

September 2023 Provider Newsletter

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MOBCBS-CRCM-035543-23

Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan. Availity, LLC is an independent company providing administrative support services on behalf of the health plan.

To view this publication online:

Visit <https://providernews.anthem.com/missouri/publications/september-2023-provider-newsletter-6>

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In Missouri (excluding 30 counties in the Kansas City area): Anthem Blue Cross and Blue Shield is the trade name of RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Update — Enhanced outpatient facility editing for National Correct Coding Initiative

In the April 2023 edition of *Provider News*, it was announced that for claims processed on and after May 15, 2023, we would update our claims editing process for outpatient facility claims by applying the outpatient code editor National Correct Coding Initiative (NCCI). This update was delayed and as a result, the NCCI edits will be applied to claims processed on and after September 15, 2023.

As a reminder, NCCI edits are Centers for Medicaid & Medicare Services (CMS) developed guidelines to promote national correct coding based on industry standards for current coding practices. These edits provide an opportunity to shift certain existing back-end reviews to front-end adjudication for outpatient facility claims. While this may facilitate quicker claim adjudication, it may also cause claims to be denied if correct coding guidelines are not followed. This includes, but is not limited to, scenarios with procedure-to-procedure editing (for example, mutually exclusive or the procedure is a component of another procedure). For additional information, visit [CMS.gov](https://www.cms.gov).

If you have questions about this communication or need assistance with any other item, contact your Provider Relationship Management representative.

MULTI-BCBS-CM-028442-23

To view this article online:

Visit <https://providernews.anthem.com/missouri/articles/update-enhanced-outpatient-facility-editing-for-national-c>

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CAA: Have you reviewed your online provider directory information lately?

We ask that you review your online provider directory information on a regular basis to ensure it is correct. Access your information by visiting anthem.com/provider, then under *Provider Overview*, choose **Find Care**.

The *Consolidated Appropriations Act (CAA)* of 2021 contains a provision that requires online provider directory information be reviewed and updated as needed at least every 90 days. By reviewing your information regularly, you help us ensure your online provider directory information is current.

Submit updates and corrections to your directory information by following the instructions on our [Provider Maintenance webpage](#). We will send you an email acknowledging receipt of your request. Online update options include:

- Add/change an address location.
- Name change.
- Provider leaving a group or a single location.
- Phone/fax number changes.
- Closing a practice location.

MULTI-BCBS-CM-034855-23-CPN34821

To view this article online:

Visit <https://providernews.anthem.com/missouri/articles/caa-have-you-reviewed-your-online-provider-directory-inform-5>

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Support documentation for Carelon Medical Benefits Management, Inc. prior authorization requests

As part of our ongoing quality improvement efforts, we want you to know that as of January 1, 2023, some review requests may require documentation to substantiate the attestations that support the clinical appropriateness of the request. This documentation can be uploaded during the intake process.

When requested, providers must submit such documentation from the patient's medical record. If medical necessity is not supported through documents submitted, the request may be denied as not medically necessary. Such documentation is limited to what has been asserted via the PA review attestations.

If the request would be denied as not medically necessary, providers can participate in a PA discussion with an Carelon Medical Benefits Management, Inc.* physician reviewer.

* Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan.

MULTI-BCBS-CM-034178-23-CPN34175

To view this article online:

Visit <https://providernews.anthem.com/missouri/articles/support-documentation-for-carelon-medical-benefits-managemen-2>

Or scan this QR code with your phone



HCPCS to revenue code alignment

Effective for all claims received on and after October 1, 2023, Anthem Blue Cross and Blue Shield (Anthem) is updating its outpatient facility editing system to align with correct coding guidelines. For claims received on or after October 1, 2023, when revenue codes **0278**, **0636**, **0760**, **0761**, **0762**, and **0769** are billed with an inappropriate HCPCS or CPT[®] code, they will be denied.

For assistance with coding guidelines, please refer to CPT coding guidelines and Encoder Pro. If you believe you have received a denial in error, please follow the standard claim dispute process for Anthem.

MULTI-BCBS-CM-032480-23

To view this article online:

Visit <https://providernews.anthem.com/missouri/articles/hcpcs-to-revenue-code-alignment-1>

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Help your patients continue their care and navigate Medicaid renewal

During the COVID-19 public health emergency, Medicaid and Children's Health Insurance Program (CHIP) members were able to stay enrolled in their current health coverage regardless of changes in eligibility or status. As Medicaid renewals begin again, your Medicaid and CHIP patients may have to take additional steps, which could include finding a new health plan.

Patients who are receiving specialized care for medical conditions such as but not limited to pregnancy, chemotherapy, radiation therapy, or behavioral health therapy, may have additional concerns. They could be in the middle of treatment, scheduled for treatment, or on maintenance medications — and may be worried that they might lose access to their current care provider if they change health plans.

The need for continuity of care in this changing landscape

We're committed to ensuring a smooth transition for your Medicaid and CHIP patients who are changing health plans.

Our Continuity of Care/Transition of Care management team coordinates with you and your patients to ensure access to ongoing care. This includes a personalized evaluation of the member's condition and network benefits to coordinate and minimize disruption of ongoing care:

- Your patients can contact the number on the back of their member ID card and ask about our Transition of Care form. Once filled out, one of our dedicated nurse care managers will contact them to review their specialized care needs within 15 business days.

- Download our [provider manual](#) to learn more about our Continuity of Care/Transition of Care Program. Refer to the table of contents and find *Continuity of Care/Transition of Care Program* under the *Quality Improvement Program* section.

A proactive approach to prior authorizations

For patients with CarelonRx, Inc.* as their pharmacy benefit manager and who are on maintenance medications or other medications for treatment, **their existing, approved prior authorizations will automatically transfer to their new Anthem Blue Cross and Blue Shield (Anthem) individual and family health plan, and there will be a one-time prior authorization applied for nonformulary medications.**

This will allow your patients to continue to fill their current medications and allow additional time to initiate the prior authorization process for any formulary differences.

You and your patients can count on us for support

Your patients who are receiving specialized care may have concerns about continuing their care and staying with their current care providers. We want you to feel confident you have resources and answers to guide them.

Together, we can ease your patients' potential concerns and ensure a smooth transition for those who choose an Anthem individual and family health plan.

If you would like more information, contact your Provider Relationship Management representative, or call the number on the back of the patient's ID card.

* CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of the health plan.

MULTI-BCBS-CM-026689-23-CPN26000

To view this article online:

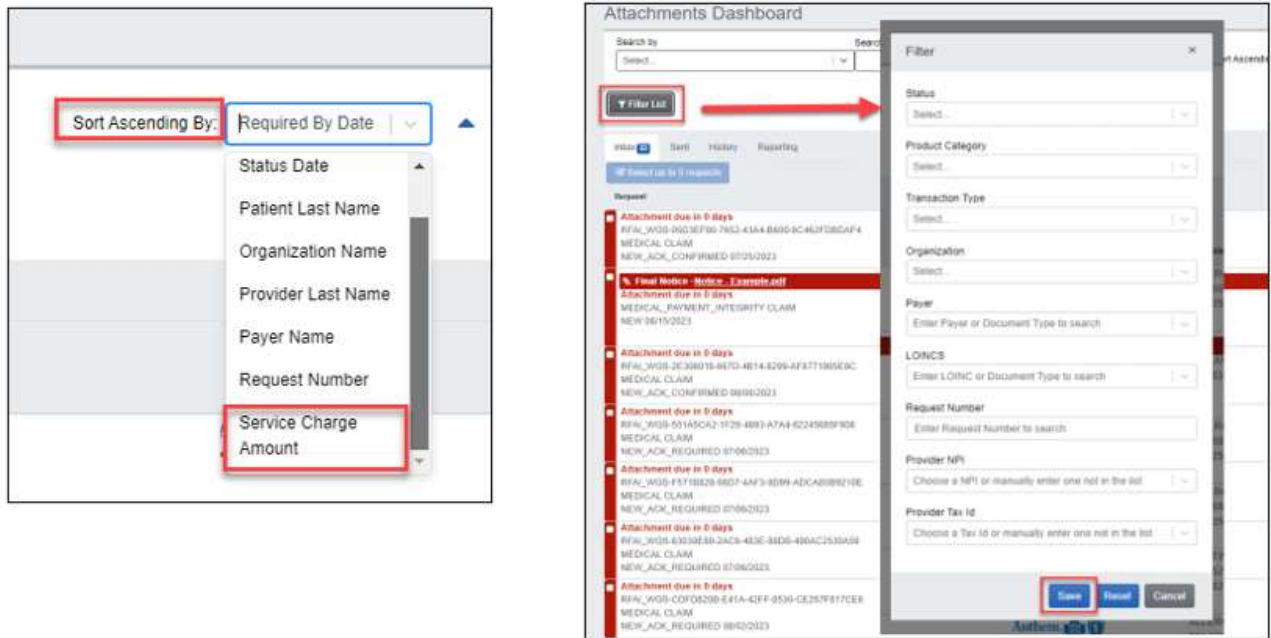
Visit <https://providernews.anthem.com/missouri/articles/help-your-patients-continue-their-care-and-navigate-medicaid-5>

Or scan this QR code with your phone

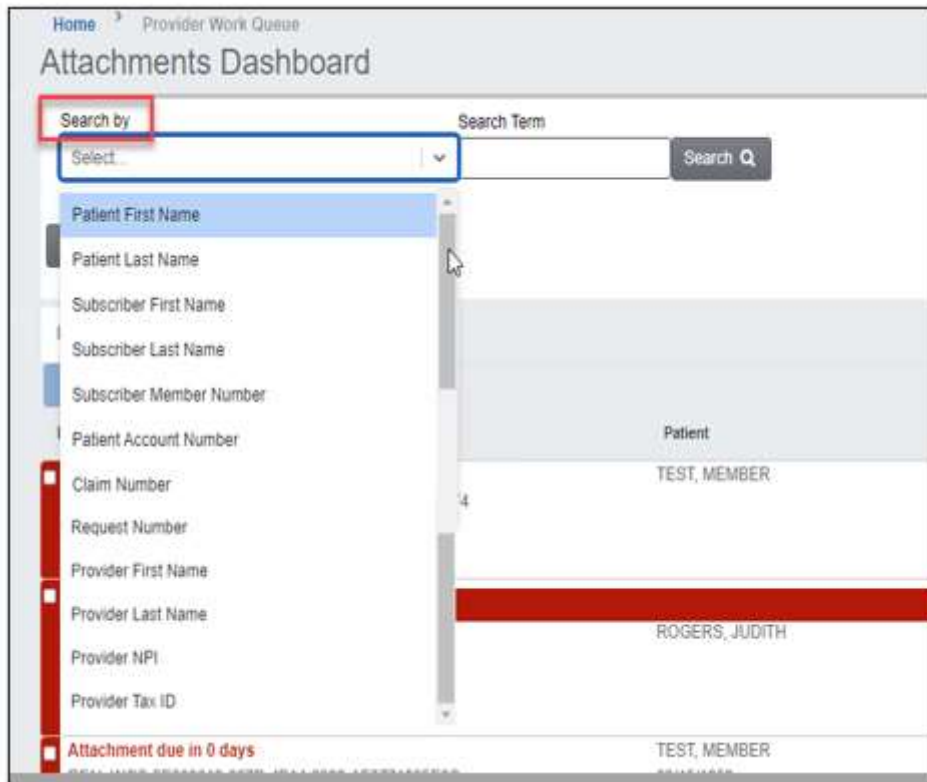


Improvements to Digital RFAI Attachment filtering and reporting

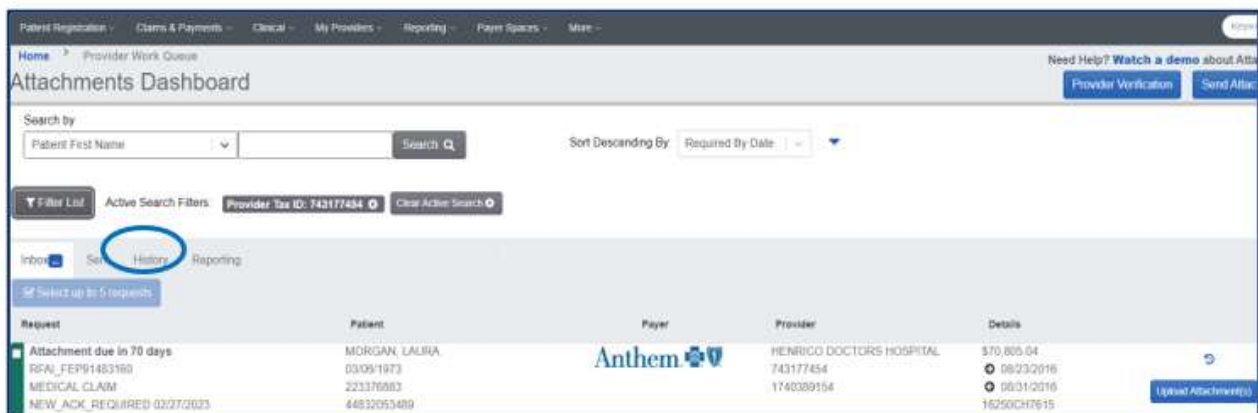
Digital Request for Additional Information (Digital RFAI) is the fastest and easiest way to get us the documents we need to process your claim. Now, it is even better! We've added filter, sort, and search features for greater productivity.



New filtering functions are ideal for organizations where more than one person is responsible for submitting claim attachments. Another great feature: your filters are saved (locked) – so you can see your desired filter view each time you log on but easily clear them when your search criteria changes.



We are committed to shared success and reporting is just another way we are giving Digital RFAI users a productivity boost. We've added reporting fields that can be used for both History and Inbox reports.



Fields available for History and Inbox reports

Expanded reporting fields are downloadable! Use the download option to meet your specific reporting requirements.

Avallity Request ID	Request Number	Service From	Service To	Claim Amount	Patient Name	Patient Account Number	Patient DOB	Patient Member Number
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Payer Name	LOINCS	File Names	Product	Provider Name	NPI	TIN	Status	Status Date	Submitter Name
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We're here to help!

Want to know more about receiving digital notifications for faster claims processing? Visit the [Digital RFAI learning microsite](#) or reach out to your Provider Relations Account Manager.

MULTI-BCBS-CM-035616-23-CPN35217

To view this article online:

Visit <https://providernews.anthem.com/missouri/articles/improvements-to-digital-rfai-attachment-filtering-and-report-2>

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Personalized match phase 1: Specialist provider overview

Description/Approach

Provider performance can vary widely in relation to efficiency and quality. Our goal as your Medicare health plan partner is to ensure our members receive high-quality care that leads to improved member health outcomes across a wide range of variables.

We will add a new sorting option on the Find Care tool for members to leverage when they are searching for a non-PCP specialist provider. This sorting option, called Personalized Match Phase 1, is based on each provider's score relative to their peers in the patient's preferred mileage search radius. Providers will be listed in order of their total score, though no individual scores will appear within the tool or be visible to the covered patients. The Personalized Match Phase 1 algorithm will be based on quality and efficiency criteria to assist members in making more informed choices about their medical care. Other sorting options will still be available on Find Care for our members. Members should consider a variety of factors when making decisions for choosing a specialist provider to manage their care.

We evaluate provider groups and individual providers annually, using updated quality and efficiency methodologies and data.

[Continue reading the rest of this article](#)

* Optum is an independent company providing assessment and reporting services on behalf of the health plan.

MULTI-BCBS-CR-032277-23-CPN32264

ATTACHMENTS (available on web): [Personalized Match Phase 1: Specialist Provider Overview \(pdf - 0.59mb\)](#)

To view this article online:

Visit <https://providernews.anthem.com/missouri/articles/personalized-match-phase-1-specialist-provider-overview-4>

Or scan this QR code with your phone



Simplifying claims attachments: Digital Request for Additional Information through Availity.com

We understand that providing the information needed to process a claim can cause payment delays, and the manual methods associated with mailing letters and returning information non-digitally is costly and inefficient.

We're changing that by implementing a new process: Digital Request for Additional Information (Digital RFAI), and we're inviting you to participate.

Digital requests for additional information are 50% faster than returning documentation any other way — making it the most efficient way to receive and return information — resulting in faster claim payments.

Participation in Digital RFAI is easy

1. Registration:

- Your organization's Availity* administrator will register for Medical Attachments:
 - This enables you to receive digital notices (instead of paper) and to attach the requested documents directly to your claim.
 - Ensure all of your billing NPIs/TINs are registered.

2. User roles:

- Your Availity administrator will also update or add new users with these specific role assignments through Availity Essentials:
 - **Claims Status**
 - **Medical Attachments**
- This enables the users to view the Availity Attachment Dashboard.

3. Ready to go:

- After the registration and user roles are completed on Availity, the Digital RFAI process is ready to go.
- Requests will automatically appear on the Attachments Dashboard each morning (when documents are needed).

Additional support

You, your organization's Availity administrator, or other members of your team may need additional support – and we're to help:

- **For Availity Administrators:** Take [this training](#) to ensure your NPIs are registered properly.
- **For those sending attachments:** Take [this user training](#) to learn about accessing notifications, sorting and filtering, and other enhancements that improve your experience.

Through our efforts, we are committed to reducing administrative burden and ensuring timely payments because we value you, our care provider partner. For additional resources, visit [the Digital RFAI webpage](#) or contact your Provider Relations Account Manager.

* Availity, LLC is an independent company providing administrative support services on behalf of the health plan.

MULTI-BCBS-CM-036134-23-CPN35203

To view this article online:

Visit <https://providernews.anthem.com/missouri/articles/simplifying-claims-attachments-digital-request-for-addition-2>

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Member search feature enhancement: Search for a patient without using member ID in Availity Essentials

Starting mid-September, search for patient information in Availity Essentials* **Eligibility and Benefits** without having a member ID. We've updated and streamlined the process to eliminate the need for the member ID while maintaining the highest *HIPAA* standards. Easily search for patient eligibility and benefits details using the **Patient Search** option of **patient last name, patient first name, date of birth, and patient zip code**.

Find **Eligibility and Benefits Inquiry** on Availity's top menu bar under **Patient Registration**. Once it becomes available, make sure to use the new search feature when you need to find member information and do not have access to the member ID.

Need the member ID for another capability in Availity Essentials? When you use the new search option in **Eligibility and Benefits Inquiry** and see the eligibility and benefits details, the member's current ID details will be available and allow you to transact within other digital capabilities where the member ID is required.

Watch for more information on the Availity Essentials home page under **News and Announcements** to notify you when this feature is available.

Get access to Availity Essentials now

If you and your organization aren't currently registered for Availity Essentials, now is the time to make that happen. Availity Essentials offers secure online access for working together and is free to our providers. To register, visit the [availity.com Registration Information page](#).

* Availity, LLC is an independent company providing administrative support services on behalf of the health plan.

MULTI-BCBS-CM-025687-23-CPN25562

To view this article online:

Visit <https://providernews.anthem.com/missouri/articles/member-search-feature-enhancement-search-for-a-patient-with-1>

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You're invited: Thriving, not just surviving: Youth mental health in today's world

Register today for the youth mental health forum hosted by Anthem Blue Cross and Blue Shield (Anthem) and Motivo* for Anthem providers on September 27, 2023.

Wednesday, September 27, 2023

3:30 to 5 p.m. Eastern time

This important event will address the critical need to engage young people in leading their mental health. By deepening the discussion on youth mental health, we can do our part to foster a culture of understanding and support for youth and young adults. Authentic conversations lead to reducing implicit bias and improving the health and wellbeing of all Americans and the communities in which we live and serve.

Please join us to hear from a diverse panel of experienced professionals and young leaders as we explore the challenges experienced by today's youth, amplify the experiences and ideas of young people, and equip attendees with practical tools and innovative approaches to create meaningful change.

Each forum will continue the exploration of ways we can reduce disparities in healthcare, demonstrate cultural humility, address, and deconstruct bias, have difficult and productive conversations, learn about valuable resources, increase inclusion, advance equity in healthcare.

Please register for this event by visiting this [link](#).

* Motivo is an independent company providing a virtual forum on behalf of the health plan.

To view this article online:

Visit <https://providernews.anthem.com/missouri/articles/you-are-invited-thriving-not-just-surviving-youth-mental-14>

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Clinical Criteria updates - May 2023

Clinical Criteria Updates

On December 22, 2022, May 2, 2023, and May 19, 2023, the Pharmacy and Therapeutic (P&T) Committee approved the following *Clinical Criteria* applicable to the medical drug benefit for Anthem Blue Cross and Blue Shield (Anthem). These policies were developed, revised, or reviewed to support clinical coding edits.

Visit [Clinical Criteria](#) to search for specific policies. If you have questions or need additional information, use this [email](#).

Please see the explanation/definition for each category of *Clinical Criteria* below:

- New: Newly published criteria
- Revised: Addition or removal of medical necessity requirements, new document number
- Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive.

Please share this notice with other providers in your practice and office staff.

Please note:

- **The *Clinical Criteria* listed below applies only to the medical drug benefits contained within the member's medical policy. This does not apply to pharmacy services.**
- **This notice is meant to inform the provider of new or revised criteria that has been adopted by Anthem only. It does not include details regarding any**

authorization requirements. Authorization rules are communicated via a separate notice.

Effective date	<i>Clinical Criteria</i> number	<i>Clinical Criteria</i> title	New or revised
September 18, 2023	*CC-0237	Qalsody (tofersen)	New
September 18, 2023	*CC-0238	Hydroxyprogesterone caproate	New
September 18, 2023	*CC-0240	Zynyz (retifanlimab-dlwr)	New
September 18, 2023	CC-0165	Trodelvy (sacituzumab govitecan)	Revised
September 18, 2023	CC-0002	Colony Stimulating Factor Agents	Revised
September 18, 2023	CC-0128	Tecentriq (atezolizumab)	Revised
September 18, 2023	CC-0098	Doxorubicin Liposome (Doxil, Lipodox)	Revised
September 18, 2023	CC-0101	Torisel (temsirolimus)	Revised
September 18, 2023	CC-0107	Bevacizumab for Non- Ophthalmologic Indications	Revised

Effective date	<i>Clinical Criteria</i> number	<i>Clinical Criteria</i> title	New or revised
September 18, 2023	CC-0143	Polivy (polatuzumab vedotin-piiq)	Revised
September 18, 2023	CC-0092	Adcetris (brentuximab vedotin)	Revised
September 18, 2023	CC-0095	Velcade (bortezomib)	Revised
September 18, 2023	CC-0105	Vectibix (panitumumab)	Revised
September 18, 2023	CC-0178	Synribo (omacetaxine mepesuccinate)	Revised
September 18, 2023	CC-0114	Jevtana (cabazitaxel)	Revised
September 18, 2023	CC-0145	Libtayo (cemiplimab-rwlc)	Revised
September 18, 2023	*CC-0032	Botulinum Toxin	Revised
September 18, 2023	CC-0068	Growth Hormone	Revised
September 18, 2023	*CC-0057	Krystexxa (pegloticase)	Revised

Effective date	<i>Clinical Criteria</i> number	<i>Clinical Criteria</i> title	New or revised
September 18, 2023	*CC-0125	Opdivo (nivolumab)	Revised
September 18, 2023	*CC-0225	Tzield (teplizumab-mzwv)	Revised
September 18, 2023	*CC-0124	Keytruda (pembrolizumab)	Revised

MULTI-BCBS-CR-031946-23-CPN30755

To view this article online:

Visit <https://providernews.anthem.com/missouri/articles/clinical-criteria-updates-may-2023-14>

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Medical policies and clinical guidelines updates - September 2023

The following Anthem Blue Cross and Blue Shield (Anthem) medical policies and clinical guidelines were reviewed on November 10, 2022, for Indiana, Kentucky, Missouri, Ohio, and Wisconsin.

To view medical policies and utilization management guidelines, go to [anthem.com](https://www.anthem.com) > Select *Providers* > Select your state > Under *Provider Resources*, select *Policies, Guidelines & Manuals*.

To help determine if prior authorization is needed for Anthem members, go to [anthem.com](https://www.anthem.com) > Select *Providers* > Select your state > Under *Claims*, select *Prior Authorization*. You can also call the prior authorization phone number on the back of the member's ID card.

To view medical policies and utilization management guidelines applicable to members enrolled in the Blue Cross and Blue Shield Service Benefit Plan (commonly referred to as the Federal Employee Program[®] [FEP]), please visit [fepblue.org](https://www.fepblue.org) > *Policies & Guidelines*.

Below are the current clinical guidelines and/or medical policies we reviewed and updates that were approved.

Policy/Guideline	Information	Effective date
*MED.00013	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to one hour — adding policy to Precert.	December 1, 2023

**Parenteral Antibiotics
for the Treatment of
Lyme Disease**

** Denotes prior authorization required*

MULTI-BCBS-CM-032668-23

To view this article online:

Visit <https://providernews.anthem.com/missouri/articles/medical-policies-and-clinical-guidelines-updates-september>

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Medical policies and clinical guidelines moving to pre-cert

The following Anthem Blue Cross and Blue Shield (Anthem) *Medical Policies* and *Clinical Utilization Management Guidelines* were reviewed on July 31, 2023, for Indiana, Kentucky, Missouri, Ohio, and Wisconsin.

To view *Medical Policies* and *Clinical Utilization Management Guidelines*, go to [anthem.com](https://www.anthem.com) > select **Providers** > select your state > under *Provider Resources* > select *Policies, Guidelines & Manuals*.

To help determine if prior authorization is needed for Anthem members, go to [anthem.com](https://www.anthem.com) > select **Providers** > select your state > under *Claims* > select **Prior Authorization**. You can also call the prior authorization phone number on the back of the member's ID card.

To view *Medical Policies* and *Clinical Utilization Management Guidelines* applicable to members enrolled in the Blue Cross and Blue Shield Service Benefit Plan (commonly referred to as the Federal Employee Program[®] FEP[®]), please visit [fepblue.org](https://www.fepblue.org) > *Policies & Guidelines*.

Below are the new *Medical Policies* and/or *Clinical Utilization Management Guidelines* that have been approved.

* *Denotes prior authorization required.*

Policy/Guideline	Information	Effective date
<p>*CG-SURG-28 Locoregional Techniques for Treating Primary and Metastatic Liver Malignancies</p>	<p>Add 37243 to PA — Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction (when specified as TAE, or TACE not using drug-loaded microspheres or drug-eluting beads or an immunologic agent)</p>	12/1/2023

<p>*RAD.00059 Catheter-based Embolization Procedures for Malignant Lesions Outside the Liver</p>	<p>Add 37243 to PA — Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction (when specified as TAE, or TACE not using drug-loaded microspheres or drug-eluting beads or an immunologic agent)</p>	12/1/2023
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MULTI-BCBS-CM-034984-23

To view this article online:

Visit <https://providernews.anthem.com/missouri/articles/medical-policies-and-clinical-guidelines-moving-to-pre-cert>

Or scan this QR code with your phone



Medical policies and clinical guidelines updates

The following Anthem Blue Cross and Blue Shield (Anthem) *Medical Policies* and *Clinical Utilization Management Guidelines* were reviewed on May 11, 2023, for Indiana, Kentucky, Missouri, Ohio, and Wisconsin.

To view *Medical Policies* and *Clinical Utilization Management Guidelines*, go to [anthem.com](https://www.anthem.com) > select *Providers* > select your state > under *Provider Resources* > select *Policies, Guidelines & Manuals*.

To help determine if prior authorization is needed for Anthem members, go to [anthem.com](https://www.anthem.com) > select *Providers* > select your state > under *Claims* > select *Prior Authorization*. You can also call the prior authorization phone number on the back of the member's ID card.

To view *Medical Policies* and *Clinical Utilization Management Guidelines* applicable to members enrolled in the Blue Cross and Blue Shield Service Benefit Plan (commonly referred to as the Federal Employee Program[®] FEP[®]), please visit [fepblue.org](https://www.fepblue.org) > *Policies & Guidelines*.

Below are the new *Medical Policies* and/or *Clinical Utilization Management Guidelines* that have been approved.

* Denotes prior authorization required.

Policy/guideline	Information	Effective date
* SURG.00161 Nanoparticle-Mediated Thermal Ablation	<ul style="list-style-type: none">Nanoparticle-mediated thermal ablation is considered INV&NMN for all indications	12/1/2023

Policy/guideline	Information	Effective date
	<ul style="list-style-type: none"> Added existing CPT® Category III codes 0738T, 0739T considered INV&NMN; also, nonspecific ICD-10-PCS code 0V503ZZ and NOC codes 55899, 64999 considered INV&NMN when specified as nanoparticle ablation 	

Below are the current *Medical Policies* and/or *Clinical Utilization Management Guidelines* we reviewed and updates that were approved.

** Denotes prior authorization required.*

Policy/guideline	Information	Effective date
*CG-MED-41 Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting	<ul style="list-style-type: none"> Revised formatting and hierarchy of MN statement Revised criteria regarding children Revised formatting of ASA criteria Added some diagnosis codes to two ranges 	12/1/2023
*CG-MED-66 Cryopreservation of Oocytes or Ovarian Tissue	<ul style="list-style-type: none"> Revised MN criteria for cryopreservation of mature oocytes to include: (1) medical and surgical treatment, gonadotoxic therapy and bilateral oophorectomy as possible causes of anticipated infertility; (2) Criterion which states “individual is a candidate based on ovarian reserve and likelihood for successful oocyte cryopreservation (for example, age 45 years or less)” 	12/1/2023

Policy/guideline	Information	Effective date
	<ul style="list-style-type: none"> Revised criteria so cryopreservation of ovarian tissue is considered MN when criteria are met Revised NMN statement to indicate cryopreservation of ovarian tissue is considered NMN when the criteria above are not met CPT codes 89398 (NOC) and non-specific codes 89344, 89354 when specified as cryopreservation of ovarian tissue or related services will be considered MN when criteria are met (were NMN for ovarian tissue) 	
<p>*CG-SURG-81 Cochlear Implants and Auditory Brainstem Implants</p>	<ul style="list-style-type: none"> Reformatted the MN criteria for cochlear implants Revised cochlear implantation criteria to include unilateral sensorineural deafness Revised unilateral implantation of a hybrid cochlear implant device criteria related to hearing loss in the contralateral ear Added diagnosis codes for single sided deafness, procedure codes will now be reviewed for MN criteria for these diagnoses 	12/1/2023
<p>DME.00011 Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices</p>	<ul style="list-style-type: none"> Added existing HCPCS code E0761 for electromagnetic treatment device considered INV&NMN 	12/1/2023

Policy/guideline	Information	Effective date
<p>*GENE.00010 Panel and other Multi-Gene Testing for Polymorphisms to Determine Drug-Metabolizer Status</p>	<ul style="list-style-type: none"> Added new CPT PLA code 0392U effective 07/01/2023 for panel test considered INV&NMN 	12/1/2023
<p>*GENE.00052 Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling</p>	<ul style="list-style-type: none"> Reformatted hierarchy for gene panel testing for inherited diseases, testing for cancer susceptibility, testing for cancer management, and molecular profiling for the evaluation of malignancies Revised panel testing criteria to remove 50 gene parameters Revised acute myeloid leukemia MN statement to include <i>newly diagnosed or relapsed</i> Added circulating tumor DNA to scope of document (moved content from GENE.00049 into this document and added new criteria for prostate cancer and advance non-small cell lung cancer) Revised molecular profiling criteria to remove <i>progressed following prior treatment</i> language Revised NMN statement for Whole Exome Sequencing to address repeat testing Code 81455 for panel over 50 genes to be reviewed for MN criteria (was NMN); added existing code 0022U MN in vitro diagnostic (IVD) criteria. Codes added from GENE.00049: 0326U molecular profiling MN criteria; 0239U IVD 	12/1/2023

Policy/guideline	Information	Effective date
	<p>MN criteria; 0179U, 0242U ctDNA panels MN criteria (were INV&NMN); 0306U; 0307U; 0333U; 0356U; 0368U considered NMN (were INV&NMN);</p> <ul style="list-style-type: none"> Added new 07/01/2023 CPT PLA codes: 0391U molecular profiling MN criteria; 0388U, 0397U ctDNA panels MN criteria; 0400U inherited disease panel considered NMN; 0401U risk panel considered INV&NMN 	
<p>*SURG.00121 Transcatheter Heart Valve Procedures</p>	<ul style="list-style-type: none"> Revised text and formatting in the MN statement for transcatheter aortic valve replacement (TAVR) Revised MN statement for transcatheter pulmonary valve to remove right ventricular outflow tract (RVOT) conduit diameter criteria and added criteria for native and patched RVOT Added a new INV&NMN statement addressing TAVR cerebral protection devices Revised the INV&NMN statement regarding valve-in-valve repair to address replacement instead of repair CPT code 33370 add-on code for cerebral embolic protection will be considered INV&NMN (was being reviewed for TAVR criteria) 	<p>12/1/2023</p>
<p>CG-GENE-13 Genetic Testing for Inherited</p>	<ul style="list-style-type: none"> For Tier 2 code 81404, gene SOD1 was changed to review for MN criteria (was 	<p>12/1/2023</p>

Policy/guideline	Information	Effective date
Diseases	NMN)	
*CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity	<ul style="list-style-type: none"> Added HCPCS codes C9784 for endoscopic sleeve gastroplasty and C9785 for outlet reduction TORE effective 07/01/2023, both considered NMN 	12/1/2023
*SURG.00011 Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting	<ul style="list-style-type: none"> Added HCPCS codes Q4272, Q4273, Q4274, Q4275, Q4276, Q4277, Q4278, Q4280, Q4281, Q4282, Q4283, Q4284 effective 07/01/2023 for products considered INV&NMN 	12/1/2023
*SURG.00150 Leadless Pacemaker	<ul style="list-style-type: none"> Added new CPT Category III codes 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0804T effective 07/01/2023 for dual chamber leadless pacemaker considered INV&NMN; added existing ICD-10-PCS code 02PA3NZ for removal considered INV&NMN 	12/1/2023
TRANS.00035 Therapeutic use of Stem Cells, Blood, and Bone Marrow Products	<ul style="list-style-type: none"> Revised descriptors for HCPCS codes G0460, G0465 	6/28/2023
CG-DME-31 Powered Wheeled Mobility Devices	<ul style="list-style-type: none"> Revised hierarchy and formatting in the MN statement addressing power seating systems 	12/1/2023

Policy/guideline	Information	Effective date
	<ul style="list-style-type: none"> Added new MN and NMN criteria to address power seat elevation systems when individuals meet criteria for (uneven) transfers 	
CG-GENE-10 Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability and Congenital Anomalies	<ul style="list-style-type: none"> Removed <i>aCGH</i> and replaced it with <i>CMA</i> in the *notation in the Clinical Indications section 	6/28/2023
CG-GENE-16 BRCA Genetic Testing	<ul style="list-style-type: none"> Revised Clinical Indications to include homologous recombination deficiency pathways to PARP inhibitor criteria 	12/1/2023
CG-MED-59 Upper Gastrointestinal Endoscopy in Adults	<ul style="list-style-type: none"> Revised Clinical Indications section to remove references to <i>life-limiting comorbidities</i> 	6/28/2023
CG-MED-73 Hyperbaric Oxygen Therapy (Systemic/Topical)	<ul style="list-style-type: none"> Added continuation criteria to each section on chronic non-healing wounds in MN statement Revised formatting and hierarchy in the Clinical Indications sections Removed continuation criteria from the NMN statement Added Stroke to NMN statement 	12/1/2023

Policy/guideline	Information	Effective date
CG-SURG-12 Penile Prosthesis Implantation	<ul style="list-style-type: none"> Revised hierarchy and formatting of Clinical Indications section Removed intra-urethral medications from the MN criteria 	6/28/2023
CG-SURG-82 Bone-Anchored and Bone Conduction Hearing Aids	<ul style="list-style-type: none"> Removed code 69799 NOC, no longer applicable 	6/28/2023
CG-SURG-95 Sacral Nerve Stimulation and Percutaneous or Implantable Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention	<ul style="list-style-type: none"> Revised title Added MN criteria for temporary SNS for urinary and fecal conditions Reformatted MN criteria for permanent SNS for urinary and fecal conditions Revised the Clinical Indications section IV for percutaneous or implantable tibial nerve stimulation (PTNS) to include implantable devices 	12/1/2023
Previously titled: Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence, Urinary Retention		
DME.00011 Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices	<ul style="list-style-type: none"> Added existing HCPCS code E0761 for electromagnetic treatment device considered INV&NMN 	12/1/2023

Policy/guideline	Information	Effective date
<p>MED.00004 Noninvasive Imaging Technologies for the Evaluation of Skin Lesions</p>	<ul style="list-style-type: none"> Revised title Added additional technologies to INV&NMN section 	12/1/2023
<p>Previously Titled: Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Video microscopy and Ultrasonography)</p>		
<p>*SURG.00121 Transcatheter Heart Valve Procedures</p>	<ul style="list-style-type: none"> Revised text and formatting in the MN statement for transcatheter aortic valve replacement (TAVR) Revised MN statement for transcatheter pulmonary valve to remove right ventricular outflow tract (RVOT) conduit diameter criteria and added criteria for native and patched RVOT Added a new INV&NMN statement addressing TAVR cerebral protection devices Revised the INV&NMN statement regarding valve-in-valve repair to address replacement instead of repair CPT code 33370 add-on code for cerebral embolic protection will be considered INV&NMN (was being reviewed for TAVR criteria) 	12/1/2023

Policy/guideline	Information	Effective date
TRANS.00025 Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection	<ul style="list-style-type: none"> Revised MN criteria regarding the time frame for AlloMap testing post HT Removed the word, <i>Noninvasive</i> from the INV&NMN statement about AlloSource Heart, AlloSeq cell-free DNA, MMDx Heart and myTAIHeart 	
GENE.00009 Gene Expression Profiling and Genomic Biomarker Tests for Prostate Cancer	<ul style="list-style-type: none"> Removed CPT PLA code 0053U 	6/28/2023
MED.00135 Gene Therapy for Hemophilia	<ul style="list-style-type: none"> Revised MN statement on etranacogene dezaparvovec-drlb Added MN statement on valoctocogene roxaparvovec-rvox Revised first INV&NMN statement and deleted second INV&NMN statement No changes to coding Codes that may be used for Roctavian (NOC C9399, J3490, J3590) already listed 	12/1/2023

MULTI-BCBS-CM-034822-23

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Prior authorization requirement changes effective December 1, 2023

Effective **December 1, 2023**, prior authorization (PA) requirements will change for the following code(s). The medical code(s) listed below will require PA by Anthem Blue Cross and Blue Shield for Medicare members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions take precedence over these precertification rules and must be considered first when determining coverage. **Non-compliance with new requirements may result in denied claims.**

Prior authorization requirements will be added for the following code(s):

Code	Code description
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral
C1764	Event recorder, cardiac (implantable)
E0466	Home ventilator, any type, used with non-invasive interface, (for example, mask, chest shell)

E0766 Electrical stimulation device used for cancer treatment, includes all accessories, any type

L5845 Knee-Shin Sys Stance Flexion

L5910 Endo Below Knee Alignable Sy

Not all PA requirements are listed here. Detailed PA requirements are available to providers on [anthem.com/medicareprovider](https://www.anthem.com/medicareprovider) on the Resources tab or for contracted providers by accessing [Availity.com](https://www.availity.com).^{*} Providers may also call the number on the back of the member's ID card for assistance with PA requirements.

* Availity, LLC is an independent company providing administrative support services on behalf of the health plan.

UM AROW# 4489

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Carelon Medical Benefits Management, Inc. advanced imaging — Imaging of the brain CPT code list update

Effective for dates of service on and after December 1, 2023, the following code will require prior authorization through Carelon Medical Benefits Management, Inc.* (formerly AIM Specialty Health®).

CPT® code	Description
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0042T	Cerebral Perfusion Analysis Using Computed Tomography with Contrast Administration, Including Post-Processing of Parametric Maps with Determination of Cerebral Blood Flow, Cerebral Blood Volume, and Mean Transit Time
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As a reminder, ordering and servicing providers may submit prior authorization requests to Carelon in one of the following ways:

- Access Carelon's **ProviderPortal_{SM}** directly at providerportal.com:
 - Online access is available 24/7 to process orders in real-time and is the fastest and most convenient way to request authorization.
- Access Carelon via the Availity Essentials* website at availity.com.

Note: This update does not apply to the Federal Employee Program®.

If you have any questions related to guidelines, please contact Carelon via email at MedicalBenefitsManagement.guidelines@Carelon.com. Additionally, you may access and download a copy of the current and upcoming guidelines [here](#).

* Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan. Availity, LLC is an independent company providing administrative support services on behalf of the health plan.

MULTI-BCBS-CRCM-025225-23-CPN25171

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Visit <https://providernews.anthem.com/missouri/articles/carelon-medical-benefits-management-inc-advanced-imaging-5>

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Reimbursement policy update: Documentation Standards for Episodes of Care - Professional

Beginning with dates of service on or after December 1, 2023, Anthem Blue Cross and Blue Shield will expand the current *Documentation Standards for Episodes of Care — Professional* reimbursement policy to apply to facility providers. This policy outlines how and what elements must be documented for an episode of care.

The policy will be retitled *Documentation Standards for Episodes of Care — Professional and Facility*.

For specific policy details, visit the [reimbursement policy page](#) at Anthem.com.

MULTI-BCBS-CM-034781-23

To view this article online:

Visit <https://providernews.anthem.com/missouri/articles/reimbursement-policy-update-documentation-standards-for-epi-6>

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Clarification to reimbursement policy update: Prolonged Services – Professional

In the July 2023 edition of *Provider News*, [reimbursement policy page](#) we announced multiple updates to the Prolonged Services – Professional reimbursement policy [Missouri](#) effective October 1, 2023. To clarify, the update to “remove language requiring providers to report start and stop times for reimbursement eligibility” was effective as of May 19, 2023.

MULTI-BCBS-CM-035007-23

To view this article online:

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Reimbursement policy update: Documentation and Reporting Guidelines for Evaluation and Management Services - Professional

Effective as of June 14, 2023, Anthem Blue Cross and Blue Shield updated the *Documentation and Reporting Guidelines for Evaluation and Management (E/M) Services* reimbursement policy to include the 2021 American Medical Association (AMA) CPT® Level of Medical Decision Making (MDM) table to align with the 2021-2023 Centers for Medicare & Medicaid Services (CMS) and AMA-CPT code changes. This table will be listed under the policy section titled *Selecting a Level of Medical Decision Making for Coding an E/M Service*. When determining the level of E/M service using MDM, this table will be used instead of the 1995/1997 CMS risk tables and the Marshfield Clinic tables.

Additional updates to this reimbursement policy are as follows:

- Documentation submitted in accordance with this reimbursement policy will remain subject to signature and other requirements as stated in the related *Documentation for Episodes of Care* reimbursement policy. Therefore, the policy was updated to include the following note: *All documents are subject to the Documentation Requirements for Episodes of Care policy.*
- The Related Coding section was expanded to include “other” E/M services, as defined in the policy.

For specific policy details, visit the corresponding reimbursement policy page from the list below:

- [Colorado](#)
- [Connecticut](#)
- [Georgia](#)

- [Indiana](#)
- [Kentucky](#)
- [Maine](#)
- [Missouri](#)
- [Nevada](#)
- [New Hampshire](#)
- [Ohio](#)
- [Wisconsin](#)

Through genuine collaboration, we can simplify access to care and help you deliver high-quality, equitable healthcare.

MULTI-BCBS-CM-030754-23

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Visit <https://providernews.anthem.com/missouri/articles/reimbursement-policy-update-documentation-and-reporting-g-1>

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Reimbursement policy update: Place of Service – Facility

Beginning with dates of service on or after December 1, 2023, Anthem Blue Cross and Blue Shield (Anthem) will update the *Place of Service – Facility* reimbursement policy to include professional services billed under revenue codes 960-983 expanded to 960-989. According to the policy, Evaluation & Management (E/M) services and other professional services:

- Must be billed on a CMS-1500 claim form; and
- Are not reimbursable if billed on a UB-04 claim form (excluding E/M services rendered in an emergency room and billed with emergency room revenue codes).

The policy will be retitled *Facility Guidelines for Claims related to Professional Services – Facility*.

For specific policy details, visit the [Missouri reimbursement policy page](#) at [anthem.com](https://www.anthem.com).

MULTI-BCBS-CM-034779-23-CPN34757

To view this article online:

Visit <https://providernews.anthem.com/missouri/articles/reimbursement-policy-update-place-of-service-facility-9>

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New reimbursement policy: Split Care Surgical Modifiers — Professional

Effective June 14, 2023, Anthem Blue Cross and Blue Shield's split care surgical modifier language was removed from the *Global Surgical Package — Professional* reimbursement policy and added to a new standalone reimbursement policy titled *Split Care Surgical Modifiers — Professional*. This policy allows reimbursement based on a percentage of the fee schedule or contracted/negotiated rate for the surgical procedure. The percentage is determined by the modifier that is appended to the procedure code. The Related Coding section of the policy identifies the applicable modifiers and standard reimbursement percentages.

For specific policy details, visit the [reimbursement policy page](#) at [anthem.com](https://www.anthem.com).

MULTI-BCBS-CM-029206-23

To view this article online:

Visit <https://providernews.anthem.com/missouri/articles/new-reimbursement-policy-split-care-surgical-modifiers-pr-7>

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Reminder: Review the health reimbursement arrangement and care plan updates in Availity Essentials

Your Dual-Eligible Special Needs Plan (DSNP) member's Individualized Care Plan (ICP/CP) is available on Availity* at www.availity.com. We would like the opportunity to discuss identified problems/needs and collaborate on ways to assist the member in meeting their care plan goals. The member and/or caregiver are central to the process and are also invited to attend the Interdisciplinary Care Team (ICT) meeting.

Your participation is important. If you would like to participate in the ICT meeting, call us back as soon as possible at **844-408-6568**. When contacting us, include the member's name, date of birth, and Medicare identification number. The case manager will reach out to set up the meeting.

Any care plan changes made from the ICT meeting will be available for you to review on Availity one-to-two working days after the meeting. To access the care plan information, your Availity administrator must register you for access to Member Clinical Reports and complete the registration process using **Payer Spaces > Preference Center**. Once the registration piece is complete, log in to Availity, select **Payer Spaces > Payer Tile > Alerts Hub** to access the member's ICP.

We are available Monday through Friday, 8 a.m. to 5 p.m., excluding holidays.

* Availity, LLC is an independent company providing administrative support services on behalf of the health plan.

MULTI-BCBS-CR-024214-23-CPN23812

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Specialty pharmacy updates – September 2023

Specialty pharmacy updates for Anthem Blue Cross and Blue Shield (Anthem) are listed below.

Prior authorization clinical review of **non-oncology** use of specialty pharmacy drugs is managed by the Anthem's Medical Specialty Drug Review team. Review of specialty pharmacy drugs for **oncology** use is managed by Carelon Medical Benefits Management, Inc.*, a separate company.

Important to note: Currently, your patients may be receiving these medications without prior authorization. As of the effective date below, you may be required to request prior authorization review for your patients' continued use of these medications.

Including the National Drug Code (NDC) code on your claim may help expedite claim processing of drugs billed with a not otherwise classified (NOC) code.

Prior authorization updates

Effective for dates of service on and after December 1, 2023, the following specialty pharmacy codes from current or new *Clinical Criteria* documents will be included in our prior authorization review process.

Access our [Clinical Criteria](#) to view the complete information for these site of prior authorization updates.

<i>Clinical Criteria</i>	Drug	HCP ^{CS} or CPT [®] code(s)
CC-0241	Elfabrio (pegunigalsidase alfa-iwxj)	J3490, J3590

CC-0242*	Epkinly (epcoritamab-bysp)	C9399, J3490, J3590, J9999
CC-0243	Vyjuvek (beremagene geperpavec)	J3490, J3590
CC-0062	Yuflyma (adalimumab-aaty)	J3490, J3590

* Oncology use is managed by Carelon Medical Benefits Management.

Note: Prior authorization requests for certain medications may require additional documentation to determine medical necessity.

Quantity limit updates

Effective for dates of service on and after December 1, 2023, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our quantity limit review process.

Access our [Clinical Criteria](#) to view the complete information for these quantity limit updates.

Clinical Criteria	Drug	HCPCS or CPT® Code(s)
CC-0241	Elfabrio (pegunigalsidase alfa-iwxj)	J3490, J3590
CC-0228	Leqembi (lecanemab)	J0174
CC-0243	Vyjuvek (beremagene geperpavec)	J3490, J3590

CC-0062

Yuflyma (adalimumab-aaty)

J3490, J3590

* Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan.

MULTI-BCBS-CM-034766-23-CPN34723

To view this article online:

Visit <https://providernews.anthem.com/missouri/articles/specialty-pharmacy-updates-september-2023-1>

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Sublocade® update

Effective April 5, 2023, Sublocade® can no longer be filled at Accredo Specialty Pharmacy.* Members currently filling through Accredo Specialty Pharmacy will need to switch to CVS Specialty Pharmacy.* A member of the CVS Specialty Pharmacy Care team will be contacting prescribers to obtain a new prescription. Prescribers can contact CVS Specialty Pharmacy at **877-254-0015**.

* Accredo Specialty Pharmacy is an independent company providing pharmacy services on behalf of the health plan. CVS is an independent company providing pharmacy services on behalf of the health plan.

MULTI-BCBS-CM-034784-23-CPN34761

To view this article online:

Visit <https://providernews.anthem.com/missouri/articles/sublocade-update-1>

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Specialty pharmacy medical step therapy for hyaluronan injections

The following Part B medications from the current *Clinical Criteria Guidelines* are included in our medical step therapy precertification review process. Step therapy review will apply upon precertification initiation, in addition to the current medical necessity review (as is current procedure). Step therapy will not apply for members who are actively receiving medications listed below.

There are no clinical changes to *Clinical Criteria* CC-005, Hyaluronan Injections. Based on feedback, the table listing the preferred and non-preferred products has been updated to present the information in a more useful manner. The updated table identifies preferred alternatives based on injection series.

Clinical Criteria Guidelines are publicly available on the provider website. Visit the [Clinical Criteria](#) page to search for specific criteria.

<i>Clinical UM Guidelines</i>	Preferred drug(s)	Nonpreferred drug(s)
CC-0005	Single injection: Durolane	Single injection: Gel-One Monovisc
	Three injection series: Euflexxa Gel-Syn	Synvisc-one Two injection series:

Hymovis

Five injection series:

Supartz

Three Injection series:

Orthovisc

Synojynt

Synvisc

Triluron

Trivisc

Five injection series:

Genvisc 850

Hyalgan

Visco-3

MULTI-BCBS-CR-031138-23-CPN30365

To view this article online:

Visit <https://providernews.anthem.com/missouri/articles/specialty-pharmacy-medical-step-therapy-for-hyaluronan-injec-6>

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UPDATED: Anthem Blue Cross and Blue Shield expands specialty pharmacy precertification list

****This collateral ran originally in the July 1, 2023, newsletter and was also posted on the provider portal with an October 1, 2023, effective date. The new date of service will begin on November 1, 2023.****

Effective for dates of service on and after November 1, 2023, the specialty Medicare Part B drug listed in the table below will be included in our precertification review process.

Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these precertification rules and must be considered first when determining coverage.

Noncompliance with new requirements may result in denied claims.

HCPCS or CPT [®] codes	Medicare Part B drugs
J1931	Aldurazyme (Iaronidase)
J0256	Aralast NP (alpha-1 proteinase inhibitor), Prolastin-C (alpha-1 proteinase inhibitor), Zemaira (alpha-1 proteinase inhibitor)
J1786	Cerezyme (imiglucerase)

J0584	Crysvita (burosumab-twza)
J1743	Elaprase (idursulfase)
J3060	Elelyso (taliglucerase)
J0180	Fabrazyme (agalsidase beta)
J0257	Glassia (alpha-1 proteinase inhibitor)
J0638	Ilaris (canakinumab)
J0221	Lumizyme (alglucosidase alfa)
J3397	Mepsevii (vestronidase alfa)
J1458	Naglazyme (galsulfase)
J0219	Nexviazyme (avalglucosidase alfa-ngpt)
J0222	Onpattro (patisiran)
J1322	Vimizim (elosulfase alfa)

J3385

Vpriv (velaglucerase)

J0775

Xiaflex (collagenase clostridium histolyticum)

MULTI-BCBS-CR-032240-23-CPN31947

To view this article online:

Visit <https://providernews.anthem.com/missouri/articles/updated-anthem-blue-cross-and-blue-shield-expands-specialty>

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Medication reconciliation post inpatient discharge

Anthem Blue Cross and Blue Shield reimburses providers for Medicare Advantage medication reconciliation.

Please see the [FAQ](#) to learn how to receive reimbursement for post inpatient discharge medication reconciliation.

MULTI-BCBS-CR-028696-23-CPN28577

ATTACHMENTS (available on web): [Medication Reconciliation Post Discharge for Providers \(pdf - 0.64mb\)](#)

To view this article online:

Visit <https://providernews.anthem.com/missouri/articles/medication-reconciliation-post-inpatient-discharge-1>

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