

# Network Update

CENTRAL REGION

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

The information in this newsletter is for informational purposes only and should not be construed as treatment protocols or required practice guidelines. Diagnosis, treatment, recommendations, and the provision of medical care services for our members and enrollees is the responsibility of physicians and providers.

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IN, KY, MO, OH, WI

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# Health Care Reform (including Health Insurance Exchange)

## Updates and Notifications

Please be sure to check the Health Care Reform Updates and Notifications and Health Insurance Exchange sections of our website regularly for new updates on health care reform and Health Insurance Exchanges, at [www.anthem.com](http://www.anthem.com)>[Tools](#) for Providers (select state)>Health Care Reform/Health Insurance Exchange..

### Sign up to receive immediate notification of new information.

Note that in addition to this newsletter and our website, we also use our email service, Network eUPDATE, to communicate new information. If you are not yet signed up to receive Network eUPDATES, we encourage you to enroll now so you'll be sure to receive all information that we send about Exchanges. To [sign up](#), visit [anthem.com](http://anthem.com) > Tools for providers (enter state)>Network eUPDATE.

## Administrative Update

### Use the Availity Web Portal to save time and money

Are you using the Availity Web Portal to help reduce costs and improve your organization's efficiency? Whether you work in a small office or a large multi-practice health system, you can quickly and easily perform many administrative tasks via the Availity Web Portal, including:

- Get current patient insurance coverage information (including eligibility and benefits)
- Monitor the status of your claims submissions\*
- Submit single claims online
- Access remittance advices View your proprietary reports

If your organization is not registered, you can start the process right away. It's easy; just go to [Availity.com](http://Availity.com) and select the **Register** button.

For questions or additional registration assistance, contact Availity Client Services, Monday -- Friday, 8 am – 6 pm, ET at 1-800-Availity (1-800-282-4548).

*\*Note: The EDI Helpdesk call center cannot offer claim status detail.*

### Check out Payer Spaces: Find more of what you need

Anthem is continuing to enhance our Payer Spaces offerings found on the Availity Web Portal. Along with the current ability to access important and valuable tools like Remittances and fee schedule information, there are new tools available like Patient 360 and Provider Online Reporting. If you should have access to any of these great features but you don't currently see them, contact your organization's Availity administrator to request access.

*When you are navigating in Payer Spaces, make sure to check out both the Applications and the Resources tabs to view all the options that are available to you.*

Next up, Anthem will introduce the Education and Reference Center under Payer Spaces on the Availity Web Portal. The Education and Reference Center will contain all of the important documentation currently on MyAnthem. This will allow you to quickly and seamlessly navigate to forms and information without having to jump to another portal to access it. The Education and Reference Center is currently targeted to deploy later this year.

### Update: Provider remittances

Beginning August 2017, Anthem will update information on some paper provider remittances to make it easier for providers to identify and track refunds and recoupments. Updated remittances will include a new section titled "Negative Balance Deferred" under the Recoupment Notification portion of the remit. This change will make it easier for providers to identify overpayments that have not yet been released for recoupment. A column titled "Expected Recoup Date" will indicate the date the overpayment will be released for recoupment. If the date reflected in the column is 12/31/9999, this indicates that the provider should return a check for the specified amount, or confirm that Anthem can recoup the monies by signing and returning the recovery letter that is sent separately.

Additionally, the check number associated with a refund will be added to the remittance. For voluntary refunds, the check number will be reflected to the immediate right of the word "Refund" in the upper portion of the remittance. For refunds for an overpayment, the check number will be reflected in the "Claim Number/Refund ID" column under the following sections: Negative Balance History, Prior Recoupment and Current Recoupment. This information will allow providers to more easily determine the check number applied to the outstanding balance due.

If you have any questions, please call the number indicated at the bottom of the recovery letter.

### Your practice and after-hours access

Your contract with Anthem requires that your practice provide continuation of care for our members outside of regular business hours. We will conduct after-hours access studies to assess how well practices are meeting this provision, and your practice may receive a call from North American Testing Organization, a vendor in California working on Anthem's behalf. To be compliant, please verify that your messaging or answering service includes appropriate urgent care instructions. The compliant response directs callers to Urgent Care, 911, the ER, or connects the call to the caller's doctor or the doctor on call. In addition to these measures, but not in place of them, the messaging can give callers the option of contacting their health care practitioner (via transfer, cell phone, pager, etc.) or an opportunity to ask for a call back for urgent questions or instructions. *Is your practice compliant?*

### Use the Provider Maintenance Form to update your information

We continually update our provider directories to help ensure that your current practice information is available to our members. At least 30 days prior to making any changes to your practice – updating address and/or phone number, adding or deleting a physician from your practice, closing your practice to new patients, etc. -- please notify us by completing the Anthem Provider Maintenance [Form](#) at [anthem.com](http://anthem.com). Thank you for your help and continued efforts to keep our records up to date.

# Federal Employee Plan (FEP)

## Claim submission for DME providers

Anthem Federal Employee Program strives to provide the best customer service to our providers and members, and we would like to send a reminder to the Durable Medical Equipment providers to submit their HCFA claims with the **shipped from** information in **Box 32, Service Facility Location Information**, of the claim form. The lack of information in this field is interfering with the claim processing correctly. We appreciate the effort and collaboration; if you have any questions please contact FEP customer service at:

- Indiana -- 800-382-5520
- Kentucky -- 800-456-3967
- Missouri -- 800-392-8043
- Ohio -- 800-451-7602
- Wisconsin -- 800-242-9635

## Health Care Management

### Medical policy updates

The following Anthem Blue Cross and Blue Shield medical policies were reviewed on May 4, 2017 for Indiana, Kentucky, Missouri, Ohio and Wisconsin. These new policies will be implemented on November 1, 2017.

Policy Number	Policy Title and Description
MED.00121	<b>Implantable Interstitial Glucose Sensors</b> This document addresses the use of implantable interstitial glucose sensors (for example, the Eversense™ Continuous Glucose Monitoring System).
MED.00122	<b>Wilderness Programs</b> This document addresses wilderness programs, including services such as adventure therapy or wilderness therapy when part of wilderness programs provided in an outdoor environment and proposed as a treatment option for a variety of medical conditions or behavioral health disorders.
SURG.00148	<b>Spectral Analysis of Prostate Tissue by Fluorescence Spectroscopy</b> This document addresses the use of spectral analysis of prostate tissue by fluorescence spectroscopy, which involves using fiber optics to differentiate between normal prostate tissue and suspicious prostate tissue.
SURG.00149	<b>Percutaneous Ultrasonic Ablation of Soft Tissue</b> This document addresses the use of percutaneous ultrasonic ablation (emulsification) of soft tissue for the treatment of any condition.
SURG.00150	<b>Leadless Pacemakers</b> This document addresses a single chamber implantable transcatheter pacing system to monitor and regulate the heart rate and rate-responsive bradycardia.

The following are revisions to current Medical Policies or Clinical Guidelines and will be implemented on November 1, 2017.

Policy or Guideline number	Policy Title and Description of Revision
DRUG.00062	<b>Obinutuzumab (Gazyva®)</b> The revised policy clarifies that obinutuzumab is MN as a first-line treatment of CLL/SLL without del(17P) mutation when used in combination with chlorambucil and revised MN criteria for the treatment of follicular lymphoma by adding additional chemotherapy regimens to be used in combination with obinutuzumab
SURG.00113	<b>Artificial Retinal Devices</b> The revised policy adds CPT category III codes 0472T, 0473T.
THER-RAD.00002	<b>Proton Beam Radiation Therapy</b> The revised policy adds existing CPT code 77301 for treatment planning when specified as related to proton beam radiation therapy.
SURG.00103	<b>Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)</b> The revised policy adds CPT category III code 0474T for CyPass, replacing 66999 NOC.

### Specialty pharmacy will expand prior authorization list

Listed below are specialty pharmacy codes from new or current Medical Policies or Clinical UM Guidelines that will be added to our existing pre-service review process, effective November 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.

Medical Policy or Clinical Guideline	Code	Drug	Comments
DRUG.00099	J3490, J3590	Brineura	New Drug Policy
DRUG.00101	J3490, J3590	Kevzara	New Drug Policy
DRUG.00103	J3490, J3590	Tymlos	New Drug Policy
DRUG.00107	J3490, J3590	Bavencio	New Drug Policy
DRUG.00108	J3490, J3590	Radicava	New Drug Policy
DRUG.00109	J3490, J3590	Imfinzi	New Drug Policy
DRUG.00002, CG-DRUG-64	Q5102	Renflexis	New Drug to Existing Policy

### AIM Diagnostic Imaging & Sleep Clinical Appropriateness Guidelines

On November 20, 2017, some modifications to AIM Specialty Health Diagnostic Imaging Clinical Appropriateness Guidelines will become effective. The criteria for imaging of pulmonary nodules are being updated based on new recommendations from the Fleischner Society. Key changes include:

- Guidance for follow up of multiple nodules
- Simplification of size categories
- Distinction between ground glass and part-solid nodules in terms of follow-up intervals
- No routine follow up for low risk patients with a single nodule under 6mm in diameter
- Guidance for imaging of nodules incidentally discovered on CT of abdomen or neck

In addition, effective November 20, 2017, updates will be made to AIM Sleep Disorder Management Program Guidelines, including the following:

- Clarifying language has been added to expand the range of home sleep testing devices which will be covered:
  - Obesity Hypoventilation Syndrome
  - Central sleep apnea
  - Technically suboptimal home sleep study
- Requirements have been added for documentation of conditions supporting a diagnosis of Periodic Limb Movement Disorder.
- Contraindications to Automatic Positive Airway Pressure (APAP) are expanded to include Obesity Hypoventilation Syndrome.
- In addition to current requirements for use of Bilevel Positive Airway Pressure (BPAP) with back-up rate, documentation that BPAP without backup rate has been attempted, but has not successfully treated episodes of desaturation.
- Restricted use of BPAP in patients with central sleep apnea and reduced left ventricular function (EF < 45%) has been amended and will apply only to BPAP when used in Adaptive Support Ventilation (ASV) mode.

Ordering and servicing providers may submit pre-certification requests to AIM in one of several ways:

- Access AIM *ProviderPortal*<sup>SM</sup> directly at [www.providerportal.com](http://www.providerportal.com), available 24/7 to process orders in real time.
- Access AIM via the Availity Web Portal.
- Call the AIM Call Center at 800-554-0580, 7:30 am to 6 pm CT.

If you have any questions or comments regarding these enhancements to the guidelines, please contact AIM via email at [aim.guidelines@aimspecialtyhealth.com](mailto:aim.guidelines@aimspecialtyhealth.com). Also, you may access and download a copy of the current guidelines [here](#).

## KY, MO, OH, WI: New musculoskeletal program effective November 1, 2017

At Anthem we're always looking for ways to create value for all our stakeholders. With that in mind, we are pleased to announce a musculoskeletal and pain management program beginning November 1, 2017. Effective November 1, 2017, Anthem will transition medical necessity review of certain surgeries of the spine and joints, as well as interventional pain treatment for Anthem members to AIM.

The new musculoskeletal program reviews certain spine and joint surgeries, and interventional pain services against clinical appropriateness criteria to help ensure that care aligns with established evidence-based medicine. Moving forward, AIM's [clinical guidelines](#) and related Anthem [Medical Policies](#) will be applied to the review. To determine if precertification is needed for an Anthem member, please check online at [www.anthem.com](http://www.anthem.com). Select "Menu," then under the Support heading, select Providers. Enter state, then Medical Policy, Clinical UM Guidelines, and Pre-Cert Requirements or call the precertification number located on the back of the member's ID card. The clinical guidelines that have been adopted by Anthem to review for medical necessity are also located on [anthem.com](http://anthem.com).

Additionally, the program includes a member engagement initiative, designed to educate your patients about the surgeries and treatments your practice recommends for them, prior to the scheduled procedure. Our member engagement initiative supports your efforts to reinforce important information about the surgeries and treatments you recommend. This initiative is designed to reduce anxiety, drive adherence to care plans, motivate preventive

action, and improve appropriate use of care. Members are contacted by email or telephone and are provided a link to review educational multimedia programs, based on the order requests you submit to AIM for the procedures and treatments noted. As they view these multimedia programs, members will have an opportunity to note and submit any questions and concerns. Member input will be sent to your practice, giving you the opportunity to follow up and provide any additional education and information required.

For surgeries and pain treatment that are scheduled to begin on or after November 1, 2017, all providers must contact AIM to obtain pre-service review for the following non-emergency modalities:

**Spinal surgeries** – Cervical, thoracic, lumbar, and sacral (including all concurrent spinal procedures and all associated revision surgeries):

- Fusion surgery
- Decompression
- Disc replacement
- Surgical treatment of scoliosis
- Sacroiliac joint fusion
- Total disc arthroplasty
- Vertebroplasty/kyphoplasty

**Joint replacement** (including all associated revision surgeries)

- Total knee arthroplasty
- Partial knee replacement
- Total hip arthroplasty
- Hip resurfacing
- Total shoulder arthroplasty
- Total elbow arthroplasty
- Total ankle arthroplasty

**Interventional pain management**

- Spinal cord stimulators
- Facet injections
- Epidural steroid injections
- Percutaneous neurolysis
- Peripheral nerve blocks for treatment of neuropathic pain
- Pain management devices
- Implantable pain pumps
- Radio ablations
- Sacroiliac joint

***Surgeries and pain treatments performed as part of an inpatient admission are included.***

All members in your area are included except for the following groups: Medicare Advantage, (Individual and Employee Group Retiree, or EGR), Medicare supplement, Medicaid, Healthy Indiana-Medicaid, Anthem National Accounts (ANA), Federal Employee Program (FEP), self-funded accounts (ASO), HealthLink, Auto UM groups, MO Mercy Hospital Group, Indiana state sold membership, and Anthem as secondary payer.

### How to place a review request:

- Get fast, convenient **online** service via the AIM *ProviderPortal*. *ProviderPortal* is available twenty-four hours a day, seven days a week, processing requests in real-time using clinical criteria. Go to [www.aimspecialtyhealth.com/goweb](http://www.aimspecialtyhealth.com/goweb) to register. Registration opens October 23, 2017.
- Access AIM via the Availity Web Portal at [availity.com](http://availity.com).
- Call AIM toll-free at (800) 554-0580, Monday through Friday, 7:30 am – 6 pm (CT).

For more information, go to [www.aimprovider.com/msk](http://www.aimprovider.com/msk) for resources to help your practice get started with the musculoskeletal and pain management program. This special [website](#) helps you learn more and access helpful information and tools such as order entry checklists, clinical guidelines, FAQs. Or call your local Network Relations consultant. We value your participation and look forward to working with you.

### Reminder: Prior authorization for genetic testing

This is a reminder that Anthem has transitioned the medical necessity review of all genetic testing services for local fully insured members to AIM, effective with dates of service on or after July 1, 2017. These reviews are now taking place as a **prior authorization**.

As of July 1, 2017, genetic testing prior authorization requests should be submitted to AIM through one of the following ways:

- Access AIM *ProviderPortal* directly at [providerportal.com](http://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 Web Portal at [availity.com](http://availity.com).
- Call the AIM Contact Center toll-free number: 800-554-0580, Monday–Friday, 8:30 a.m. – 7:00 pm, ET.

To find more information about genetic testing prior authorization at AIM, please go to the following website:

<http://www.aimprovider.com/genetictesting/>

This program applies to local Anthem fully insured members only. The following are excluded: Medicare, Medicaid, FEP, Labor & Trust, National Accounts and Local ASO.

In addition, in the future, AIM and Anthem will begin collecting information about the genetic counseling services available in Anthem-contracted facilities and provider offices. The data being requested will be available to ordering physicians during the prior authorization process. To learn more about the genetic testing program and the role of genetic counseling, please refer to the genetic testing provider microsite, which is located at <http://www.aimprovider.com/genetictesting/>

For further questions regarding prior authorization requirements, please contact the provider service number on the back of your patient's ID card.

### Reminder: Imaging program expands to include level of care reviews

This is a reminder that Anthem's Imaging program has expanded to include level of care reviews. In Indiana, Kentucky, Missouri, and Wisconsin, the reviews began on July 1, 2017. In Ohio, the reviews will begin on September 1, 2017. The reviews are administered by AIM. For more information on this expanded program, please see the original [notification](#) for Ohio in the June 2017 issue of *Network Update*. The Indiana, Kentucky, Missouri and Wisconsin [notification](#) can be found in the April 2017 issue of *Network Update*.

In addition, AIM has developed an educational website focused on Radiology services provided on Anthem's behalf, including the imaging clinical site of care review. Available on the microsite are instructions about registering your site in *OptiNet*, FAQs, and program resources. Visit [aimproviders.com/radiology](http://aimproviders.com/radiology) to learn more. If you have additional questions, please contact your local Network Relations consultant.

## Medicare

### Prior authorization for genetic testing for MA members

Effective with dates of service on or after Nov. 1, 2017, Anthem will transition the medical necessity review of all genetic testing services for individual Medicare Advantage members to AIM. Additionally, this review will now take place as a **prior authorization**.

Beginning Nov. 1, 2017, please submit genetic testing prior authorization requests to AIM through one of the following ways:

- Access AIM *ProviderPortal* directly at [providerportal.com](http://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 Web Portal at [availity.com](http://availity.com).
- Call the AIM Contact Center toll-free number at 800-714-0040, Monday–Friday, 8:30 a.m.–7p.m. ET.

For further questions regarding prior authorization requirements, please contact the Provider Services number on the back of your patient's ID card.

### Include NPI on surgical procedure UB04 bills

Per Centers for Medicare & Medicaid Services (CMS), when billing a surgical procedure code (within the range of 10021-69990 but excluding 10035, 10036, 15780-15783, 15786-15789, 15792, 15793, 20527, 20550-20553, 20555, 20612, 20615, 29581-29584, 36406, 36410, 36415, 36416, 44705, 47531, 47532, 50430, 50431, 59425, 59426, 59430, 62302-62305, 62320-62327, 62367-62370, 69209, 69210) or revenue code 036X (must include surgical procedure code) for an individual Medicare Advantage or Medicare-Medicaid Plan (MMP) member, identify the operating provider NPI in box 77 on the facility UB04 CMS 1450 claim form for outpatient services. If the NPI is required and not billed, the claim may deny for missing NPI.

### Anthem follows CMS guidelines for clinical trial-related claims

While most clinical-trial related claims are paid by original Medicare, Medicare Advantage plans are responsible to pay for certain items and services associated with clinical trials designated by CMS. Per CMS guidelines, Anthem Medicare Advantage and Medicare Medicaid Plans pay Clinical Trial related claims classified as Coverage with Evidence Development (CED) / Investigational Device Exemption (IDE) Studies for Cat B / Data Collections.

Additional information is available at [anthem.com/medicareprovider](http://anthem.com/medicareprovider) at [Important Medicare Advantage Updates](#).

### Requesting expedited organization determinations

Expedited organization determinations (per the CMS Manual Chapter 13, Section 50) can be requested by a provider or enrollee when the provider or enrollee believes that waiting for a determination under the standard organization determination timeframe (14 days) could place the enrollee's life or health in jeopardy. Expedited organization determinations are valid only before the service is performed. Per section 50.3, if the health plan

denies the request for expedited organization determination, the health plan will automatically apply the standard organization determination time frame with prompt oral notice to the enrolled for doing so. Additional information is available [here](#).

## Expanded membership available for prior authorization via ICR

With Interactive Care Reviewer (ICR), your practice can initiate online prior authorization requests for Medicare Advantage members. Use ICR, accessed via the Availity Web Portal, to experience a streamlined prior authorization process when requesting inpatient and outpatient medical and behavioral health procedures for Medicare Advantage members from Indiana, Kentucky, Missouri, Ohio and Wisconsin. Additional information is available at [anthem.com/medicareprovider](http://anthem.com/medicareprovider) at [Important Medicare Advantage Updates](#).

## Keep up with MA news

Please continue to check [Important Medicare Advantage Updates](#) at <http://www.anthem.com/medicareprovider> for the latest Medicare Advantage information, including:

[Medication Reconciliation Post-Discharge \(MRP\): billing codes for reimbursement](#)

[Prior authorization requirement change for part B drug: Imfinzi \(durvalumab\)](#)

[Prior authorization requirement change for part B drug: Yondelis \(trabectedin\)](#)

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# Pharmacy

## Pharmacy information available at anthem.com

For more information on 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, and any other requirements, restrictions, or limitations that apply to using certain drugs, visit [www.anthem.com/pharmacyinformation](http://www.anthem.com/pharmacyinformation). 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 Customer Support, select your state, Download Forms and choose "Select Drug List." Website links for the Federal Employee Program® (FEP®) 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); and **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. FEP Pharmacy Policy updates have been added to the FEP Medical Policy Manual and may be accessed at [www.fepblue.org](http://www.fepblue.org) >Benefit Plans>Brochures and Forms>Medical Policies.

# Quality

## Commercial HEDIS® 2017: Provider incentive winners

We have completed the HEDIS data collection for 2017 and want to thank all provider offices and their staff who assisted us. Your collaboration in this process allows us to strive for the best HEDIS results possible.

This is the sixth year for our incentive program to acknowledge some of the providers who either responded in a timely manner or went "Above & Beyond" to help make our HEDIS data collection successful. Any practices that responded within five business days of our initial request, or who went out of their way by taking additional steps to help us with data collection, were entered in a drawing to receive a gift. In the event an office was not able to accept a tangible gift, a special written recognition was given. We are pleased to announce our incentive winners:

### Timely Submission Drawing

#### Indiana

- Dr. Rick Bauer
- Family Medical Center South
- Gary Fitzgerald, MD
- Norman & Miller Eye Care
- Wyatt Family Medicine

#### Kentucky

- Betsy Layne Clinic
- Highlands Health Systems
- Owensboro Medical Practice
- Taylor Rural Health LLC
- The Heart Group

#### Missouri

- Arthritis Consultants Inc. Missouri
- Fitzgibbon Family Health
- Quality Care Internists
- Seymour Family Health Care/CoxHealth Clinic Seymour
- St. Francis Medical Partners LLC

#### Ohio

- Blanchard Valley Pediatrics Inc.
- Generations Family Medicine of Southwest Ohio LLC
- Gynecology Associates Inc.
- Jackson Flanigan MD LLC
- Pediatric Associates Inc.

#### Wisconsin

- Mile Bluff Medical Center Inc.
- Quadmed Pediatrics
- Spring City Health Centre
- Thedacare Physicians Pediatrics-Neenah
- Watertown

### Above & Beyond Drawing

#### Indiana

- American Health Network
- King's Daughters Health-Madison
- South Bend Clinic

#### Kentucky

- Community Methodist Hospital
- Graves Gilbert Clinic

#### Missouri

- Capital Region Medical Center
- Cox Medical Center
- Esse Health

#### Ohio

- Kettering Physician Network
- Medical Associates of Cambridge
- MetroHealth Medical Records
- Uc Health Physicians Office Clifton

#### Wisconsin

- Ascension | Columbia St. Mary's
- Marshfield Clinic
- Thedacare Physicians
- Wheaton

Thanks again to all provider offices and their staff for assisting us in collecting HEDIS data. Our HEDIS results reflect the care you provide to our members. An overview of our HEDIS rates will be published in this newsletter later this year. In addition more information on HEDIS can be found online at [www.anthem.com](http://www.anthem.com). Select "Menu," then under the Support heading, select Providers. Enter state, then select Health & Wellness > Quality Improvement and Standards > HEDIS Information.

We look forward to working with you next HEDIS season!

## Clinical practice and preventive health guidelines

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 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. To access the guidelines, go to [www.anthem.com](http://www.anthem.com). Select "Menu," then under the Support heading, select Providers. Enter state, then select Health & Wellness>[Practice Guidelines](#).

## Reimbursement

### Professional reimbursement policy updates

Anthem (the "Health Plan") reviews its professional reimbursement policies annually to determine if changes or revisions are required. See below for clarification and detail of recent changes.

#### Assistant Surgeon

Effective July 1, 2017, Current Procedural Terminology (CPT®) has added a new Category III code, 0474T (insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space). The Health Plan has determined this procedure does not require the services of an assistant surgeon therefore we are adding 0474T to our "Assistant Surgeon Not Allowed" code list for dates of service on or after July 1, 2017.

#### Bundled Services and Supplies

Beginning with dates of service on or after November 1, 2017, breast pump replacement supplies (A4281, A4282, A4283, A4284, and A4285) will not be eligible for separate reimbursement when purchased on the same date of service with breast pumps (E0602, E0603, and E0604). The Health Plan considers this to be an overlap of services. Modifiers will not override the edit.

#### Bundled Services and Supplies and Modifiers 59, XE, XP, XS, & XU

Taking guidance from the Centers for Medicare & Medicaid Services (CMS) NCCI Policy Manual, the Health Plan considers either the shoulder or the elbow to be one anatomic structure. Therefore, beginning with dates of service on or after November 1, 2017, arthroscopic debridement of either the shoulder or the elbow will not be eligible for separate reimbursement when reported with arthroscopic surgery of the same joint regardless of whether the debridement is performed in the same compartment or a separate compartment of either the same shoulder or elbow. Modifiers will not override these edits unless the services are reported on opposite joints and the proper site specific modifiers are also reported with the services. Please review our policies for additional coding information.

#### Expenses Included in Facility Services

For dates of service on or after August 1, 2017, we are implementing a new policy which outlines the expenses the Health Plan considers to be included with facility services. Please review the policy for additional information.

#### Modifier Rules and Multiple and Bilateral Surgery Processing

We are adding language to our policies dated August 1, 2017, to reflect our current process for multiple procedures when they are performed on a single date of service and one line includes a site specific modifier. The Health Plan requires in such a situation that all subsequent procedure codes also include a site specific modifier when

applicable (e.g., procedures on the fingers or toes). When only one line is reported with a site specific modifier and subsequent lines are reported without a site specific modifier, the Health Plan may consider the additional procedure(s) to be same site as the modified procedure which may result in a procedure(s) being denied.

### **Multiple and Bilateral Surgery Processing**

As part of our routine coding maintenance to document our current processes, we are adding language to our policies dated August 1, 2017, to extend our colonoscopy coding in our endoscopy code table to include CPT codes through 45398.

### **Multiple Diagnostic Ophthalmology Services**

We have corrected information in our August 1, 2017 policy (section A. 2.), to reflect our current process in the determination of the primary service when multiple diagnostic ophthalmologic services that are subject to multiple diagnostic ophthalmology reimbursement rules are provided. The primary service is determined by the code with the highest RVU for the technical component, not the global service. Please review the policy for additional information.

### **Other Updates**

The following professional reimbursement policies were reviewed and may have word changes or clarifications; however, they do not have significant changes to the policy position or criteria and are effective August 1, 2017:

1. After Hours
2. Office Place of Service
3. Pharmaceutical Waste
4. Urgent Care

Notice of reimbursement policy modifications due to these updates will continue to be published in *Network Update*.

CPT® is a registered trademark of the American Medical Association.

### **View Anthem reimbursement policies**

To view Anthem's reimbursement policies, sign onto the Availity Web Portal at [availity.com](http://availity.com). From the Availity Home page, select Payer Spaces, Anthem, then the "Resources" tab, then Provider Portal (Anthem). Click the Administrative Support tab, then the link labeled **Procedures for Professional Reimbursement** or **Procedures for Facility Reimbursement**.

Note: To view online reimbursement policies, you must be registered for access to Availity. If you are not registered yet, go to [availity.com/providers/registration-details/](http://availity.com/providers/registration-details/) and follow the prompts.

## **Specialty Services – Behavioral Health**

### **OH: Anthem adds ASD coverage for most Ohio local plans**

Effective with renewing business on or after January 1, 2018, Anthem will offer additional Autism Spectrum Disorder (ASD) benefits to Ohio members in compliance with a recently enacted Ohio mandate. (This mandate does not change ACA plan benefits offered under Governor Kasich's 2012 Executive Order.) Benefits to be implemented under the mandate include:

- Required ASD services will be capped to children under 14 years of age.

- Speech and language therapy and occupational therapy services performed by a licensed therapist will be covered, for a maximum of 20 visits per year, per service.
- Clinical therapeutic intervention services, such as Applied Behavioral Analysis (ABA), will be covered, for a minimum of 20 hours per week, under the supervision of a professional who is licensed, certified, or registered by an appropriate state agency.
- Mental or behavioral health outpatient services will be covered when performed by a master's level behavioral health clinician, psychologist, psychiatrist or physician who is licensed, certified, or registered by an appropriate state agency providing consultation, assessment development or oversight of treatment plans.

Note: ABA will require prior authorization. Treatment plans, which will be reviewed annually, must be submitted to Anthem; please send your request by fax to (866) 582-2287 or submit via Availity. As a reminder, providers should verify eligibility and benefits for all members.

# Medicaid Notifications

## Indiana Medicaid

### Policy update: Modifiers 22 & 62

- *Modifier 22: Increased Procedural Service (Policy 07-020, effective 11/01/17)*--Anthem allows reimbursement for procedure codes appended with Modifier 22. Beginning November 1, 2017, reimbursement will be based on 100% of the fee schedule or contracted/negotiated rate when the procedure or service is greater than what is usually required for the listed procedure. The use of modifier 22 is only appropriate with surgery procedure codes with a global period of 0, 10 or 90 days. Refer to Modifier 22: Increased Procedural Service reimbursement policy for more information at [www.anthem.com/inmedicaiddoc](http://www.anthem.com/inmedicaiddoc).
- *Modifier 62: Co-Surgeons (Policy 06-027, effective 12/15/17)* -- Anthem allows reimbursement of procedures eligible for co-surgeons when billed with Modifier 62. Each surgeon must bill the same procedure code(s) with Modifier 62. Reimbursement to each surgeon is based on 62.5% of the applicable fee schedule or contracted/negotiated rate. Co-surgeons must be from **different specialties** and performing surgical services during the same operative session. For more information, please refer to Modifier 62: Co-Surgeons Reimbursement Policy at [www.anthem.com/inmedicaiddoc](http://www.anthem.com/inmedicaiddoc).

### Maternity services policy update

*(Policy 14-001, effective 11/01/17)*

Anthem does not allow reimbursement for global obstetrical codes. Antepartum care, deliveries and postpartum care should be billed as individual services. Anthem will not reimburse for duplicate services during the course of the pregnancy.

#### *What's new?*

We have updated the Maternity Services Reimbursement Policy to include outcome of delivery/weeks of gestation information. You are required to use the appropriate diagnosis code on professional delivery service claims to indicate the outcome of delivery. Diagnosis codes that indicate the applicable gestational weeks of pregnancy are required on all professional delivery service claims and are recommended for all other pregnancy-related claims.

Failure to report the appropriate diagnosis code will result in denial of the claim.

For additional information, refer to the Maternity Services Reimbursement Policy at [www.anthem.com/inmedicaiddoc](http://www.anthem.com/inmedicaiddoc).

### Updates to Medical Policy and Clinical UM Guidelines

On February 2, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following Medical Policies applicable to Anthem. These policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the below listing.

The Medical Policies were made publicly available on the Anthem provider website on the effective date listed below. Visit [www.anthem.com/cptsearch\\_shared.html](http://www.anthem.com/cptsearch_shared.html) to search for specific policies.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Effective date	Medical Policy number	Medical Policy title	New or revised
3/29/2017	LAB.00034	Serological Antibody Testing For Helicobacter Pylori	New
3/29/2017	SURG.00146	Extracorporeal Carbon Dioxide Removal	New
3/29/2017	SURG.00147	Synthetic Cartilage Implant for Metatarsophalangeal Joint Disorders	New
2/16/2017	DRUG.00068	Vedolizumab (Entyvio®)	Revised
2/16/2017	SURG.00103	Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)	Revised

On February 2, 2017, the MPTAC approved the following Clinical Utilization Management (UM) Guidelines applicable to Anthem. These clinical guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the following listing. This list represents the Clinical UM Guidelines adopted by the Medical Operations Committee for the Government Business Division on March 21, 2017.

On February 2, 2017, the clinical guidelines were made publicly available on the Anthem Medical Policies and Clinical UM Guidelines subsidiary website. Visit [www.anthem.com/cptsearch\\_shared.html](http://www.anthem.com/cptsearch_shared.html) to search for specific guidelines.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Effective date	Clinical UM Guideline number	Clinical UM Guideline title	New or revised
3/29/2017	CG-MED-56	Non-Obstetrical Transvaginal Ultrasonography	New
2/16/2017	CG-DME-38	Continuous Interstitial Glucose Monitoring	Revised
2/16/2017	CG-DRUG-28	Alglucosidase alfa (Lumizyme®)	Revised
2/16/2017	CG-MED-42	Maternity Ultrasound in the Outpatient Setting	Revised
2/16/2017	CG-SURG-27	Sex Reassignment Surgery	Revised
2/16/2017	CG-SURG-43	Knee Arthroscopy	Revised

Effective

#### UM affirmative statement

Anthem, as a corporation and as individuals involved in Utilization Management (UM) decisions, is governed by the following statements:

- UM decision-making is based only on appropriateness of care and service and existence of coverage.
- Anthem does not reward practitioners or other individuals for issuing denials of coverage or care.
- Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support or tend to support denials of benefits.
- Financial incentives for UM decision-makers do not encourage decisions that result in underutilization or create barriers to care and service.

## Kentucky

### Policy update: Modifiers 22 & 62

- *Modifier 22: Increased Procedural Service (Policy 07-020, effective 11/01/17)* -- Anthem Blue Cross and Blue Shield Medicaid allows reimbursement for procedure codes appended with Modifier 22. Beginning November 1, 2017, reimbursement will be based on 100% of the fee schedule or contracted/negotiated rate when the procedure or service is greater than what is usually required for the listed procedure. Refer to Modifier 22: Increased Procedural Service Reimbursement Policy for more information at <https://mediproviders.anthem.com/ky>.
- *Modifier 62: Co-Surgeons (Policy 06-027, effective 12/15/17)* -- Anthem Blue Cross and Blue Shield Medicaid allows reimbursement of procedures eligible for co-surgeons when billed with Modifier 62. Each surgeon must bill the same procedure code(s) with Modifier 62. Reimbursement to each surgeon is based on 62.5% of the applicable fee schedule or contracted/negotiated rate. Co-surgeons must be from **different specialties** and performing surgical services during the same operative session. For more information, please refer to Modifier 62: Co-Surgeons Reimbursement Policy at <https://mediproviders.anthem.com/ky>.

### Maternity services policy update

*(Policy 14-001, effective 11/01/17)*

Anthem does not allow reimbursement for global obstetrical codes. Antepartum care, deliveries and postpartum care should be billed as individual services. Anthem will not reimburse for duplicate services during the course of the pregnancy.

#### *What's New?*

We have updated the Maternity Services Reimbursement Policy to include outcome of delivery/weeks of gestation information. You are required to use the appropriate diagnosis code on professional delivery service claims to indicate the outcome of delivery. Diagnosis codes that indicate the applicable gestational weeks of pregnancy are required on all professional delivery service claims and are recommended for all other pregnancy-related claims. Failure to report the appropriate diagnosis code will result in denial of the claim.

For market-specific information, refer to the Maternity Services Reimbursement Policy at

<https://mediproviders.anthem.com/ky>.

### Disease Management

Anthem Medicaid Disease Management programs are designed to assist PCPs and specialists in managing the care of Anthem Medicaid members with chronic health care needs. Members are provided with care management and education by a team of highly qualified disease management professionals whose goal is to create a system of coordinated health care interventions and communications for enrolled members.

Case managers provide support to members with:

- Behavioral health conditions.
- Diabetes.
- Heart conditions.
- HIV/AIDS.
- Pulmonary conditions.
- Substance use disorder

Additionally, in order to improve condition-specific outcomes, disease managers use motivational interviewing to identify and address health risks such as tobacco use and obesity.

Licensed nurse disease managers are available Monday through Friday from 8:30 a.m. to 5:30 p.m., and our confidential voicemail is available 24/7. To contact our Disease Management team, call 1-888-830-4300.

Additional information about our Disease Management programs can be found on our provider website, <https://mediproviders.anthem.com/ky> > Medical > Disease Management Centralized Care Unit (DMCCU). Members can obtain information about our Disease Management programs by visiting [www.anthem.com](http://www.anthem.com).

### **Patient 360 via Availity**

In mid-April 2017, Anthem made it easier for you to access Patient360 by giving you two navigation options within the Availity Web Portal. You'll still be able to access Patient360 through our secure self-service website; however, we will also offer you the opportunity to easily access records for your Anthem Blue Cross and Blue Shield Medicaid members when you are checking member eligibility and benefits in the Availity Web Portal.

Patient360 is a real-time dashboard that gives you a robust picture of your Anthem Blue Cross and Blue Shield Medicaid patients' health and treatment history as well as helps you facilitate care coordination. You can drill down to specific items in a patient's medical record to retrieve demographic information, care summaries, claims details, authorization details, pharmacy information and care management-related activities.

You must first be assigned the Patient360 role in the Availity Web Portal; administrators can make this assignment within the *Clinical Roles* options. Then navigate to Patient360 using one of the methods outlined below:

#1 -- Select **Patient Registration** from the top menu bar in the Availity Web Portal. Choose **Eligibility and Benefits**. Complete the required fields on the *Eligibility and Benefits* screen.

- Select the **Patient360** link on the member's benefit screen.
- Enter the member's information in the required fields.

#2 -- Select **Payer Spaces** from the top menu bar in the Availity Web Portal. Choose the Anthem tile. Select **Patient360** located on the *Applications* page. Enter the member's information in the required fields.

To gain access to the Availity Web Portal:

- Go to <https://www.availity.com>.
- Select **Register**.
- Select **Get Started**.
- Complete the online registration form.

If you have questions about Patient360, contact your local Provider Relations representative. If you have questions about registering for the Availity Web Portal, contact Availity Client Services at 1-800-282-4548.

### **UM affirmative statement**

Anthem, as a corporation and as individuals involved in Utilization Management (UM) decisions, is governed by the following statements:

- UM decision-making is based only on appropriateness of care and service and existence of coverage.
- Anthem does not reward practitioners or other individuals for issuing denials of coverage or care.
- Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support or tend to support denials of benefits.

- Financial incentives for UM decision-makers do not encourage decisions that result in underutilization or create barriers to care and service.

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

## Wisconsin Medicaid

### Policy reminder: Modifier 22

*(Policy 07-020, originally effective 11/01/17)*

Anthem allows reimbursement for procedure codes appended with Modifier 22. Reimbursement will be based on 100% of the fee schedule or contracted/negotiated rate when the procedure or service is greater than what is usually required for the listed procedure. Refer to Modifier 22: Increased Procedural Service Reimbursement Policy for more information at <https://mediproviders.anthem.com/wi>.

### Maternity services policy update

*(Policy 14-001, effective 11/01/17)*

Anthem allows reimbursement for global obstetrical codes once per period of a pregnancy (defined as 279 days) when appropriately billed by a single provider or provider group reporting under the same federal Tax Identification Number (TIN). If a provider or provider group reporting under the same TIN does not provide all antepartum, delivery and postpartum services, global obstetrical codes may not be used and providers are to submit for reimbursement only the elements of the obstetric package that were actually provided. You can elect reimbursement for Maternity Services on either a global basis or as individual services.

Anthem will not reimburse for duplicate or otherwise overlapping services during the course of the pregnancy.

#### *What's new?*

We have updated the Maternity Services Reimbursement Policy to include outcome of delivery/weeks of gestation information. You are required to use the appropriate diagnosis code on professional delivery service claims to indicate the outcome of delivery. Diagnosis codes that indicate the applicable gestational weeks of pregnancy are required on all professional delivery service claims and are recommended for all other pregnancy-related claims. Failure to report the appropriate diagnosis code will result in denial of the claim.

For additional information, refer to the Maternity Services Reimbursement Policy at <https://mediproviders.anthem.com/wi>.

### Disease management

Anthem Disease Management programs are designed to assist PCPs and specialists in managing the care of BadgerCare Plus members with chronic health care needs. Members are provided with care management and education by a team of highly qualified disease management professionals whose goal is to create a system of coordinated health care interventions and communications for enrolled members.

Case managers provide support to members with:

- Behavioral health conditions.
- Diabetes.
- Heart conditions.
- HIV/AIDS.
- Pulmonary conditions.
- Substance use disorder.

Additionally, in order to improve condition-specific outcomes, case managers use motivational interviewing to identify and address health risks such as tobacco use and obesity. Licensed nurse case managers are available Monday through Friday from 8:30 a.m. to 5:30 p.m., and our confidential voicemail is available 24/7. To contact our Disease Management team, call 1-888-830-4300.

Additional information about our Disease Management programs can be found on our provider website <https://mediproviders.anthem.com/wi> > Medical > Disease Management Centralized Care Unit. Members can obtain information about our Disease Management programs by visiting [www.anthem.com](http://www.anthem.com).

**Wheelchair component or accessory, not otherwise specified to require prior authorization**

Effective October 1, 2017, Anthem requires prior authorization (PA) for wheelchair components or accessories, not otherwise specified (NOS) for BadgerCare Plus members. Federal and state law, as well as state contract language including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. *Noncompliance with new requirements may result in denied claims.*

PA requirements will be added to the following code: K0108 — wheelchair component or accessory, NOS.

To request PA, you may use one of the following methods:

- Phone: 1-855-558-1443
- Fax: 1-800-964-3627
- Web: Interactive Care Reviewer tool via [www.availity.com](http://www.availity.com)

Detailed PA requirements are available to contracted providers by logging in to ProviderAccess using your Availity credentials. On the left-side navigation, select Services Requiring Prior Authorization. Noncontracted providers may call Provider Services at 1-855-558-1443 for PA requirements.

**Updates to Medical Policy and Clinical UM Guidelines**

On February 2, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following Medical Policies applicable to Anthem. These policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the below listing.

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Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Effective date	Medical Policy number	Medical Policy title	New or revised
3/29/2017	LAB.00034	Serological Antibody Testing For Helicobacter Pylori	New
3/29/2017	SURG.00146	Extracorporeal Carbon Dioxide Removal	New
3/29/2017	SURG.00147	Synthetic Cartilage Implant for Metatarsophalangeal Joint Disorders	New
2/16/2017	DRUG.00068	Vedolizumab (Entyvio®)	Revised
2/16/2017	SURG.00103	Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)	Revised

On February 2, 2017, the MPTAC approved the following Clinical Utilization Management (UM) Guidelines applicable to Anthem. These clinical guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the following listing. This list represents the Clinical UM Guidelines adopted by the Medical Operations Committee for the Government Business Division on March 21, 2017.

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Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Effective date	Clinical UM Guideline number	Clinical UM Guideline title	New or revised
3/29/2017	CG-MED-56	Non-Obstetrical Transvaginal Ultrasonography	New
2/16/2017	CG-DME-38	Continuous Interstitial Glucose Monitoring	Revised
2/16/2017	CG-DRUG-28	Alglucosidase alfa (Lumizyme®)	Revised
2/16/2017	CG-MED-42	Maternity Ultrasound in the Outpatient Setting	Revised
2/16/2017	CG-SURG-27	Sex Reassignment Surgery	Revised
2/16/2017	CG-SURG-43	Knee Arthroscopy	Revised

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Anthem, as a corporation and as individuals involved in Utilization Management (UM) decisions, is governed by the following statements:

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- Anthem does not reward practitioners or other individuals for issuing denials of coverage or care.
- Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support or tend to support denials of benefits.
- Financial incentives for UM decision-makers do not encourage decisions that result in underutilization or create barriers to care and service.

#### Contact AIM for review of cardiology, radiation oncology, and sleep medicine services

Effective September 1, 2017, AIM will manage clinical appropriateness review of cardiology, radiation oncology, and sleep medicine services for Anthem members. AIM works with leading insurers to improve health care quality and manage costs for today's most complex and prevalent tests and treatments, helping to promote care that is appropriate, safe and affordable. You should contact AIM to request review of [cardiology](#), [radiation oncology](#) and sleep medicine services.

Specialty-specific websites, listed in each subsection below, are available to help you learn more and access valuable information and tools including:

- Order-entry checklists.
- Step-by-step tutorials.
- Clinical guidelines.
- FAQs

### *Cardiology*

Contact AIM to obtain an order number for the following cardiology services:

- CT/CTA scan (including cardiac)
- MRI/MRA (including cardiac)
- Positron emission tomography (PET) scan (including cardiac)
- Nuclear cardiology
- Stress echocardiography (SE)
- Resting transthoracic echocardiography (TTE)
- Transesophageal echocardiography (TEE)
- Arterial ultrasound
- Cardiac catheterization
- Percutaneous coronary intervention (PCI)

We understand the need for arterial duplex imaging and PCI procedures may not be identified until patients have undergone a physiologic study or cardiac catheterization. For these cases, please contact AIM to request clinical appropriateness review no later than 10 business days after you perform these procedures but before you submit a claim. For all other cases, please contact AIM to obtain authorization before you perform the procedure.

Find order-entry checklists, a step-by-step tutorial, clinical guidelines and FAQ at [www.aimprovider.com/cardiology](http://www.aimprovider.com/cardiology).

### *Radiation oncology*

Contact AIM to obtain pre-service review for the following nonemergency, outpatient radiation oncology modalities:

- Brachytherapy
- Intensity modulated radiation therapy (IMRT)
- Proton beam radiation therapy (PBRT)
- Stereotactic radiosurgery (SRS)/stereotactic body radiotherapy (SBRT)
- 3D conformal radiation therapy (3DCRT)/external beam radiotherapy (EBRT) for bone metastases and breast cancer\*
- Hypofractionation for bone metastases and breast cancer when requesting EBRT and IMRT
- Special procedures and consultations associated with a treatment plan (CPT codes 77370 and 77470)
- Image-guided radiation therapy (IGRT)

We strongly encourage you to verify an order number is obtained before scheduling and performing services.  
Note: Radiation oncology performed as part of an inpatient admission is not part of the AIM program.

\* Voluntary notification for 3DCRT/EBRT: Pre-service review is required only for procedures involving bone metastases and breast cancer. Additionally, Anthem requests ordering providers contact AIM to review all other 3DCRT/EBRT requests on a voluntary basis. A clinical review will confirm appropriateness and ensure the ordering physician is aware of alternative treatments where applicable. Once the clinical review is complete, AIM will issue an order number. Claims will not be denied as a result of this voluntary process.

Find order-entry checklists, a step-by-step tutorial, clinical guidelines and FAQ at [www.aimprovider.com/radoncology](http://www.aimprovider.com/radoncology).

### *Sleep medicine*

Contact AIM to obtain an order number before scheduling or performing any:

- Elective, outpatient home-based (unattended) diagnostic study.
- Facility-based diagnostic or titration study (freestanding or hospital).

- Sleep treatment equipment and related supplies.

The following services are included in the program:

- Home sleep test (HST)
- In-lab sleep study (PSG, MSLT, MWT)
- Titration study
- Initial treatment order (APAP, CPAP, BPAP)
- Ongoing treatment order (APAP, CPAP, BPAP)
- Oral appliances (only for AIM guidelines adoption, non-Anthem)

Services performed in conjunction with emergency room services, inpatient hospitalization or urgent care facilities are excluded. Both ordering physicians (those referring the member for sleep testing) and servicing providers (those freestanding or hospital labs that perform sleep testing) may submit requests.

This program pertains to both new and existing sleep therapy patients.

#### *New clinical guidelines*

Effective September 1, 2017, Anthem's sleep management program will follow the *AIM Sleep Disorder Management Diagnosis and Treatment Guidelines*, which can be accessed at [www.aimspecialtyhealth.com](http://www.aimspecialtyhealth.com). These guidelines were developed and revised through a rigorous review process that utilizes a comprehensive assessment of existing guidelines, evidence-based standards and literature, and feedback from the AIM External Physician Specialty Advisory Panel, which includes board-certified physicians from both community and academic practices.

Find order-entry checklists, a step-by-step tutorial, clinical guidelines and FAQ at [www.aimspecialtyhealth.com/gowebssleep](http://www.aimspecialtyhealth.com/gowebssleep).

*ProviderPortal* offers a convenient way to enter your order requests or check on the status of your previous orders online. Go to <https://www.providerportal.com> to begin; registration is required.

For questions regarding your online order, contact AIM *ProviderPortal* support at 1-800-252-2021.

Thank you for your participation. We appreciate your continued service to our members — your patients.