adopted at this time).

**Pre-service clinical review for genetic testing to be transitioned to AIM Specialty Health effective July 1, 2017**

Effective with dates of service on or after July 1, 2017, we will transition the medical necessity review of all genetic testing services for local fully insured members to AIM Specialty Health®, a separate company. Additionally, this review will now take place as a pre-service clinical review. The medical policies and associated codes that will be reviewed by AIM for medical necessity are as follows:
<table>
<thead>
<tr>
<th>Medical Policy</th>
<th>Medical Policy Title</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENE.00001</td>
<td>Genetic Testing for Cancer Susceptibility</td>
<td>81404, 81405, 81406, 81437, 81438, 81445, 81450, 81455, 81479</td>
</tr>
<tr>
<td>GENE.00002</td>
<td>Preimplantation Genetic Diagnosis Testing</td>
<td>89290, 89291</td>
</tr>
<tr>
<td>GENE.00003</td>
<td>Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer's Disease</td>
<td>81401, 81405, 81406, 83520, 84999, S3852</td>
</tr>
<tr>
<td>GENE.00004</td>
<td>Janus Kinase 2 (JAK2)V617F Gene Mutation Assay</td>
<td>81270, 81403</td>
</tr>
<tr>
<td>GENE.00005</td>
<td>BCR-ABL Mutation Analysis</td>
<td>81170, 81401</td>
</tr>
<tr>
<td>GENE.00006</td>
<td>Epidermal Growth Factor Receptor (EGFR) Testing</td>
<td>81235, 88365</td>
</tr>
<tr>
<td>GENE.00007</td>
<td>Cardiac Ion Channel Genetic Testing</td>
<td>81406, 81413, 81414, 81404, 81405, 81406, 81407, 81408, S3861</td>
</tr>
<tr>
<td>GENE.00008</td>
<td>Analysis of Fecal DNA for Colorectal Cancer Screening</td>
<td>81528, 81479</td>
</tr>
<tr>
<td>GENE.00009</td>
<td>Gene-Based Tests for Screening, Detection and Management of Prostate Cancer</td>
<td>81313, 81479, 81599</td>
</tr>
<tr>
<td>GENE.00010</td>
<td>Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status</td>
<td>81225, 81479, 81381, 81226, 81400, 81401, 81227, 81350, 81355, G9143</td>
</tr>
<tr>
<td>GENE.00011</td>
<td>Gene Expression Profiling for Managing Breast Cancer Treatment</td>
<td>81519, 0008M, 81599, 84999, S3854</td>
</tr>
<tr>
<td>GENE.00012</td>
<td>Preconceptional or Prenatal Genetic Testing of a Parent or Prospective Parent</td>
<td>81200, 81209, 81220, 81221, 81222, 81223, 81224, 81241, 81242, 81251,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>81252, 81253, 81254, 81255, 81256, 81257, 81290, 81330, 81412, S3841,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>S3842, S3844, S3845, S3846, S3849, S3853, 81403, 81404, 81405, 81406,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>81380, 81479, 81415, 81416, 81417, 81425, 81426, 81427</td>
</tr>
<tr>
<td>GENE.00014</td>
<td>Analysis of KRAS Status</td>
<td>81275, 81276, 88363</td>
</tr>
<tr>
<td>GENE.00016</td>
<td>Gene Expression Profiling for Colorectal Cancer</td>
<td>81525, 81599, 84999</td>
</tr>
<tr>
<td>GENE.00017</td>
<td>Genetic Testing for Diagnosis and Management of Hereditary Cardiomyopathies (including ARVD/C)</td>
<td>81403, 81405, 81406, 81407, 81408, 81439, 81479, S3865, S3866</td>
</tr>
<tr>
<td>GENE.00018</td>
<td>Gene Expression Profiling for Cancers of Unknown Primary Site</td>
<td>81406, 81504, 81540, 81599</td>
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<tr>
<td>GENE.00019</td>
<td>BRAF Mutation Analysis</td>
<td>81210, 88363, 81406</td>
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<tr>
<td>GENE.00020</td>
<td>Gene Expression Profile Tests for Multiple Myeloma</td>
<td>81479, 81599</td>
</tr>
<tr>
<td>GENE.00021</td>
<td>Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies</td>
<td>81228, 81229, S3870, 81405</td>
</tr>
<tr>
<td>GENE.00022</td>
<td>In Vitro Companion Diagnostic Devices</td>
<td>Specific coding does not apply</td>
</tr>
<tr>
<td>GENE.00023</td>
<td>Gene Expression Profiling of Melanomas</td>
<td>81599, 84999</td>
</tr>
<tr>
<td>GENE.00024</td>
<td>DNA-Based Testing for Adolescent Idiopathic Scoliosis</td>
<td>0004M</td>
</tr>
<tr>
<td>GENE.00025</td>
<td>Molecular Profiling for the Evaluation of Malignant Tumors</td>
<td>81425, 81445, 81450, 81455, 81479, 81599, 88363</td>
</tr>
<tr>
<td>Medical Policy</td>
<td>Medical Policy Title</td>
<td>Codes</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>GENE.00026</td>
<td>Cell-Free Fetal DNA-Based Prenatal Screening for Fetal Aneuploidy</td>
<td>81507, 0009M, 81420, 81479, 81599, 81422</td>
</tr>
<tr>
<td>GENE.00027</td>
<td>The Panexia™ Test for Oncologic Indications</td>
<td>81406, 81479</td>
</tr>
<tr>
<td>GENE.00028</td>
<td>Genetic Testing for Colorectal Cancer Susceptibility</td>
<td>81288, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81317, 81318, 81319, 81403, 81435, 81436, 81201, 81202, 81203, 81401, 81406</td>
</tr>
<tr>
<td>GENE.00029</td>
<td>Genetic Testing for Breast and/or Ovarian Cancer Syndrome</td>
<td>81162, 81211, 81212, 81213, 81214, 81215, 81216, 81217, 81432, 81433, 81445, 81455</td>
</tr>
<tr>
<td>GENE.00030</td>
<td>Genetic Testing for Endocrine Gland Cancer Susceptibility</td>
<td>81404, 81405, S3840, 81445, 81455, 81479</td>
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<tr>
<td>GENE.00031</td>
<td>Genetic Testing for PTEN Hamartoma Tumor Syndrome</td>
<td>81321, 81322, 81323</td>
</tr>
<tr>
<td>GENE.00032</td>
<td>Molecular Marker Evaluation of Thyroid Nodules</td>
<td>81545, 81599</td>
</tr>
<tr>
<td>GENE.00033</td>
<td>Genetic Testing for Inherited Peripheral Neuropathies</td>
<td>81324, 81325, 81326, 81403, 81404, 81405, 81406, 81440, 81479</td>
</tr>
<tr>
<td>GENE.00034</td>
<td>SensiGene® Fetal RhD Genotyping Test</td>
<td>81403</td>
</tr>
<tr>
<td>GENE.00035</td>
<td>Genetic Testing for TP53 Mutations (Li-Fraumeni Syndrome)</td>
<td>81404, 81405, 81445, 81455</td>
</tr>
<tr>
<td>GENE.00036</td>
<td>Genetic Testing for Hereditary Pancreatitis</td>
<td>81222, 81223, 81224, 81401, 81404, 81479</td>
</tr>
<tr>
<td>GENE.00037</td>
<td>Genetic Testing for Macular Degeneration</td>
<td>81401, 81405, 81408, 81479, 81599</td>
</tr>
<tr>
<td>GENE.00038</td>
<td>Genetic Testing for Statin-Induced Myopathy</td>
<td>81400</td>
</tr>
<tr>
<td>GENE.00039</td>
<td>Genetic Testing for Frontotemporal Dementia (FTD)</td>
<td>81406, 81479</td>
</tr>
<tr>
<td>GENE.00040</td>
<td>Genetic Testing for CHARGE Syndrome</td>
<td>81403, 81407</td>
</tr>
<tr>
<td>GENE.00041</td>
<td>Short Tandem Repeat Analysis for Specimen Provenance Testing</td>
<td>81479</td>
</tr>
<tr>
<td>GENE.00042</td>
<td>Genetic Testing for Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy (CADASIL) Syndrome</td>
<td>81406</td>
</tr>
<tr>
<td>GENE.00043</td>
<td>Genetic Testing of an Individual's Genome for Inherited Diseases</td>
<td>81479, 81599, 81403, 81404, 81405, 81406, 81408, 81410, 81411, 81415, 81416, 81417, 81425, 81426, 81427, 81430, 81431, 81434, 81440, 81442, 81460, 81465, 81470, 81471, 81479, 81493, 81506, 81599, S3800</td>
</tr>
<tr>
<td>GENE.00044</td>
<td>Analysis of PIK3CA Status in Tumor Cells</td>
<td>81404</td>
</tr>
<tr>
<td>GENE.00045</td>
<td>Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers</td>
<td>81479, 81599</td>
</tr>
<tr>
<td>GENE.00046</td>
<td>Prothrombin G20210A (Factor II) Mutation Testing</td>
<td>81240</td>
</tr>
<tr>
<td>GENE.00047</td>
<td>Methyltetrahydrofolate Reductase Mutation Testing</td>
<td>81291</td>
</tr>
</tbody>
</table>
Beginning July 1, 2017, please submit genetic testing pre-service clinical review requests for fully insured members to AIM through one of the following options:

- AIM ProviderPortalSM available 24/7 to process orders in real-time
- Access AIM’s portal via the Availity Web Portal
- AIM’s call center - 866-714-1107, 8:00 a.m. - 5:00 p.m.

To find more information about genetic testing pre-service clinical review at AIM, please visit http://www.aimprovider.com/genetictesting/.

The program applies to local Anthem fully-insured members only. This program excludes the following: Medicare, Medicaid, FEP®, Taft Hartley, National Accounts and Local ASO.

For further questions regarding pre-service clinical review requirements please contact the provider service number on the back of the member’s ID card.

**Updated biosimilar product information**

Biosimilar products are now addressed in CG-DRUG-64 (effective 11-17-16). The clinical indications have not changed.

**Primary care physician selection initiative**

Beginning January 1, 2017, our members are now asked to select a primary care physician (PCP) under their health plan. Having one doctor oversee a member’s general care can have a significant impact on overall health. PCP selection provides members with:

- One main health advocate - PCPs talk with members about health questions, medicines they’re taking or are prescribed, what specialists to use and how to manage any ongoing health problems.
- Coordinated care - This allows PCPs to oversee all medicines, treatments, lab tests and other types of care to make sure everything is working well together.
- A preventive care guardian – PCPs can help members stay healthy by making sure they keep up with preventive care and use the benefits included in their health plan.

In addition, in March 2017, we launched an outreach initiative to help our members better manage any ongoing health conditions they may have. We will reach out to PCPs in an effort to work toward scheduling members with a chronic condition for a health exam.

As a PCP, reaching out to these members can help you better manage any ongoing health conditions they may have.

If you have any questions, please contact the Provider Call Center at 800-922-3242.
**Refer to in-network providers**

We have received numerous complaints recently about network providers recommending non-participating DME providers or other non-participating providers which impacts member benefits.

As a reminder, your Anthem agreement requires referrals to in-network providers. Using in-network providers helps our members maximize their benefits and minimize their out-of-pocket expenses.

**New benefit for the Federal Employee Program®**

The gender reassignment surgery (GRS) benefit was added January 1, 2017 to provide surgical benefits for the treatment of gender dysphoria for members age 18 or older. The Blue Cross and Blue Shield Service Benefit Plan brochure, available on fepblue.org, outlines all criteria and requirements to utilize the GRS benefit.

The GRS benefit requirements include but are not limited to:

- Diagnosis of gender dysphoria by a qualified health professional
- Prior approval is required for surgeries requested
- Treatment plan with all surgeries listed and the proposed plan of care
- Inclusion of two referral letters from qualified mental health professionals

A Provider Toolkit for the GRS benefit is available that lists all prior approval requirements and includes form fields to enter name(s) and contact number(s). A list of covered procedures is included with the Toolkit. To request this Provider Toolkit, call our Utilization Management toll-free number at 800-860-2156 to speak to a UM representative. To assist with the prior authorization of the services requested, a completed Provider Toolkit and the required documentation must be provided to the Plan.

For prior approval requests, it’s important to identify the care coordinator and/or the referring provider who would be the single point of contact for all care for the member’s gender reassignment. Providing this contact name will assist in the prior approval process. If you do not have the care coordinator or referring provider contact information, please ask the member to call the Utilization Management department toll-free number at 800-860-2156 to provide the name of his/her care coordinator to a UM nurse or intake representative.

**Medicare update**

**Coding patient services reminders**

To help ensure your patients and our members receive their medical care in a timely fashion, we would like to remind you of important things to keep in mind when submitting CPT codes for requested services:

- Ensure the CPT code requested is the service that the physician/provider details in the medical record.
- Review appropriate coding and Medicare guidelines to ensure service is a covered service and that the code is a valid code for that year.
- If a code that is requested does not match the intended service, please be prepared to correct the error and resubmit the request.
- We rely on the information submitted from the medical record to make our determinations on your requests. It’s important to submit all relevant information for the member’s requested service.
Providers requesting authorization for services based on incorrectly documented CPT/HCPCS codes may receive avoidable denial notices where the code/service is found not medically necessary or non-covered.

**Preventive service procedure codes updated for 2017**

Preventive service procedure codes have been updated. Please be sure to file claims with the new codes according to the dates of service applicable.

**Abdominal aortic aneurysms**
- Effective January 1, 2017, 76706 will replace G0389 for abdominal aortic aneurysms (AAA)
- G0389 is used for services furnished prior to January 1, 2017.

**New flu vaccines –Medicare preventive benefit – Part B immunizations**
- 90674 Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
  - This new flu vaccine code can be used for dates of service on or after August 1, 2016.
- 90682 Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
  - Currently, this new flu vaccine has not received FDA approval therefore this flu vaccine will be denied. Once approved by the FDA, this vaccine will be a covered Medicare Part B Immunization.

**Smoking and tobacco cessation**
Effective October 1, 2016, G0436 & G0437 are no longer valid codes for smoking and tobacco cessation counseling services. Beginning with dates of service on or after October 1, 2016, CPT codes 99406 & 99407 should be used to report smoking and tobacco cessation counseling services.

**CMS releases new coding guidelines for 3D mammography**
When billing for mammography services, please use the following G codes for services January 1 2017 and thereafter: G0202, G0204, and G0206.

Additional information from CMS is available [here](#).

**Comply with clinical information requests**
We require that treating physicians, clinicians or suppliers comply with all requests for documentation from us. Providers are responsible for providing any and all related medical records, answer questions from health plan representatives or furnish any necessary information when requested. Information must be submitted in a timely manner, be complete and legible as well as identify the provider and date of service.

The Centers for Medicare & Medicaid Services recently added an additional requirement for health plan peer reviewers to contact contracted and non-contracted providers to gather medical information needed to make a coverage determination CMS expects plans "to make reasonable efforts to gather all of the information needed to make substantive and accurate decisions as early in the coverage process as possible."
Our peer reviewers look forward to working with you to help ensure that our members' coverage determinations are made in a timely manner.

**New G codes for home health agencies**

For dates of service on and after January 1, 2017, a separate payment will be made to home health agencies (HHAs) who are reimbursed on a CMS PPS methodology and are billing for disposable negative pressure wound therapy (NPWT) devices when furnished to a member who receives home health services for which payment is made under the Medicare home health benefit. To receive separate payment for NPWT, in addition to billing a claim with type of bill 32X, HHAs must bill a claim with type of bill 34X, HCPCS 97607 or 97608 and the appropriate revenue code 042X, 043X or 0559.

Effective for January 1, 2017 and thereafter, G0163 and G0164 will be retired and replaced with the following four new G-codes:

- **G0493** - Skilled services of a registered nurse (RN) for the observation and assessment of the patient’s condition, each 15 minutes (the change in the patient’s condition requires skilled nursing personnel to identify and evaluate the patient’s need for possible modification of treatment in the home health or hospice setting).
- **G0494** - Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient’s condition, each 15 minutes (the change in the patient’s condition requires skilled nursing personnel to identify and evaluate the patient’s need for possible modification of treatment in the home health or hospice setting).
- **G0495** - Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes.
- **G0496** - Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes.

**New place of service code 02 for telehealth services**

Effective January 1, 2017, we are following CMS in implementing new place of service code 02. The new place of service code 02 is for use by physicians or practitioners furnishing telehealth services from a distant site.

When billing telehealth services, distant site providers must bill with place of service code 02 and continue to bill modifier GT (via interactive audio and video telecommunication systems) or GQ (via asynchronous telecommunications system). Telehealth services not billed with the new place of service code 02 will be denied back to the provider.

Visit CMS’ website for the list of [Medicare Telehealth services](https://www.cms.gov/Medicare/Coding/PlaceofService-codes/Providers-Billing-Guidance.html).

**New to Medicare Advantage? Complete OptiNet imaging assessments to avoid line-item denials**

All participating Medicare Advantage providers who provide imaging services must complete registration for AIM’s online registration tool, **OptiNet**. **OptiNet** will collect modality-specific data from providers who render X-ray, ultrasound (abdominal/retroperitoneum, gynecological and obstetrical services only at this time), magnetic resonance (MR), computed tomography (CT), nuclear medicine (NUC), positron emission tomography (PET) and echocardiograph imaging services. Areas of assessment include facility qualifications, technician and physician qualifications, accreditation, equipment and technical registration.
This data will be used to calculate site scores for providers who render imaging services for our individual Medicare Advantage members.

All participating providers who provide imaging services, including X-rays and ultrasounds as noted above, must complete the registration. Providers who do not register, who score less than 76 or who do not complete the survey will receive a line-item denial for the technical component of the outpatient diagnostic imaging service only. This includes providers who have delegated risk arrangements and who may see Anthem members outside of those risk arrangements.

Participating providers who have already completed the survey but scored less than 76 can use the online registration at any time to update their information and improve their score. All providers, including those who score less than 76, will receive individualized information they can use to improve their score.

If you have already completed an OptiNet assessment, please ensure that you keep your registration up to date. Expiring data could lead to a negative impact in your modality scores.

Facilities billing on a UB-04 claim form will be excluded from line item denials at this time.

The provider registration is available online at www.providerportal.com

- Select Anthem MA from the drop down menu.
- Only those providers who have completed the provider registration will be able to view their information online.
- If you have questions or need help completing the registration, please call AIM Customer Service at 800-252-2021.

Additional information is available at anthem.com/medicareprovider under Important Medicare Advantage Updates.

Review high-risk medication reports

To help improve patient safety, we are required to monitor prescription activity for high-risk medications as defined by the Centers for Medicare & Medicaid Services.

To help ensure providers are aware of any high-risk medications prescribed for our Medicare Advantage members, we fax a list of high-risk medication claims to providers each week.

We also distribute a monthly report to prescribers detailing the number of members on high-risk medications and the number of high-risk medications prescribed year-to-date. We also contact members who have filled prescriptions for high-risk medications and suggest that they discuss the prescription with their physician and ask if there is a safer alternate drug. If you receive a high-risk medication fax or report from Anthem, please review it and help us support safe medication choices. Alternatives to these high-risk medications are listed on www.anthem.com/maprovidertoolkit.

AccordantCare™ to provide support for Individual Medicare Advantage members with HIV

We work with AccordantCare™ to provide targeted disease management services for our individual Medicare Advantage members with a number of rare medical conditions. Effective February 1, 2017, AccordantCare added human immunodeficiency virus (HIV) management to the rare condition management program.
Members in your care who may benefit from additional outreach and information may receive letters, emails or phone calls from AccordantCare and Anthem. In the course of performing these activities, a nurse may contact you or your facility to obtain member information and/or AccordantCare may request medical information about Anthem members. AccordantCare and Anthem also will let you know of any health changes that may require your attention.

Members must give AccordantCare written consent that it can communicate any medical health changes to you. If the consent is not given by the member, AccordantCare will not be able to disclose any information to you.

If you feel that an individual Medicare Advantage member would benefit from this program, please have the member contact AccordantCare via phone or fax at 866-247-1150.

**Medicare Supplement – please wait 30 days from Medicare remittance date before submitting another claim**

All Blue Cross and Blue Shield Association plans, including Anthem, are required to process Medicare crossover claims for services covered under Medigap and Medicare Supplement products through the Centers for Medicare & Medicaid Services. This eliminates the need for providers to submit an additional claim directly to us.

When a Medicare claim has crossed over to Anthem for secondary payment, providers should wait 30 calendar days from the Medicare remittance date before submitting another claim to us. Providers can identify if a claim has been crossed over for secondary payment by the following Medicare Remittance Advice remarks:

- Medicare remittance advice remark codes MA18 or N89 indicate that Medicare crossover has been forwarded to the secondary carrier:
  - **MA18 Alert**: The claim information is also being forwarded to the patient’s supplemental insurer. Send any questions regarding supplemental benefits to them.
  - **N89 Alert**: Payment information for this claim has been forwarded to more than one other payer, but format limitations permit only one of the secondary payers to be identified in this remittance advice.

If you use a claims clearing house to file Medicare Supplement claims, please ensure the clearing house waits 30 calendar days from the Medicare remittance date before submitting another claim to us.

**Keep up with Medicare news**

Please continue to check Important Medicare Advantage Updates at anthem.com/medicareprovider for the latest Medicare Advantage information, including:

- Prior Authorization Requirements for Part B Drugs: Exondys 51 (eteplirsen)
- HEDIS Measure: Ensure Medication Reconciliation is Completed after Discharge
- Claims for Tetanus Vaccinations
- Additional Information on ClaimCheck Upgrade to ClaimsXten
- Hospital Observation Service Limits
- Retrospective medical record review program launches
- Prior Authorization Requirements for Intracardiac Electrophysiological Studies and Catheter Ablation
- Home Health Services for Medicare Advantage Individual Members to Require Prior Authorization
- Tips for Improving Skilled Nursing Discharge Planning
Behavioral health update

Behavioral health providers – please review the entire newsletter

While the articles in this section are of specific interest to participating behavioral health providers, there are other articles in this publication that apply to or could be of interest to behavioral health providers as well. Please review the entire issue.

Quality programs update

Clinical practice and preventive health guidelines available on anthem.com

As part of our commitment to provide you with the latest clinical information and educational materials, we have adopted nationally recognized medical, behavioral health, and preventive health guidelines, which are available to providers on our website. The guidelines, which are used for our Quality programs, are based on reasonable, medical evidence, and are reviewed for content accuracy, current primary sources, the newest technological advances and recent medical research.

All guidelines are reviewed annually, and updated as needed. The current guidelines are available on our website at anthem.com > Providers > Select state > Health & Wellness > Practice Guidelines.

ConditionCare Program benefits members and physicians

Our members have additional resources available to help them better manage chronic conditions. The ConditionCare program helps members better understand and control certain medical conditions like diabetes, COPD, heart failure, asthma and coronary artery disease. A team of registered nurses with added support from other health professionals such as dietitians, pharmacists and health educators work with members to help them understand their condition(s), their doctor’s orders and how to become a better self-manager of their condition.

Engagement methods vary by the individual’s risk level but can include:

- Education about their condition through mailings, email newsletters, telephonic outreach, and/or online tools and resources
- Round-the-clock phone access to registered nurses
- Guidance and support from nurse care managers and other health professionals

Physician benefits:

- Save time by answering patients’ general health questions and responding to concerns, freeing up valuable time for the physician and their staff
- Support the doctor-patient relationship by encouraging participants to follow their doctor’s treatment plan and recommendations
- Inform the physician with updates and reports on the patient’s progress in the program
Please visit anthem.com to find more information about the program such as program guidelines, educational materials and other resources. Also on our website is the Patient Referral Form, which you can use to refer other members you feel may benefit from our program.

If you have any questions or comments about the program, call 877-681-6694. Our nurses are available Monday - Friday, 8:00 a.m. - 9:00 p.m., and Saturday, 9:00 a.m. - 5:30 p.m.

For Federal Employee Program members call 800-711-2225, Monday - Friday, 8:00 a.m. - 7:00 p.m.

**Pharmacy update**

**Pharmacy information available on anthem.com**

Visit the applicable websites noted below for more information on the following:

- copayment/coinsurance requirements and their applicable drug classes
- drug lists and changes
- prior authorization criteria
- procedures for generic substitution
- therapeutic interchange
- step therapy or other management methods subject to prescribing decisions
- other requirements, restrictions or limitations that apply to certain drugs

To locate the commercial drug list, go to anthem.com > Customer Support > Connecticut > Download forms > [Anthem Blue Cross and Blue Shield Drug Lists](#).

The commercial drug list is reviewed and updates are posted to the web site quarterly (the first of the month for January, April, July and October).

To locate the Marketplace Select Formulary and pharmacy information for health plans offered on the Exchange Marketplace, go to anthem.com > Customer Support > Connecticut > Download forms > [Connecticut Select Drug List](#).

Website links for the Federal Employee Program formulary Basic and Standard Options are:

- Basic Option: [https://www.caremark.com/portal/asset/z6500_drug_list807.pdf](https://www.caremark.com/portal/asset/z6500_drug_list807.pdf)
- Standard Option: [https://www.caremark.com/portal/asset/z6500_drug_list.pdf](https://www.caremark.com/portal/asset/z6500_drug_list.pdf)

This drug list is also reviewed and updated regularly as needed.

**Medical policy update**

**Medical policy updates are available on anthem.com**

The following new and revised policies were endorsed at the February 2, 2017 Medical Policy & Technology Assessment Committee (MPTAC) meeting. These, and all Anthem medical policies, are available at anthem.com > Providers > Select state > Enter > [Medical Policies and Clinical UM Guidelines](#).
If you do not have access to the Internet, you may request a hard copy of any updated policy by contacting the Provider Call Center.


**Revised medical policies effective February 16, 2017**
(The following policies were revised to expand medical necessity indications or criteria.)

- **DRUG.00006** Botulinum Toxin
- **DRUG.00017** Hyaluronan Injections in Joints Other than the Knee
- **DRUG.00068** Vedolizumab (Entyvio®)
- **OR.PR.00003** Microprocessor Controlled Lower Limb Prosthesis
- **SURG.00103** Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)

**New medical policy effective February 16, 2017**
(The policy listed below is new and determined to not have significant change.)

- **DRUG.00104** Nusinersen (SPINRAZA™)

**Archived medical policy effective February 20, 2017**
(The following policy was archived.)

- **RAD.00060** Digital Breast Tomosynthesis

**Revised medical policy effective March 29, 2017**
(The policy listed below was revised to expand medical necessity indications or criteria.)

- **SURG.00127** Sacroiliac Joint Fusion

**Revised medical policies effective March 29, 2017**
(The following policies were reviewed and may have word changes or clarifications, but had no significant changes to the policy position or criteria.)

- **ADMIN.00001** Medical Policy Formation
- **ANC.00009** Cosmetic and Reconstructive Services of the Trunk and Groin
- **BEH.00001** Opioid Antagonists under Heavy Sedation or General Anesthesia as a Technique of Opioid Detoxification
- **BEH.00004** Activity Therapy for Autism Spectrum Disorders and Rett Syndrome
- **DME.00012** Oscillatory Devices for Airway Clearance including High Frequency Chest Compression and Intrapulmonary Percussive Ventilation
- **DME.00025** Self-Operated Spinal Unloading Devices
- **DME.00035** Electric Tumor Treatment Field (TTF)
- **DME.00040** Automated Insulin Delivery Devices
- **DRUG.00004** Prostacyclin Infusion Therapy and Inhalation Therapy for Treatment of Pulmonary Arterial Hypertension
- **DRUG.00009** Growth Hormone
- **DRUG.00013** Administration of Immunoglobulin as a Treatment of Recurrent Spontaneous Abortion
DRUG.00027  Ziconotide Intrathecal Infusion (Prialt®) for Severe Chronic Pain
DRUG.00044  Belimumab (Benlysta®)
DRUG.00045  Tesamorelin (Egrifta®)
DRUG.00054  Ocriplasmin (Jetrea®) Intravitreal Injection Treatment
DRUG.00074  Alemtuzumab (Lemtrada®)
DRUG.00078  Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors
DRUG.00080  Monoclonal Antibodies for the Treatment of Eosinophilic Asthma
DRUG.00081  Eteplirsen (Exondys 51™)
DRUG.00092  Buprenorphine Implant (Probuphine®)
GENE.00007  Cardiac Ion Channel Genetic Testing
GENE.00010  Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status
GENE.00012  Preconceptional or Prenatal Genetic Testing of a Parent or Prospective Parent
GENE.00024  DNA-Based Testing for Adolescent Idiopathic Scoliosis
GENE.00034  SensiGene® Fetal RhD Genotyping Test
GENE.00036  Genetic Testing for Hereditary Pancreatitis
GENE.00037  Genetic Testing for Macular Degeneration
GENE.00039  Genetic Testing for Frontotemporal Dementia (FTD)
GENE.00040  Genetic Testing for CHARGE Syndrome
GENE.00046  Prothrombin G20210A (Factor II) Mutation Testing
LAB.00024  Immune Cell Function Assay
LAB.00029  Rupture of Membranes (ROM) Testing in Pregnancy
LAB.00030  Measurement of Serum Concentrations of Tumor Necrosis Factor Antagonist Drugs and Antibodies to Tumor Necrosis Factor Antagonist Drugs
MED.00002  Selected Sleep Testing Services
MED.00013  Parenteral Antibiotics for the Treatment of Lyme Disease
MED.00041  Microvolt T-Wave Alternans
MED.00057  MRI Guided High Intensity Focused Ultrasound Ablation for Non-Oncologic Indications
MED.00065  Hepatic Activation Therapy
MED.00074  Computer Analysis and Probability Assessment of Electrocardiographic-Derived Data
MED.00077  In-Vivo Analysis of Gastrointestinal Lesions
MED.00091  Rhinophototherapy
MED.00092  Automated Nerve Conduction Testing
MED.00097  Neural Therapy
MED.01000  Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems
MED.00110  Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting
MED.00115  Outpatient Cardiac Hemodynamic Monitoring Using a Wireless Sensor for Heart Failure Management
MED.00116  Near-Infrared Spectroscopy Brain Screening for Hematoma Detection
MED.00117  Autologous Cell Therapy for the Treatment of Damaged Myocardium
RAD.00029  CT Colonography (Virtual Colonoscopy) for Colorectal Cancer
RAD.00051  Functional Magnetic Resonance Imaging
RAD.00053  Cervical and Thoracic Discography
RAD.00055  Magnetic Resonance Angiography of the Spinal Canal
RAD.00065  Radiostereometric Analysis
SURG.00001  Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty
SURG.00007  Vagus Nerve Stimulation
SURG.00011  Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting
SURG.00019 Transmyocardial Revascularization
SURG.00032 Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention
SURG.00036 Fetal Surgery for Prenatally Diagnosed Malformations
SURG.00046 Gastric Electrical Stimulation
SURG.00047 Transendoscopic Therapy for Gastroesophageal Reflux Disease and Dysphagia
SURG.00052 Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET], Percutaneous Intradiscal Radiofrequency Thermocoagulation [PIRFT] and Intradiscal Biacuplasty [IDB])
SURG.00067 Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty
SURG.00086 Reduction Mammaplasty
SURG.00088 Coblation® Therapies for Musculoskeletal Conditions
SURG.00097 Vertebral Body Stapling for the Treatment of Scoliosis in Children and Adolescents
SURG.00099 Convection Enhanced Delivery of Therapeutic Agents to the Brain
SURG.00102 Artificial Anal Sphincter for the Treatment of Severe Fecal Incontinence
SURG.00106 Ablative Techniques as a Treatment for Barrett’s Esophagus
SURG.00108 Endothelial Keratoplasty
SURG.00109 Surgical Treatment of Femoroacetabular Impingement Syndrome
SURG.00115 Keratoprosthesis
SURG.00117 Sacral Nerve Stimulation (SNS) and Percutaneous Tibial Nerve Stimulation (PTNS) for Urinary and Fecal Incontinence; Urinary Retention
SURG.00119 Endobronchial Valve Devices
SURG.00121 Transcatheter Heart Valve Procedures
SURG.00123 Transmyocardial/Perventricular Device Closure of Ventricular Septal Defects
SURG.00130 Annulus Closure after Discectomy
SURG.00136 Intraocular Telescope
SURG.00138 Laser Treatment of Onychomycosis
SURG.00142 Genicular Nerve Blocks and Ablation for Chronic Knee Pain
TRANS.00004 Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal Xenograft)
TRANS.00009 Lung and Lobar Transplantation
TRANS.00010 Autologous and Allogeneic Pancreatic Islet Cell Transplantation
TRANS.00015 Meniscal Allograft Transplantation of the Knee
TRANS.00026 Heart/Lung Transplantation

New medical policy effective March 29, 2017
(The following policy is new and determined to not have significant change.)
SURG.00146 Extracorporeal Carbon Dioxide Removal

Revised medical policies effective July 1, 2017
(The following policies listed below might result in services that were previously covered now being considered either not medically necessary and/or investigational.)
DRUG.00090 Bezlotoxumab (ZINPLAVA™)
GENE.00008 Analysis of Fecal DNA for Colorectal Cancer Screening
SURG.00010 Treatments for Urinary Incontinence
New medical policies effective July 1, 2017
(The following policies listed below might result in services that were previously covered now being considered either not medically necessary and/or investigational.)

LAB.0003       Serological Antibody Testing for Helicobacter Pylori
SURG.00147     Synthetic Cartilage Implant for Metatarsophalangeal Joint Disorders

Clinical guidelines update

Clinical guideline updates are available on anthem.com
The following new and revised clinical guidelines were endorsed at the February 2, 2017 Medical Policy & Technology Assessment Committee (MPTAC) meeting. These, and all Anthem medical policies, are available at anthem.com > Providers > Select state > Enter > Medical Policies and Clinical UM Guidelines.

If you do not have access to the Internet, you may request a hard copy of any updated policy by contacting the Provider Call Center.

Revised clinical guidelines effective February 16, 2017
(The following guidelines were revised to expand the medical necessity indications or criteria.)

CG-DRUG-28     Alglucosidase Alfa (Lumizyme®)
CG-SURG-27     Sex Reassignment Surgery
CG-SURG-43     Knee Arthroscopy

Revised clinical guidelines effective March 29, 2017
(The following guidelines were revised and had no significant changes to the position or criteria.)

CG-ANC-04     Ambulance Services: Air and Water
CG-DME-10     Durable Medical Equipment
CG-DME-31     Wheeled Mobility Devices: Wheelchairs - Powered, Motorized, With or Without Power Seating Systems and Power Operated Vehicles (POVs)
CG-DME-33     Wheeled Mobility Devices: Manual Wheelchairs - Ultra Lightweight
CG-DRUG-01     Off-Label Drug and Approved Orphan Drug Use
CG-DRUG-16     White Blood Cell Growth Factors
CG-DRUG-43     Natalizumab (Tysabri®)
CG-MED-38     Inpatient Admission for Radiation Therapy for Cervical or Thyroid Cancer
CG-PR-PR-05    Myoelectric Upper Extremity Prosthetic Devices
CG-REHAB-07    Skilled Nursing and Skilled Rehabilitation Services (Outpatient)
CG-SURG-03     Blepharoplasty, Blepharoptosis Repair, and Brow Lift
CG-SURG-24     Functional Endoscopic Sinus Surgery (FESS)
CG-SURG-47     Surgical Interventions for Scoliosis and Spinal Deformity

Clinical guideline adopted effective June 1, 2017
(The guideline listed below was adopted and could result in services previously covered now being considered either not medically necessary and/or investigational.)

Network Update
April 2017                                                  Connecticut  20 of 21
CG-DRUG-29  Hyaluronan Injections in the Knee

**Revised clinical guidelines effective July 1, 2017**
(The following guidelines listed below might result in services that were previously covered now being considered either not medically necessary and/or investigational.)

- CG-BEH-04  Substance-Related and Addictive Disorder Treatment
- CG-BEH-05  Eating and Feeding Disorder Treatment
- CG-MED-19  Custodial Care
- CG-REHAB-04  Physical Therapy
- CG-REHAB-05  Occupational Therapy