Anthem BlueCross BlueShield

Working together to improve the health of our members.

June 2018

# 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.



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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,>Menu>Providers> Find Resources for Your State, then 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 > Menu>Providers>Find Resources for Your State. Select your state, then Network eUPDATE.

# Administrative Update

## Availity is designated EDI Gateway and eSolutions Help Desk

Availity will serve as Anthem's designated EDI Gateway and e-Solutions Service Desk.

- Availity and Anthem are working together to develop new ways to simplify how you manage claims and other administrative tasks online.
- Beginning June 1, 2018, you will be able to manage all changes and new setup requests for the electronic remittance advice (835) through the Availity Portal.
- To register or manage account changes for electronic funds transfers (EFT) only, please continue to use the EnrollHub at https://solutions.caqh.org
- If you directly submit your electronic transactions to Anthem and have your own practice management software, Availity provides trading partner services and access to Portal tools through an easy setup.
- If you use a clearinghouse, it will work with Availity on your behalf.

Next steps if you are a Direct Submitter:

| Existing Availity Account | New Availity Account |
|---|---|
| Go to www.Availity.com, click LOGIN, and log in to your account. | If you are not registered for Availity go to www.Availity.com and click the REGISTER button. Refer to this quick guide if you need help. |
| Under the My Providers, click Enrollments Center. | Select the registration process that is appropriate to your organizational type. |
| Click ERA Enrollment and then follow the online instructions to complete and submit your enrollment. | Availity will send you follow-up emails with your login credentials and guidance for your next steps. |
| After submitting, you will be notified by e-mail that enrollment is complete and start receiving 835's through Availity. Please allow 5-10 business days for processing. | At this point you will be able to utilize all the Availity benefits such as Claim Status, Eligibility and now EDI. |

Key Factors:

- You will be able to manage changes or new registrations for the electronic remittance advice (835) through your Availity Portal account, beginning June 1, 2018. We encourage you to register with Availity to initiate the change to the Availity EDI Gateway.
- Anthem and Availity are committed to transparency with this change, and will emphasize the continuity of quality service to our trading partners.

We look forward to a smooth transition of our EDI services to Availity.

If you have any questions or concerns, please contact the e-Solutions service desk at 800-470-9630 or Availity at 800-AVAILITY (282-4548)

## Update on claim processing for services requiring AIM precert

Anthem recently discovered that some claims for services under the following programs are processing without the required precertification through AIM Specialty Health® (AIM), a separate company:

- Sleep management
- Radiation oncology
- Radiology benefit management (RBM)
- Cardiology

Effective July 1, 2018, our claims systems will be updated to correct this issue.

As a reminder, claims for sleep management, radiation oncology, radiology benefit management (RBM), and cardiology services continue to require precertification through AIM. For a list of the codes that require precertification, visit the AIM ***Provider**Portal*℠.

Please submit precertification requests to AIM in one of the following ways:

- ✓ Access AIM ***Provider**Portal*℠ directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- ✓ Access AIM via the Availity Web Portal at availity.com
- ✓ Call the AIM Contact Center toll-free number: 800-554-0580, Monday–Friday, 8:30 am–7 pm ET.

## Verifying eligibility for expanded hospice benefits

In the April 2018 edition of *Network Update*, Anthem announced that an expansion of hospice benefits for local Anthem fully-insured plans would become effective on June 1, 2018. The newly expanded benefits allow for disease modifying treatments to continue alongside hospice services to members with prognoses of up to 12 months.

For some health plans, as early as June 1, 2018, updated benefit information will return via an electronic eligibility and benefit inquiry on the Availity Portal or Electronic Data Interchange (EDI) interface. We anticipate that all impacted plans will return the updated language by August 1, 2018. Once updated, hospice inquiries (Service Type 45) will confirm access to the expanded hospice benefit by returning this message: "***LIFE EXPECTANCY UP TO 12 MONTHS WITH DISEASE MODIFYING TREATMENT ALLOWED.***"

Note: From June 1 - August 1, 2018, while systems are being updated to report the more detailed benefit language, It may be necessary to contact the Provider Service number on the back of the member ID card to confirm if a member's plan includes the expanded hospice benefits.

As a reminder, providers should always verify whether members have the expanded hospice benefit under their Anthem policy.

The following plans include the expanded hospice benefits beginning June 1, 2018: Commercial fully-insured group and individual plans. The following plans *do not* include expanded hospice benefits: Self-insured plans, Medicare, Medicaid, and FEP®.

## Individualized care program supports palliative care

Beginning June 1, 2018, Anthem will offer an Individualized Care Program of palliative care support for the last 12 months of life to fully insured commercial members with advanced illness.

This program does not replace the care of PCPs and specialists, but provides an extra layer of support with an interdisciplinary team that includes palliative care physicians, palliative care nurse practitioners, registered nurses, social workers, chaplains and patient care coordinators.

Specific palliative care services include:

- Comprehensive assessments including symptoms, spiritual and psychosocial needs
- Expert symptom management
- Supporting patients in defining their goals, values and preferences and in advance care planning
- Encouraging patients to execute advance directives
- 24/7 access to urgent clinical support from an palliative care team member
- Securing needed resources
- Education on palliative services and hospice care services

To introduce Anthem's Individualized Care Program and determine the appropriate level of palliative services, a palliative care professional will make an initial telephonic outreach to identified members. Three models of care are offered in the program:

1. Telehealth services and support to patients at routine intervals by palliative trained providers
2. Home based visits by a palliative care nurse practitioner, supported by an interdisciplinary team of palliative providers for patients with a high symptom burden, increased risk of hospitalization, or other complex issues. The home based visits will be offered through an Anthem partnership with Aspire Health (available in certain geographic areas).

3. Clinic based services offered through an Anthem partnership with Aspire Health. Aspire's palliative care team will be embedded within the outpatient clinic/practice of the member's medical oncologist to provide services to targeted patients (available in certain geographic areas).

Aspire Health already provides services for members with advanced illness enrolled in our Medicare and Medicaid health plans and has demonstrated improvement in quality and cost of care savings.

If you are an Anthem contracted network provider, an Aspire Health palliative physician may reach out to your practice in order to establish a physician to physician relationship and may also discuss developing an individualized mechanism by which to share information regarding patients that have been identified for palliative care services. Aspire will provide clinical updates to your practice on a regular basis to facilitate the best possible co-management of your patient.

If you have questions regarding Anthem's Individualized Care Program, please email IndividualizedCareProgram-PalliativeCare@anthem.com.

## Be on the lookout for new member ID cards

Beginning July 1, 2018, Anthem will introduce a streamlined member identification (ID) card. While maintaining the current style, the updated member ID card will no longer show specific cost share information (such as copays or coinsurance).

As the new cards are rolled out to our members, we encourage your patients to learn more about their benefits through our digital and online tools. As a reminder, members can now view, download, email, and fax an electronic version of their ID card using the Anthem Anywhere mobile app. Electronic ID cards will also be updated as described above.

In addition, Anthem is in the process of consolidating claims systems to a common platform as part of our ongoing efforts to streamline business operations. This means member ID cards may show a new alpha-numeric prefix and include different phone numbers for contacting Anthem.

As a result of these changes, it is more important than ever that your office, practice or facility request that Anthem members present their most current ID cards at the time of service. Please check the ID cards carefully, as there may be changes from one benefit period to another. If the member ID number changes and if services rendered span benefit periods, you may need to split the services by member ID to avoid claim rejections. Availity's eligibility and benefits feature can provide you with the dates coverage is in effect during a benefit period.

When filing claims to Anthem, enter members' ID numbers exactly as the numbers appear on the card – including the alpha-numeric prefix – to help speed claims processing and reimbursement.

As a reminder, we encourage you to check Availity to verify member cost share and benefits, before you provide services. Or call the customer service number on the member's ID card to speak with an Anthem representative. Anthem will continue to focus and expand our consumer tools and content to assist members in making more informed and personalized health care decisions.

## Reminder: Healthcare Bill Payments, a new feature on anthem.com

Beginning July 1, 2018, many Anthem members will be able to make payments to providers for their out-of-pocket expenses with Healthcare Bill Payments, a new feature via the member portal at anthem.com. Now, your patients can quickly and easily pay you online as soon as their claim information is available.

Anthem has engaged with InstaMed®, a healthcare payments network, to offer Healthcare Bill Payments. InstaMed is a Payment Card Industry (PCI) Level One Service Provider and certified at the highest levels for both healthcare and payment processing. Providers registered with InstaMed will conveniently receive patient payments by direct deposit into their bank account without ever mailing a patient bill or making a phone call. Plus, patients enjoy a simple, convenient payment option.

Registration for Healthcare Bill Payments is simple – you can get started today. Here's what you'll need:

- Email address
- Tax ID number for your organization
- Bank account information for direct deposit

If you are not registered, these payments are mailed to you as prepaid Mastercard® payments.

For more information about Healthcare Bill Payments:

- Register to attend InstaMed's upcoming informational webinar on June 14, 2018 at 1:00 pm ET.
- Read more about Healthcare Bill Payments.
- See InstaMed's Frequently Asked Questions.
- Email questions about Healthcare Bill Payments to connect@instamed.com.

This feature does not apply to Anthem Medicare and Medicaid plans, but may be implemented in the future.

## Reminder: Billing for miscellaneous DME

Anthem continually evaluates coding and billing patterns and recently identified trends related to the use of code E1399 — DME, miscellaneous.

Inappropriate use of code E1399 often includes, but is not limited to the following:

- Gait trainers (E8001/E8002)
- Shower chairs (E0240)
- Standing frames (E0641)
- Hospital beds (E0250-E0373)
- Stand assist lifts (E0635)

When an appropriate code exists for DME equipment or supply, the more specific code should be used. To ensure proper use of E1399, Anthem will conduct post-payment reviews of code E1399. If a more appropriate code should have been used, Anthem may recoup overpayments accordingly.

Anthem continues to require prior authorization for the use of miscellaneous code E1399. If a prior authorization is approved but the claim is submitted with the incorrect code E1399, then the claim may be denied and a corrected claim will need to be resubmitted with the appropriate HCPCS code.

## IN, KY, OH, WI: Find updated Provider Manuals on anthem.com

Anthem reviews and updates our Provider Manuals annually. The following updated 2018 manuals are now available online; select your state to view the manual: Indiana, Kentucky, Ohio and Wisconsin. Or go to anthem.com> Menu > Providers > Find Resources for Your State > Communications > Publications.

# Health Care Management

## Medical policy and clinical guideline updates

Anthem medical polices were reviewed on March 22, 2018 for Indiana, Kentucky, Missouri, Ohio and Wisconsin. The following medical policies were converted to clinical guidelines and will be effective on June 28, 2018.

| New Clinical Guideline (CG) | Content Moved from CG and/or Medical Policy |
|---|---|
| CG-BEH-15 Activity Therapy for Autism Spectrum Disorders and Rett Syndrome | BEH.00004 Activity Therapy for Autism Spectrum Disorders and Rett Syndrome |
| CG-LAB-13 Skin Nerve Fiber Density Testing | LAB.00020 Skin Nerve Fiber Density Testing |
| CG-MED-69 Inhaled Nitric Oxide | MED.00076 Inhaled Nitric Oxide |
| CG-MED-70 Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule | RAD.00030 Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule |
| CG-SURG-73 Balloon Sinus Ostial Dilation | SURG.00089 Balloon and Self-Expanding Absorptive Sinus Ostial Dilation |
| CG-SURG-74 Total Ankle Replacement | SURG.00081 Total Ankle Replacement |
| CG-SURG-75 Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions | SURG.00110 Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions |
| CG-THER-RAD-07 Intravascular Brachytherapy (Coronary and Non-Coronary) | THER-RAD.00003 Intravascular Brachytherapy (Coronary and Non-Coronary) |

The following medical policies were converted to clinical guidelines and will be effective on July 1, 2018.

| New Clinical Guideline | Content Moved From Medical Policy |
|---|---|
| CG-THER-RAD-03 Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy | Content moved from THER-RAD.00005 Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy |
| CG-THER-RAD-04 Selective Internal Radiation Therapy (SIRT) of Primary or Metastatic Liver Tumors | Content moved from THER-RAD.00006 Selective Internal Radiation Therapy (SIRT) of Primary or Metastatic Liver Tumors |

The below clinical guideline became effective on September 15, 2017. The content was moved from the medical policy to the new clinical guideline.

| New Clinical Guideline | Medical Policy |
|---|---|
| CG-MED-58 Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA, and Cardiac MRI | RAD.00035 Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA, and Cardiac MRI |

The below medical policies are new and will become effective on September 1, 2018.

| New Medical Policy | |
|---|---|
| SURG.00151 Balloon Dilation of Eustachian Tube | This document addresses the use of balloon dilation of the Eustachian tubes, also known as balloon dilatation Eustachian tuboplasty. |
| MED.00120 Voretigene neparvovec-rzyl (Luxturna™) | This document addresses the use of voretigene neparvovec-rzyl (Luxturna), a gene replacement therapy intended to treat retinal dystrophies caused by biallelic RPE65 gene mutations. |

The following are revisions to current Medical Policies or Clinical Guidelines.

| Policy Number | Policy Title and Description | Effective |
|---|---|---|
| RAD.00038<br>Use of 3-D, 4-D or 5-D Ultrasound in Maternity Care | Revised title<br>• Added 5-D ultrasound to the investigational/and not medically necessary statement | 9/1/18 |
| SURG.00037<br>Treatment of Varicose Veins (Lower Extremities) | Added investigational/and not medically necessary statement for cyanoacrylate adhesion as treatment of venous reflux | 9/1/18 |
| SURG.00132<br>Drug-Eluting Devices for Maintaining Sinus Ostial Patency | Revised title<br>Rescoped to address "drug-eluting" devices only<br>• Removed scope limitation of post-sinus surgery treatment only<br>• Added to investigational/and not medically necessary statement use for the treatment of nasal polyps | 9/1/18 |
| CG-DME-06 Pneumatic Compression Devices for Lymphedema | Added "head or neck" pneumatic compression garments to the not medically necessary statement | 9/1/18 |
| CG-MED-23 Home Health | • Added "Note" in description to indicate this document does not address home health care for mental health conditions<br>• Removed references to licensed mental health professionals from clinical indications | 10/31/18 |
| CG-REHAB-04<br>Physical Therapy | • Added not medically necessary statement to address other treatment modalities for physical therapy services<br>Added existing codes 97169, 97170, 97171,97172 for athletic training | 9/1/18 |
| CG-REHAB-05<br>Occupational Therapy | • Added not medically necessary statement to address other treatment modalities for occupational therapy services<br>Added existing codes 97169, 97170, 97171,97172 for athletic training | 9/1/18 |

Note: For a complete listing of medical policies and clinical guidelines go to anthem.com, select Menu > Providers > Find Resources for Your State > Anthem Medical Policies and Clinical UM Guidelines under Self-service and Support. You may also call the Customer Service number on the member ID card to find out if the specific requested code is subject to medical policy or clinical guideline criteria.

## Anthem will upgrade to MCG 22nd edition

Anthem's Utilization Management and Case Management departments will upgrade to the 22nd edition of MCG Care Guidelines for Inpatient & Surgical Care (ISC), General Recovery Care (GRC) and Chronic Care (CC) and Recovery Facility Care (RFC) modules, effective September 1, 2018.

MCG 22nd edition updates for ISC

| Guideline | MCG Number | 22nd edition | 21st edition |
|---|---|---|---|
| Chemotherapy | M-87 | Ambulatory or 2 days | Ambulatory or 3 days |
| Craniotomy for Traumatic Brain Injury or Intracerebral Hemorrhage | S-414 | 5 days postoperative | 6 days postoperative |
| Chemotherapy, Pediatric | P-87 | Ambulatory or 2 days | Ambulatory or 3 days |
| Liver Disease Complications | M-570 | Bilirubin greater than 20mg/dl for inpatient care for acute hepatitis | Bilirubin greater than 10mg/dl for inpatient care for acute hepatitis |

MCG 22nd edition new guidelines

| Module | Group | Guideline | MCG Number |
|---|---|---|---|
| ISC | Orthopedics | Foot: Surgical Wound Care | S-495 |
| RFC | Immunology - Rheumatology | Inpatient Rehabilitation Facility (Acute Rehabilitation): Autoimmune Arthritic Disorders | I-7008 |
| RFC | Immunology - Rheumatology | Inpatient Rehabilitation Facility (Acute Rehabilitation): Systemic Vasculitides with Joint Inflammation | I-7017 |
| RFC | Neurology | Inpatient Rehabilitation Facility (Acute Rehabilitation): Neurological Disorders | I-7016 |
| RFC | Orthopedics | Inpatient Rehabilitation Facility (Acute Rehabilitation): Amputation: Lower Extremity, Other Than Knee | I-7006 |
| RFC | Orthopedics | Inpatient Rehabilitation Facility (Acute Rehabilitation): Amputation: Upper Extremity | I-7007 |
| RFC | Orthopedics | Inpatient Rehabilitation Facility (Acute Rehabilitation): Congenital Deformity | I-7010 |
| RFC | Orthopedics | Inpatient Rehabilitation Facility (Acute Rehabilitation): Degenerative Joint Disease | I-7011 |
| RFC | Orthopedics | Inpatient Rehabilitation Facility (Acute Rehabilitation): Hip Arthroplasty | I-5560 |
| RFC | Orthopedics | Inpatient Rehabilitation Facility (Acute Rehabilitation): Hip Fracture | I-5600 |
| RFC | Orthopedics | Inpatient Rehabilitation Facility (Acute Rehabilitation): Knee Arthroplasty | I-5700 |
| RFC | Orthopedics | Inpatient Rehabilitation Facility (Acute Rehabilitation): Major Multiple Trauma | I-7015 |
| RFC | Skin and Wound Care | Inpatient Rehabilitation Facility (Acute Rehabilitation): Burns | I-7009 |
| CC | Low Intensity Disease Management | Anemia Information: Low Intensity | C-0112 |
| CC | Low Intensity Disease Management | Cardiac Congenital Defects Information: Low Intensity | C-0113 |
| CC | Low Intensity Disease Management | Sleep Apnea Information: Low Intensity | C-0114 |
| CC | Psychosocial | Screening for Health-Related Social Needs | C-1139 |
| CC | Self-Management | Anemia - Knowledge of Condition and Treatment Plan | C-0109 |
| CC | Self-Management | Cardiac Congenital Defects - Knowledge of Condition and Treatment Plan | C-0110 |
| CC | Self-Management | Sleep Apnea - Knowledge of Condition and Treatment Plan | C-0111 |

*Key: Inpatient & Surgical Care (ISC), Recovery Facility Care (RFC) and Chronic Care (CC)*

**Anthem specific MCG 22nd edition customizations**

In addition to the changes that MCG has made, Anthem has also customized some of the 22nd edition criteria. To see a summary of these customizations: go to anthem.com>Tools for providers >See Policies and Guidelines > Medical Policies and Clinical UM Guidelines (for Local Plan members)> Continue. The MCG Care Guideline Customization document is located on the Overview page. MCG 22nd Customization links by state:

- IN: Summary
- KY: Summary
- MO: Summary
- OH: Summary
- WI: Summary

For questions, please contact the provider service number on the back of the member's ID card.

## AIM musculoskeletal clinical guidelines updates

Beginning with dates of service on and after July 1, 2018, the following updates will apply to AIM Musculoskeletal Program Clinical Appropriateness Guidelines:

### Spine surgery guideline

- Cervical decompression with or without fusion:
  - Added osteotomy and corpectomy definitions
  - Clarified implant/instrumentation failure
- Lumbar fusion and treatment of spinal deformity (including scoliosis and kyphosis):
  - Added osteotomy and corpectomy definitions
- Spinal stenosis:
  - Removed bilateral or wide decompression

### Interventional pain management guideline

- Epidural injection procedures and diagnostic selective nerve root blocks:
  - Added preauthorization exemption for CPT codes 62320 and 62322 when used for post-procedural pain with certain ICD-10-CM diagnoses
- Repeat therapeutic epidural steroid injections, clarified initial injection as therapeutic:
  - Clarified injection sessions for procedural requirements
- Paravertebral facet injection/nerve block/neurolysis:
  - Increased procedural limitation for diagnostic medial branch blocks
  - Increased procedural limitation for therapeutic intraarticular facet joint injections and clarified requirement for conservative treatment between injections
- Sacroiliac joint injections:
  - Added HCPCS code G0260

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

- Access AIM ***ProviderPortal***SM directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web Portal at availity.com.
- Call the AIM Contact Center toll-free number: 800-554-0580.

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com.

Additionally, you may access and download a copy of the current guidelines here.

## CG-MED-53 was not implemented

In the October 2017 edition of Network Update, Anthem announced that a new coverage guideline, Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing (CG-MED-53), would become effective on January 1, 2018. Please be advised that CG-MED-53 was not implemented.

## Anthem expands Specialty Pharmacy prior authorization list

Effective for dates of service on and after September 1, 2018, our pre-service review process will include the following specialty pharmacy codes from new or current medical policies or clinical UM guidelines. AIM will manage pre-service clinical review of these specialty pharmacy drugs.

| Medical Policy or Clinical Guideline | Code | Drug | Comment |
|---|---|---|---|
| CG-DRUG-44 | J2507 | Krystexxa® | Existing guideline |
| CG-DRUG-89 | J3490, Q9991, Q9992 | Sublocade™ | New drug to existing guideline |

## Anthem expands Specialty Pharmacy clinical site of care drug list

Effective for dates of service on and after September 1, 2018, our specialty pharmacy level of care review process will include the following specialty pharmacy codes from new or current medical policies or clinical UM guidelines. AIM will manage pre-service clinical review of these specialty pharmacy drugs.

View the Clinical Site of Care (Level of Care) drug list and Clinical Site of Care (Level of Care) pre-service clinical review FAQs for more information.

| Medical Policy or Clinical Guideline | Code | Drug |
|---|---|---|
| CG-DRUG-09 | J1555 | Cuvitru™ |
| DRUG.00081 | J1428 | Exondys 51™ |
| CG-DRUG-78 | J7178 | Fibryga® |
| DRUG.00093 | J2840 | Kanuma™ |
| CG-DRUG-44 | J2507 | Krystexxa® |
| CG-DRUG-05 | J0888 | Mircera® |
| DRUG.00095 | J2350 | Ocrevus™ |
| DRUG.00027 | J2278 | Prialt® |
| CG-DRUG-78 | J7195 | Rebinyn® |
| CG-DRUG-69 | J3358 | Stelara® |
| CG-DRUG-61 | J9226 | Supprelin LA® |
| CG-DRUG-16 | Q5101 | Zarxio® |

## Submit PA medication requests electronically

Anthem accepts electronic medication prior authorization requests for commercial health plans. This feature reduces processing time and helps determine coverage quicker. Some prescriptions are even approved in real time so that your patients can fill a prescription without delay.

Electronic prior authorization (ePA) offers many benefits:

- More efficient review process
- Ability to identify if a prior authorization is required
- Able to see consolidated view of ePA submissions in real time
- Faster turnaround times
- A renewal program that allows for improved continuity of care for members with maintenance medication
- Prior authorizations are preloaded for the provider before the expiration date.

Submit ePA requests by logging in at covermymeds.com. Creating an account is FREE.

While ePA helps streamline the prior authorization process, if you must initiate a new PA request by fax or phone, please note that the following contact numbers for Commercial and Exchange plans will change on July 1.

| Effective July 1, 2018 | New Fax Number | New Phone Number |
| --- | --- | --- |
| Indiana Exchange | 844-471-7938 | |
| Kentucky Exchange | 844-471-7939 | |
| Missouri Exchange | 844-471-7940 | 833-293-0660 |
| Ohio Exchange | 844-471-7942 | |
| Wisconsin Exchange | 844-474-3340 | |
| Indiana Commercial | 844-521-6940 | |
| Kentucky Commercial | 844-521-6947 | |
| Missouri Commercial | 844-534-9053 | 833-293-0659 |
| Ohio Commercial | 844-534-9055 | |
| Wisconsin Commercial | 844-534-9056 | |

If you have other questions, please contact the provider service number on the back of the member ID card.

# Medicare

## Cologuard covered for MA members

*Please note, this notice is only applicable to Medicare Advantage (MA) members:* Cologuard, an at-home colorectal cancer screening, is covered at 100 percent for Anthem Medicare Advantage individual and group-sponsored members. Members will not incur an out-of-pocket cost for the screening and no prior authorization is required.

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## Peer-to-peer review can help clarify clinical record

The Medicare peer-to-peer process facilitates a conversation between a provider and an Anthem medical director. The peer-to-process should be used to explain or clarify something that a clinical record cannot convey. To learn how to initiate a peer-to-peer conversation, please see Important Medicare Advantage Updates at anthem.com/medicareprovider.

## MA Home Health network to be delegated to myNEXUS

We want to thank PCPs and hospitals for their coordination of home health care for our members; however, Anthem will delegate its MA provider network for home health care services to myNEXUS, effective Aug. 1, 2018. Additional information will be available at Important Medicare Advantage Updates at anthem.com/medicareprovider.

## Medication adherence incentive offered to EPHC providers

Medication non-adherence increases mortality and costs the healthcare system billions of dollars per year. To address this, Anthem is collaborating with physicians engaged in our Enhanced Personal Health Care (EPHC) programs to promote adherence by increasing 90-day supply prescriptions. Patients who receive 90-day supplies are more likely to be adherent, and Anthem's Medicare Advantage plans allow 90-day supplies to be filled for chronic medications at any retail pharmacy. Beginning in July, providers participating in our EPHC program will receive a monthly report that identifies Medicare members eligible for a 90-day supply. Please evaluate the member list and discuss the benefits of a 90-day supply with your patients.

## Motion Picture Industry pension and health plans offer MA

Effective July 1, 2018, Anthem's Medicare Advantage plan will become an option for Motion Picture Industry Health and Pension Plans (MPI) and Anthem will provide medical benefits for MPI retirees through a Local Preferred Provider Organization (LPPO) product. The MA plan offers the same hospital and medical benefits as traditional Medicare. In addition, MPI retirees will pay the same cost share for both in-network and out-of-network services. The MA plan also covers additional benefits that Medicare does not, such as hearing, acupuncture, LiveHealth Online and SilverSneakers.

MPI retirees will have a customized identification card that includes the MPI logo. The prefix on their cards will be MBL. Providers will follow their normal claim filing procedures for MPI member claims.

## 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:

Updated: Prior authorizations required for new group-sponsored MA membership
Contracted provider responsibility and liability for Issuance of Notice of Medicare Non Coverage to a Skilled Nursing Facility
Improve Medicare Advantage members' medication adherence with 90-day prescriptions
Prior authorization requirements for cardiovascular services
Medicare Advantage reimbursement policy provider bulletin
Medicare risk adjustment and documentation training
Dual Eligible Special Needs Plans – provider training required
Prior authorization requirement for Electrical Stimulation Device
Prior authorization requirements for part B drugs: Zevalin and Eptacog
Prior authorization requirements for Part B Drug: Trelstar
IN, OH: Anthem adopts MCG care guidelines 22nd Edition
IN, KY, OH: CMS selects Anthem for 2016 National RADV Audit (OH/KY/IN only)

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# Pharmacy

## Pharmacy information available at anthem.com

**IN, OH and WI:** 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 anthem.com/pharmacyinformation. The commercial drug list is posted to the web site quarterly (the first of the month for January, April, July and October). FEP Pharmacy updates and other pharmacy related information may be accessed at www.fepblue.org > Pharmacy Benefits. AllianceRX Walgreens Prime is the specialty pharmacy program for the FEP. You can view the 2018 Specialty Drug List or call us at 888-346-3731 for more information.

**KY and MO:** 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 anthem.com/pharmacyinformation. The commercial and marketplace drug lists are posted to the web site quarterly (the first of the month for January, April, July and October). To locate "Marketplace

Select Formulary" and pharmacy information, go to Customer Support, select your state, Download Forms and choose "Select Drug List." This drug list is also reviewed and updated regularly as needed. FEP Pharmacy updates and other pharmacy related information may be accessed at www.fepblue.org > Pharmacy Benefits. AllianceRX Walgreens Prime is the specialty pharmacy program for the FEP. You can view the 2018 Specialty Drug List or call us at 888-346-3731 for more information.

# Quality

## 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. Select Menu > Providers > Find Resources for Your State. Then select Health & Wellness > Practice Guidelines.

# Reimbursement

## Ambulance origin and destination updates

HCPCS Level II origin and destination modifiers are required to be appended to a HCPCS Level II ambulance service procedure code per CMS coding guidelines and Anthem's provider contract. For professional claims processed on or after May 28, 2018, Anthem will deny ambulance services when origin and destination modifiers are not appended to the ambulance services procedure code.

## Review of professional reimbursement policies

The following professional reimbursement policies were reviewed and may have minor language changes; however, the changes do not cause significant changes to the policies' position or criteria:

- Documentation Reporting Guidelines for Consultations
- Duplicate Reporting of Diagnostic Services
- Frequency Editing
- Overhead Expense for Office Based Surgery and Diagnostic Testing
- Sleep Studies and Related Bundled Services & Supplies
- Unit Frequency Maximums for Drugs and Biologic Substances

## DME reimbursement policy reminders

In the April 2016 edition of *Network Update*, we shared details about the professional reimbursement policy, Durable Medical Equipment. Following are some important reminders about this policy.

- Certain DME is not routinely purchased up-front; rent-to-purchase durable medical equipment (DME) is eligible for rental reimbursement up to the purchase price or 10 months rental, whichever comes first. We are receiving claims billed with up-front purchases and we are denying those claims because they must be

billed as rent-to-purchase. If you receive such a denial, please do not request a medical necessity review, as that was not the reason for the denial. Instead, please bill claims for these services correctly as rent-to-purchase.

- For dates of service on or after July 1, 2016, the following HCPCS codes for sleep apnea equipment are only eligible for reimbursement when reported as rented items and should not be reported with DME purchase modifiers NR (new when rented – use modifier NR when DME that was new at the time of rental is subsequently purchased), NU (new equipment), or UE (used durable medical equipment).
  - E0470 (respiratory assist device, bi-level pressure capability, without backup rate feature)
  - E0471 (respiratory assist device, bi-level pressure capability, with back-up rate feature)
  - E0561 (humidifier, non-heated, used with positive airway pressure device)
  - E0562 (humidifier, heated, used with positive airway pressure device)
  - E0601 (continuous positive airway pressure (CPAP) device)

For more information, view this reimbursement policy online at anthem.com. For navigation instructions to your state's page, see the next article, "View reimbursement policies online at anthem.com."

### View reimbursement policies online at anthem.com

To view Anthem's reimbursement policies, go to anthem.com> Menu > Providers > Find Resources for Your State. Select Answers@Anthem> Reimbursement Policies – Professional or Reimbursement Policies -- Facility.

# Specialty Services – Behavioral Health

### Anthem adopts MCG Care guidelines

Effective with dates of service on and after October 31, 2018, Anthem will begin using MCG Care Guidelines 22nd edition Behavioral Health guidelines for the review of behavioral health services. This represents a change from the behavioral health medical policies and clinical guidelines currently used.

Please note that the following behavioral health medical policies and clinical guidelines will be retained at this time:

- BEH.00002 Transcranial Magnetic Stimulation
- BEH.00004 Activity Therapy for Autism Spectrum Disorders and Rett Syndrome
- CG-BEH-01 Screening and Assessment for Autism Spectrum Disorders and Rett Syndrome
- CG-BEH-02 Adaptive Behavioral Treatment for Autism Spectrum Disorder
- CG-BEH-14 Intensive In-Home Behavioral Health Services

Anthem may continue to use additional medical policies and clinical guidelines to supplement MCG Care Guidelines.

View Anthem's medical policies and clinical guidelines by clicking on your state: Indiana, Kentucky, Missouri, Ohio, Wisconsin. View customizations to MCG Care Guidelines 22nd edition by clicking on your state: Indiana, Kentucky, Missouri, Ohio, Wisconsin.

Note: This change impacts Anthem's Commercial health plans.

Providers should continue to call the phone number indicated on the back of the member ID card to request prior authorization review or for additional questions regarding behavioral health benefits.

# Medicaid Notifications

## Indiana Medicaid

**Post-payment reviews of distinct procedural services modifiers**

In accordance with CMS guidelines, Anthem conducts post-payment reviews of professional claims for Hoosier Healthwise, Healthy Indiana Plan (HIP) and Hoosier Care Connect members billed with modifiers for distinct procedural services (modifiers 59, XE, XP, XS and XU). As part of these reviews, if we find outlying billing practices, we may contact you to request additional documentation related to the services. If billing discrepancies are identified, we will provide you with a written report of our findings as well as your appeal rights and may initiate recoupment as appropriate. The findings may assist your office with quality improvement efforts.

For questions regarding post-payment reviews of distinct procedural services modifiers, contact Provider Services:

- Hoosier Healthwise: 866-408-6132
- HIP: 844-533-1995
- Hoosier Care Connect: 844-284-1798

### Medical policy updates

On January 25, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following medical policies which are applicable to Anthem. These medical policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the listing below. The medical policies were made publicly available on the provider website on the publish date listed below. To search for specific policies, visit http://www.anthem.com/cptsearch_shared.html. Note: Existing precertification requirements have not changed.

Please share this notice with other members of your practice and office staff.

| Publish date | Medical Policy number | Medical Policy | New/revised |
|---|---|---|---|
| 12/27/2017 | DRUG.00112 | Gemtuzumab Ozogamicin (Mylotarg®) | New |
| 12/27/2017 | DRUG.00118 | Copanlisib (Aliqopa®) | New |
| 11/9/2017 | MED.00123 | Axicabtagene ciloleucel (Yescarta™) | New |
| 11/9/2017 | DME.00040 | Automated Insulin Delivery Devices | Revised |
| 12/27/2017 | DRUG.00050 | Eculizumab (Soliris®) | Revised |
| 12/27/2017 | DRUG.00071 | Pembrolizumab (Keytruda®) | Revised |
| 12/27/2017 | DRUG.00075 | Nivolumab (Opdivo®) | Revised |
| 11/9/2017 | DRUG.00081 | Eteplirsen (Exondys 51™) | Revised |
| 12/27/2017 | DRUG.00109 | Durvalumab (Imfinzi™) | Revised |
| 12/27/2017 | GENE.00011 | Gene Expression Profiling for Managing Breast Cancer Treatment | Revised |
| 11/9/2017 | SURG.00089 | Balloon and Self-Expanding Absorptive Sinus Ostial Dilation | Revised |
| 12/27/2017 | TRANS.00023 | Hematopoietic Stem Cell Transplantation for Multiple Myeloma and Other Plasma Cell Dyscrasias | Revised |
| 12/27/2017 | TRANS.00024 | Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome | Revised |
| 12/27/2017 | TRANS.00027 | Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors | Revised |
| 12/27/2017 | TRANS.00028 | Hematopoietic Stem Cell Transplantation for Hodgkin Disease and non-Hodgkin Lymphoma | Revised |
| 12/27/2017 | TRANS.00029 | Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias | Revised |
| 12/27/2017 | TRANS.00030 | Hematopoietic Stem Cell Transplantation for Germ Cell Tumors | Revised |

## Clinical guideline updates

On January 25, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following Clinical Utilization Management (UM) Guidelines. 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 listing below. The Clinical UM Guidelines on this list represent the Clinical UM Guidelines adopted by the Medical Operations Committee for the Government Business Division on February 14, 2018. To see the full utilization management guidelines on the website, visit http://www.anthem.com/cptsearch_shared.html.

On February 14, 2018, the clinical guidelines were made publicly available on the Anthem Medical Policies and Clinical UM Guidelines subsidiary website. To search for specific guidelines policies, visit http://www.anthem.com/cptsearch_shared.html. Existing precertification requirements have not changed.

Please share this notice with other members of your practice and office staff.

Update to clinical guideline, CG-MED-39, Central (Hip or Spine) Bone Density Measurement and Screening for Vertebral Fractures Using Dual Energy X-Ray Absorptiometry (CG-MED 39), was published February 14, 2018.

Effective February 14, 2018, this clinical guideline applies to Medicaid lines of business.

The clinical indication section specific to female screening of osteoporosis was revised to reflect that an initial (baseline) central (hip or spine) bone density measurement is considered medically necessary when conducted in postmenopausal individuals 65 years of age or older.

The guideline also identifies other clinical indications when initial and repeat central bone mineral density measurements are medically necessary.

| Publish date | Clinical UM Guideline number | Clinical UM Guideline title | New/revised |
|---|---|---|---|
| 12/27/2017 | CG-DME-40 | Electrical Bone Growth Stimulation | New |
| 12/27/2017 | CG-DME-41 | Ultraviolet Light Therapy Delivery Devices for Home Use | New |
| 12/27/2017 | CG-DRUG-65 | Tumor Necrosis Factor Antagonists | New |
| 12/27/2017 | CG-DRUG-66 | Panitumumab (Vectibix®) | New |
| 12/27/2017 | CG-DRUG-68 | Bevacizumab (Avastin®) for Non-Ophthalmologic Indications | New |
| 12/27/2017 | CG-DRUG-69 | Ustekinumab (Stelara®) | New |
| 12/27/2017 | CG-DRUG-70 | Eribulin mesylate (Halaven®) | New |
| 12/27/2017 | CG-DRUG-71 | Ziv-aflibercept (Zaltrap®) | New |
| 12/27/2017 | CG-DRUG-72 | Pertuzumab (Perjeta®) | New |
| 12/27/2017 | CG-DRUG-73 | Denosumab (Prolia®, Xgeva®) | New |
| 12/27/2017 | CG-DRUG-74 | Canakinumab (Ilaris®) | New |
| 12/27/2017 | CG-DRUG-75 | Romiplostim (Nplate®) | New |
| 12/27/2017 | CG-DRUG-76 | Plerixafor Injection (Mozobil™) | New |
| 12/27/2017 | CG-DRUG-77 | Radium Ra 223 Dichloride (Xofigo®) | New |
| 12/27/2017 | CG-DRUG-78 | Antihemophilic Factors and Clotting Factors | New |
| 12/27/2017 | CG-DRUG-79 | Siltuximab (Sylvant®) | New |
| 12/27/2017 | CG-DRUG-80 | Cabazitaxel (Jevtana®) | New |
| 12/27/2017 | CG-DRUG-81 | Tocilizumab (Actemra®) | New |
| 12/27/2017 | CG-GENE-01 | Janus Kinase 2 (JAK2) V617F Gene Mutation Assay | New |

| Publish date | Clinical UM Guideline number | Clinical UM Guideline title | New/revised |
|---|---|---|---|
| 12/27/2017 | CG-GENE-02 | Analysis of KRAS Status | New |
| 12/27/2017 | CG-GENE-03 | BRAF Mutation Analysis | New |
| 12/27/2017 | CG-GENE-04 | Molecular Marker Evaluation of Thyroid Nodules | New |
| 12/27/2017 | CG-MED-61 | Preoperative Testing for Low Risk Invasive Procedures and Surgeries | New |
| 12/27/2017 | CG-MED-62 | Resting Electrocardiogram Screening in Adults | New |
| 12/27/2017 | CG-MED-63 | Treatment of Hyperhidrosis | New |
| 12/27/2017 | CG-MED-64 | Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation) | New |
| 12/27/2017 | CG-MED-65 | Manipulation Under Anesthesia of the Spine and Joints other than the Knee | New |
| 12/27/2017 | CG-MED-66 | Cryopreservation of Oocytes or Ovarian Tissue | New |
| 12/27/2017 | CG-MED-67 | Melanoma Vaccines | New |
| 12/27/2017 | CG-MED-68 | Therapeutic Apheresis | New |
| 12/27/2017 | CG-SURG-61 | Cryosurgical Ablation of Solid Tumors Outside the Liver | New |
| 12/27/2017 | CG-SURG-62 | Radiofrequency Ablation to Treat Tumors Outside the Liver | New |
| 12/27/2017 | CG-SURG-63 | Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of Heart Failure | New |
| 12/27/2017 | CG-SURG-65 | Recombinant Human Bone Morphogenetic Protein | New |
| 12/27/2017 | CG-SURG-66 | Implanted (Epidural and Subcutaneous) Spinal Cord Stimulators (SCS) | New |
| 12/27/2017 | CG-SURG-67 | Treatment of Osteochondral Defects | New |
| 12/27/2017 | CG-SURG-68 | Surgical Treatment of Femoracetabular Impingement Syndrome | New |
| 12/27/2017 | CG-SURG-69 | Meniscal Allograft Transplantation of the Knee | New |
| 12/27/2017 | CG-DRUG-38 | Pemetrexed Disodium (Alimta®) | Revised |
| 12/27/2017 | CG-DRUG-50 | Paclitaxel, protein-bound (Abraxane®) | Revised |
| 12/27/2017 | CG-DRUG-61 | Gonadotropin Releasing Hormone Analogs for the Treatment of Non-Oncologic Indications | Revised |
| 12/27/2017 | CG-MED-21 | Anesthesia Services and Moderate ("Conscious") Sedation | Revised |
| 11/9/2017 | CG-MED-55 | Level of Care: Advanced Radiologic Imaging | Revised |

**Complex Case Management program**

Managing illness can be a daunting task for our members. It is not always easy to understand test results, know how to obtain essential resources for treatment or who to contact with questions and concerns.

Anthem is available to offer assistance in these difficult moments with our Complex Case Management program. Our care managers are part of an interdisciplinary team of clinicians and other resource professionals working to support members, families, primary care physicians and caregivers. The Complex Case Management process utilizes the experience and expertise of the Case Coordination team to educate and empower our members by increasing self-management skills. The Complex Case Management process can help members understand their illnesses and learn about care choices to ensure they have access to quality, efficient health care.

Members or caregivers can refer themselves or family members by calling the Member Services number located on the back of the member ID card. Callers will be transferred to a team member based on the immediate need. Physicians can refer their patients by contacting us telephonically or through electronic means. We can help with transitions across levels of care so that patients and caregivers are better prepared and informed about health care decisions and goals.

You can contact us by phone at 866-902-1690. Case Management business hours are Monday – Friday, 8 am to 5 pm local time.

### Provider surveys

Each year, we may reach out to you to ask what we are doing well and how we can continue to improve our services. We use this feedback to enhance our operations and strengthen our relationship with our providers.

Thank you for participating in our network, for providing quality health care to our members and for your timely completion of any surveys you receive.

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

We continually update our provider directories to ensure that your current practice information is available to our members. At least 30 days prior to making any changes to your practice — including updating your 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 Provider Maintenance Form. Thank you for your help and continued efforts in keeping our records up to date.

### 2018 UM Affirmative Statement

The following statements govern Anthem, as a corporation and as individuals, involved in utilization management decisions:

- Utilization management decision making is based only on appropriateness of care and service and the existence of coverage.
- We do not specifically 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 utilization management decision makers do not encourage decisions that result in underutilization or create barriers to care and service.

## Kentucky

### Post-payment reviews of distinct procedural services modifiers

In accordance with CMS guidelines, Anthem conducts post-payment reviews of professional claims billed with modifiers for distinct procedural services (modifiers 59, XE, XP, XS and XU). As part of these reviews, if we find outlying billing practices, we may contact you to request additional documentation related to the services. If billing discrepancies are identified, we will provide you with a written report of our findings as well as your appeal rights and may initiate recoupment as appropriate. The findings may assist your office with quality improvement efforts.

For questions regarding post-payment reviews of distinct procedural services modifiers, contact Provider Services at 855-661-2028.

### PA requested for Mylotarg

Effective July 1, 2018, prior authorization (PA) is required for Mylotarg (gemtuzumab ozogamicin) to be covered by Anthem Blue Cross and Blue Shield Medicaid through the medical benefit. 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: Mylotarg (gemtuzumab ozogamicin) — injection, gemtuzumab ozogamicin, 0.1 mg (J9203)

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

- Web: Interactive Care Reviewer tool via https://www.availity.com
- Fax: 800-964-3627
- Phone: 855-661-2028

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the provider self-service tool at https://www.availity.com. Providers who are unable to access Availity may call Provider Services at 855-661-2028 for PA requirements.

### PA required for chimeric antigen receptor T-cell therapy

Chimeric antigen receptor T-cell (CAR T) therapy, including immunotherapy and all inpatient stays, will continue to require a prior authorization (PA) regardless of the place of service in which it is given.

CAR T codes require PA, and all requests must be reviewed by Anthem Blue Cross and Blue Shield Medicaid for PA regardless of place of service or if billed with an unlisted code.

Please refer to the Precertification Lookup Tool for detailed PA requirements by visiting https://mediproviders.anthem.com/ky and choosing Precertification from the main menu.

CAR T therapy is currently represented by the following codes:

- Q2040 — Tisagenlecleucel (brand name: Kymriah™), up to 250 million CAR-positive viable T-cells, including leukapheresis and dose-preparation procedures, per infusion.
- Q2041 — Axicabtagene Ciloleucel, up to 200 million autologous anti-CD19 CAR T-cells, including leukapheresis and dose-preparation procedures, per infusion (new code effective April 1, 2018).

CAR T therapy in any form will continue to require PA. Please use one of the following methods to submit a request:

- Web: https://www.availity.com
- Fax: 800-964-3627
- Phone: 855-661-2028

Noncompliance with these requirements may result in denied claims. Federal and state law, as well as state contract language including definitions, and specific contract provisions and exclusions, take precedence over these PA rules and must be considered first when determining coverage.

If you have questions about this communication or need assistance with any other item, contact your local Provider Services representative or call Provider Services at 855-661-2028.

**Topical corticosteroids**

The table below is to assist prescribers in identifying topical corticosteroids included on all Anthem Blue Cross and Blue Shield Medicaid formularies. It does not represent all commercially available topical corticosteroids.

When prescribing medications, always select "substitution permissible by law" (where applicable) to ensure your patients benefit from generic medications when available.

| Therapeutic class | Formulary product | Relative cost per prescription* |
|---|---|---|
| Topical corticosteroids — low potency | Hydrocortisone cream<br>Hydrocortisone ointment | $ |
| Topical corticosteroids — medium potency | Triamcinolone cream<br>Triamcinolone ointment | $ |
| Topical corticosteroids — high potency | Fluocinonide-e cream | $$ |
| Topical corticosteroids — very high potency | Clobetasol cream<br>Clobetasol-e cream<br>Clobetasol gel<br>Clobetasol ointment | $$$ |

* Relative cost per prescription is intended to be directional in nature. Costs may change based on market dynamics. This information is meant to be used as a guide and should not take the place of clinical decision making by a prescriber regarding treatment.

Formulary status or drug availability may change. There may be additional qualifications needed for access to some drugs, such as a prior authorization or step therapy.

This document does not guarantee benefit coverage for any medication(s) as member coverage may vary.

**Hyaluronan injections update**

Effective December 27, 2017, the Medical Policy and Technology Assessment Committee approved the following revision of the DRUG.00017 Hyaluronan Injections in Joints Other Than the Knee policy: Position statement revised from Medically Necessary to **Investigational and Not Medically Necessary** for hyaluronan injections for the treatment of temporomandibular joint disorders.

For questions regarding this medical policy update, please contact your Provider Relations representative.

### Coding spotlight: A provider's guide to diagnose and code for pregnancy

Use this guide for detailed information about pregnancy coding for risk factors, HEDIS® quality measures for prenatal and postpartum care, and ICD-10-CM general coding and documentation. To access the full pregnancy coding guide on our website, go here.

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

### Complex case management program

Managing illness can be a daunting task for our members. It is not always easy to understand test results or know how to obtain essential resources for treatment or who to contact with questions and concerns.

Anthem Blue Cross and Blue Shield Medicaid is available to offer assistance in these difficult moments with our Complex Case Management program. Our case managers are part of an interdisciplinary team of clinicians and other resource professionals working to support members, families, primary care physicians and caregivers. In addition, the Complex Case Management process utilizes the experience and expertise of the Case Management team to educate and empower our members by increasing self-management skills. The Complex Case Management process can help members understand their illnesses and learn about care choices to ensure they have access to quality, efficient health care.

Members can refer themselves, or caregivers and family members can refer members, by calling the Member Services number located on the back of the member ID card. Callers will be transferred to a team member based on the immediate need. Physicians can refer their patients by contacting us telephonically or through electronic means. We can help with transitions across levels of care so that patients and caregivers are better prepared and informed about health care decisions and goals.

You can contact us by email at Kentuckycm@anthem.com or by phone at 855-661-2028. Case Management business hours are Monday – Friday, 8 am – 5 pm local time.

### Provider surveys

Each year, we may reach out to you to ask what we are doing well and how we can continue to improve our services. We use this feedback to enhance our operations and strengthen our relationship with our providers.

Thank you for participating in our network, for providing quality health care to our members and for your timely completion of any surveys you receive.

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

We continually update our provider directories to ensure that your current practice information is available to our members. At least 30 days prior to making any changes to your practice — including updating your 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 Provider Maintenance Form. Thank you for your help and continued efforts in keeping our records up to date.

### Metabolic testing is important

If you prescribe the following medications to your patients, are you also completing metabolic testing? Over time, certain medications can have devastating effects on the human body. Metabolic testing can help your patients maintain healthy outcomes.

Patients who take the following medications should also receive metabolic testing:

Asenapine maleate
Chlorpromazine hcl
Clozapine
Fluphenazine hcl
Haloperidol
Iloperidone
Loxapine
Lurisadone
Olanzapine
Paliperidone
Perphenazine
Pimozide
Quetiapine fumarate
Risperidone
Thioridazine hcl
Thiothixene
Ziprasidone hcl
Fluphenazine hcl
Fluphenazine decanoate
Fluphenazine enanthate
Haloperidol
Haloperidol decanoate
Haloperidol lactate
Loxapine hcl
Loxapine succinate
Molindone hcl
Perphenazine
Promazine hcl
Thioridazine hcl
Thiothixene
Triflupromazine hcl
Iloperidone
Olanzapine
Olanzapine pamoate
Paliperidone
Paliperidone palmitate
Quetiapine fumarate
Risperidone
Risperidone microspheres
Ziprasidone hcl
Ziprasidone mesylate
Olanzapine-fluoxetine hcl (symbyax)
Perphenazine-amitriptyline hcl (etrafon, triavil)

We know that as a PCP, you want only the best outcomes for your patients. If your patients are taking these medications, please order them a metabolic test to ensure their bodies are responding appropriately.

Members are encouraged to talk with their doctors or PCPs about these medicines, as well as any extra screenings they need to stay on the right track in their treatment.

For more information about these medicines and how they can affect your patients' health, visit https://druginfo.nlm.nih.gov/drugportal.

### Use ICR for your PA requests

The Interactive Care Reviewer (ICR) tool offers a streamlined process to request inpatient and outpatient procedures as well as locate information on previously submitted requests for Anthem Blue Cross and Blue Shield Medicaid members via the Availity Portal.

What benefits does the ICR tool provide?

- Free and easy use
- Preauthorization determinations
- Inquiry capability
- Fax reduction
- Ability to view decision letter
- Ability to save favorites
- Comprehensive view of all your preauthorization requests

You can access the ICR tool through Availity. (Select **Authorizations & Referrals** from the *Patient Registration* drop-down menu in the upper left of the page.)

If you have not yet registered for Availity, go to https://www.availity.com and select **Register** at the top of the page. Select your organization type from the available options at the bottom of the page and follow the registration wizard.

Learn more about ICR by attending one of the monthly webinars. Register for the next webinar here.

For questions regarding our ICR tool, please contact your local Provider Relations representative. For questions on accessing our tool via Availity, call Availity Client Services at 800-282-4548. Availity Client Services is available Monday -- Friday from 8 am – 7 pm ET (excluding holidays) to answer your registration questions.

Note: ICR is not currently available for the Federal Employee Program, BlueCard® and some National Account members. It is also not available for requests involving transplant services or services administered by AIM Specialty Health or OrthoNet, LLC. For these requests, follow the same preauthorization process you use today

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

**Post-payment reviews of distinct procedural services modifiers**

In accordance with CMS guidelines, Anthem conducts post-payment reviews of professional claims for BadgerCare Plus members billed with modifiers for distinct procedural services (modifiers 59, XE, XP, XS and XU). As part of these reviews, we may contact you with outlying billing practices to request additional documentation related to the services. If billing discrepancies are identified, we will provide you with a written report of our findings as well as your appeal rights and may initiate recoupment as appropriate. Findings may assist your office with quality improvement efforts.

For questions regarding post-payment reviews of distinct procedural services modifiers, contact Provider Services at 855-558-1443.

**Medical policy updates**

On December 6, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following medical policies. These medical policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the listing below. The medical policies were made publicly available on the provider website on the publish date listed below. To search for specific policies, visit anthem.com/cptsearch_shared.html. Note: Existing precertification requirements have not changed.

Please share this notice with other members of your practice and office staff.

| Publish date | *Medical Policy number* | *Medical Policy* | New/revised |
|---|---|---|---|
| 12/27/2017 | DRUG.00112 | Gemtuzumab Ozogamicin (Mylotarg®) | New |
| 12/27/2017 | DRUG.00118 | Copanlisib (Aliqopa®) | New |
| 11/9/2017 | MED.00123 | Axicabtagene ciloleucel (Yescarta™) | New |
| 11/9/2017 | DME.00040 | Automated Insulin Delivery Devices | Revised |
| 12/27/2017 | DRUG.00050 | Eculizumab (Soliris®) | Revised |
| 12/27/2017 | DRUG.00071 | Pembrolizumab (Keytruda®) | Revised |
| 12/27/2017 | DRUG.00075 | Nivolumab (Opdivo®) | Revised |
| 11/9/2017 | DRUG.00081 | Eteplirsen (Exondys 51™) | Revised |
| 12/27/2017 | DRUG.00109 | Durvalumab (Imfinzi™) | Revised |
| 12/27/2017 | GENE.00011 | Gene Expression Profiling for Managing Breast Cancer Treatment | Revised |
| 11/9/2017 | SURG.00089 | Balloon and Self-Expanding Absorptive Sinus Ostial Dilation | Revised |
| 12/27/2017 | TRANS.00023 | Hematopoietic Stem Cell Transplantation for Multiple Myeloma and Other Plasma Cell Dyscrasias | Revised |
| 12/27/2017 | TRANS.00024 | Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome | Revised |
| 12/27/2017 | TRANS.00027 | Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors | Revised |
| 12/27/2017 | TRANS.00028 | Hematopoietic Stem Cell Transplantation for Hodgkin Disease and non-Hodgkin Lymphoma | Revised |
| 12/27/2017 | TRANS.00029 | Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias | Revised |
| 12/27/2017 | TRANS.00030 | Hematopoietic Stem Cell Transplantation for Germ Cell Tumors | Revised |

## Clinical guideline updates

Effective On December 6, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following clinical utilization management (UM) guidelines which are 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 listing below. The clinical UM guidelines on this list represent the clinical UM guidelines adopted by the Medical Operations Committee for the Government Business Division on January 30, 2018. To see the full utilization management guidelines on the website, visit anthem.com/cptsearch_shared.html.

On January 30, 2018, the clinical guidelines were made publicly available on the Anthem Medical Policies and Clinical UM Guidelines subsidiary website. To search for specific guidelines policies, visit anthem.com/cptsearch_shared.html. Existing precertification requirements have not changed.

Please share this notice with other members of your practice and office staff.

Update to clinical guideline, CG-MED-39, Central (Hip or Spine) Bone Density Measurement and Screening for Vertebral Fractures Using Dual Energy X-Ray Absorptiometry (CG-MED 39), was published January 30, 2018.

Effective January 30, 2018, this clinical guideline applies to Medicaid lines of business.

The clinical indication section specific to female screening of osteoporosis was revised to reflect that an initial (baseline) central (hip or spine) bone density measurement is considered medically necessary when conducted in postmenopausal individuals 65 years of age or older.

The guideline also identifies other clinical indications when initial and repeat central bone mineral density measurements are medically necessary.

| Publish date | Clinical UM Guideline number | Clinical UM Guideline title | New/revised |
|---|---|---|---|
| 12/27/2017 | CG-DME-40 | Electrical Bone Growth Stimulation | New |
| 12/27/2017 | CG-DME-41 | Ultraviolet Light Therapy Delivery Devices for Home Use | New |
| 12/27/2017 | CG-DRUG-65 | Tumor Necrosis Factor Antagonists | New |
| 12/27/2017 | CG-DRUG-66 | Panitumumab (Vectibix®) | New |
| 12/27/2017 | CG-DRUG-68 | Bevacizumab (Avastin®) for Non-Ophthalmologic Indications | New |
| 12/27/2017 | CG-DRUG-69 | Ustekinumab (Stelara®) | New |
| 12/27/2017 | CG-DRUG-70 | Eribulin mesylate (Halaven®) | New |
| 12/27/2017 | CG-DRUG-71 | Ziv-aflibercept (Zaltrap®) | New |
| 12/27/2017 | CG-DRUG-72 | Pertuzumab (Perjeta®) | New |
| 12/27/2017 | CG-DRUG-73 | Denosumab (Prolia®, Xgeva®) | New |
| 12/27/2017 | CG-DRUG-74 | Canakinumab (Ilaris®) | New |
| 12/27/2017 | CG-DRUG-75 | Romiplostim (Nplate®) | New |
| 12/27/2017 | CG-DRUG-76 | Plerixafor Injection (Mozobil™) | New |
| 12/27/2017 | CG-DRUG-77 | Radium Ra 223 Dichloride (Xofigo®) | New |
| 12/27/2017 | CG-DRUG-78 | Antihemophilic Factors and Clotting Factors | New |
| 12/27/2017 | CG-DRUG-79 | Siltuximab (Sylvant®) | New |
| 12/27/2017 | CG-DRUG-80 | Cabazitaxel (Jevtana®) | New |
| 12/27/2017 | CG-DRUG-81 | Tocilizumab (Actemra®) | New |
| 12/27/2017 | CG-GENE-01 | Janus Kinase 2 (JAK2) V617F Gene Mutation Assay | New |
| 12/27/2017 | CG-GENE-02 | Analysis of KRAS Status | New |

| Publish date | Clinical UM Guideline number | Clinical UM Guideline title | New/revised |
|---|---|---|---|
| 12/27/2017 | CG-GENE-03 | BRAF Mutation Analysis | New |
| 12/27/2017 | CG-GENE-04 | Molecular Marker Evaluation of Thyroid Nodules | New |
| 12/27/2017 | CG-MED-61 | Preoperative Testing for Low Risk Invasive Procedures and Surgeries | New |
| 12/27/2017 | CG-MED-62 | Resting Electrocardiogram Screening in Adults | New |
| 12/27/2017 | CG-MED-63 | Treatment of Hyperhidrosis | New |
| 12/27/2017 | CG-MED-64 | Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation) | New |
| 12/27/2017 | CG-MED-65 | Manipulation Under Anesthesia of the Spine and Joints other than the Knee | New |
| 12/27/2017 | CG-MED-66 | Cryopreservation of Oocytes or Ovarian Tissue | New |
| 12/27/2017 | CG-MED-67 | Melanoma Vaccines | New |
| 12/27/2017 | CG-MED-68 | Therapeutic Apheresis | New |
| 12/27/2017 | CG-SURG-61 | Cryosurgical Ablation of Solid Tumors Outside the Liver | New |
| 12/27/2017 | CG-SURG-62 | Radiofrequency Ablation to Treat Tumors Outside the Liver | New |
| 12/27/2017 | CG-SURG-63 | Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of Heart Failure | New |
| 12/27/2017 | CG-SURG-65 | Recombinant Human Bone Morphogenetic Protein | New |
| 12/27/2017 | CG-SURG-66 | Implanted (Epidural and Subcutaneous) Spinal Cord Stimulators (SCS) | New |
| 12/27/2017 | CG-SURG-67 | Treatment of Osteochondral Defects | New |
| 12/27/2017 | CG-SURG-68 | Surgical Treatment of Femoracetabular Impingement Syndrome | New |
| 12/27/2017 | CG-SURG-69 | Meniscal Allograft Transplantation of the Knee | New |
| 12/27/2017 | CG-DRUG-38 | Pemetrexed Disodium (Alimta®) | Revised |
| 12/27/2017 | CG-DRUG-50 | Paclitaxel, protein-bound (Abraxane®) | Revised |
| 12/27/2017 | CG-DRUG-61 | Gonadotropin Releasing Hormone Analogs for the Treatment of Non-Oncologic Indications | Revised |
| 12/27/2017 | CG-MED-21 | Anesthesia Services and Moderate ("Conscious") Sedation | Revised |
| 11/9/2017 | CG-MED-55 | Level of Care: Advanced Radiologic Imaging | Revised |

**Policy update: Modifier 25**
*(Policy 06-003, effective 09/01/2018)*
The Anthem Modifier 25 reimbursement policy, "Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service," provides the criteria for reimbursement for a significant, separately identifiable evaluation and management (E&M) service performed by the same provider on the same day of the original service or procedure. Effective September 1, 2018, Anthem does not allow separate reimbursement for E&Ms performed on the same day as a major surgery (90-day global period) and will only allow separate reimbursement for significant, separately identifiable E&M services billed with Modifier 25 on the same day as a minor surgery when the diagnosis code used is different from the diagnosis code for the minor surgery.

For additional information, please refer to the Modifier 25 reimbursement policy at https://mediproviders.anthem.com/wi.

### Services requiring PA

All programs require prior authorization (PA) for all covered specialty medications, where allowable by state. The scope of this notice will include both professional and facility requests for Medicaid business.

Specialty medications that are reported with not otherwise classified (NOC) designation codes and C codes may also require PA before services are provided.

Regardless of whether PA is required, all services must be medically necessary to be covered. Even if PA is not required, to avoid a claim denial based on medical necessity, Anthem encourages providers to review our medical necessity criteria prior to rendering non-emergent services. Medical necessity criteria can be accessed by visiting **https://mediproviders.anthem.com/wi** to view the most current Medical Policies and Clinical Utilization Management Guidelines.

If no specific policy is available, the medical necessity review of a drug may be conducted using Medical Policy ADMIN.00006: Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy or Clinical Utilization Management Guideline and/or Clinical Utilization Management Guideline CG-DRUG-01: Off-Label Drug and Approved Orphan Drug Use.

Clinical review of specialty medications is in addition to services currently requiring PA. Providers are responsible for verifying eligibility and benefits for Anthem members before providing services. We recommend providers visit mediproviders.anthem.com/wi to review the list of services and service categories currently requiring PA, with a reminder that the list of services requiring PA will be updated as needed. For clarification regarding whether a specific code or service requires PA, call the number listed below. Except in an emergency, failure to obtain PA may result in denial of reimbursement.

Again, please be reminded that the list of services requiring PA will be updated as needed.

To request PA, report a medical admission or for questions regarding PA, providers may use one of the following methods:

- Web: availity.com
- Fax: 800-964-3627
- Phone: 855-558-1443

Providers are strongly encouraged to revisit the Government Business Division Reimbursement Policy Unlisted or Miscellaneous Codes policy, which states NOC codes must be submitted with the correct national drug code (NDC) for proper claim payment. If the required NDC data elements are missing or invalid for the procedure code on a claim line, the claim will be denied.

### PA requested for Mylotarg

Effective July 1, 2018, prior authorization (PA) is required for Mylotarg (gemtuzumab ozogamicin) to be covered by Anthem through the medical benefit. 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: Mylotarg (gemtuzumab ozogamicin) — injection, gemtuzumab ozogamicin, 0.1 mg (J9203)

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

- Web: Interactive Care Reviewer tool via availity.com
- Fax: 800-964-3627
- Phone: 855-558-1443

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the provider self-service tool at availity.com. Providers who are unable to access Availity may call Provider Services at 855-558-1443 for PA requirements.

**PA requirements for Darzalex**

Effective August 1, 2018, Anthem prior authorization (PA) requirements will change for the injectable drug Darzalex (daratumumab) for Medicaid members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines (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: J9145 — Injection, Darzalex (daratumumab), 10 mg

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

- Web: availity.com
- Fax: 800-964-3627
- Phone: 855-558-1443

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the provider self-service tool (https://www.availity.com). Contracted and noncontracted providers who are unable to access Availity may call us at 855-558-1443 for PA requirements.

**PA required for lower extremity vascular intervention**

Effective July 1, 2018, lower extremity vascular intervention codes will require prior authorization (PA) by Anthem.

Please refer to the Precertification Lookup Tool for detailed PA requirements by visiting mediproviders.anthem.com/wi, then choosing Precertification from the main menu.

PA requirements will be added to the following codes:

- 37220 — Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty
- 37221 — Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
- 37224 — Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
- 37225 — Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
- 37226 — Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
- 37227 — Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
- 37228 — Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty
- 37229 — Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed
- 37230 — Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
- 37231 — Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed

Please use one of the following methods to request PA:
- Web: availity.com
- Fax: 800-964-3627
- Phone: 855-558-1443

Noncompliance with the new requirements may result in denied claims. Federal and state law, as well as state contract language including definitions, and specific contract provisions and exclusions, take precedence over these PA rules and must be considered first when determining coverage.

If you have questions about this communication or need assistance with any other item, call Provider Services at 855-558-1443.

### Policy update: Preventive medicine and sick visits on same day

*(Policy 05-016, effective 09/01/2018)*
Note: The following article was previously included in the December issue of *Network Update* with the effective date of March 15, 2018. However, the changes made to our Preventive Medicine and Sick Visits on the Same Day reimbursement policy will not be effective until September 1, 2018.

Anthem allows reimbursement for preventive medicine (for example, well-child visits) and sick visits on the same day under the following conditions:
- Modifier 25 must be billed with the applicable evaluation and management code for the allowed sick visit — If Modifier 25 is not billed appropriately, the sick visit will be denied.
- Appropriate diagnosis codes must be billed for respective visits.

Reimbursement is based on the fee schedule or contracted/negotiated rate for the preventive medicine and 50% of the fee schedule or contracted/negotiated rate for the allowed sick visit.

Please note: Federally qualified health centers and rural health centers reimbursed other than through Anthem's fee schedule or state encounter rates are not subject to this policy.

The Preventive Medicine and Sick Visits on the Same Day reimbursement policy can be located at mediproviders.anthem.com/wi.

### Miscellaneous DME billing guidelines

Reminder: Miscellaneous durable medical equipment (DME) procedure codes (such as E1399) cannot be used as an alternative to specific identified codes. Anthem will conduct post-payment reviews to ensure the right codes for the right services are used. This applies to all claims for BadgerCare Plus members.

In an effort to improve the provider experience, we continually evaluate coding and billing patterns. Recently, we identified trends related to the use of E1399 — DME, miscellaneous. This code is only intended for use when a more appropriate code is not available. When an appropriate code does exist, that code must be used regardless of your contracted rate. It is not appropriate to use E1399 for payment increases.

We continue to require prior authorization for the use of miscellaneous code E1399. To request PA, you may use one of the following methods:
- Web: www.availity.com
- Fax: 800-964-3627
- Phone: 855-558-1443

As it is not our policy to inform providers of proper billing processes within prior authorization responses, authorization responses do not include code-specific details. If your service was approved but your claim was denied payment when billed using E1399, the incorrect code was used. You will need to update the authorization and the claim with the appropriate
HIPAA-compliant HCPCS code.

Anthem will conduct post-payment reviews of code E1399 to ensure proper use. If it is determined a more appropriate code should have been used, we will notify you in writing and advise you of your appeal rights.

You can find additional information related to miscellaneous codes in the Unlisted, Unspecified or Miscellaneous Codes reimbursement policy at https://mediproviders.anthem.com/wi > Claims > Reimbursement Policies.

**Coding spotlight: A provider's guide to diagnose and code for pregnancy**

Use this guide for detailed information about pregnancy coding for risk factors, HEDIS® quality measures for prenatal and postpartum care, and ICD-10-CM general coding and documentation. To access the full pregnancy coding guide on our website, go here.

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

**Complex case management program**

Managing illness can be a daunting task for our members. It is not always easy to understand test results or know how to obtain essential resources for treatment or who to contact with questions and concerns.

Anthem is available to offer assistance in these difficult moments with our Complex Case Management program. Our case managers are part of an interdisciplinary team of clinicians and other resource professionals working to support members, families, primary care physicians and caregivers. The Complex Case Management process utilizes the experience and expertise of the Case Coordination team to educate and empower our members by increasing self-management skills. The Complex Care Management process can help members understand their illnesses and learn about care choices to ensure they have access to quality, efficient health care.

Members or caregivers can refer themselves or family members by calling the Customer Service number located on the back of their ID card. They will be transferred to a team member based on the immediate need. Physicians can refer their patients by contacting us telephonically or through electronic means. We can help with transitions across levels of care so that patients and caregivers are better prepared and informed about health care decisions and goals.

You can contact us by phone at 855-690-7800. Case Management business hours are Monday – Friday, 8 am – 5 pm CT.

**Provider surveys**

Each year, we may reach out to you to ask what we are doing well and how we can continue to improve our services. We use this feedback to enhance our operations and strengthen our relationship with our providers.

Thank you for participating in our network, for providing quality health care to our members and for your timely completion of any surveys you receive.

**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 — including updating your 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 new Provider Maintenance Form, available on both anthem.com and the Availity Portal.

Online update options include:

- Adding address location.
- Name change.
- Tax ID change.
- Provider leaving a group or a single location.
- Changing phone/fax number.
- Closing a practice location.
- Many more options.

Visit the resource page at mediproviders.anthem.com/wi to view more change options. The new online form can be found at mediproviders.anthem.com/wi > Medical > Provider Forms > Provider Maintenance Form. The Provider Maintenance Form also located can be found on the Availity Portal at www.availity.com > Wisconsin > Payer Spaces > Anthem Blue Cross and Blue Shield > Resources > Provider Maintenance Form.

- Change requests should be submitted using the online Provider Maintenance Form link, which is state-specific.
- Submit the change request online; there is no need to print. Complete and mail, fax or email demographic updates.
- You will receive an autoreply email acknowledging receipt of your request and another email when your submission has been processed.
- For change(s) that require(s) submission of an updated W-9 form or other documentation, attach them to the form online prior to submitting.
- Change requests should be submitted with advance notice.
- Contractual agreement guidelines may supersede the effective date of the request.

You can check your directory listing in the Anthem online provider directory, which is used by consumers, members, brokers and providers to identify in-network physicians and other health care providers supporting Anthem members. To ensure Anthem has the most current and accurate information, please take a moment to access the online provider directory at mediproviders.anthem.com/wi and review how you and your practice are displayed.