



June 1, 2017

RE: Updates to programs administered by AIM Specialty Health® including Specialty Pharmacy, Imaging Level of Care, Diagnostic Imaging Clinical Guidelines, and Genetic Testing

Dear Provider:

Anthem Blue Cross and Blue Shield and our subsidiary company, HMO Nevada (Anthem) would like to provide you with updated information for many of our programs administered by AIM Specialty Health® (AIM), a separate company administering these programs on behalf of Anthem.

Anthem will be expanding the Specialty Pharmacy Pre-Certification list

Listed below are specialty pharmacy codes from new or current Clinical UM Guidelines that will be added to our existing pre-service review process **effective September 1, 2017**.

Pre-service clinical review of these specialty pharmacy drugs will be managed by AIM.

Medical Policy or Clinical Guideline	Code	Drug	Comments
DRUG.00077	J3490, J3590	Siliq	New Drug to Existing Medical Policy
DRUG.00094	J3490, J3590	Dupixent	New Drug Medical Policy
DRUG.00095	J3490, J3590	Ocrevus	New Drug Medical Policy
DRUG.00104	J3490	Spinraza	New Drug Medical Policy

Imaging program expands to include level of care reviews

Effective with dates of service on or after **September 1, 2017**, Anthem will require a medical necessity review of the requested level of care for computed tomography (CT) imaging and magnetic resonance imaging (MRI). A new clinical guideline, *Level of Care: Advanced Radiologic Imaging, CG-MED-55*, will apply to the review process for dates of service beginning September 1, 2017. The review will be administered by AIM.

AIM will evaluate the clinical criteria to determine if the imaging service requires a hospital-based outpatient setting, which offers a higher intensity of service resources, or if a free-standing imaging center is a clinically appropriate and available alternative. For additional information, please visit <http://aimproviders.com/radiology/>

There may be circumstances where a member’s clinical situation requires that he or she receive an MRI or CT scan in a hospital facility. Based on the information you provide, AIM will review both the requested advanced imaging scan for clinical appropriateness and the level of care against health plan clinical criteria. The level of care review does not apply to requests for review of imaging as part of an inpatient stay or when Anthem is the secondary payer.

What's new beginning with dates of service on or after September 1, 2017:

- When providers select a hospital-based outpatient facility as the level of care, a list of alternate free-standing imaging centers will be made available. If providers still select the hospital-based outpatient facility, they will be prompted to indicate the reason that this location is medically necessary.
- If a request for a hospital-based level of care does not meet medical necessity criteria upon review by a physician, the request will not be approved. We encourage you to discuss the alternate sites with the member.

Note to advanced imaging providers:

The **OptiNet**® solution, which is accessed through AIM **ProviderPortal**_{SM} at providerportal.com, is a proprietary, multi-faceted program designed to provide health plans with information on outpatient imaging providers. For providers that bill with place of service codes 11, 49, or 81, AIM has prepopulated the "Provider Type" selection with Freestanding Imaging Facility/Physician Groups. For providers that bill with place of service codes 19 or 22, AIM has prepopulated the "Provider Type" selection as Outpatient Hospital Department.

Prior to the start date of September 1, 2017, advanced imaging providers should review their **OptiNet** registration to ensure all information is current; the prepopulated Place of Service code is correct; and the "Provider Type" accurately reflects the site's status as a FSIC, physician group, or hospital. If you do not find the "Provider Type" field populated, you may edit the assessment. Once you have selected the applicable "Provider Type," you will need to submit the statement of attestation to ensure that all information submitted is accurate. Provider assessments that are already complete will remain in a Completed status until an update has been applied to the assessment.

Update to AIM Diagnostic Imaging Clinical Appropriateness Guidelines

On **September 5, 2017**, the following changes to AIM Diagnostic Imaging Clinical Appropriateness Guidelines will become effective:

Focal liver lesions (CT abdomen, MRI abdomen)

- Enhanced criteria for initial evaluation and follow up imaging of incidental liver lesions based on size or underlying risk factors

Established malignancy (CT chest, CT abdomen, CT pelvis, CT abdomen & pelvis, MRI abdomen, MRI pelvis)

- Criteria added which limit the use of CT or MRI for routine surveillance following completion of therapy for colorectal cancer, prostate cancer and breast cancer.
- Criteria added to limit the use of CT or MRI for staging of low risk breast cancer in the absence of signs or symptoms of metastatic disease
- Criteria to restrict the use of MRI as a replacement for CT in staging or follow up of established tumor to situations where CT is contraindicated, or where MRI has been shown to be superior for evaluation (e.g., rectal cancer)

Recurrent lower urinary tract infection (CT abdomen, CT pelvis, CT abdomen & pelvis)

- Indication is being removed, as the literature does not support the use of advanced imaging in this scenario.

Venous thrombosis or occlusion (MRA abdomen, CTA abdomen, CTA abdomen & pelvis)

- Added requirement that ultrasound be performed prior to any advanced imaging to evaluate suspected hepatic, portal, splenic and renal vein thrombosis.

These changes will be effective for dates of service on or after September 5, 2017.

If you have any questions or comments regarding these enhancements to the guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. To access and download a copy of the current guidelines, please go to <http://aimspecialtyhealth.com/clinical-guidelines/guideline-set.php>

Reminder – Pre-Certification for Genetic Testing

As previously communicated on March 31, 2017, Anthem will transition 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, and this review will now take place as a **pre-certification**.

To find more information about genetic testing pre-certification at AIM please go to the following website: <http://www.aimprovider.com/genetictesting/>

Ordering and servicing physicians may submit pre-certification requests to AIM through 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: 877-291-0366, Monday–Friday, 7:00 a.m.–5:00 p.m. PT.

For more information on how to initiate a request via Availity is available online at **anthem.com**. Select **Menu**, and under the *Support* heading select the **Providers** link. Choose **Nevada** from the drop down list, and press **Enter**. On the **Provider Home** page, under the *Self-Service and Support* heading, select the **AIM Specialty Health (AIM)** link, and then [AIM Specialty Health \(AIM\) Quick Reference Guide](#).

All changes referenced in this letter only apply to fully insured Local Plan members. They do not apply to BlueCard out-of-area, selected National Accounts, Medicare, Medicare Advantage (MA), or Federal Employee Plan (FEP) members, and Local ASO.

Note: If the service is not prior authorized/pre-certified, records will be requested for post service review based on the same criteria listed in the medical policy or clinical guideline.

Retrospective requests received more than 2 business days after the date of service will not be accepted by AIM for precertification review. Any post-service clinical review would be handled by Anthem according to the terms of the applicable health benefit plan and/or provider agreement.

Anthem Medical Policies and Clinical UM Guidelines are developed by our national Medical Policy and Technology Assessment Committee. The Committee, which includes Anthem medical directors and representatives from practicing physician groups, meets quarterly to review current scientific data and clinical developments.

All coverage written or administered by Anthem excludes from coverage, services or supplies that are investigational and/or not medically necessary. A member's claim may not be eligible for payment if it was determined not to meet medical necessity criteria set in Anthem's medical policies. Review procedures have been refined to facilitate claim investigation.

Anthem’s Medical Policies and Clinical UM Guidelines are available online:

The complete list of our Medical Policies and Clinical UM Guidelines may be accessed on Anthem’s Web site at **anthem.com**. Select **Menu**, and under the *Support* heading select the **Providers** link. Choose **Nevada** from the drop down list, and press **Enter**. On the **Provider Home** page, from the **Medical Policy, Clinical UM Guidelines, Pre-Cert Requirements** **tout** (2nd blue box on the left side of page), select **enter**. Choose the link titled [Medical Policies and Clinical UM Guidelines \(for Local Plan Members\)](#). Select **Continue**, then choose either the [Medical Policies](#) or the [UM Guidelines](#) tab.

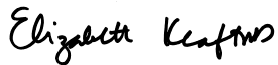
To view the list of specific clinical UM guidelines adopted by Nevada, navigate to the Disclaimer page by following the instructions above; scroll to the bottom of the page. Above the “Continue” button, select on the link titled [Specific Clinical UM Guidelines adopted by Anthem Blue Cross and Blue Shield of Nevada](#).

Anthem’s Pre-certification Quick Reference Guide is available online:

Anthem’s Pre-certification Quick Reference Guide will be updated with this information and posted online by June 15, 2017. The Pre-Certification Quick Reference Guide is also available online at **anthem.com**. Follow the directions above, but select the link titled [Pre-Certification/Pre-Authorization Requirements \(for Local Plan members\)](#).

Thank you for your attention to this update. We value and appreciate you as our partner in providing quality care. If you have any questions, please call your Provider Solutions representative. We appreciate your continued participation in our network.

Sincerely,



Elizabeth Kraft, M.D.
Medical Director
Anthem Blue Cross and Blue Shield