

# Network Update

CENTRAL REGION

In this issue	Page
<b>Health Care Reform (including Health Insurance Exchange)</b>	
• <a href="#">Updates and notifications</a>	4
<b>Administrative Update</b>	
• <a href="#">Provider payments will be made weekly</a>	4
• <a href="#">Psychiatric care collaboration codes are reportable by PCPs</a>	5
• <a href="#">Sign up for electronic funds transfer</a>	5
• <a href="#">EDI: New edit for 837 professional independent lab claims</a>	5
• <a href="#">Contact information for EDI support</a>	6
• <a href="#">New services added to Interactive Care Reviewer (ICR)</a>	6
• <a href="#">Reminder: MyAnthem will be retired effective December 8</a>	6
• <a href="#">Are you open for business?</a>	7
• <a href="#">WI Provider Expo – A “Star” studded event</a>	7
• <a href="#">Use the Provider Maintenance Form to update your information</a>	10
<b>Federal Employee Plan® (FEP®)</b>	
• <a href="#">2018 benefit information</a>	10
<b>Health Care Management</b>	
• <a href="#">Anthem expands CG-DRUG-09 precertification requirements</a>	10
• <a href="#">Anthem expands Specialty Pharmacy level of care drug list</a>	11
• <a href="#">Anthem expands Specialty Pharmacy Prior Authorization list</a>	11
• <a href="#">AIM diagnostic imaging clinical appropriateness guideline</a>	11
• <a href="#">KY, MO, OH, WI: Update on new musculoskeletal program</a>	12
• <a href="#">OH: New legislation requires faster time for electronic PAs</a>	12
<b>Medicare</b>	
• <a href="#">2018 MA individual benefits and formularies</a>	12
• <a href="#">2018 annual visit guidelines</a>	13
• <a href="#">Anthem tiers SNF network</a>	13
• <a href="#">Change to 835/ERA for all D-SNP MA members</a>	13
• <a href="#">Training required for Dual Eligible Special Needs Plans</a>	13
• <a href="#">Coordination of benefits update</a>	14
• <a href="#">MA ID cards redesigned</a>	14
• <a href="#">New original Medicare ID cards on the way</a>	14
• <a href="#">Additional hypertension drugs available at \$0 copay</a>	14

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

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

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CE1217  
 IN, KY, MO, OH, WI

○ <a href="#">IN, KY, OH: Imaging program expands to include level of care reviews for MA</a>	15
○ <a href="#">Documented clinical evidence reduces admission denials, peer-to-peer calls</a>	15
○ <a href="#">OH: New select MA HMO network for 2018</a>	15
○ <a href="#">Keep up with MA news</a>	16
<b>Pharmacy</b>	
○ <a href="#">Pharmacy information available on the web</a>	16
<b>Quality</b>	
○ <a href="#">Case management program</a>	16
○ <a href="#">ConditionCare program benefits patients and physicians</a>	17
○ <a href="#">Integrated care model for plans purchased on the exchange</a>	18
○ <a href="#">Coordination of care</a>	18
○ <a href="#">Important information about Utilization Management</a>	19
○ <a href="#">Member rights and responsibilities</a>	20
○ <a href="#">HEDIS® 2017 commercial results</a>	20
○ <a href="#">Opioids</a>	23
○ <a href="#">New "Asthma &amp; Me" app</a>	24
○ <a href="#">Clinical practice and preventive health guidelines</a>	24
<b>Reimbursement</b>	
○ <a href="#">Professional reimbursement updates</a>	24
○ <a href="#">Facility reimbursement update</a>	26
○ <a href="#">View Anthem reimbursement policies</a>	26
<b>Specialty Services – Behavioral Health</b>	
○ <a href="#">Anthem engages with Alliant Health Solutions</a>	26
○ <a href="#">Reminder: Ohio adds ASD coverage for most local plans</a>	27
<b>Medicaid Notifications</b>	
○ <a href="#">Indiana</a>	28
○ Medical policy updates	
○ Clinical Utilization Management guideline updates	
○ New pharmacy prior authorization fax numbers	
○ Portable/mobile/handheld radiology services	
○ Substance use disorders in pregnancy	
○ Anthem adopts MCG Recovery Facility Care Guidelines	
○ Policy update: Multiple radiology payment reduction	
○ Update to coverage guidelines for cervical cancer screening and HPV	
○ Access to case management	
○ Pharmaceutical restrictions and preferences	
○ Important information about Utilization Management	
○ Member rights and responsibilities	
○ <a href="#">Kentucky</a>	34
○ Medical policy updates	
○ Clinical Utilization Management Guideline updates	
○ New pharmacy prior authorization fax numbers	
○ Portable/mobile/handheld radiology services	
○ Substance use disorders in pregnancy	

- Antibiotic overuse
  - Imaging studies for back pain
  - New review process for not otherwise classified drug codes
  - Quality improvement program
  - Provider surveys
  - Access to case management
  - Availability of UM criteria
  - Access to UM staff
  - Affirmative statement about incentives
  - Pharmacy management information
  - Member rights and responsibilities
- [Wisconsin](#) 44
    - Medical policy updates
    - Clinical Utilization Management Guideline updates
    - Portable/mobile/handheld radiology services
    - Substance use disorders in pregnancy
    - Policy update: Preventive medicine and sick visits on same day
    - Update to coverage guidelines for cervical cancer screening and HPV
    - Post-service review of certain modifiers and services
    - Update to frequency of payment
    - New review process for not otherwise classified drug codes

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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 \(select state\)>Health Care Reform/Health Insurance Exchange](http://www.anthem.com,>Menu>Providers (select state)>Health Care Reform/Health Insurance Exchange).

The following article also is posted online:

*Preventive care expands to include generic low-to-moderate dose statins*

Based on the recommendation from the United States Preventive Service Task Force (USPSTF) regarding [Statin Use for the Primary Prevention of Cardiovascular Disease in Adults](#), Anthem Blue Cross and Blue Shield (Anthem) is updating our Affordable Care Act (ACA) preventive care coverage to include generic low-to-moderate dose statins. This coverage is effective December 1, 2017 for all non-grandfathered health plans, and for grandfathered plans that utilize Anthem's ACA preventive care coverage. Providers should continue to verify coverage and benefits for all members. For members with this coverage, low-to-moderate dose statins are covered at 100% with no member cost share.

In general, this coverage applies to members between the ages of 40-75 years old who have one of the following cardiovascular disease (CVD) risk factors: diabetes, hypertension, dyslipidemia and/or smoking. Members with these risk factors will be proactively identified. In some scenarios, it is possible that a member may not be proactively identified. If a provider feels members meet the preventive care coverage criteria outlined in the USPSTF statin recommendation, they can call the Express Scripts Prior Authorization Center at 866-310-3666 and provide qualifying information.

### **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](http://anthem.com > Menu>Providers). Select your state, then Network eUPDATE.

## Administrative Update

### Provider payments will be made weekly

Starting in 2018, more claim payments and remittance advice issued to Anthem providers will be made on a weekly basis. Additionally, non-FEP payments under \$5 will be held for a maximum of 14 days to allow for additional claims to combine to increase the payment amount. This change is being made for efficiency and to ensure consistency between professional and facility claim payments for commercial, Federal Employee Program® (FEP®), Anthem Medicare Advantage and Anthem Medicaid members. Please note, this will not affect payments made from our National Account system. If you are a provider receiving paper claim checks or Electronic Fund Transfer (EFT) payments from Anthem on a daily basis, you will be able to schedule posting on a weekly cycle after this change.

Anthem will continue to comply with applicable state prompt pay requirements. If you have additional questions, please contact your local Network Relations consultant.

## Psychiatric care collaboration codes are reportable by PCPs

Please be reminded that effective December 1, 2017, Anthem will begin to separately reimburse the new Psychiatric Care Collaborative codes (G0502, G0503 and G0504) for 2017 dates of service. Effective with January 2018 dates of service and after, please use the new CPT codes 99492, 99493, 99494 to report these services. These codes are reportable by primary care for their collaboration with a qualified behavioral health provider, such as a Psychiatrist, Licensed Clinical Social Worker, etc. Care is directed by the primary care team and includes structured care management with regular assessments of clinical status using validated tools and modification of treatment as appropriate. The psychiatric consultant provides regular consultations to the primary care team to review the clinical status and care of patients and to make recommendations. These codes are intended to represent the care and management for patients with behavioral health conditions that often require extensive discussion, information-sharing, and planning between a primary care physician and a specialist

## Sign up for electronic funds transfer

If you still receive reimbursement from Anthem by paper check, it's time to go green! Take advantage of Anthem's electronic solutions by signing up today for payments by electronic funds transfer (EFT). EFT helps you streamline your operations and reduce your administrative costs. Consider these benefits:

- Reimbursements are deposited to your account faster
- EFT payments don't get delayed or lost in the mail
- EFT payments are more protected from fraud
- Bank fees are lower
- You save time by making fewer trips to the bank

Setting up EFT is a fast and reliable method to receive payment. You can sign up using the [CAQH EFT EnrollHub tool](#) – or you can sign up via the Availity Portal. Also on Availity, you can access a detailed explanation of payment for each transaction

For more information on EFT and the benefits to your practice, contact your local Network Relations consultant.

## EDI: New edit for 837 professional independent lab claims

Effective December 8, 2017, Anthem EDI will be implementing a new edit related to independent laboratory claims. This update will reduce the processing time and manual intervention for lab claims. The update requires a referring provider to be indicated when the place of service is billed as an independent laboratory. If the referring provider is not indicated, the claim will reject. By implementing this edit, Anthem will ensure the appropriate data is submitted per the HIPAA Implementation Guide and Blue Cross Blue Shield Association ancillary filing guidelines.

Below is the edit that will be triggered starting December 8, 2017, on the provider EDI level II report:  
*60117- Referring Provider, qualifier DN loop 2310A, must be present when Place of Service, CLM05-1, is 81, Independent Laboratory.*

The referring provider is located in box 17B of the paper HCFA 1500 claim form.

If you have any questions, please contact your local EDI Help Desk at 800-470-9630.

## Contact information for EDI support

### Who do I contact for assistance with electronic data interchange (EDI) transactions?

If you use a clearinghouse to submit and receive, please make it your first point of contact. If you submit directly or are referred to Anthem, our knowledgeable and experienced E-Solutions Service Desk associates are available to assist you.

### What self-service tools and resources are available?

You can check eligibility and claims status on the Availity Portal. To review and resolve any rejections, check your Level II report daily for EDI submissions.

### I have tried the self service options but still require further assistance.

Contact EDI by going to our website: [www.anthem.com/edi](http://www.anthem.com/edi) or EDI online support mailbox: [E-solutions.support@anthem.com](mailto:E-solutions.support@anthem.com). You may also call the E-Solutions Helpdesk at (800)470-9630.

## New services added to Interactive Care Reviewer (ICR)

Use the Interactive Care Reviewer (ICR) tool to initiate a request for precertification of some inpatient and outpatient procedures,\*and you may receive an immediate authorization decision for some member and service combinations. And more services have been added to the list! View all procedures/services available for immediate authorization by going online to [anthem.com](http://anthem.com)>Menu>Providers. Then select your state, then Precertification>[Immediate Authorization Decision via ICR](#).

Also use ICR to inquire on a previously submitted case and find out the status right away. Ordering and servicing physicians and facilities also can inquire to find information on a precert previously submitted via phone, fax, ICR or other online tool.

ICR is available almost anywhere and can be used after normal business hours from your computer with internet access. Access it under **Authorizations & Referrals** from the Availity Portal.

\*Excludes: Federal Employee Program® (FEP), BlueCard® and some National Account members

Requests involving transplant services

Services administered by vendors such as AIM Specialty Health

Services administered by OrthoNet LLC (Indiana, Kentucky, Missouri, Ohio, Wisconsin, California, Colorado and Nevada)

For the above requests, follow the same precertification process that you use today.

## Reminder: MyAnthem will be retired effective December 8

This is a reminder that, effective December 8, 2017, MyAnthem, the secure provider portal for Anthem, will be retired and all information formerly on MyAnthem will be available exclusively via the Availity Portal ([www.availity.com](http://www.availity.com)).

Your preparations for this transition are vital and should include:

- **If you are your organization's Availity Administrator:** Continue to use **My Account Dashboard** from the Availity home page to register new users and update or unlock accounts for existing users. Make sure all of your users have the roles they need to ensure a smooth transition.
- **If you are a user today who regularly accesses information on both MyAnthem and Availity:** In these final days before the retirement of MyAnthem, make sure you are able to access everything you require to perform your job duties directly off of the Availity Portal and work with your administrator to update your access if needed.

Finally, users now have two places to obtain valuable training tools and information. If you would like more information on navigating in Availity, select **Help & Training | My Learning Plan** from the top navigation menu on the Availity home page to plot your learning journey. Availity also offers onboarding modules for new administrators and users. To locate these modules in the Availity Learning Center, type "onboarding" in the search field.

For more information on Anthem features and navigation, select **Payer Spaces| Applications| Education and Reference Center** to find presentations and reference guides that can be used to educate you and your staff on Anthem proprietary tools.

## Are you open for business?

Can Anthem members make an appointment for your services?

Members are often frustrated with making numerous calls to offices that are listed as participating practitioners in their network in the online Provider Directory, only to be told they are not accepting new patients at this time. Our office level survey responses are identifying discrepancies in the documentation on our contracted provider database, gathered during credentialing and re-credentialing, and the actual office status response to a member when calling for care.

Do you contact Anthem and update your office profile when the status changes? If not, please go to Anthem.com and notify us by completing the *Provider Maintenance Form*. Please be timely and do this as often as the status changes for accepting new patients. If applicable, you can now submit changes for your practice via *Availity*.

## WI Provider Expo – A “Star” studded event

**Held October 5 at Olympia Resort and Conference Center, Oconomowoc, Wisconsin**

The red carpet was rolled out for 130 providers attending the 2017 Provider Expo. The day started with recognition of Amanda Mansheim, Hayward Memorial Hospital; Lacy Belisle and Tawny Havlish, St. Croix Regional Medical Center; and Jill Gamez, Arbor Place, Inc.. These providers drove more than 250 miles to attend,

Jennifer Atkins, Regional Vice President, Provider Solutions, opened the Expo. Her opening remarks helped us change our perspective about what's possible, channel our energy, find joy and understand that losing doesn't have to be sad from the "Inside Out." Paul Nobile, Anthem Blue Cross and Blue Shield of Wisconsin President and General Manager, took the audience way back to the beginning of tools during his evolution of technology in healthcare general session.

Providers were treated to lunch and entertained by our own Indiana Jones, Dr. Michael Jaeger, ("Snakes, why did it have to be snakes") during the movie themed Jeopardy lunch game. After lunch, Leon Lamoreaux, President of Anthem Blue Cross and Blue Shield Wisconsin Medicaid Health Plan, helped us understand the current Wisconsin Medicaid environment and Anthem's positioning to serve this growing population statewide. Finally Jennifer Fitzgerald and Karen Kalkoff from Tivity Health/SilverSneakers got everyone up and moving with a short classic SilverSneakers class prior to afternoon breakout sessions.

Most (76%) attending providers completed an expo evaluation; 95% rated the entire event as Excellent or Good. Here are some of the comments they shared:

- "It was a great learning experience and the presenters really focused on making it fun."
- "Enjoyed making connections and learning what's coming"
- "I learned a lot. This is my first expo"
- "Provider relations has really come a long way. Very engaged with providers and much appreciated."

- "A day well spent! Fun, engaging and informational."

Anthem Network Relations recognized Connie Thull who will retire after 30 years of service at Froedtert Health. Connie has attended all 11 Expos held to date. Congratulations Connie! Providers who completed the exhibitor game card and Expo evaluation, and were present during closing ceremonies, were eligible for door prize drawings. Congratulations to the many winners!

Attendees told us the topics offered were important to them. If you were not able to join us, you can still find out what was shared during the 2017 Expo by going online to [anthem.com](http://anthem.com), select Providers under Partners in Health from the main menu, choose Wisconsin from the drop down box and enter the Wisconsin Provider Home page. From there, select Communications, then Provider Education.

The following presentations are available for downloading under the 2017 Provider Expo heading on the [Provider Education page](#):

- *2017: A Reform Odyssey, Leon Lamoreaux, H.J. Waukau, Policy and Population Health Specialist, Wisconsin Medical Society*
- *Anchorman 3: Medicaid Updates, James Price, Provider Network Manager I, Anthem Blue Cross and Blue Shield Medicaid*
- *Anthem's Commitment to Address the Prescription Opioid Epidemic and Substance Use Disorders, Thomas Albert, Director Behavioral Health Services and Cory Mauger B.S., Pharm.D, Pharmacist Program Manager, Anthem Blue Cross and Blue Shield*
- *Anthem Medicaid Positioned for Growth, Leon Lamoreaux, President of Anthem Blue Cross and Blue Shield Wisconsin Medicaid Health Plan*
- *Availity RCM and Patient Access, Jason Kostka, Sales Executive, Availity*
- *E-Solutions Updates – Believe the Hype!, Donna Jorandby, Business Change Manager, Anthem Blue Cross and Blue Shield*
- *Let's Play Bingo! – Robert Spadaccini, Director II, Anthem Blue Cross and Blue Shield Medicaid State Operations*
- *LiveHealth Online Practice Edition – Erica Terry, Provider Practice Manager, LiveHealth Online*
- *Medicare Advantage Value Based Care – Julie Mann, Provider Network Manager II, Anthem Blue Cross and Blue Shield Medicare Advantage*
- *Mission: Possible with AIM, Ryan Pape, Account Management Executive, AIM Specialty Health*
- *MSK – Musculoskeletal Program, Joyce Saiki, Solutions Management Director, AIM Specialty Health*
- *Navigating Change in your Practice with Finesse, Lisa Horn, RN, Senior Manager Operations Consulting, Schenck SC*
- *Provider Collaboration: Opportunity Knocks, Michael Jaeger MD, Regional Vice President, Sr. Clinical Officer, Anthem Blue Cross and Blue Shield*

Anthem experts from Credentialing, Enhanced Personal Healthcare, Medicaid Network Relations, Medicaid Quality and Outreach, Medicare Advantage, Network Relations and Product Sales were available at booths throughout the event to provide information and answer questions for attending providers.

A very special thank you to all our sponsors and exhibitors. The expo would not be possible without their support. Our sponsors and exhibitors are shown below. Descriptions of products and services were provided by the exhibitors.



## Silver Sponsors

### **Availity (availity.com)**

*Product/Service: Revenue Cycle Management and Patient Access*

510 E 96<sup>th</sup> Street, Suite 400

Indianapolis, IN 46249

Phone: 317-814-6751

Company Representatives: Jason Kostka

Availity will discuss revenue cycle management and patient access.

### **Schenck SC (schencksc.com)**

*Product/Service: HR and operations consulting, medical billing, accounting and tax services*

200 E. Washington Street

Appleton, WI 54911

Phone: 920-731-8111

Schenck's health care team has served the business needs of healthcare providers for 50-plus years. Services include strategic planning, HR and operations consulting, chart audits, coding assistance, medical billing and accounting tax planning.

### **Tivity Health/SilverSneakers (tivityhealth.com)**

*Product/Service: SilverSneakers®*

701 Cool Springs Blvd.

Franklin, TN 37067

Phone: 800-869-5311

Company Representatives: Lourdy Soto, Stina Jacobs, Jennifer Fitzgerald and Karen Kalkoff

SilverSneakers is the premier fitness program provided at no cost by more than 60 health plans nationwide. Millions of members. Thousands of gyms. Classes designed for all abilities. And our community is active, welcoming and fun. Are you in?

## Exhibitors

### **AIM Specialty Health® (aimspecialtyhealth.com)**

*Product/Service: Specialty benefits management of radiology, cardiology, oncology, sleep management and specialty drugs.*

8600 W Bryn Mawr Avenue South Tower Suite 800

Chicago, IL 60631

Phone: 1-847-564-8500 Fax: 1-773-864-4601

Company Representatives: Ryan Pape and Joyce Saiki

AIM Specialty Health is focused on driving appropriate, safe and affordable care through the health care system. For more than 40 million members across 50 states, Washington D.C. and U.S. territories, AIM targets the quality and cost of clinical services including radiology, cardiology, oncology, specialty drugs and sleep medicine. As a national leader in specialty benefits management, AIM helps health plans, providers and employers focus on the value of health decisions with an integrated suite of solutions combining clinical excellence, technology and superior customer service.

### **Wisconsin Medical Society (wisconsinmedicalsociety.org)**

*Product/Service: Physician member organization, educational services*

330 E. Lakeside Street

Madison, WI, 53701-1109

Phone: 1-866-442-3800 Fax: 1-608-283-5424

Company Representatives: Diane Stampfli and H.J Waukau

The Wisconsin Medical Society is the largest association of medical doctors in the state, representing more than 12,500 physicians. The Society – a recognized, trusted and neutral source – has a long history of providing top-notch educational programs to physicians and their healthcare teams. Our portfolio of other services range from advocacy, professional development, quality improvement and data analytics to insurance services and more.

*Anthem does not advocate the use of any specific product or activity identified in the program or otherwise endorse the content of the material provided by any sponsor or exhibitor.*

Please contact your Wisconsin Network Relations consultant if you would like additional information or have suggestions for 2018 Expo sessions.

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

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

## Federal Employee Plan (FEP)

### 2018 benefit information

To view the 2018 benefits and changes for the Blue Cross Blue Shield Service Benefit Plan, also known as the Federal Employee Program® (FEP), go to [www.fepblue.org>select Benefit Plans>Brochure & Forms](#). Here you will find the Service Benefit Plan Brochure and Benefit Plan Summary information for year 2018.

#### **Note: The skilled nursing facility (SNF) benefit is changing for Standard Option PPO members.**

In 2018, Standard Option members will have a limit of thirty (30) days of coverage per year. The benefit is payable when the member signs a case management letter with Anthem FEP case management *and* the treatment plan for admission to the SNF has been developed and documented **prior** to the member's admission to the SNF. Members admitted without both the signed case management letter and the documented treatment plan will not have coverage under the Standard Option and thus will be responsible for all charges incurred.

For questions on the above information, please contact FEP Customer Service at: IN – 800-382-5520; KY – 800-456-3967; MO – 800-392-8043; OH – 800-451-7602; WI – 800-242-9635.

## Health Care Management

### Anthem expands CG-DRUG-09 precertification requirements

Effective for dates of service on and after March 1, 2018, the following clinical UM guideline will be updated to include additional requirements as part of the existing pre-service review process.

Anthem's pre-service clinical review of the following specialty pharmacy drug will be managed by AIM Specialty Health® (AIM), a separate company.

Clinical Guideline	Treatment	Code
CG-DRUG-09	Immune Globulin (IG) Therapy	J1459
		J1460
		J1556
		J1557
		J1559
		J1560
		J1561
		J1566
		J1568
		J1569
		J1572
		J1575
		J1599
		J3490
		S9338

### Anthem expands Specialty Pharmacy level of care drug list

Effective for dates of service on and after March 1, 2018, the following specialty pharmacy codes from our medical policy, DRUG.0080 will be included in our existing Specialty Pharmacy level of care review process. The level of care pre-service clinical review of the specialty pharmacy drugs will be managed by AIM.

View the [Level of Care \(Clinical Site of Care\) drug list](#) and [level of care pre-service clinical review FAQs](#) for more information.

Medical Policy	Code	Drug
DRUG.00080	J2786	Cinqair
DRUG.00080	J2182	Nucala

### Anthem expands Specialty Pharmacy prior authorization list

Effective for dates of service on and after March 1, 2018, the following specialty pharmacy codes from new or current medical policies or clinical UM guidelines will be included in our existing pre-service review process. Anthem's pre-service clinical review of these specialty pharmacy drugs will be managed by AIM. The following clinical guidelines or medical policies will be effective March 1, 2018.

Medical Policy or Clinical Guideline	Code	Drug	Comment
DRUG.00110	J3490, J3590	Besponsa	New drug policy
CG-DRUG-64	J3590	Cyltezo	New drug to existing policy
CG-DRUG-64	J3590	Mvasi	New drug to existing policy

### AIM diagnostic imaging appropriateness guideline

Beginning with dates of service on and after March 9, 2018, the following update will apply to the AIM Diagnostic Imaging Clinical Appropriateness Guidelines: **Criteria for imaging of suspicion for pulmonary embolism.**

- The evaluation for pulmonary embolism requires the use of well validated clinical prediction rules.
- The addition of the use D Dimer to identify patients where imagining for pulmonary embolism is appropriate.

For questions related to guideline updates, please contact AIM via email at [aim.guidelines@aimspecialtyhealth.com](mailto:aim.guidelines@aimspecialtyhealth.com). Additionally, you may access and download a copy of the current guidelines [here](#).

## KY, MO, OH, WI: Update on new musculoskeletal program

The [August 2017 edition of the Network Update](#) announced that AIM will perform medical necessity review of certain surgeries of the spine and joints, as well as interventional pain treatment for fully insured Anthem members. In November 2017, Anthem sent an update about a delay with this program. **Please note, this program now will apply for dates of service on and after December 9, 2017.** For fully insured members with dates of service scheduled on and after December 9, 2017, providers should submit pre-service review requests to AIM using one of the following ways:

- Access AIM *ProviderPortal*<sub>SM</sub> directly at [providerportal.com](http://providerportal.com). Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Portal at [availity.com](http://availity.com)
- Call the AIM toll-free number at (800) 554-0580, Monday through Friday 8:30 am – 7 pm ET.

In addition, AIM has developed an educational website focused on musculoskeletal services provided on Anthem's behalf. Visit [www.aimprovider.com/msk](http://www.aimprovider.com/msk) for resources to help your practice get started with the musculoskeletal and pain management program.

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

## OH: New Ohio legislation impacts electronic PA requests

Ohio Senate Bill 129/House Bill 505 will require insurers to implement faster turn-around times for reviews of prior-authorizations (PA) that are submitted electronically. Insurers are required to respond to electronically-submitted Urgent PA requests in 48 hours and to Non-Urgent PA requests in 10 calendar days. Anthem will use our current functionality to accept PA requests electronically via ICR (Interactive Care Reviewer) which can be accessed through the Availity Web Portal.

This new legislative requirement is effective for new policies and policies renewing on or after January 1, 2018. This faster turn-around time also applies to the appeals process for an adverse PA decision.

For questions, please contact your local Network Relations consultant.

# Medicare

## 2018 MA individual benefits and formularies

Summary of benefits, evidence of coverage and formularies for 2018 individual Medicare Advantage plans will be available at [anthem.com/medicareprovider](http://anthem.com/medicareprovider). An overview of notable 2018 benefit changes also is available at [Important Medicare Advantage Updates](#) at [anthem.com/medicareprovider](http://anthem.com/medicareprovider). Please continue to check [Important Medicare Advantage Updates](#) at [anthem.com/medicareprovider](http://anthem.com/medicareprovider) for the latest Medicare Advantage information.

## 2018 annual visit guidelines

Anthem Medicare Advantage plans will continue to offer coverage for routine physicals in 2018 for individual and group-sponsored Medicare Advantage members. A routine physical exam will help aid in appropriately diagnosing, monitoring, assessing, evaluating and/or treating conditions that may not otherwise be captured, closing gaps in care and creating a comprehensive care plan to manage possible chronic conditions. Please see [Important Medicare Advantage Updates](#) at [anthem.com/medicareprovider](http://anthem.com/medicareprovider) for claims submission and other information.

## Anthem tiers SNF network

It is important to know when a member is discharged to a Skilled Nursing Facility setting to coordinate patient care. To help ensure optimal quality with reduced readmissions to acute care facilities, Anthem is implementing tiering for our Skilled Nursing Facility provider network based on a preferred designation for qualified providers within Anthem's Medicare Advantage network. Additional information is available at [Important Medicare Advantage Updates](#) at [anthem.com/medicareprovider](http://anthem.com/medicareprovider).

## Change to 835/ERA for all D-SNP MA members

In late July, Anthem updated the 835 ERA for individual Medicare Advantage members who are enrolled in our Dual Special Needs Plans. These members have both Medicare and Medicaid coverage. This change was to be in alignment to the CMS Change Request CR9911 <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R3802CP.pdf>. The purpose is to have an indicator on the 835 file to prevent the member from being balanced billed for this cost share and ensure the state Medicaid agency is billed for this balance. The following has been implemented:

There will be a Claims Adjustment Reason Code (CARC) 209 and Remittance Advice Remark Code (RARC) assigned for the cost share that should be filed with the state Medicaid agency.

- Claim Adjustment Reason Code (CARC) 209 – Group Code Other Adjustment (OA) will be assigned.
  - CARC 209- **Per regulatory or other agreement. The provider cannot collect this amount from the patient. However, this amount may be billed to subsequent payer.**
  - Refund to patient if collected. (Use only with Group code OA)
- Remittance Advice Remark Codes (RARC) will be used with the CARC 209
  - N781 – **No deductible may be collected as patient is a Medicaid/Qualified Medicare Beneficiary.** Review your records for any wrongfully collected deductible.
  - N782 – **No coinsurance may be collected as patient is a Medicaid/Qualified Medicare Beneficiary.** Review your records for any wrongfully collected coinsurance.
  - N783 – **No co-payment may be collected as patient is a Medicaid/Qualified Medicare Beneficiary.** Review your records for any wrongfully collected copayments.

Please be sure to ask Medicare Advantage members for their state Medicaid Identification Number to assist with billing for the cost share. This will be different from their Medicare Advantage plan member Identification Number.

## Training required for Dual Eligible Special Needs Plans

In 2018, Anthem is offering Dual Eligible Special Needs Plans (D-SNPs) to people who are eligible for both Medicare and Medicaid benefits or who are qualified Medicare beneficiaries (QMBs). D-SNPs provide enhanced benefits to people eligible for both Medicare and Medicaid. These plans are \$0 premium plans. Some include a combination of supplemental benefits such as hearing, dental, vision as well as transportation to doctors' appointments. Some D-SNP plans may also include a card or catalog for purchasing over-the-counter items. Providers who are contracted for D-SNP plans are required to take annual training to keep up-to-date on plan

benefits and requirements, including coordination of care and Model of Care elements. Providers contracted for our D-SNP plans will receive notices in Q4 2017 that contain information for online training through self-paced training through our training site, hosted by SkillSoft. Every provider contracted for our D-SNP plans is required to complete this annual training and click the attestation within the training site stating that they have completed the training. These attestations can be completed by individual providers or at the group level with one signature. Centers for Medicare & Medicaid Services regulations protect D-SNP members from balance billing.

### Coordination of benefits update

Effective Sept. 11, 2017, Anthem began running trauma and accident claims through the standard coordination of benefits where third party payers are identified.

This is not a change to how Anthem coordinates benefits: Medicare Advantage coverage is secondary and the Medicaid program is the payer of last resort when third-party resources are available to cover the costs of medical services provided to Medicare Advantage members.

When Anthem is aware of third-party resources prior to paying for a medical service, we will follow appropriate coordination of benefits standards by either rejecting a provider's claim and redirecting the provider to bill the appropriate insurance carrier or, if Anthem does not become aware of the resource until sometime after payment for the service was rendered, by pursuing post payment recovery of the expenditure. Providers must not seek recovery in excess of the applicable Medicare and/or Medicaid payable amounts.

For additional information please see the Medicare Advantage Provider Guidebook.

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### MA ID cards redesigned

Anthem Medicare Advantage ID cards have been redesigned. Changes include:

- Focus on key information with use of blue bars.
- Replaced *Identification Number* with *Member ID*.
- Cost share information is highlighted for improved readability.
- Primary customer service number is highlighted for improved readability.

This change does not affect benefits, phone numbers or any other aspect of a member's plan.

Sample ID cards will be available at [anthem.com/medicareprovider](http://anthem.com/medicareprovider).

### New original Medicare ID cards on the way

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 requires the Centers for Medicare & Medicaid Services to remove Social Security Numbers (SSN) from all Medicare ID cards by April 2019. For an overview of the SSNRI, including the goal, impact, timeline, implementation and helpful resources, please see [Important Medicare Advantage Updates](#) at [anthem.com/medicareprovider](http://anthem.com/medicareprovider).

### Additional hypertension drugs available at \$0 copay

Beginning 1/1/18 seven more drugs have been added to MAPD at \$0 copay. These drugs are used to treat hypertension and include: Benazepril HCTZ, Fosinopril, Irbesartan, Quinapril, Ramipril, Trandolapril, and Valsartan HCTZ. These drugs are \$0 copay for members utilizing MAPD benefits.

## IN, KY, OH: Imaging program expands to include level of care reviews for MA

Effective for dates of service on or after Mar. 1, 2018, Anthem will require a medical necessity review of the requested level of care for computed tomography (CT) imaging and magnetic resonance imaging (MRI) for our individual and some group-sponsored Medicare Advantage members in IN, KY and OH.

A new clinical guideline, Level of Care: Advanced Radiologic Imaging, CG-MED-55, will apply to the review process for dates of service beginning Mar. 1, 2018. 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.

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.

Physicians will continue to request authorization for MRI and CT scans in one of several ways:

- Access AIM *ProviderPortal*SM directly at [providerportal.com](http://providerportal.com). Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Portal at [availity.com](http://availity.com).
- Call the AIM Contact Center toll-free number: 800-714-0040 Monday–Friday, 8:30 a.m.–7 p.m. ET.

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

## Documented clinical evidence reduces admission denials, peer-to-peer calls

Anthem has historically reviewed admissions of up to three days for medical necessity for our individual and group-sponsored Medicare Advantage members. Earlier this year Anthem began reviewing admissions of up to four days. This should have no impact on admissions with documented clinical evidence that supports the medical necessity of the admissions. Providers who do submit the necessary documentation have reduced both denials and peer-to-peer calls.

Admissions are reviewed to determine if the documentation of severity of illness and intensity of services supports acute inpatient hospitalization for the safe and effective management of the member. The intent is to review the pertinent past medical history, the clinical presentation of the member, the findings of the physical examination, the results of any diagnostic studies and the clinical course of the member from presentation to discharge.

## OH: Reminder of new select MA network HMO for 2018

As noted on page 17 in the [October issue](#) of *Network Update*, a new Medicare Advantage select network HMO plan, in collaboration with Cleveland Clinic, will be effective on Jan. 1, 2018. The new plan will be called Anthem MediBlue Prime Select (HMO) and will initially be available to individual Medicare Advantage members who reside in Cuyahoga, Geauga, Lake, Lorain, Medina, Portage and Summit counties. As a reminder, these members will not have any out-of-network benefits with the exception of emergency services and/or if a Cleveland Clinic Healthcare Network provider refers the member to a specific physician for care. If you are not part of the Cleveland Clinic Healthcare Network and your patient presents you with an Anthem MediBlue Prime Select (HMO) ID card,

please refer the patient to an in-network provider. It is important to always call and confirm eligibility and benefits before providing care to ensure coverage and accurate copayment/coinsurance collection. Providers can confirm member eligibility and benefit information through the Availity Portal at [availity.com](http://www.availity.com).

### 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:

Anthem to conduct post-service reviews of certain modifiers and services  
[Medicare risk adjustment training](#)  
[Prior authorization requirements for Part B: Aliqopa, Cinvanti and Opsiria](#)  
[Information for transplant facilities in MA HMO networks](#)  
[Reimbursement policy bulletin](#)  
[Prior Authorization for part B drugs Renflexis, Rituxan Hyclea and Zilretta](#)  
[Percutaneous Coronary Interventions quick coding clarifications](#)  
[Medication Reconciliation Post-Discharge \(MRP\): billing codes for reimbursement](#)  
[Prior authorization change for orthotics](#)  
[August reimbursement update](#)  
[Medicare Advantage provider reimbursement bulletin](#)

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## Pharmacy

### Pharmacy information available at [anthem.com](http://www.anthem.com)

For more information on copayment/coinsurance requirements and their applicable drug classes, drug lists and changes, prior authorization criteria, procedures for generic substitution, therapeutic interchange, step therapy or other management methods subject to prescribing decisions, and any other requirements, restrictions, or limitations that apply to using certain drugs, visit [www.anthem.com/pharmacyinformation](http://www.anthem.com/pharmacyinformation). The commercial drug list is reviewed and updates are posted to the web site quarterly (the first of the month for January, April, July and October). To locate the "Marketplace Select Formulary" and pharmacy information for Health Plans offered on the Exchange Marketplace, go to Customer Support, select your state, Download Forms and choose "Select Drug List." Website links for the Federal Employee Program® (FEP®) formulary Basic and Standard Options are **Basic Option:** [https://www.caremark.com/portal/asset/z6500\\_drug\\_list807.pdf](https://www.caremark.com/portal/asset/z6500_drug_list807.pdf); and **Standard Option:** [https://www.caremark.com/portal/asset/z6500\\_drug\\_list.pdf](https://www.caremark.com/portal/asset/z6500_drug_list.pdf). This drug list is also reviewed and updated regularly as needed. FEP Pharmacy Policy updates have been added to the FEP Medical Policy Manual and may be accessed at [www.fepblue.org](http://www.fepblue.org) >Benefit Plans>Brochures and Forms>Medical Policies.

## Quality

### Case management program

Managing illness can sometimes be a difficult thing to do. Knowing who to contact, what test results mean or how to get needed resources can be a bigger piece of a healthcare puzzle that for some, are frightening and complex issues to handle.



Anthem is available to offer assistance in these difficult moments with our *Case Management Program*. Our case managers are part of an interdisciplinary team of clinicians and other resource professionals that are there to support members, families, primary care physicians and caregivers. The case management process utilizes experience and expertise of the care coordination team whose goal is to educate and empower our members to increase self-management skills, understand their illness, and learn about care choices in order to access quality, efficient health care.

Members or caregivers can refer themselves or family members by calling the number located in the grid below. They will be transferred to a team member based on the immediate need. Physicians can also refer by contacting us telephonically or through electronic means. No issue is too big or too small. We can help with transitions across level of care so that patients and caregivers are better prepared and informed about healthcare decisions and goals.

How do you contact us?

CM Email Address	CM Phone Number	CM Business Hours
Commercial centregcmref@anthem.com.	888-662-0939 866-670-0939 (IN Only)	Monday - Friday 8am to 7pm ET
National <a href="mailto:INDYNatlAccts-CM@wellpoint.com">INDYNatlAccts-CM@wellpoint.com</a>	800-737-1857	Monday – Friday 8am-9pm ET, Saturday 9am-5:30pm ET
Federal Employee Program (FEP) No email	800-711-2225	Monday – Friday 8am-7pm ET

### ConditionCare program benefits patients and physicians

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

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

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

**Physician benefits:**

- **Save time** by answering patients' general health questions and responding to concerns, freeing up valuable time for the physician and their staff.
- **Support the doctor-patient relationship** by encouraging participants to follow their doctor's treatment plan and recommendations.
- **Inform** the physician with updates and reports on the patient's progress in the program.

Please visit [anthem.com](http://anthem.com) to find more information about the program. Also on our website is the **Patient Referral Form**, which you can use to refer patients you feel may benefit from our program.

If you have any questions or comments about the program, call 877-681-6694. Our nurses are available Monday-Friday, 8 am – 9 pm, and Saturday, 9 am -- 5:30 pm. FEP members should call 844-730-0088. Our nurses are available Monday – Friday, 9 am – 8 pm.

## Integrated care model for plans purchased on the Health Insurance Marketplace

An Integrated Care Model affords members with plans purchased on the Health Insurance Marketplace (also called the exchange) the ability to have continuity of care with each care management case. A single Primary Care Nurse provides case and disease assessment and management. This continuity provides opportunity for the member to get assistance working through an acute phase of an illness and then work with their nurse on the necessary

behavioral changes needed to improve their health and enhance their well-being. The program is based on nationally recognized clinical guidelines and serves as an excellent adjunct to physician care.

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

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

Members or caregivers can refer themselves or family members by calling 888-662-0939, Monday – Friday, 8am – 7 pm ET, or by sending an email to [centregcmref@anthem.com](mailto:centregcmref@anthem.com).

## Coordination of care

Coordination of care among providers is a vital aspect of good treatment planning to ensure appropriate diagnosis, treatment and referral. Anthem would like to take this opportunity to stress the importance of communicating with your patient's other health care practitioners. This includes primary care physicians (PCPs) and medical specialists, as well as behavioral health practitioners.

Coordination of care is especially important for patients with high utilization of general medical services and those referred to a behavioral health specialist by another health care practitioner. Anthem urges all of its practitioners to obtain the appropriate permission from these patients to coordinate care between Behavioral Health and other health care practitioners at the time treatment begins.

We expect all health care practitioners to:

1. Discuss with the patient the importance of communicating with other treating practitioners.
2. Obtain a signed release from the patient and file a copy in the medical record.
3. Document in the medical record if the patient refuses to sign a release.
4. Document in the medical record if you request a consultation.
5. If you make a referral, transmit necessary information; and if you are furnishing a referral, report appropriate information back to the referring practitioner.
6. Document evidence of clinical feedback (i.e., consultation report) that includes, but is not limited to:
  - Diagnosis
  - Treatment plan
  - Referrals
  - Psychopharmacological medication (as applicable)

In an effort to facilitate coordination of care, Anthem has several tools available on anthem.com, including a Coordination of Care template and cover letters for both Behavioral Health and other Healthcare Practitioners.\* In addition, a Provider Toolkit offers information about Alcohol and Other Drugs which contains brochures, guidelines and patient information.\*\*

\*Access to the forms and cover letters are available at anthem.com>Menu>Providers. Select your state, then Answers@Anthem  
 \*\*Access to the Toolkit is available at anthem.com>Menu>Providers. Select your state, then Health and Wellness.

### Important information about Utilization Management

Our utilization management (UM) decisions are based on written criteria, the appropriateness of care and service needed, as well as the member's coverage according to their health plan. We do not reward providers or other individuals for issuing denials of coverage, service or care. Nor do we make decisions about hiring, promoting, or terminating these individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in under-utilization. Anthem's medical policies are available at anthem.com.

You can also request a free copy of our UM criteria from our medical management department, and providers may discuss a UM denial decision with a physician reviewer by calling us at the toll-free numbers listed below. UM criteria are also available on the web. Just select "Medical Policies, Clinical UM Guidelines, and Pre-Cert Requirements" from the Provider home page at anthem.com.

We work with providers to answer questions about the utilization management process and the authorization of care. Here's how the process works:

- Call us toll free from 8:30 a.m. - 5 p.m. Monday through Friday (except on holidays). More hours may be available in your area. Federal Employee Program hours are 8:00 a.m. – 7 p.m. Eastern.
- If you call after normal business hours, you can leave a private message with your contact information. Our staff will return your call on the next business day. Calls received after midnight will be returned the same business day.
- Our associates will contact you about your UM inquiries during business hours, unless otherwise agreed upon.

The following phone lines are for physicians and their staffs. Members should call the customer service number on their health plan ID card.

To discuss UM Process and Authorizations	To Discuss Peer-to-Peer UM Denials w/Physicians	To Request UM Criteria	TDD/TTY				
800-752-1182 877-814-4803  FEP Phone 800-860-2156 FAX 800 732-8318 (UM) FAX 877 606-3807 (ABD)	877-814-4803  National: 800-821-1453  FEP: 800-860-2156	877-814-4803  FEP: Phone 800-860-2156 FAX 800 732-8318 (UM) FAX 877 606-3807 (ABD)	711 Or <table border="1"> <tr> <td>TTY</td> <td>Voice</td> </tr> <tr> <td>800-750-0750(V/T)</td> <td>800-750-0750(V/T)</td> </tr> </table>	TTY	Voice	800-750-0750(V/T)	800-750-0750(V/T)
TTY	Voice						
800-750-0750(V/T)	800-750-0750(V/T)						

For language assistance, members can simply call the Customer Service phone number on the back of their ID card and a representative will be able to assist them.

Our utilization management associates identify themselves to all callers by first name, title and our company name when making or returning calls. They can inform you about specific utilization management requirements,

operational review procedures, and discuss utilization management decisions with you.

## Member rights and responsibilities

The delivery of quality health care requires cooperation between patients, their providers and their health care benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Therefore, in line with our commitment to involve the health plan, participating practitioners and members in our system, Anthem has adopted a Members' Rights and Responsibilities statement which can be found online at [anthem.com](http://anthem.com)>Menu>Providers. Select your state, then Health & Wellness> Quality > Member Rights & Responsibilities. Practitioners may access the FEP member portal at [www.fepblue.org/memberrights](http://www.fepblue.org/memberrights) to view the FEPDO Member Rights Statement.

## HEDIS® 2017 commercial results

Thank you for participating in the annual Healthcare Effectiveness Data and Information Set (HEDIS) commercial data collection project for 2017. You play a central role in promoting the health of our members. By documenting services in a consistent manner, it is easy for you to track care that was provided and identify any additional care that is needed to meet the recommended guidelines. Consistent documentation and responding to our medical record requests in a timely manner eliminates follow up calls to your office and also helps improve HEDIS scores, both by improving care itself and by improving our ability to report validated data regarding the care you provided. The records that you provide to us directly affect the HEDIS results that are listed below.

Each year our goal is to improve our process for requesting and obtaining medical records for our HEDIS project. In order to demonstrate the exceptional care that you have provided to our members and in an effort to improve our scores, you and your office staff can help facilitate HEDIS process improvement by:

- Responding to our requests for medical records within five days if at all possible.
- Providing the appropriate care within the designated timeframes.
- Accurately coding all claims.
- Documenting all care clearly in the patient's medical record.

Further information regarding documentation guidelines and administrative codes can be found on the HEDIS page at [anthem.com](http://anthem.com)>Menu>Providers. Enter your state>Health & Wellness > Quality Improvement and Standards > HEDIS Information. You will find reference documents entitled "HEDIS 101 for Providers" and "HEDIS Physician Documentation Guidelines and Administrative Codes".

The following table shows some of our key measure rates across the Central Region.

- Yellow boxes indicate rates that are above the national average.
- **Bold** indicates improvement in rate over the previous year.
- NR = Not Reported, NA = Not Applicable - denominator too small
- Comprehensive Diabetes Care - Poor HbA1c Control (>9): Lower rate is good.

## HEDIS 2017 COMMERCIAL HMO AND PPO CENTRAL REGION

Measure Name	MO HMO	WI HMO	IN PPO	OH PPO
<b>Effectiveness of Care - Prevention and Screening</b>				
Adult BMI Assessment	88.27	83.11	75.70	87.77
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Total	63.75	77.42	63.21	65.45
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition Total	64.23	66.50	60.74	57.91
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity Total	58.64	60.79	54.81	54.99
Childhood Immunization Status - Combo 2	75.82	83.62	81.51	82.00
Childhood Immunization Status - Combo 3	73.86	81.89	78.83	79.32
Immunizations for Adolescents - Combo 1	54.85	77.37	76.64	75.67
Immunizations for Adolescents - Combo 2	13.08	10.95	12.41	14.11
Breast Cancer Screening Ages Total	68.59	75.13	71.77	68.76
Cervical Cancer Screening	71.04	74.56	73.11	72.70
Colorectal Cancer Screening <sup>^^</sup>	62.31	62.34	60.49	58.48
Chlamydia Screening in Women - Total	37.58	33.99	44.97	41.91
<b>Effectiveness of Care- Respiratory Conditions</b>				
Appropriate Testing for Children With Pharyngitis	76.98	77.23	77.37	81.25
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	35.71	34.23	40.07	34.35
Pharmacotherapy Management of COPD Exacerbation (Corticosteroid)	83.33	65.52	65.84	64.92
Pharmacotherapy Management of COPD Exacerbation (Bronchodilator)	77.78	79.31	69.05	68.92
Asthma Medication Ratio - Total	87.65	78.10	83.38	82.56
<b>Effectiveness of Care- Cardiovascular</b>				
Controlling High Blood Pressure	72.07	73.26	62.03	65.21
Persistence of Beta-Blocker Treatment after a Heart Attack	NA	84.91	85.53	81.37
<b>Effectiveness of Care- Diabetes</b>				
Comprehensive Diabetes Care - HbA1c Testing	90.75	96.82	87.10	91.00
Comprehensive Diabetes Care - Poor HbA1c Control (>9)*	24.09	20.05	33.09	28.47
Comprehensive Diabetes Care HbA1C Good Control (<8)	62.29	67.97	55.96	57.42
Comprehensive Diabetes Care - Eye Exams	49.88	50.86	47.93	54.26
Comprehensive Diabetes Care - Medical attention for nephropathy	86.13	91.93	87.59	87.83
Comprehensive Diabetes Care Blood Pressure Control <140/90	67.64	74.82	60.83	65.45
<b>Effectiveness of Care- Musculoskeletal</b>				
Disease Modifying Anti-Rheumatic Drug Therapy	95.77	92.47	87.14	86.17
<b>Effectiveness of Care- Medication Management</b>				
Annual Monitoring for Patients on Persistent Medications Total	83.22	85.32	79.73	83.05
<b>Access/Availability of Services</b>				
Prenatal and Postpartum Care - Timeliness of Prenatal Care	90.87	92.86	92.11	89.58
Prenatal and Postpartum Care - Postpartum Care	85.89	80.61	79.93	74.65
<b>Utilization and Risk Adjusted Utilization - Utilization</b>				
Well Child Visits in the First Fifteen Months of Life (6+ visits)	77.71	85.47	82.47	80.65
Well Child Visits in the Third, Fourth, Fifth and Sixth Year of Life	72.34	78.57	75.88	75.19
Adolescent Well Care Visits	40.73	42.54	46.67	43.51

<sup>^^</sup>Due to changes in the measure, it is not trendable for previous years.

There were some HEDIS measure revisions that went in to place in 2017:

- Human Papilloma Virus (HPV): This measure was retired in 2017 but the vaccine requirement was added to the IMA (Immunizations for Adolescents) measure.
- Immunizations for Adolescents: The HPV vaccine was added to this measure. It is now required for both male and female members. There are two combination requirements:
  - Combination 1 (Meningococcal, Tdap)
  - Combination 2 (Meningococcal, Tdap, HPV)

In addition, the tetanus, diphtheria toxoids (Td) and meningococcal polysaccharide vaccines were removed from this measure.

- Colorectal Cancer Screening: These two tests were added as acceptable proof of colorectal screening
  - CT Colonography within the last 5 years
  - FIT- DNA test within the last 3 years

Following is a brief analysis of some of the measures for Commercial HMO and Commercial PPO. Overall, PPO rates tend to be better than HMO rates, and it is also worth noting that the national averages for these products are different, as well.

### Commercial HMO/POS

Rates are reported for Missouri and Wisconsin; however, rates are not reported for Indiana, Kentucky and Ohio due to smaller population.

In Missouri and Wisconsin, rates improved and/or exceeded the national average. Measures with rate increases include:

- Adult BMI: Rates improved in Missouri, and rates in both states exceed the national average.
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: All three rates improved in Missouri.
- Childhood Immunizations: In Wisconsin, rates improved and exceed the national average.
- Controlling Blood Pressure: Missouri's rate improved and both states exceed the national average.
- Timeliness of Prenatal Care: Rates improved in both states and both exceed the national average.
- Postpartum Care: Rates improved in Missouri and both states exceed the national average.
- Comprehensive Diabetes Care:
  - HbA1c: Rates improved in Wisconsin and both states exceed the national average.
  - BP <140/90: Rates in both states exceed the national average.

Measures where there are opportunities for improvement include:

- Immunizations for Adolescents-Combo 1: Rates improved in both states, but Missouri is still below the national average.
- Comprehensive Diabetes Care:
  - Diabetes Retinal Eye Exam: Rates improved in Missouri; however, both Missouri and Wisconsin are below the national average.
  - Medical Attention for Nephropathy: Rates in Wisconsin improved and exceed the national average; however, rates in Missouri are below the national average.

### Commercial PPO

Rates are reported for Indiana and Ohio; however, rates are not reported for Kentucky, Missouri and Wisconsin due to smaller population.

Many rates in Indiana and Ohio exceed the national average, including:

- Adult BMI
- Childhood Immunization Rates – Combo 2 and Combo 3
- Immunizations for Adolescents – Combo 1
- Prenatal and Postpartum Care
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

- Controlling High Blood Pressure
- Comprehensive Diabetes Care: BP <140/90

Measures where there are opportunities for improvement include:

- Comprehensive Diabetes Care
  - HbA1c: In Indiana, rates for >9 (poor control) and <8 (good control) are better than the national average, but the overall rate for HbA1c Test has room for improvement.
  - Diabetes Retinal Eye Exam: While rates in Indiana and Ohio exceed the national average, there is room for improvement in both states.
  - Medical Attention for Nephropathy is slightly below the national average in both states.

Again, we thank you and your staff for demonstrating teamwork as we work together to improve the health of our members and your patients. We look forward to working with you again next HEDIS season.

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## Opioids

Anthem is committed to leading the movement to address the national opioid epidemic. In partnership with our provider partners, Anthem is also focused on prevention, treatment and recovery and deterrence of substance use disorders.

In March of 2016, CDC released guidelines for prescribing opioid medications. In the fall of 2016, Anthem created clinical edits to put the CDC guidelines into practice. For Short-acting Opioids, members not currently using opioid analgesics on a regular basis will be limited to a 7 days' supply per fill and 14 days' supply per 30 days before requiring a prior authorization. For Long-acting Opioids members who are new starts and are not currently using a long-acting opioid analgesic will require prior authorization. Members who are newly prescribed a long-acting opioid and are actively treating for cancer or those who are terminal and undergoing palliative care will be automatically approved.

Anthem is approaching opioid misuse from multiple avenues. We identify members with opioid use patterns of concern and alert their prescriber(s) through our Controlled Substance Utilization Monitoring program. Our Pharmacy Home Program identifies members who meet criteria for possible misuse and requires them to designate one pharmacy for filling their prescriptions. We also expanded access to medications used to treat substance use disorder. Suboxone and similar medications have been made readily available on all Anthem formularies. Prior Authorization has been removed on Suboxone, buprenorphine/naloxone sublingual tablets, Bunavail, and Zubsolv.

The below recommendations should be considered by all clinicians who prescribe Opioids:

- Register with and utilizing prescription drug monitoring program (PDMP)
- Discuss patients' responsibilities for preventing misuse, abuse, storage and disposal of prescription opioids
- Consider nonsteroidal anti-inflammatory analgesics as the first-line therapy for acute pain management.
- Consider coordination with other treating doctors, including pain specialists when prescribing opioids for management of chronic orofacial pain.
- Closely evaluate and monitor patients who have a history of alcoholism or other substance use disorder.

## New “Asthma & Me” app

Are you looking for innovative ways to engage your patients with asthma? Now you can show them the pathophysiology of asthma. The new **Asthma & Me app** is a valuable, free, support tool in the care of this pervasive chronic condition. The app uses face detection technology along with **augmented reality** to simulate a diseased airway.

- When the camera on a mobile device is aimed at the patient’s face, an animation of the lungs is overlaid and a short video illustrating the physiology of an asthma attack is produced and recorded.
- The video can be used to facilitate discussion with the patient about what occurs during an asthma attack – airway inflammation, bronchiole constriction, and mucus production.
- The video can be saved and shared via social media or email.
- The app is currently available in three languages: English, Spanish, and Tagalog. The language is selected based on the patient’s smartphone or tablet settings.

The **Asthma & Me** app can be accessed at [MyDiversePatients.com](http://MyDiversePatients.com) using your smartphone, tablet, or computer. The app supplements the “**Moving Toward Equity in Asthma Care**” online provider CME\* experience, which is available on the site.

MyDiversePatients.com features robust resources for providers to help support addressing racial and ethnic disparities in health and health care:

- CME learning experiences about disparities, potential contributing factors, and opportunities for providers to enhance care.
- Real-life stories about diverse patients and the unique challenges they face.
- Tips and techniques for working with diverse patients to promote improvement in health outcomes.

\*The enduring material activity, Moving Toward Equity in Asthma Care, has been reviewed and is acceptable for up to 1 Prescribed credit by the American Academy of Family Physicians. Term of approval begins September 28, 2017. Term of approval is for one year from this date. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## Clinical practice and preventive health guidelines

As part of our commitment to provide you with the latest clinical information and educational materials, we have adopted nationally recognized medical, behavioral health, and preventive health guidelines, which are available on our website. The guidelines, which are used for our Quality programs, are based on reasonable medical evidence, and are reviewed for content accuracy, current primary sources, the newest technological advances and recent medical research. All guidelines are reviewed annually, and updated as needed. The current guidelines are available on our website. To access the guidelines, go to [www.anthem.com](http://www.anthem.com). Select “Menu,” then under the Support heading, select Providers. Enter state, then select Health & Wellness>[Practice Guidelines](#).

## Reimbursement

### Professional reimbursement policy updates

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

On December 1, 2017, unless otherwise noted, we will be updating the following new and/or revised reimbursement policies for our commercial products. Reimbursement policies may be reviewed via Anthem Online Provider Services accessible through Availity at [www.availity.com](http://www.availity.com). Once signed on to the Availity site, select Payer Spaces >



Anthem > Resources > Provider Portal (Anthem). Once on the Anthem Provider Services page, choose the link for Reimbursement Policies located under Claim Processing Edits. The updates below identify if the article pertains to professional or facility provider billing. The updates below identify if the article pertains to professional or facility provider billing.

### **Durable Medical Equipment**

On October 1, 2017, we advised that we were updating the Continuous Rental section of our policy to indicate that pressure/automatic positive airway pressure (CPAP/APAP) devices, bi-level positive airway pressure (BPAP) devices, and corresponding humidifiers would be designated as continuous rental items. Please note, we are correcting our policy dated October 1, 2017 to reflect, as previously noted in the "*Purchase and Rent to Purchase (P/RTP)*" section of the policy, that the Health Plan considers these CPAP/APAP/BPAP and corresponding humidifier items to be "rent to purchase" (RTP) items and RTP items must be reported with durable medical equipment (DME) rental modifiers. As a reminder, when RTP items are reported with DME purchase modifiers, the RTP items will not be eligible for reimbursement. Please review our Durable Medical Equipment policy for further information.

### **IN: Evaluation and Management Services and Modifiers 25 and 57**

Beginning with claims processed on and after March 1, 2018, Evaluation and Management Services that are eligible for separate reimbursement when reported by the same provider on the same day as a minor surgery ("0" or "10" day global period) will be reduced by 50%. As a reminder, please review the guidelines on reporting Modifier 25 in Anthem's reimbursement policy.

### **Frequency Editing**

Based on the code description for HCPCS codes A4221 (*supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)*) and A4224 (*supplies for maintenance of insulin infusion catheter, per week*), for claims processed on or after November 18, 2017, we implemented a frequency limit of 1 unit per 7 days for HCPCS codes A4221 and A4224, which we consider to be correct coding. Modifiers will not override the frequency limit edit.

### **Scope of License**

Beginning March 1, 2018, Anthem will implement a new policy regarding reimbursement for services or procedures performed outside the scope of a provider's license. If a provider performs a service or procedure that is outside of the provider's scope of license, reimbursement may be denied. Please review the policy in its entirety for more detailed information

### **Significant Edits**

We have updated our Significant Edits posting to reflect the 2017 analysis of claims data for significant edits. We define a significant edit as: A code pair edit that, based on experience with submitted claims, will cause, on initial review of submitted claims, the denial of payment for a particular CPT code or HCPCS code submitted more than two-hundred and fifty (250) times per year in the Plan's service area.

### **System Updates for 2018**

As a reminder, our claim editing software package will be updated quarterly in February, May, August and November of 2018. These updates will:

- Reflect the addition of new and revised CPT/HCPCS codes and their associated edits.
- Include updates to National Correct Coding Initiative (NCCI) edits.
- Include updates to incidental, mutually exclusive, and unbundled (rebundle) edits.
- Include assistant surgeon eligibility in accordance with the policy.
- Include edits associated with reimbursement policies including, but not limited to, preoperative and post-operative periods assigned by The Centers for Medicare & Medicaid Services (CMS).

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

## Facility reimbursement policy update

### Update regarding HCPCS code A0998: Ambulance response and treatment with no transport

Beginning with dates of service on and after January 1, 2018, Anthem will reimburse appropriate and medically necessary care billed under HCPCS code A0998 (Ambulance response and treatment, no transport) by Emergency Medical Service (EMS) providers. The HCPCS code is billed when care is provided in response to an emergency call to a member's home or on a scene, whether or not transportation to the hospital was necessary and occurred. In the past, Anthem reimbursed EMS providers for treatment rendered only when the patient was transported to the hospital emergency room. Anthem will apply medical necessity review to A0998 using coverage guideline CG-ANC-06.

- Anthem's change in reimbursement policy will apply to commercial health plans, and reimbursement will be made in accordance with the member's benefits. As we receive state by state approvals from regulators, we will begin reimbursing for A0998 for Medicare and Medicaid plans.
- In order to be eligible for this payment, you must provide treatment to your patient per your EMS protocols which are approved by your medical director at the local or state level. Billing of A0998 when treatment is not rendered is not appropriate.

For more information, please contact your contract representative.

## View Anthem reimbursement policies

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

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

# Specialty Services – Behavioral Health

## Anthem engages with Alliant Health Solutions

Effective December 2017, Anthem has established a contractual relationship with Alliant Health Solutions to assist the organization in validating provider compliance with applicable reimbursement policies and identify instances of incorrect billing for behavioral health services. Alliant is a behavioral health audit and review company and will

examine Anthem outpatient behavioral health claims data. Utilizing systematic sampling methodology and a broad range of algorithms, the audits and findings will be customized to support Anthem's expectations as outlined in the Anthem Provider Manuals and related policies and procedures. Alliant findings may result in provider audits and record reviews, education and other direct outreach.

### Reminder: Ohio adds ASD coverage for most local plans

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

- Required ASD services will be capped to children under 14 years of age.
- Speech and language therapy and occupational therapy services performed by a licensed therapist will be covered, for a maximum of 20 visits per year, per service.
- Clinical therapeutic intervention services, such as Applied Behavioral Analysis (ABA), will be covered, for a minimum of 20 hours per week, under the supervision of a professional who is licensed, certified, or registered by an appropriate state agency.
- Mental or behavioral health outpatient services will be covered when performed by a master's level behavioral health clinician, psychologist, psychiatrist or physician who is licensed, certified, or registered by an appropriate state agency providing consultation, assessment development or oversight of treatment plans.

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

# Medicaid Notifications

## Indiana Medicaid

### Medical policy updates

On May 4, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Anthem. These policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the below listing.

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

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

Effective date	Medical Policy number	Medical Policy title	New or revised
5/18/2017	DRUG.00099	Cerliponase Alfa (Brineura™)	New
5/18/2017	DRUG.00107	Avelumab (Bavencio®)	New
5/18/2017	DRUG.00109	Durvalumab (IMFINZI™)	New
6/28/2017	MED.00121	Implantable Interstitial Glucose Sensors	New
6/28/2017	MED.00122	Wilderness Programs	New
6/28/2017	SURG.00148	Spectral Analysis of Prostate Tissue by Fluorescence Spectroscopy	New
6/28/2017	SURG.00149	Percutaneous Ultrasonic Ablation of Soft Tissue	New
6/28/2017	SURG.00150	Leadless Pacemakers	New
5/18/2017	DME.00040	Automated Insulin Delivery Devices	Revised
5/18/2017	DRUG.00002	Tumor Necrosis Factor Antagonists	Revised
5/18/2017	DRUG.00038	Bevacizumab (Avastin®) for Non-Ophthalmologic Indications	Revised
5/18/2017	DRUG.00041	Rituximab (Rituxan®) for Non-Oncologic Indications	Revised
5/18/2017	DRUG.00047	Brentuximab Vedotin (Adcetris®)	Revised
6/28/2017	DRUG.00062	Obinutuzumab (Gazyva®)	Revised
5/18/2017	DRUG.00066	Antihemophilic Factors and Clotting Factors	Revised
5/18/2017	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
5/18/2017	DRUG.00075	Nivolumab (Opdivo®)	Revised
5/18/2017	DRUG.00083	Elotuzumab (Empliciti™)	Revised
5/18/2017	DRUG.00088	Atezolizumab (Tecentriq®)	Revised
5/18/2017	DRUG.00104	Nusinersen (SPINRAZA™)	Revised
5/18/2017	GENE.00032	Molecular Marker Evaluation of Thyroid Nodules	Revised
5/18/2017	GENE.00035	Genetic Testing for TP53 Mutations	Revised
6/28/2017	SURG.00121	Transcatheter Heart Valves	Revised
5/18/2017	THER-RAD.00004	External Beam Intraoperative Radiation Therapy	Revised
5/18/2017	TRANS.00024	Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome	Revised

### Clinical Utilization Management guidelines update

On May 4, 2017, the MPTAC approved the following Clinical Utilization Management (UM) guidelines applicable to Anthem. These clinical guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the following listing. This list represents the *Clinical UM Guidelines* adopted by the Medical Operations Committee for the Government Business Division on June 5, 2017.

On May 4, 2017, the clinical guidelines were made publicly available on the Anthem *Medical Policies* and *Clinical UM Guidelines* subsidiary website. Visit [www.anthem.com/cptsearch\\_shared.html](http://www.anthem.com/cptsearch_shared.html) to search for specific guidelines.

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

Effective date	Clinical UM Guideline number	Clinical UM Guideline title	New or revised
6/28/2017	CG-REHAB-10	Level of Care: Outpatient Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services	New
5/18/2017	CG-DRUG-34	Docetaxel (Docefrez™, Taxotere®)	Revised
5/18/2017	CG-DRUG-50	Paclitaxel, protein-bound (Abraxane®)	Revised
6/28/2017	CG-DRUG-60	Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications	Revised
6/28/2017	CG-SURG-09	Temporomandibular Disorders	Revised
5/18/2017	CG-SURG-55	Intracardiac Electrophysiological Studies (EPS) and Catheter Ablation	Revised
5/18/2017	CG-THER-RAD-01	Fractionation and Radiation Therapy in the Treatment of Specified Cancers	Revised

### New pharmacy prior authorization fax numbers

Anthem is streamlining the Pharmacy intake and prior authorization (PA) process for Hoosier Healthwise, Healthy Indiana Plan (HIP) and Hoosier Care Connect members. Effective October 1, 2017, please use the fax numbers below when submitting PA requests:

- PA for prescription drugs: 844-864-7861
- PA for medical injectables: 888-209-7838

For more information, call Provider Services using the respective phone number below:

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

### Portable/mobile/handheld radiology services

*(Policy 06-160, effective 03/15/18)*

Anthem allows reimbursement for portable/mobile radiology services when furnished in a residence used as the patient's home and if ordered by a physician and performed by qualified portable radiology suppliers.

Portable/mobile radiology studies should not be performed for routine purposes or for reasons of convenience.

Reimbursement is based on the applicable fee schedule or contracted/negotiated rate for the radiological service

and transportation and setup components with the use of applicable modifiers.

Note: Portable radiology suppliers must be licensed or registered to perform services as required by applicable state laws.

#### *Transportation*

Anthem allows reimbursement for transportation of portable radiology equipment when transported to the member's residence. Transportation costs are payable when the portable X-ray equipment used was actually transported to the location where the X-ray was taken. Reimbursement for the setup cost of portable radiology equipment is not covered.

#### *Handheld Radiology*

The use of handheld radiology instruments is allowed. Reimbursement will be part of the physician's professional service, and no additional charge will be paid. The technical components for handheld radiology are not separately reimbursable.

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

#### **Substance use disorders in pregnancy**

Substance use disorders (SUDs) are on the rise and are of particular concern in women of childbearing age who are or may become pregnant. Women who use opioids in the following situations are at risk for delivering babies who are born preterm, have a low birth weight, and/or have neonatal abstinence syndrome (NAS)/neonatal opioid withdrawal syndrome (NOWS):

- Taking prescribed opioids for pain or addiction treatment
- Misusing prescribed opioid medications
- Using opioids illicitly
- Using opioids in combination with benzodiazepines, selective serotonin reuptake inhibitors (SSRIs) or tobacco

While traditional care for infants in withdrawal has included tapering doses of opioids, this should not be the first choice. Preliminary studies on preterm infants treated with morphine for pain and studies exposing laboratory animals to morphine, heroin, methadone and buprenorphine reveal some concerning structural brain changes and changes in neurotransmitters. While few follow-up studies exist, those that are available are worrisome for long-term deficits in cognitive function, memory and behavior. Reduction in any exposure to opioids should be the goal for the fetus and newborn.

Approaches to reducing the incidence and severity of NAS include:

- The use of nonpharmacologic techniques to calm and ameliorate symptoms.
- Adoption of, and strict adherence to, protocols to assess and treat with pharmacologic medications if nonpharmacologic care is not sufficient.
- Inter-rater reliability testing when using standard assessment tools (such as modified Finnegan).

Strict rooming in protocols, rather than placement in neonatal intensive care units, combined with extensive parent education programs improve family involvement and have been shown to reduce lengths of stay and the need for pharmacologic treatment of infants with NAS. When mothers are in stable treatment programs or are stable on safely prescribed medications, breastfeeding has also been shown to reduce the symptoms of NAS.

### **Anthem adopts MCG Recovery Facility Care Guidelines**

Effective for dates of service on and after March 1, 2018, Anthem will transition from using the Anthem *Clinical Utilization Management Guidelines* CG-REHAB-09, CG-MED-29 and CG-MED-31 to using Milliman Care Guideline (MCG) Recovery Facility Care Guidelines for the review of prior authorization requests for inpatient rehabilitation and skilled nursing facility services.

Providers should continue to call the telephone number indicated on the back of the member ID card to request prior authorization review for these services. Additionally, providers may initiate requests online at <https://www.availity.com>.

For questions, please call Provider Services at one of the following phone numbers:

- Hoosier Healthwise: 866-408-6132
- Healthy Indiana Plan: 844-533-1995
- Hoosier Care Connect: 844-284-1798

### **Policy update: Multiple radiology payment reduction**

*(Policy 12-002, effective 03/15/2018)*

Anthem allows reimbursement for multiple diagnostic imaging procedures. Multiple diagnostic imaging procedures will be subject to a Multiple Procedure Payment Reduction when services are performed by the same provider with the same NPI on the same date of service during the same patient encounter.

The global, professional component and technical component of diagnostic imaging procedures will reimburse at 100% of the contracted/negotiated rate for each Professional Component and Technical Component service with the highest payment. Reimbursement of subsequent services is based on:

- 95% for the professional component of subsequent services furnished by the same provider to the same patient in the same session on the same day.
- 50% for the technical component of subsequent services furnished by the same provider to the same patient in the same session on the same day.

A reduced allowance for the second and subsequent procedures will not apply when multiple imaging procedures are billed appended with Modifier 59.

For additional information, please refer to the Multiple Radiology Payment Reduction reimbursement policy at [www.anthem.com/inmedicaidoc](http://www.anthem.com/inmedicaidoc).

### **Update to coverage guidelines for cervical cancer screening and HPV**

Effective January 1, 2018, coverage guideline CG-MED-53 that applies to cervical cancer screening and human papillomavirus (HPV) testing will be updated.

Important items to note:

- Cervical cancer screening with cytology, with or without HPV testing, for women under 21 years of age is considered not medically necessary with the exception of women who are chronically immunosuppressed (i.e., organ transplant recipients or seropositive for HIV).
- Cervical cancer screening with HPV testing, alone or in combination with cytology, for women younger than 30 years of age is considered not medically necessary with the exception of women who are chronically immunosuppressed.
- Cervical cancer screening with cytology, with or without HPV testing, is considered medically necessary for women under 30 years of age who are chronically immunosuppressed.

- There is no change to the medical necessity criteria for cervical cancer screening with cytology and without HPV testing for women ages 21-65 years of age.

If you have questions about this communication, received it in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services:

- Hoosier Healthwise: 866-408-6132
- Healthy Indiana Plan: 844-533-1995
- Hoosier Care Connect: 844-284-1798

### **Access to case management**

Managing chronic illness can be difficult for your patients. Knowing who to contact, what test results mean and how to obtain needed resources can greatly impact their health. Anthem offers assistance through our Case Management program. Our case managers are part of an interdisciplinary team of clinicians and other resource professionals who support members, families, primary medical providers (PMPs) and caregivers. Case managers work with PMPs to set up a plan of care. Providers and caregivers can refer members, or members may self-refer.

Case Management may contact a member if the member:

- Would benefit from the program based on their PMP's recommendation.
- Is released from the hospital and needs follow-up coordination of care.
- Is using the ER often for nonurgent care that can be managed by the PMP.
- Calls our 24/7 NurseLine and needs more follow-up for ongoing care.
- Would benefit from Disease Management or Utilization Management services.

Case managers can help with:

- Setting up health care services.
- Referrals and prior authorizations.
- Reviewing the plan of care as needed.

Complex case management is available for members with serious physical problems or mental health conditions who may need additional care coordination.

If you have a member in need of case management services please call 866-902-1690 (TTY 711) Monday -- Friday from 8 am – 5 pm or fax us at 855-417-1289.

### **Pharmaceutical restrictions and preferences**

The following pharmacy information can be found on our provider website and in our provider manual ([www.anthem.com/inmedicaiddoc](http://www.anthem.com/inmedicaiddoc) > Member Eligibility & Benefits > Pharmacy Benefits):

- Copayment/coinsurance requirements and their applicable drug classes
- Drug lists and changes
- Prior authorization criteria
- Procedures for generic substitution, therapeutic interchange, step therapy, exception requests\* and other management methods subject to prescribing decisions
- Requirements, restrictions and limitations that apply to using certain drugs

\* Use the forms located on *Pharmacy Benefits* page.

### **Important information about Utilization Management**

Our Utilization Management (UM) decisions are based on the appropriateness of care and service needed as well as the member's coverage according to their health plan. We do not reward providers or other individuals for issuing



denials of coverage, service or care. Nor do we make decisions about hiring, promoting or terminating individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives to UM decision makers to encourage decisions resulting in under-utilization.

Anthem Medical Policies and UM criteria are available on our provider website at [www.anthem.com/inmedicaiddoc](http://www.anthem.com/inmedicaiddoc) > Provider Support > Quality Improvement Program > Medical Policies. You may request a free copy of our UM criteria from our Medical Management department, and providers may discuss a UM denial decision with a physician reviewer by calling:

- 866-408-6132 – Hoosier Healthwise (TTY 711)
- 844-533-1995 – Healthy Indiana Plan (TTY 711)
- 844-284-1798 – Hoosier Care Connect (TTY 711)

For language assistance, call Provider Service via the numbers listed above and a representative will assist you.

We work with providers to answer questions about the utilization management (UM) process and the authorization of care:

- Call us toll free from 8 am – 5 pm, Monday-Friday (except on holidays) at one of the toll free phone numbers listed above.
- If you call after normal business hours, you can leave a private message with your contact information. Our staff will return your call on the next business day. Calls received after midnight will be returned the same business day.
- Our associates will contact you about your UM inquiries during business hours, unless otherwise agreed upon. The UM staff member will identify himself/herself by name, title and organization name when initiating or returning calls regarding UM issues. Anthem a

### **Member rights and responsibilities**

The delivery of quality health care requires cooperation between patients, their providers and their health care benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Therefore, in line with our commitment to involve the health plan, participating practitioners and members in our system, Anthem has adopted Member Rights and Responsibilities available on our provider website at [www.anthem.com/inmedicaiddoc](http://www.anthem.com/inmedicaiddoc). Under **Provider Support**, click on **Member & Health Education**, and then go to **Member Rights and Responsibilities**. The rights and responsibilities are also available in the Provider Manual on the provider website under **Manuals, Directories Training & More**.

## Kentucky

### Medical policy updates

On May 4, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following medical policies applicable to Anthem. These policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the listing below.

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

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

Effective date	Medical Policy number	Medical Policy title	New or revised
5/18/2017	DRUG.00099	Cerliponase Alfa (Brineura™)	New
5/18/2017	DRUG.00107	Avelumab (Bavencio®)	New
5/18/2017	DRUG.00109	Durvalumab (IMFINZI™)	New
5/18/2017	DRUG.00002	Tumor Necrosis Factor Antagonists	Revised
5/18/2017	DRUG.00038	Bevacizumab (Avastin®) for Non-Ophthalmologic Indications	Revised
5/18/2017	DRUG.00041	Rituximab (Rituxan®) for Non-Oncologic Indications	Revised
5/18/2017	DRUG.00047	Brentuximab Vedotin (Adcetris®)	Revised
6/28/2017	DRUG.00062	Obinutuzumab (Gazyva®)	Revised
5/18/2017	DRUG.00066	Antihemophilic Factors and Clotting Factors	Revised
5/18/2017	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
5/18/2017	DRUG.00075	Nivolumab (Opdivo®)	Revised
5/18/2017	DRUG.00083	Elotuzumab (Empliciti™)	Revised
5/18/2017	DRUG.00088	Atezolizumab (Tecentriq®)	Revised
5/18/2017	DRUG.00097	Olaratumab (Lartruvo™)	Revised
5/18/2017	DRUG.00104	Nusinersen (SPINRAZA™)	Revised

### Clinical Utilization Management guidelines updates

On March 21, 2017, the Medical Operations Committee for the Government Business Division adopted the following Clinical Utilization Management (UM) guidelines.

The inclusion of procedures on this list does not override state-specific legal prohibitions preauthorization requirements.

To see the full list of Clinical UM Guidelines, visit [https://www11.anthem.com/cptsearch\\_shared.html](https://www11.anthem.com/cptsearch_shared.html).

Guideline number	Clinical UM Guidelines name/title
CG-DRUG-01	Off-Label Drug and Approved Orphan Drug Use
CG-DRUG-03	Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis
CG-DRUG-04	Use of Low Molecular Weight Heparin Therapy, Fondaparinux (Arixtra®), and Direct Thrombin Inhibitors in the Outpatient Setting
CG-DRUG-05	Recombinant Erythropoietin Products
CG-DRUG-07	Hepatitis C Pegylated Interferon Antiviral Therapy (Archived 04/05/16)
CG-DRUG-08	Enzyme Replacement Therapy for Gaucher Disease
CG-DRUG-09	Immune Globulin (Ig) Therapy
CG-DRUG-11	Infertility Drugs
CG-DRUG-13	Hepatitis B Interferon Antiviral Therapy
CG-DRUG-15	Gonadotropin Releasing Hormone Analogs
CG-DRUG-16	White Blood Cell Growth Factors
CG-DRUG-19	Progesterone Therapy as a Technique to Prevent Preterm Delivery in High-Risk Women
CG-DRUG-20	Enfuvirtide (Fuzeon)
CG-DRUG-21	Naltrexone (Vivitrol®) Injections for the Treatment of Alcohol and Opioid Dependence
CG-DRUG-24	Repository Corticotropin Injection (H.P. Acthar® Gel)
CG-DRUG-27	Clostridial Collagenase Histolyticum Injection
CG-DRUG-28	Alglucosidase alfa (Lumizyme®, Myozyme®)
CG-DRUG-29	Hyaluronan Injections in the Knee
CG-DRUG-30	Oprelvekin (Neumega)
CG-DRUG-33	Palonosetron (Aloxi®)
CG-DRUG-34	Docetaxel (Docefrez™, Taxotere®)
CG-DRUG-38	Pemetrexed Disodium (Alimta®)
CG-DRUG-40	Bortezomib (Velcade®)
CG-DRUG-41	Zoledronic acid
CG-DRUG-42	Asparagine Specific Enzymes (Asparaginase)
CG-DRUG-43	Natalizumab (Tysabri®)
CG-DRUG-44	Pegloticase (Krystexxa®)
CG-DRUG-45	Octreotide acetate (Sandostatin®, Sandostatin® LAR Depot)
CG-DRUG-46	Fosaprepitant (Eemend®)
CG-DRUG-47	Level of Care: Specialty Pharmaceuticals
CG-DRUG-48	Azacitidine (Vidaza®)
CG-DRUG-49	Doxorubicin Hydrochloride Liposome Injection
CG-DRUG-50	Paclitaxel, protein-bound (Abraxane®)
CG-DRUG-51	Romidepsin (Istodax®)
CG-DRUG-52	Temsirolimus (Torisel®)
CG-DRUG-53	Drug Dosage, Frequency, and Route of Administration
CG-DRUG-54	Agalsidase beta (Fabrazyme®)
CG-DRUG-55	Elosulfase alfa (Vimizim®)
CG-DRUG-56	Galsulfase (Naglazyme®)
CG-DRUG-57	Idurasulfase (Elaprase®)
CG-DRUG-58	Laronidase (Aldurazyme®)
CG-DRUG-59	Testosterone, Injectable
CG-DRUG-60	Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications
CG-DRUG-61	Gonadotropin Releasing Hormone Analogs for the Treatment of Non-Oncologic Indications
CG-DRUG-62	Fulvestrant (FASLODEX®)
CG-DRUG-63	Levoleucovorin Calcium (Fusilev®)
CG-DRUG-64	FDA-Approved Biosimilar Products

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

### **New pharmacy prior authorization fax numbers**

Anthem Blue Cross and Blue Shield Medicaid (Anthem) is streamlining its pharmacy intake and authorization process for its Kentucky Medicaid members. Effective October 1, 2017, please use the below fax numbers to submit all Anthem pharmacy prior authorization request.

- Anthem prior authorization for prescription drugs: 844-879-2961
- Anthem prior authorization for medical injectables: 844-487-9289

To ensure a seamless transition, please update your records immediately and discontinue the use of all previous pharmacy prior authorization fax number.

For more information, call Anthem Provider Services at 855-661-2028.

### **Portable/mobile/handheld radiology services**

*(Policy 06-160, effective 03/15/18)*

Anthem Medicaid allows reimbursement for portable/mobile radiology services when furnished in a residence used at the patient's home and if ordered by a physician and performed by qualified portable radiology suppliers. Portable/mobile radiology studies should not be performed for routine purposes or for reasons of convenience. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate for the radiological service and transportation and setup components with the use of applicable modifiers.

Note: Portable radiology suppliers must be licensed or registered to perform services as required by applicable state laws.

#### *Transportation and Setup*

Anthem allows reimbursement for transportation and setup of portable radiology equipment when transported to the member's residence. Transportation costs are payable when the portable X-ray equipment used was actually transported to the location where the X-ray was taken. Reimbursement for the setup cost of portable radiology equipment is separately reimbursable.

#### *Handheld radiology*

The use of handheld radiology instruments is allowed. Reimbursement will be part of the physician's professional service, and no additional charge will be paid. The technical components for handheld radiology are not separately reimbursable.

For additional information, refer to the Portable/Mobile/Handheld Radiology Services Reimbursement Policy at <https://mediproviders.anthem.com/ky>.

### **Substance use disorders in pregnancy**

Substance use disorders (SUDs) are on the rise and are of particular concern in women of childbearing age who are or may become pregnant. Women who use opioids in the following situations are at risk for delivering babies who are born preterm, have a low birth weight, and/or have neonatal abstinence syndrome (NAS)/neonatal opioid withdrawal syndrome (NOWS):

- Taking prescribed opioids for pain or addiction treatment
- Misusing prescribed opioid medications
- Using opioids illicitly

- Using opioids in combination with benzodiazepines, selective serotonin reuptake inhibitors (SSRIs) or tobacco

While traditional care for infants in withdrawal has included tapering doses of opioids, this should not be the first choice. Preliminary studies on preterm infants treated with morphine for pain and studies exposing laboratory animals to morphine, heroin, methadone and buprenorphine reveal some concerning structural brain changes and changes in neurotransmitters. While few follow-up studies exist, those that are available are worrisome for long-term deficits in cognitive function, memory and behavior. Reduction in any exposure to opioids should be the goal for the fetus and newborn.

Approaches to reducing the incidence and severity of NAS include:

- The use of nonpharmacologic techniques to calm and ameliorate symptoms.
- Adoption of, and strict adherence to, protocols to assess and treat with pharmacologic medications if nonpharmacologic care is not sufficient.
- Inter-rater reliability testing when using standard assessment tools (such as modified Finnegan).

Strict rooming in protocols, rather than placement in neonatal intensive care units, combined with extensive parent education programs improve family involvement and have been shown to reduce lengths of stay and the need for pharmacologic treatment of infants with NAS. When mothers are in stable treatment programs or are stable on safely prescribed medications, breastfeeding has also been shown to reduce the symptoms of NAS.

#### *Caring for women with SUD*

Pregnancy offers women an opportunity to break patterns of unhealthy behaviors. Providers have a unique opportunity to help break the pattern of opioid misuse and, thus, reduce health consequences for both mother and child.

Collaboration with community resources, behavioral health providers, addiction treatment centers and OB providers is imperative to designing programs that engage families at risk for SUDs. Women of childbearing age who are not pregnant and who do not wish to become pregnant should receive family planning counseling. Women who are already pregnant benefit from parenting education as early as possible in their pregnancies so they can be prepared to understand and care for their babies who might experience symptoms of NAS and who often require prolonged hospitalizations after birth. As these infants may remain symptomatic for several months after hospital discharge, they are at higher risk for abuse and maltreatment; therefore, close follow up with ongoing support is imperative.

Guidelines and programs which have been shown to improve the care of women at risk of SUDs in pregnancy and their infants include the following:

- Center for Addiction in Pregnancy: [www.hopkinsmedicine.org/psychiatry/bayview](http://www.hopkinsmedicine.org/psychiatry/bayview) > Clinical Services > Addiction and Substance Abuse > Center for Addiction and Pregnancy (CAP)
- Fir Square Combined Care Unit: [www.bcwomens.ca](http://www.bcwomens.ca) > Our Services > Pregnancy & Prenatal Care > Pregnancy, Drugs & Alcohol
- Improving Outcomes for Infants and Families Affected by NAS — A Universal Training Program: <https://public.vtxford.org> > Quality & Education > NAS Universal Training Program
- Protecting Our Infants Act: Final Strategy: <https://www.samhsa.gov> > Topics > Specific Populations > Age- and Gender-Based Populations > Pregnant Women and Infants > Protecting Our Infants Act: Final Strategy
- Public Health Strategies to prevent Neonatal Abstinence Syndrome: Ko JY, Wolicki S, Barfield WD, et al. "CDC Grand Rounds: Public Health Strategies to Prevent Neonatal Abstinence Syndrome," *MMWR Morb Mortal Wkly Rep* 2017 66: 242-245. doi: <http://dx.doi.org/10.15585/mmwr.mm6609a2>.

- Rooming In to Treat Neonatal Abstinence Syndrome: Improved Family Centered Care at Lower Cost: Volpe Holmes, A, et al. "Rooming-In to Treat Neonatal Abstinence Syndrome: Improved Family-Centered Care at Lower Cost," Pediatrics 137 (2016): 6. doi: 10.1542/peds.2015-2929
- Sheway: A Community Program for Women and Children: <http://sheway.vcn.bc.ca>
- Snuggle ME webinar series: [www.mainequalitycounts.org](http://www.mainequalitycounts.org) > Programs > Snuggle ME Webinar Series

We are here to support you, our pregnant members and their little ones on the way. If you would like more information about our OB Case Management Program or if you have a member who needs behavioral health case management, contact Provider Services at 855-661-2028.

### Antibiotic overuse

Each year in the United States, at least 2 million people become infected with bacteria that is resistant to antibiotics and at least 23,000 people die as a direct result of these infections. Many more people die from other conditions that are complicated by an antibiotic-resistant infection.

The Centers for Disease Control and Prevention provides the following condition-specific recommendations on antibiotic use:

- Acute uncomplicated bronchitis: Evaluation should focus on ruling out pneumonia. Routine treatment of uncomplicated acute bronchitis with antibiotics is not recommended regardless of cough duration; treat symptomatically.
- Common cold or nonspecific upper respiratory tract infection (URI) in children: At least 200 viruses can cause the common cold. The course of uncomplicated viral URI is 5 to 7 days. Antibiotics should not be prescribed for these conditions, and treatment should focus on symptom relief.

Source: <https://www.cdc.gov/getsmart> > For Healthcare Professionals > Outpatient Healthcare Professionals > Adult Treatment Recommendations and Pediatric Treatment Recommendations

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

### Imaging studies for back pain

Back pain is the second most common symptom-related reason for physician visits, affecting more than 80% of adults and responsible for more than \$20 billion in direct health care costs annually. Clinical guidelines indicate diagnostic imaging is unnecessary for most patients with new-onset lower back pain.

Claims and encounter data show our providers often order diagnostic imaging studies for patients 18 to 50 years of age who visit an outpatient clinic or ER for new-onset lower back pain. The National Committee for Quality Assurance and American Academy of Family Physicians recommend decreasing the number of these studies. Reducing unnecessary imaging studies limits patient exposure to radiation and unnecessary surgery. Help us ensure quality care by decreasing the number of imaging studies ordered except when an exclusion or secondary diagnosis is present.

Guidelines for diagnostic studies:

- Avoid ordering diagnostic studies in the first six weeks of new-onset back pain in the absence of red flags such as cancer, recent trauma, neurologic impairment or intravenous drug abuse.
- When ordering an imaging study for a red flag or other reason, use the correct exclusion or secondary diagnosis code.
- If you order a study specifically to diagnose lower back pain, bill using the correct CPT or ICD-10 diagnosis codes.

**CPT and ICD-10 diagnosis codes for diagnostic imaging studies:**

Description	CPT code
Outpatient visit	98925-98929, 98940-98942, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99385, 99386, 99395, 99396, 99401-99404, 99411, 99412, 99420, 99429 and 99455, 99456
ER visit	99281-99285
Imaging study	72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141, 72142, 72146-72149, 72156, 72158, 72200, 72202 and 72220
Description	ICD-10 diagnosis codes
Lumbosacral spinal	M46.36 — infection of intervertebral disc (pyogenic), lumbar region M46.37 — infection of intervertebral disc (pyogenic), lumbosacral region M47.26 — other spondylosis with radiculopathy, lumbar region M47.27 — other spondylosis with radiculopathy, lumbosacral region M47.816 — spondylosis without myelopathy or radiculopathy, lumbar region M47.817 — spondylosis without myelopathy or radiculopathy, lumbosacral region M48.06 — spinal stenosis, lumbar region M48.07 — spinal stenosis, lumbosacral region M51.26 — other intervertebral disc displacement, lumbar region M51.27 — other intervertebral disc displacement, lumbosacral region M51.36 — other intervertebral disc degeneration, lumbar region M51.37 — other intervertebral disc degeneration, lumbosacral region M51.46 — Schmorl's nodes, lumbar region M51.47 — schmorl's nodes, lumbosacral region M51.86 — other intervertebral disc disorders, lumbar region M51.87 — other intervertebral disc disorders, lumbosacral region M54.16 — radiculopathy, lumbar region M54.17 — radiculopathy, lumbosacral region M54.5 — low back pain M54.31 — sciatica, right side M54.32 — sciatica, left side M54.41 — lumbago with sciatica, right side M54.42 — lumbago with sciatica, left side M99.23 — spondylolisthesis with spinal canal stenosis of lumbar region M99.33 — osseous stenosis of neural canal of lumbar region M99.43 — connective tissue stenosis of neural canal of lumbar region M99.53 — intervertebral disc stenosis of neural canal of lumbar region M99.63 — osseous and spondylolisthesis stenosis of intervertebral foramina of lumbar region M99.73 — connective tissue and disc stenosis of intervertebral foramina of lumbar region S33.5XXA — sprain of ligaments of lumbar spine, initial encounter S33.5XXD — sprain of ligaments of lumbar spine, subsequent encounter S39.012A — strain of muscle, fascia and tendon of lower back, initial encounter S39.012D — strain of muscle, fascia and tendon of lower back, subsequent encounter
Cancer	COO-D49
Trauma	S02.0XXA-S13.101A S06.0X0A-S06.890A S27.0XXA-S37.90XA S34.139A S38.1XXA S77.20XA

	T50.901S T79.8XXA-T14.90XA
IV drug abuse	F11.20-F14.20 F13.10-F15.10
Neurologic impairment	G83.4 — cauda equina syndrome M54.10 — radiculopathy, site unspecified

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

#### New review process for not otherwise classified drug codes

Effective February 1, 2018, Anthem Blue Cross and Blue Shield Medicaid (Anthem) is implementing a new review process for not otherwise classified (NOC) drug codes. Our Reimbursement Policy for “Unlisted or Miscellaneous Codes” requires NOC drug codes be submitted with the correct national drug code (NDC). As a large number of NOC drug claims do not contain the NDC, we will review claims to ensure the presence of a NDC, and claims without an NDC will be denied.

The scope of review will include both professional and facility claims for Medicaid members. The NOC drug codes listed below will suspend and be routed for review. Note, to ensure billed drugs are a benefit and covered per our medical policies or state policies, Anthem may request that you submit medical records.

NOC drug codes and descriptions as of May 4, 2017:	
A9150	Nonprescription drug
A9152	Single vitamin/mineral/trace element — oral, per dose, not otherwise specified (NOS)
A9153	Multiple vitamins (with or without minerals and trace elements) — oral, per dose, NOS
C9399	Unclassified drug or biological
J1566	Immune globulin injection — intravenous, lyophilized, NOS (500 mg)
J1599	Immune globulin injection — intravenous, nonlyophilized, NOS (500 mg)
J3490	Unclassified drug
J3590	Unclassified biological
J7199	Hemophilia clotting factor — NOC
J7599	Immunosuppressive drug — NOC
J7699	NOC drugs — inhalation solution administered through durable medical equipment (DME)
J7799	NOC drugs — drugs (other than inhalation drugs) administered through DME
J7999	Compounded drug — NOC
J8498	Antiemetic drug — rectal/suppository, NOC
J8499	Prescription drug — oral, nonchemotherapeutic, NOS
J8597	Antiemetic drug — oral, NOS
J8999	Prescription drug — oral, chemotherapeutic, NOS
J9999	Antineoplastic drugs — NOC
S5000	Prescription drug — generic
S5001	Prescription drug — brand name
90749	Unlisted vaccine/toxoid

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



## Quality Improvement Program

The Quality Improvement (QI) program from Anthem Medicaid is committed to excellence in the quality of service and care our members receive, and the satisfaction of our network providers; we are always on the lookout for ways to refine our program. Our comprehensive QI program:

- Adheres to the Kentucky program standards.
- Objectively monitors and evaluates the care and services provided to members.
- Plans studies across the continuum of care and service to ensure ongoing, proactive evaluation and refinement of the program.
- Reflects the demographic and epidemiological needs of the population served.
- Encourages both members and providers to weigh in with recommendations for improvement.
- Identifies areas where we can promote and improve patient safety.
- Measures our progress to meet annual goals.

We would like to share with you our annual QI summary of our goals, processes and outcomes related to clinical performance and service satisfaction. Throughout the year, we evaluate data trends related to how our members receive health care and preventive care services and compare our findings to national practice guidelines. You — our network physicians and office staff — are the key to helping us collect this information and improve our quality performance.

Clinical performance and service satisfaction are based upon results from:

- HEDIS® is a program developed by the National Committee for Quality Assurance (NCQA) to measure performance on important dimensions of care and service. HEDIS measures address a broad range of important health issues, including immunizations, preventive care and screening, comprehensive diabetes care, asthma medication use, controlling hypertension, and access to care.
- CAHPS® Surveys evaluate member satisfaction with care and services received over the past six months. A random sample of plan members answered questions about their doctors and the health plan.
- HEDIS and CAHPS results help us identify areas of strength and areas where we need to focus our improvement efforts. We use the results to measure our performance against our goals and determine the effectiveness of actions we implemented to improve our results.

Each year, HEDIS and CAHPS report on the previous year. The results below tell us how we did in 2016 for our Anthem Blue Cross and Blue Shield Medicaid plan.

About our members:

- More of our members report that they are getting medical care quickly.
- More parents and guardians are reporting better coordination of care between their children's doctors.
- More children received immunizations.
- More members are learning about the different types of health care available to them.
- More members are going to the dentist.

And there's more good news: We are now a NCQA-accredited plan and participate in annual audits to comply with laws and to improve health.

This year, we want to make sure that:

- Our interventions are sensitive to our members' cultures and languages.
- Our members are able to get the health screenings and education they need.
- No one goes without physical or mental health services.
- Our network support members who need after hours care...
- We help our members reach their personal health care goals (weight loss, smoking, controlling blood sugar, etc.)

Want to know more about our QI program and how we're doing? Call our Quality Management team at 502-619-6800 and ask us to mail you a copy of our program.

### **Provider surveys**

Each year, we 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 continually improve 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 cooperating in our annual review process.

### **Access to case management**

Did you know that in addition to our disease management programs, we offer a Complex Case Management program for our high-risk members? Using claims and utilization data, we can identify the diseases for which members are most at risk and to which they are most susceptible.

Our case managers use evidence-based guidelines to coordinate care with the member, the member's family, physicians and other health care providers. They work with everyone involved in the member's care to help implement a case management plan based on the member's needs. We provide education and support to our members and their families to help improve their health and quality of life. Members can be referred to Complex Case Management through our 24-hour Nurse Line, Disease Management, Utilization Management (UM), a discharge planner and the member or caregiver, or by their practitioner. If you have a high-risk member you would like to refer to this program, please call us at 855-690-7784 (TTY 711).

### **Availability of UM criteria**

If a medical director from Anthem denies your service request, both you and the member will receive a *Notice of Action* letter that will include the reason for denial, note the criteria/guidelines used for the decision and explain the appeal process and your rights. If you would like to speak with a medical director about the service request denial, call Provider Services 855-661-2028 or the health plan at 855-690-7784 (TTY 711). To request a copy of the specific criteria/guidelines used for the decision, please call 855-661-2028 or write to:

Anthem Blue Cross and Blue Shield Medicaid  
Medical Management  
13550 Triton Blvd.  
Louisville, KY 40223

### **Access to UM staff**

We are staffed with clinical professionals who coordinate our members' care and are available 24/7 to accept precertification requests. You can submit precertification requests by:

- Calling us at 855-661-2028.
- Faxing to 800-964-3627.
- Logging in to <https://mediproviders.anthem.com/ky> and using the Precertification Lookup tool.

Have questions about utilization decisions or the UM process in general? Call our Clinical team at 855-661-2028, Monday – Friday, 8 am – 5 pm ET.

### **Affirmative statement about incentives**

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

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

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

### **Pharmacy management information**

Need up-to-date pharmacy information? Log in to our website at <https://mediproviders.anthem.com/ky> and select **Pharmacy** to access our *Formulary*, *Prior Authorization Form*, processes and *Preferred Drug List*. Have questions about the *Formulary* or need a paper copy? Call our Pharmacy department at 855-661-2028. For retail and medical injectables, call 855-875-3627. Pharmacy technicians are available Monday –Friday, 8 am – 8 pm ET and Saturday from 10 am – 2 pm ET.

### **Member rights and responsibilities**

We want to keep you informed of our members' defined rights and responsibilities. These can be found in your provider manual and on our website at <https://mediproviders.anthem.com/ky/Pages/manuals-directories-training.aspx>. If you would like us to mail you a copy, call Provider Services at 855-661-2028.

Our Member Services representatives serve as advocates for our members. To reach Member Services, please call 855-690-7784 (TTY 711).

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

### Medical policy updates

On August 3, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following medical policies applicable to Anthem. These policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the below listing.

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

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

*Note:* CG-DRUG-29 Hyaluronan Injections in the Knee will be implemented as investigational and not medically necessary on December 1, 2017. RAD.00035 will be archived effective September 15, 2017. CG-MED-58 will be effective September 15, 2017.

Effective date	Medical Policy number	Medical Policy title	New or revised
8/17/2017	DRUG.00111	Guselkumab (Tremfya™)	New
9/27/2017	LAB.00035	Multi-biomarker Disease Activity Blood Tests for Rheumatoid Arthritis	New
8/17/2017	DRUG.00040	Abatacept (Orencia®)	Revised
8/17/2017	DRUG.00058	Pharmacotherapy for Hereditary Angioedema	Revised
8/17/2017	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
8/17/2017	DRUG.00082	Daratumumab (DARZALEX™)	Revised
8/17/2017	DRUG.00099	Cerliponase Alfa (Brineura™)	Revised
8/17/2017	DRUG.00107	Avelumab (Bavencio®)	Revised
8/17/2017	GENE.00011	Gene Expression Profiling for Managing Breast Cancer Treatment	Revised
8/17/2017	MED.00051	Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry	Revised
8/17/2017	MED.00081	Cognitive Rehabilitation	Revised
8/17/2017	RAD.00035	Coronary Artery Imaging: Contrast-Enhanced Coronary Computed Tomography Angiography (CCTA), Fractional Flow Reserve derived from Computed Tomography (FFRCT), Coronary Magnetic Resonance Angiography (MRA), and Cardiac Magnetic Resonance Imaging (MRI)	Revised
8/17/2017	RAD.00066	Multiparametric Magnetic Resonance Fusion Imaging Targeted Prostate Biopsy	Revised
8/17/2017	SURG.00055	Cervical Total Disc Arthroplasty	Revised
8/17/2017	SURG.00121	Transcatheter Heart Valve Procedures	Revised

### Clinical Utilization Management guidelines updates

On August 3, 2017, the MPTAC approved the following clinical Utilization Management (UM) guidelines applicable to Anthem. These clinical guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the following listing. This list represents the clinical UM guidelines adopted by the Medical Operations Committee for the Government Business Division on August 24, 2017.

On August 3, 2017, the clinical guidelines were made publicly available on anthem.com. Visit [www.anthem.com/ptsearch\\_shared.html](http://www.anthem.com/ptsearch_shared.html) to search for specific guidelines.

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

Effective date	Clinical UM Guideline number	Clinical UM Guideline title	New or revised
9/27/2017	CG-ADMIN-02	Clinically Equivalent Cost Effective Services – Targeted Immune Modulators	New
9/27/2017	CG-MED-57	Cardiac Stress Testing with Electrocardiogram (ECG)	New
8/17/2017	CG-ANC-06	Ambulance Services: Ground; Non-Emergent	Revised
8/17/2017	CG-SURG-27	Sex Reassignment Surgery	Revised

### Portable/mobile/handheld radiology services

(Policy 06-160, effective 03/15/18)

Anthem allows reimbursement for portable/mobile radiology services when furnished in a residence used at the patient's home and if ordered by a physician and performed by qualified portable radiology suppliers.

Portable/mobile radiology studies should not be performed for routine purposes or for reasons of convenience.

Reimbursement is based on the applicable fee schedule or contracted/negotiated rate for the radiological service and transportation and setup components with the use of applicable modifiers.

Note: Portable radiology suppliers must be licensed or registered to perform services as required by applicable state laws.

*Transportation and setup:* Anthem allows reimbursement for transportation and setup of portable radiology equipment when transported to the member's residence. Transportation costs are payable when the portable X-ray equipment used was actually transported to the location where the X-ray was taken. Reimbursement for the setup cost of portable radiology equipment is separately reimbursable.

*Handheld radiology:* The use of handheld radiology instruments is allowed. Reimbursement will be part of the physician's professional service, and no additional charge will be paid. The technical components for handheld radiology are not separately reimbursable.

For additional information, refer to the Portable/Mobile/Handheld Radiology Services Reimbursement Policy at <https://mediproviders.anthem.com/wj>.

### Substance use disorders in pregnancy

Substance use disorders (SUDs) are on the rise and are of particular concern in women of childbearing age who are or may become pregnant. Women who use opioids in the following situations are at risk for delivering babies who are born preterm, have a low birth weight, and/or have neonatal abstinence syndrome (NAS)/neonatal opioid withdrawal syndrome (NOWS):

- Taking prescribed opioids for pain or addiction treatment
- Misusing prescribed opioid medications
- Using opioids illicitly
- Using opioids in combination with benzodiazepines, selective serotonin reuptake inhibitors (SSRIs) or tobacco

While traditional care for infants in withdrawal has included tapering doses of opioids, this should not be the first choice. Preliminary studies on preterm infants treated with morphine for pain and studies exposing laboratory animals to morphine, heroin, methadone and buprenorphine reveal some concerning structural brain changes and changes in neurotransmitters. While few follow-up studies exist, those that are available are worrisome for long-term deficits in cognitive function, memory and behavior. Reduction in any exposure to opioids should be the goal for the

fetus and newborn.

Approaches to reducing the incidence and severity of NAS include:

- The use of nonpharmacologic techniques to calm and ameliorate symptoms.
- Adoption of, and strict adherence to, protocols to assess and treat with pharmacologic medications if nonpharmacologic care is not sufficient.
- Inter-rater reliability testing when using standard assessment tools (such as modified Finnegan).

Strict rooming in protocols, rather than placement in neonatal intensive care units, combined with extensive parent education programs improve family involvement and have been shown to reduce lengths of stay and the need for pharmacologic treatment of infants with NAS. When mothers are in stable treatment programs or are stable on safely prescribed medications, breastfeeding has also been shown to reduce the symptoms of NAS.

#### *Caring for women with SUD*

Pregnancy offers women an opportunity to break patterns of unhealthy behaviors. Providers have a unique opportunity to help break the pattern of opioid misuse and, thus, reduce health consequences for both mother and child.

Collaboration with community resources, behavioral health providers, addiction treatment centers and OB providers is imperative to designing programs that engage families at risk for SUDs. Women of childbearing age who are not pregnant and who do not wish to become pregnant should receive family planning counseling. Women who are already pregnant benefit from parenting education as early as possible in their pregnancies so they can be prepared to understand and care for their babies who might experience symptoms of NAS and who often require prolonged hospitalizations after birth. As these infants may remain symptomatic for several months after hospital discharge, they are at higher risk for abuse and maltreatment; therefore, close follow up with ongoing support is imperative.

Guidelines and programs which have been shown to improve the care of women at risk of SUDs in pregnancy and their infants include the following:

- Center for Addiction in Pregnancy: [www.hopkinsmedicine.org/psychiatry/bayview](http://www.hopkinsmedicine.org/psychiatry/bayview) > Clinical Services > Addiction and Substance Abuse > Center for Addiction and Pregnancy (CAP)
- Fir Square Combined Care Unit: [www.bcwomens.ca](http://www.bcwomens.ca) > Our Services > Pregnancy & Prenatal Care > Pregnancy, Drugs & Alcohol
- Improving Outcomes for Infants and Families Affected by NAS — A Universal Training Program: <https://public.vtoxford.org> > Quality & Education > NAS Universal Training Program
- Protecting Our Infants Act: Final Strategy: <https://www.samhsa.gov> > Topics > Specific Populations > Age- and Gender-Based Populations > Pregnant Women and Infants > Protecting Our Infants Act: Final Strategy
- Public Health Strategies to prevent Neonatal Abstinence Syndrome: Ko JY, Wolicki S, Barfield WD, et al. "CDC Grand Rounds: Public Health Strategies to Prevent Neonatal Abstinence Syndrome," *MMWR Morb Mortal Wkly Rep* 2017 66: 242-245. doi: <http://dx.doi.org/10.15585/mmwr.mm6609a2>.
- Rooming In to Treat Neonatal Abstinence Syndrome: Improved Family Centered Care at Lower Cost: Volpe Holmes, A, et al. "Rooming-In to Treat Neonatal Abstinence Syndrome: Improved Family-Centered Care at Lower Cost," *Pediatrics* 137 (2016): 6. doi: 10.1542/peds.2015-2929
- Sheway: A Community Program for Women and Children: <http://sheway.vcn.bc.ca>
- Snuggle ME webinar series: [www.mainequalitycounts.org](http://www.mainequalitycounts.org) > Programs > Snuggle ME Webinar Series

We are here to support you, our pregnant members and their little ones on the way. If you would like more information about our OB Case Management Program or if you have a member who needs behavioral health case management, contact Provider Services at 855-558-1443.

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

*(Policy 05-016, effective 03/15/2018)*

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

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

### **Update to coverage guidelines for cervical cancer screening and HPV**

Effective January 1, 2018, coverage guideline CG-MED-53 that applies to cervical cancer screening and human papillomavirus (HPV) testing will be updated.

Important items to note:

- Cervical cancer screening with cytology, with or without HPV testing, for women under 21 years of age is considered not medically necessary with the exception of women who are chronically immunosuppressed (i.e., organ transplant recipients or seropositive for HIV).
- Cervical cancer screening with HPV testing, alone or in combination with cytology, for women younger than 30 years of age is considered not medically necessary with the exception of women who are chronically immunosuppressed.
- Cervical cancer screening with cytology, with or without HPV testing, is considered medically necessary for women under 30 years of age who are chronically immunosuppressed.
- There is no change to the medical necessity criteria for cervical cancer screening with cytology and without HPV testing for women ages 21-65 years of age.

If you have questions about this communication, received it in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 855-558-1443.

### **Post-service review of certain modifiers and services**

Beginning in the fourth quarter of 2017, Anthem will conduct post-service reviews of professional claims billed with the following modifiers: 25, 62, 80, 81, 82, AS and 91. Additionally, Anthem will conduct post-service reviews of Evaluation and Management services billed during a global surgery period.

As part of the review, Anthem may contact providers to request additional documentation related to the services. If billing discrepancies are identified, Anthem will provide a written report of the findings to providers and initiate recoupments as appropriate. Findings may assist your office with quality improvement efforts.

For more information about post-service reviews, contact Provider Services at 855-558-1443.

### Update to frequency of payment

Starting in 2018, more claim payments and remittance advice issued by Anthem will be made on a weekly basis to providers. Additionally, non-Federal Employee Program (FEP) payments under \$5 will be held for a maximum of 14 days to allow for additional claims to combine to increase the payment amount.

This change is being made for efficiency and to ensure consistency between professional and facility claim payments for commercial, FEP, Medicare and Medicaid members. Please note, this will not affect payments made from our national account system.

If you are a provider that receives paper claim checks or electronic fund transfer payments from Anthem on a daily basis, you will be able to schedule posting on a weekly cycle after this change.

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

### New review process for not otherwise classified drug codes

Effective February 1, 2018, Anthem implemented a new review process for not otherwise classified (NOC) drug codes. Our Reimbursement Policy for "Unlisted or Miscellaneous Codes" requires NOC drug codes be submitted with the correct national drug code (NDC). As a large number of NOC drug claims do not contain the NDC, we will review claims to ensure the presence of a NDC, and claims without an NDC will be denied.

The scope of review will include both professional and facility claims for Medicaid members. The NOC drug codes listed below will suspend and be routed for review. Note, to ensure billed drugs are a benefit and covered per our medical policies or state policies, Anthem may request that you submit medical records.

NOC drug codes and descriptions as of May 4, 2017:	
A9150	Nonprescription drug
A9152	Single vitamin/mineral/trace element — oral, per dose, not otherwise specified (NOS)
A9153	Multiple vitamins (with or without minerals and trace elements) — oral, per dose, NOS
C9399	Unclassified drug or biological
J1566	Immune globulin injection — intravenous, lyophilized, NOS (500 mg)
J1599	Immune globulin injection — intravenous, nonlyophilized, NOS (500 mg)
J3490	Unclassified drug
J3590	Unclassified biological
J7199	Hemophilia clotting factor — NOC
J7599	Immunosuppressive drug — NOC
J7699	NOC drugs — inhalation solution administered through durable medical equipment (DME)
J7799	NOC drugs — drugs (other than inhalation drugs) administered through DME
J7999	Compounded drug — NOC
J8498	Antiemetic drug — rectal/suppository, NOC
J8499	Prescription drug — oral, nonchemotherapeutic, NOS
J8597	Antiemetic drug — oral, NOS
J8999	Prescription drug — oral, chemotherapeutic, NOS
J9999	Antineoplastic drugs — NOC
S5000	Prescription drug — generic
S5001	Prescription drug — brand name
90749	Unlisted vaccine/toxoid

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