December 2023 Provider Newsletter

Contents

Administrative | Commercial | Dec 1, 2023

Coordination of care

Administrative | Commercial | Dec 1, 2023

CAA: Review your online provider directory information

Administrative | Commercial | Dec 1, 2023

Clinical practice and preventive health guidelines

Administrative | Commercial | Dec 1, 2023

Members' Rights and Responsibilities

Digital Tools | Commercial | Dec 1, 2023

Clinical Documentation Lookup Tool

Digital Tools | Commercial | Nov 21, 2023

Process for Carelon Post Acute Solutions, LLC redirection and Availity Essentials clinical denial/approval outcome notifications

Education and Training | Medicare Advantage | Dec 1, 2023

Model of care training reminder

Medical Policy & Clinical Guidelines | Medicare Advantage | Nov 21, 2023

Medical Policies and *Clinical Utilization Management Guidelines* update for May 2023

Medical Policy & Clinical Guidelines | Commercial | Dec 1, 2023

Medical Policies and *Clinical Guidelines* updates — December 2023

Medical Policy & Clinical Guidelines | Commercial | Dec 1, 2023

Medical Policies and *Clinical Guidelines* updates — December 2023

Medical Policy & Clinical Guidelines | Medicare Advantage | Dec 1, 2023

Glucagon-Like Peptide-1 prior authorization changes

Medical Policy & Clinical Guidelines | Medicare Advantage | Nov 20, 2023

Transition to Carelon Medical Benefits Management, Inc. Genetic Testing Guidelines

Medical Policy & Clinical Guidelines | Commercial | Oct 27, 2023

Transition to Carelon Medical Benefits Management, Inc. Genetic Testing Guidelines

Prior Authorization | Medicare Advantage | Nov 15, 2023

Prior authorization requirement changes effective March 1, 2024

Prior Authorization | Medicare Advantage | Nov 15, 2023

Prior authorization requirement changes effective March 1, 2024

Prior Authorization | Medicare Advantage | Nov 8, 2023

Prior authorization requirement changes effective March 1, 2024

Prior Authorization | Medicare Advantage | Oct 31, 2023

Prior authorization requirement changes effective March 1, 2024

Products & Programs | Commercial | Dec 1, 2023

Introducing the High Performing Provider designation

Federal Employee Program (FEP) | Commercial | Dec 1, 2023

Federal Employee Program updates member ID cards

Federal Employee Program (FEP) | Medicare Advantage | Dec 1, 2023

2024 Federal Employee Program Benefit information available online

Pharmacy | Commercial | Dec 1, 2023

CarelonRx, Inc. Mail will change to CarelonRx Pharmacy on January 1, 2024

Pharmacy | Commercial | Nov 1, 2023

Pharmacy information available on our provider website

Pharmacy | Medicare Advantage | Oct 26, 2023

Notification of specialty pharmacy medical step therapy updates

Quality Management | Commercial / Medicare Advantage | Nov 13, 2023

HEDIS 2023 Electronic Clinical Data Systems (ECDS)

MOBCBS-CRCM-045272-23

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

To view this publication online:

Visit https://providernews.anthem.com/missouri/publications/december-2023-provider-newsletter-2265

Or scan this QR code with your phone

MOBCBS-CRCM-045272-23

Updates to correct coding editing

Effective for claims processed on or after December 1, 2023, the editing systems at Anthem Blue Cross and Blue Shield will be updated to align with the *American Medical Association (AMA) CPT® Manual*, *HPCPS Level II Manual*, and Centers for Medicare & Medicaid Services (CMS) correct coding guidelines, for the following services:

- **Ulcer debridement and ulcer staging:**
  - According to the *ICD-10 Diagnosis Coding Manual*, specific diagnosis codes that reflect the stage of the ulcer should be billed with the appropriate CPT code. For example, if billing a stage 3 pressure ulcer code, a stage 4 diagnosis code should not be reported.
  - According to the *AMA CPT Manual*, a debridement of an ulcer should be reported with the appropriate diagnosis code that reflects that service.

- **Billing of anatomical modifiers:**
  - According to the *AMA CPT* and *HCPCS Level II* manuals, the appropriate anatomical modifier is required to be appended to the appropriate procedure code. If not, the claim line will be denied. These modifiers designate the body part that a service is being performed on (for example, FA: Left hand, thumb, TA: Left foot, great toe).

- **Billing of interprofessional telephone/internet consultations:**
  - These billed procedure codes will follow the *AMA CPT Manual* coding guidelines.

Claim lines not billed in accordance with the correct coding guidance outlined above will be denied.

If you disagree with a claim reimbursement decision, please follow the claim dispute process (including submission of such documentation with the dispute) as outlined in the

Provider Manual.

If you have questions about this communication or need assistance with any other item, contact your provider relationship management representative.

With your help, we can continually build towards a future of shared success.

MULTI-BCBS-CR-038660-23, MULTI-BCBS-CR-046278-23-CPN45683

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/updates-to-correct-coding-editing-16269

Or scan this QR code with your phone

Administrative | Commercial | Dec 1, 2023

New vendor administering *Primary Care Access Survey*

In 2024, the annual *PCP Access Studies Office Level Survey* will be performed by a new vendor, the Center for the Study of Services (CSS). The purpose of this survey is to assess adequate appointment wait times for our members with an urgent condition or for routine services. The survey will be conducted in the same manner as in the past, and your cooperation is expected and appreciated. Kindly notify office staff of the requirement to participate in this survey.

Keeping your data up to date is a condition of your provider contract with Anthem Blue Cross and Blue Shield (Anthem) and a requirement as part of the Consolidated Appropriations Act (CAA). We ask that you update office information using the PDM application on the Availity Essentials platform and that you participate in quality programs such as this critical survey.

Office information crucial for the survey includes:

- Having correct, working phone numbers.
- Updating information such as when a practitioner has moved, retired, or is deceased.
- Updating if your practice is no longer contracted with Anthem, accepts private pay only, or is no longer in business.

You are also required to provide compliant after-hours, 24/7, urgent care messaging, instructing the caller/patient to hang up and call **911** or go to urgent care or emergency room (ER) or you must directly connect the caller with PCP or on-call physician.

Your contract compels access for all covered members to obtain timely needed appointments. The leading timeframes are below.

Missouri	
Primary care appointment access	
Urgent appointment	Within 24 hours
Routine appointment, with symptoms **Non-urgent symptomatic check-up**	Within 5 business days
Routine appointment	Within 10 business days
Routine physical appointment	Within 30 days
Routine/follow-up appointment **Evaluate progress from today's visit**	Within 30 calendar days
Preventive care appointment	Within 60 calendar days

See your Anthem Blue Cross and Blue Shield *Provider Manual* for details

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/new-vendor-administering-primary-care-access-survey-16845-5

Or scan this QR code with your phone

Administrative | Commercial | Dec 1, 2023

New vendor administering behavioral health access survey

The annual behavioral health access studies will see a change in 2024 as a new vendor, Center for the Study of Services (CSS) in Washington, D.C., will be performing the office level survey and making calls during the first through third quarters. The survey will be conducted in the same manner as in the past and your cooperation is expected and appreciated. The purpose is to assess adequate appointment wait times for our members with an urgent condition or for routine services.

Consequently, we ask that you update office information using the *PDM application* on **Availity Essentials** or follow processes if assigned to Carelon Behavioral Health, Inc., and that you participate in quality programs, such as this critical survey, as a condition of your contract. The main challenges the vendor encounters are incorrect or non-working phone numbers; practitioner moved, retired, or is deceased; the practice has left their Anthem Blue Cross and Blue Shield (Anthem) contract, accepts private pay only, or is no longer in practice; and staff refusing to participate in the survey. **Please take time to update information for each practitioner associated with the practice phone number(s), past or present**.

Your contract compels access for all covered individuals to obtain timely needed appointments. The leading timeframes are below. See your *Anthem Provider Manual* for details. And don't forget your compliant **after-hours emergency or urgent messaging 24/7,** by a recording or a live person, instructing the caller/patient to hang up and call 911 or 24-hour crisis services, or go to urgent care or ER; or directly connecting with practitioner or on-call practitioner.

Missouri behavioral healthcare appointment access

Emergent — non-life threatening	Within six hours
Urgent appointment	Within 24 hours
Discharge follow-up BH appointment (new or existing patient — inpatient psychiatric hospital release)	Within seven calendar days
Routine — initial appointment (new patient)	Within 10 business days
Routine/non-urgent care (with symptoms)	Within five business days+
Routine — regular appointment	Within 10 business days
Routine — follow-up appointment (evaluate progress from today's visit)	Within 30 calendar days

We are committed to helping patients more easily access the care they need.

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/new-vendor-administering-behavioral-health-access-survey-170-8

Or scan this QR code with your phone

Administrative | Commercial | Dec 1, 2023

Outpatient system updates for 2024

As a reminder, we will update our claim editing software for outpatient facility services throughout 2024, with many updates occurring quarterly. These updates include, but are not limited to:

- The addition of new and revised codes (for example, CPT®, HCPCS, ICD-10, modifiers, revenue codes) and associated edits.
- Updates related to the appropriate use of various code combinations, including but not limited to, CPT/HCPCS code to revenue code, type of bill to procedure code, type of bill to CPT/HCPCS code, and CPT/HCPCS code to modifier.
- Updates to National Correct Coding Initiative edits (NCCI) and facility outpatient hospital services medically unlikely edits (MUEs).
- Updates to reflect coding requirements as designated by industry standard sources such as the National Uniform Billing Committee (NUBC) and the Centers for Medicare and Medicaid Services (CMS).

MULTI-BCBS-CM-044221-23-CPN44078

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/outpatient-system-updates-for-2024-16993

Or scan this QR code with your phone

Administrative | Commercial | Dec 1, 2023

Professional system updates for 2024

As a reminder, we will update our claim editing software for professional services throughout 2024, with most updates occurring quarterly. These updates apply to any provider, provider group (identified by tax identification number), and/or across providers and claim type (such as, professional or facility) and include, but are not limited to:

- The addition of new, and revised codes (for example, CPT®, HCPCS, ICD-10, modifiers) and associated edits such as:
  - ICD-10 laterality
  - Add-on procedures (indicated by + sign)
  - Code book parenthetical statements and other directives about appropriate code use (for example, *separate procedure*, *do not report*, *list separately in addition to*, etc.)
- Updates to editing for multiple procedure and bilateral reduction calculations based on relative value unit (RVU) as designated and updated by the Centers for Medicare & Medicaid (CMS) in the physician fee schedule relative value (PFSRV) files
- Updates to National Correct Coding Initiative edits (NCCI) and medically unlikely edits (MUEs)
- Updates to incidental, mutually exclusive, and unbundled (re-bundle) edits
- Updates to code edits associated with reimbursement policies including, but not limited to, bundled services, global surgery preoperative, and post-operative periods assigned by CMS, edits that allow/disallow for assistant surgeon/co-surgeon/team surgeon, and frequency edits.

(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.

MULTI-BCBS-CM-044218-23-CPN44074

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/professional-system-updates-for-2024-16941

Or scan this QR code with your phone

Administrative | Commercial | Dec 1, 2023

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 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. The Anthem Blue Cross and Blue Shield (Anthem) *Medical Policies* are available on Anthem's website 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 go to **Anthem.com**, and select **For Providers** > **Provider Resources** > **Policies, Guidelines and Manuals** > Select your state > View *Medical Policies* and *Clinical UM Guidelines*.

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. to 5 p.m. Monday through Friday (except on holidays). More hours may be available in your area. Federal Employee Program® (FEP) hours are 8 a.m. to 7 p.m. Eastern.
- 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 with physicians	To request UM criteria	TDD/TTY	Business hours
800-992-5498 **866-398-1922** Fax: **888-959-1393** Transplant: **888-574-7215** Fax: **866-255-2471** National transplant **844-644-8101** Ext **1664030784** Fax: **888-438-7051** Behavioral health: **866-302-1015** Autism: Call customer service number on back of member's ID card. FEP: Phone: **800-860-2156** Fax: **800-732-8318** (UM) Fax: **877-606-3807** (ABD)	**888-870-9342** National: **800-821453** **866-776-4793** Behavioral health: **866-302-1015** Adaptive behavioral treatment: Call customer service number on back of member's ID card. FEP: Phone: **800-860-2156**	**800-992-5498** **866-398-1922** Fax: **888-656-5721** Behavioral health: **866-302-1015** FEP: Phone: **800-860-2156** Fax: **800-732-8318** (UM) Fax: **877-606-3807** (ABD)	**711** or TTY: TTY/ASCII: **800-735-2966** Voice: Voice: **866-735-2460**	Call us toll free from 8:30 a.m. to 5 p.m. Monday through Friday (except on holidays). More hours may be available in your area. Federal Employee Program hours are 8 a.m. to 7 p.m. Eastern.

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.

MOBCBS-CM-044445-23-CPN44382

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/important-information-about-utilization-management-16986

Or scan this QR code with your phone

Administrative | Commercial | Dec 1, 2023

Notification about submitting itemized bills

One of the greatest responsibilities Anthem Blue Cross and Blue Shield (Anthem) has to our members is to administer their benefits accurately. We conduct prepay itemized bill reviews for inpatient and outpatient services to ensure member cost shares are correctly applied. We have recently made the determination that our members would be best served if we were to require itemized bills for inpatient services billed in excess of $50,000 and outpatient services billed in excess of $20,000.

On July 1, 2023, we implemented the following change when submitting itemized bills for Anthem inpatient and outpatient member claims for fully insured members only:

- For inpatient services, submit an itemized bill for member claims in excess of $50,000.
- For outpatient services, submit an itemized bill for member claims in excess of $20,000.
- The itemized bill should be equal to the amount billed in order for us to process the claim.

Effective March 1, 2024, this change will also apply to ASO (administrative services only) and ITS (Inter-Plan Telecommunication Services) host members.

We want to reduce the impact to your billing area as much as possible, so we have introduced a process that will:

- Reduce the time needed to identify a ASO or ITS host member.
- Eliminate the need to submit itemized bills when not needed.
- Integrate with your existing workflows to enable electronic submission.

Anthem's Digital Request for Additional Information (Digital RFAI) process enables you to submit itemized bills digitally through Availity.com.

The most efficient way to submit itemized bills is through the Digital RFAI process. This is how it works:

1. Register for the Medical Attachments application on **Availity.com**.
2. Submit your claim through either EDI or the **Availity.com** Claims & Payments application.
3. If an itemized bill is needed, we send a notification to your *Attachments Dashboard* on **Availity.com** each morning by 8 a.m. ET.
4. You retrieve the notification and upload the itemized bill directly to your claim as an attachment.

If an itemized bill is not required for the claim, you will **not** receive a notification, and the claim will continue through processing.

Another benefit of the Digital RFAI process is the claim will pend (rather than deny), allowing up to 30 days for you to supply the requested itemized bill.

Access the Digital RFAI webpage for learning resources, pre-recorded demonstrations, and more.

1. Start by viewing the **Digital Request for Additional Information Training session**.
2. For help with Availity Medical Attachment setup, access **this video** for additional instructions.
3. Not registered with Availity Essentials? Here's a link to **get started with Availity**.

For more information, contact Availity Essentials Client Services at **800-282-4548** or use **this link** to take an on-demand Digital RFAI learning session.

---

the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

MOBCBS-CM-043842-23-CPN43763

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/notification-about-submitting-itemized-bills-16959

Or scan this QR code with your phone

Administrative | Commercial / Medicare Advantage | Dec 1, 2023

New requirements for credentialing and recredentialing

The National Committee on Quality Assurance (NCQA) has advised Durable Medical Equipment (DME) providers are to be considered within the scope of an entity's credentialing program for accreditation purposes. Starting February 2024, recredentialing of the existing Durable Medical Equipment Providers and Prosthetic and Orthotic Suppliers (DMEPOS) network will begin. You will receive communication asking you to either complete an application or to supply us with any of the following information:

- Copy of all federal, state, and/or local licenses required to operate as a healthcare facility (by location).
- Copy of accreditation certificate or letters if accredited.
- Copy of most recent CMS or state survey (with deficiencies) including cover letter from CMS or state agency stating facility is in substantial compliance or *Corrective Action Plan* if deficiencies were cited if not accredited is required.

Please respond to these communications as quickly as possible so no disruption in service to our members or to you occurs. Contact information for questions related to this change will be included in the outreach sent.

Through genuine collaboration, we can simplify access to care and help you deliver high-quality, equitable healthcare. The Credentialing team looks forward to working with you.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relationship Management representative or refer providers to the number on the back of their patient's member ID card for Provider Services.

MOBCBS-CRCM-041409-23-CPN39398

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/new-requirements-for-credentialing-and-recredentialing-16915

Or scan this QR code with your phone

Administrative | Commercial | Dec 1, 2023

Case Management Program

Managing any illness can be a difficult thing to do. Knowing who to contact, what test results mean, or how to get needed resources is very important and can be overwhelming .

Anthem Blue Cross and Blue Shield (Anthem) is available to help with our *Case Management Program*. Our case managers are part of an interdisciplinary team of clinicians and professionals that are there to support members, families, primary care physicians, behavioral health (BH) practitioners, and caregivers. The case management process uses the 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 healthcare.

For physical health services, members or caregivers can refer themselves or family members by calling the number located below. They will be transferred to a team member based on the immediate need. Physicians can also refer their patients 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.

For BH or substance use disorder services members can contact their health plan to verify benefits and access **Anthem.com**, or if an FEP member, **fepblue.com** to search for and access BH providers. It is best to have the member or member's family contact our department directly to ensure privacy.

How do you contact us?

For commercial and exchange members, the member can contact customer service for assistance.

For FEP members, physical and behavioral health practitioners can refer to Anthem behavioral health case management with member consent by calling **800-711-2225 option 3**.

	Email address (if available)	Phone number	Business hours
Missouri	care.management@anthem.com	888-662-0939 866-534-4348 (MO Only)	Monday-Friday 8 a.m. to 7 p.m. CT
FEP	FEP.Care.Coordination@anthem.com	Phone: **800-711-2225**	Monday-Friday 9 a.m. to 6 p.m. ET

MOBCBS-CM-044868-23-CPN44375

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/case-management-program-16845-5

Or scan this QR code with your phone

Administrative | Commercial | Dec 1, 2023

Coordination of care

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

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

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

To facilitate coordination of care, we have several tools available on our **Provider website** for BH and other medical practitioners including:

- *Coordination of Care Form*
- *Coordination of Care Letter Template - Behavioral Health*
- *Coordination of Care Letter Template - Medical*

The following behavioral health forms, brochures, and screening tools for substance use and attention-deficit/hyperactivity disorder (ADHD) are also available on our **Provider website**:

- *Alcohol Use Assessment Brochure*
- *Antidepressant Medication Management*
- *Edinburgh Postnatal Depression Scale*
- *Opioid Use Assessment Brochure*
- *Substance Brief Intervention/Referral Tool (SBIRT)*
- *Vanderbilt ADHD Diagnostic Parent Rating Scale*

MULTI-BCBS-CM-044475-23-CPN44372

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/coordination-of-care-16845-4

Or scan this QR code with your phone

Administrative | Commercial | Dec 1, 2023

CAA: Review your online provider directory information

We ask that you review your online provider directory information on a regular basis to ensure it is accurate. Access your information by visiting **anthem.com/provider**, then select the **Find Care** button at the top right of the webpage.

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
- Phone/fax number change
- Provider leaving a group or a single location
- Closing a practice location

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. Reviewing your information on a regular basis is the best way to help ensure your online provider directory information is current.

With your help, we can continually build towards a future of shared success.

MULTI-BCBS-CM-044661-23-CPN44642

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/caa-review-your-online-provider-directory-information-16845-2

Or scan this QR code with your phone

Administrative | Commercial | Dec 1, 2023

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 to providers 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 at **Medicare Advantage Providers | Anthem.com** and select Change State >Provider > Select Policies, *Guidelines & Manuals* under Provider Resources> scroll down and select Clinical **Practice Guidelines or Preventive Health Guidelines**.

If you have questions, please contact the number on the back of the member ID card for Provider Services.

MULTI-BCBS-CM-044458-23-CPN44378

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/clinical-practice-and-preventive-health-guidelines-16811

Or scan this QR code with your phone

Administrative | Commercial | Dec 1, 2023

Members' Rights and Responsibilities

The delivery of quality healthcare requires cooperation between patients, their providers, and their healthcare 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 Blue Cross and Blue Shield has adopted a *Members' Rights and Responsibilities* statement.

This statement can be found on our website under the FAQ question about *Laws and Rights that Protect You*. To access the statement, visit **anthem.com** and select **Provider**. From there, select **Policies, Guidelines & Manuals** under *Provider Resources*. Select your state and scroll down to **Member Rights and Responsibilities** under *More Resources*. Then select the **Read about member rights** link. For federal employees, practitioners may access the FEP member portal at **www.fepblue.org/memberrights** to view the *FEPDO Member Rights Statement*.

MULTI-BCBS-CM-044468-23-CPN44377

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/members-rights-and-responsibilities-16706

Or scan this QR code with your phone

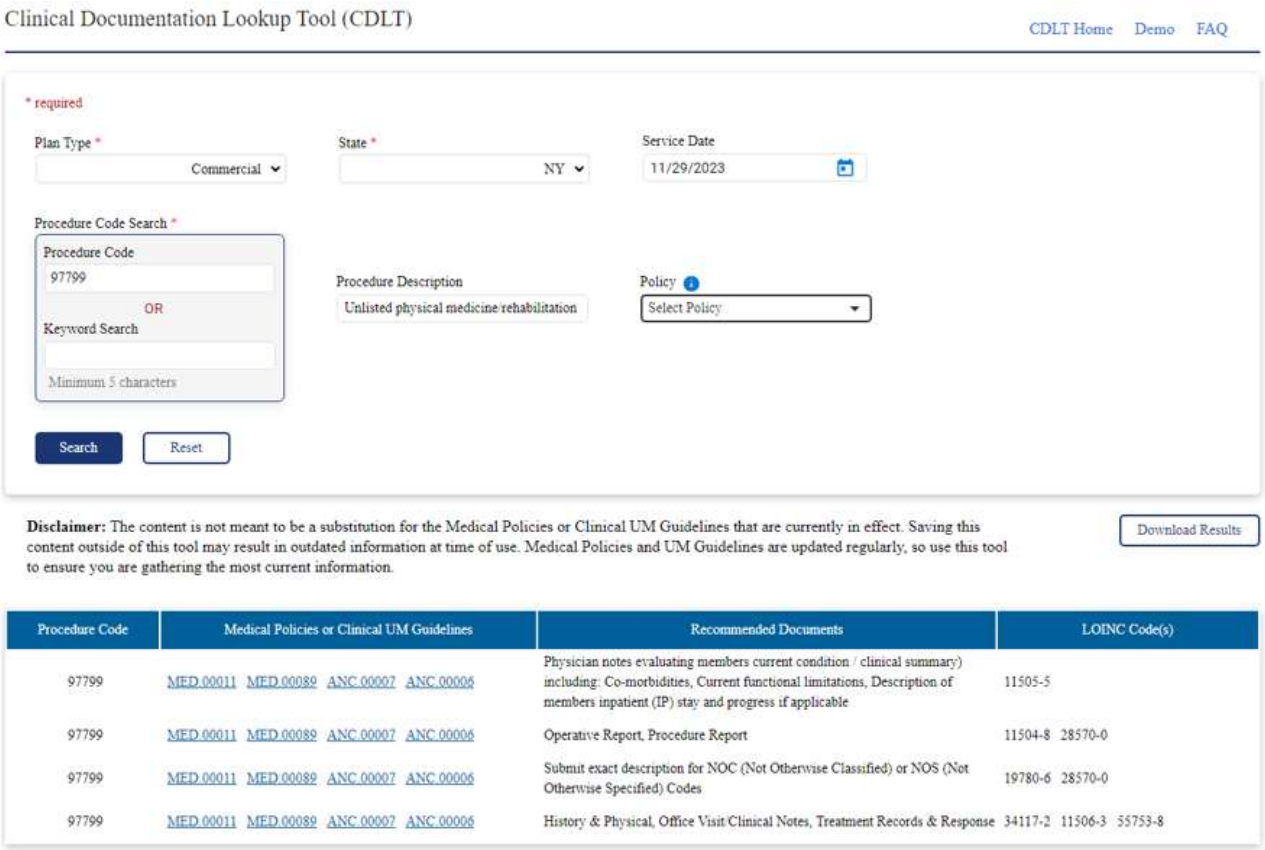
Digital Tools | Commercial | Dec 1, 2023

Clinical Documentation Lookup Tool

A new way to review *Medical Policies* and *Utilization Management (UM) Guidelines* for needed documentation

Using *Medical Policies* and *UM Guidelines*, we've developed a tool that supplies you with a list of recommended documents when submitting prior authorizations or claims. The new Clinical Documentation Lookup Tool uses the CPT® and HCPCS codes you enter to return real-time results.

Accessing the tool is easy, too — either by visiting our **provider website** (access the Clinical Documentation Lookup Tool from our *Policies, Guidelines & Manuals* section) or through **Payer Spaces** on **Availity.com**. For direct access, use this address (available mid-December) **https://clinicaldocumentationtool.anthem.com**.



Start by entering in the member's plan type, state, and service dates. Enter the **Procedure Code** or use the **Keyword Search** box. The recommended documents will be returned along with a full copy of the *Medical Policy*.

The Clinical Documentation Lookup Tool was developed to be intuitive and easy to use, but we've created a demonstration that points out some helpful tips. Access the demo from the top right navigation bar on the Clinical Documentation Lookup Tool.

The new Clinical Documentation Lookup Tool will be available in December. Try it and tell us what you think by completing the *Was this tool helpful?* question.

We are focused on reducing administrative burdens, so you can do what you do best — care for our members.

MULTI-BCBS-CM-045315-23-CPN44857

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/clinical-documentation-lookup-tool-17105

Or scan this QR code with your phone

Digital Tools | Commercial | Nov 21, 2023

Process for Carelon Post Acute Solutions, LLC redirection and Availity Essentials clinical denial/approval outcome notifications

Carelon Post Acute Solutions, LLC redirection

Effective immediately, Carelon Post Acute Solutions requests (*Skilled Nursing Facilities, Acute Inpatient Rehab, and Long-Term Acute Care*) that are sent to Anthem Blue Cross and Blue Shield in error will be canceled.

Providers will then be notified either verbally or through Availity of the cancellation and redirected to use Carelon Post Acute Solutions using NexLync, the Carelon Post Acute Solutions provider website at **https://portal.mynexuscare.com.**

Providers can also upload clinical information and check requests 24/7 via NexLync, or they can call the Carelon Post Acute Solutions provider call center at **833-431-0780**.

Note: Certain members may not be included on Availity. Please contact customer service for additional information if you are unable get a decision on Availity.

Availity Essentials clinical denial/approval outcome notification process

Effective immediately, providers will receive clinical denial/approval notifications for cases received via Availity through the Availity Essentials notification in lieu of verbal communication. Providers will continue to receive notification letters via fax and conventional mail as applicable.

We are focused on reducing administrative burdens, so you can do what you do best — care for our members.

Carelon Post Acute Solutions, LLC is an independent company providing services on behalf of the health plan.

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.

MULTI-BCBS-CM-040820-23

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/process-for-carelon-post-acute-solutions-llc-redirection-and

Or scan this QR code with your phone

Education and Training | Medicare Advantage | Dec 1, 2023

Model of care training reminder

As a contracted provider for special needs plan (SNP) from Anthem Blue Cross (Anthem), you are required to participate in an annual model of care training for providers per CMS regulations. This training includes a detailed overview of Anthem special needs plans and program information — highlighting cost sharing, data sharing, participation in the Interdisciplinary Care team (ICT), where to access the member's health risk assessment results, plan of care, and benefit coordination. Please remember this training is specific to our plans and delivery of care for members ensuring their specific care needs are met. Your participation is critical for improved quality and health outcomes.

Training for SNP product for Anthem is self-paced and available at **availity.com**.

The training must be completed by December 31, 2023.

How to access the Custom Learning Center on the Availity Essentials website:

1. Log in to Availity Essentials website at **availity.com**:
    - At the top of Availity Essentials website, select **Payer Spaces** and select **the appropriate payer**.
2. On the *Payer Spaces* landing page, select **Access Your Custom Learning Center from Applications**.
3. In the *Custom Learning Center*, select **Required Training**.
4. Select **Special Needs Plan and Model of Care Overview**.
5. Select **Enroll**.
6. Select **Start**.
7. Once the course is completed, select **Begin Attestation** and complete.

Not registered for Availity Essentials?

Have your organization's designated administrator register your organization for the Availity Essentials website:

1. Visit availity.com to register.
2. Select **Register**.
3. Select **your organization type**.
4. In the Registration wizard, follow the prompts to complete the registration for your organization.

Refer to these PDF documents: **https://apps.availity.com/availity/Demos/Registration/index.htm** for complete registration instructions.

MULTI-BCBS-CR-044322-23-CPN44315

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/model-of-care-training-reminder-16755

Or scan this QR code with your phone

Medical Policies and *Clinical Utilization Management Guidelines* update for May 2023

The *Medical Policies*, *Clinical Utilization Management (UM) Guidelines,* and *Third-Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed.

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

To view a guideline, visit **Medicare Advantage Providers | Anthem.com** and select **Change State.** Then select your state > Providers > Policies, Guidelines & Manuals.

Notes/updates

Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive.

- MED.00004 – Noninvasive Imaging Technologies for the Evaluation of Skin Lesions; Previously Titled: Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy and Ultrasonography):
  - Revised title
  - Added additional technologies to Investigational & Not Medically Necessary section.
- SURG.00161 – Nanoparticle-Mediated Thermal Ablation:
  - Nanoparticle-mediated thermal ablation is considered Investigational & Not Medically Necessary for all indications
- CG-ANC-06 – Ambulance Services: Ground; Non-Emergent:

    - Revised Medically Necessary and Not Medically Necessary statements regarding mileage.
    - Revised Not Medically Necessary statement to remove list of non-covered indications.
- CG-LAB-29 – Gamma Glutamyl Transferase Testing:
    - Outlines the Medically Necessary and Not Medically Necessary criteria for laboratory testing of gamma glutamyl transferase (GGT) in blood.
- CG-LAB-30 – Outpatient Laboratory-based Blood Glucose Testing:
    - Outlines the Medically Necessary and Not Medically Necessary criteria for laboratory testing to determine blood glucose concentration.
- CG-SURG-95 – Sacral Nerve Stimulation and Percutaneous or Implantable Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention; Previously Titled: Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence, Urinary Retention:
    - Revised title
    - Added Medically Necessary criteria for temporary SNS for urinary and fecal conditions.
    - Reformatted Medically Necessary 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.

Medical Policies

On May 11, 2023, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Anthem Blue Cross and Blue Shield (Anthem). These medical policies take effect December 27, 2023.

Publish date	*Medical Policy* number	*Medical Policy* title	New or revised
5/25/2023	GENE.00052	Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	Revised
6/28/2023	*MED.00004	Noninvasive Imaging Technologies for the Evaluation of Skin Lesions Previously Titled: Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy and Ultrasonography)	Revised
7/18/2023	MED.00135	Gene Therapy for Hemophilia	Revised
5/25/2023	SURG.00121	Transcatheter Heart Valve Procedures	Revised
6/28/2023	*SURG.00161	Nanoparticle-Mediated Thermal Ablation	New
6/28/2023	TRANS.00025	Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection	Revised

Clinical UM Guidelines

On May 11, 2023, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem. These guidelines were adopted by the medical operations committee for Medicare members on June 22, 2023. These guidelines take effect December 27, 2023.

Publish date	*Clinical UM Guideline* number	*Clinical UM Guideline* title	New or revised
6/28/2023	*CG-ANC-06	Ambulance Services: Ground; Non-Emergent	Revised
6/28/2023	CG-DME-31	Powered Wheeled Mobility Devices	Revised
6/28/2023	CG-DME-36	Pediatric Gait Trainers	Revised
6/28/2023	CG-DME-42	Continuous Glucose Monitoring Devices and External Insulin Infusion Pumps	Revised
6/28/2023	CG-GENE-16	BRCA Genetic Testing	Revised
6/28/2023	CG-GENE-22	Gene Expression Profiling for Managing Breast Cancer Treatment	Revised
5/25/2023	CG-LAB-22	Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Vaginitis Previously Titled: Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Bacterial Vaginosis	Revised
6/28/2023	CG-LAB-25	Outpatient Glycated Hemoglobin and Protein Testing	Revised

Publish date	*Clinical UM Guideline* number	*Clinical UM Guideline* title	New or revised
6/28/2023	*CG-LAB-29	Gamma Glutamyl Transferase Testing	New
6/28/2023	*CG-LAB-30	Outpatient Laboratory-based Blood Glucose Testing	New
6/28/2023	CG-MED-59	Upper Gastrointestinal Endoscopy in Adults	Revised
6/28/2023	CG-MED-66	Cryopreservation of Oocytes or Ovarian Tissue	Revised
6/28/2023	CG-SURG-101	Ablative Techniques as a Treatment for Barrett's Esophagus	Revised
5/25/2023	CG-SURG-115	Mechanical Embolectomy for Treatment of Stroke	Revised
6/28/2023	CG-SURG-61	Cryosurgical, Radiofrequency or Laser Ablation to Treat Solid Tumors Outside the Liver	Revised

Publish date	*Clinical UM Guideline* number	*Clinical UM Guideline* title	New or revised
6/28/2023	CG-SURG-78	Locoregional Techniques for Treating Primary and Metastatic Liver Malignancies Previously Titled: Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies	Revised
6/22/2023	CG-SURG-81	Cochlear Implants and Auditory Brainstem Implants	Revised
6/28/2023	*CG-SURG-95	Sacral Nerve Stimulation and Percutaneous or Implantable Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention Previously Titled: Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence, Urinary Retention	Revised

MULTI-BCBS-CR-043577-23-CPN42042

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/medical-policies-and-clinical-utilization-management-guideli-60

Or scan this QR code with your phone

Medical Policies and *Clinical Guidelines* updates — December 2023

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

To view *Medical Policies* and *Utilization Management Guidelines*, go to **anthem.com**. Select **Providers**, then select your state. Under *Provider Resources*, select **Policies, Guidelines & Manuals**.

To help determine if prior authorization (PA) is needed for Anthem members, go to **anthem.com**. Select **Providers**, then 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®), visit **fepblue.org** and select **Policies & Guidelines**.

Below are the current *Clinical Guidelines* and/or *Medical Policies* that were reviewed, updated, and approved.

Policy/guideline	Information	Effective date
MED.00002 Selected Sleep Testing Services	Add to PA	3/1/2024

Policy/guideline	Information	Effective date
MED.00011 Sensory Stimulation for Brain-Injured Individuals in Coma or Vegetative State	Add to PA	3/1/2024
MED.00024 Adoptive Immunotherapy and Cellular Therapy	Add to PA	3/1/2024
MED.00082 Quantitative Sensory Testing	Add to PA	3/1/2024
MED.00092 Automated Nerve Conduction Testing	Add to PA	3/1/2024
MED.00096 Low-Frequency Ultrasound Therapy for Wound Management	Add to PA	3/1/2024
MED.00098 Hyperoxemic Reperfusion Therapy	Add to PA	3/1/2024
MED.00101 Physiologic Recording of Tremor using Accelerometer(s) and Gyroscope(s)	Add to PA	3/1/2024
MED.00103 Automated Evacuation of Meibomian Gland	Add to PA	3/1/2024
MED.00105 Bioimpedance Spectroscopy Devices for the Detection and Management of Lymphedema	Add to PA	3/1/2024
MED.00111 Intracardiac Ischemia Monitoring	Add to PA	3/1/2024

Policy/guideline	Information	Effective date
MED.00115 Outpatient Cardiac Hemodynamic Monitoring Using a Wireless Sensor for Heart Failure Management	Add to PA	3/1/2024
MED.00125 Biofeedback and Neurofeedback	Add to PA	3/1/2024
MED.00131 Electronic Home Visual Field Monitoring	Add to PA	3/1/2024
MED.00132 Adipose-derived Regenerative Cell Therapy and Soft Tissue Augmentation Procedures	Add to PA	3/1/2024
MED.00134 Non-invasive Heart Failure and Arrhythmia Management and Monitoring System	Add to PA	3/1/2024
MED.00137 Eye Movement Analysis Using Non-Spatial Calibration for the Diagnosis of Concussion	Add to PA	3/1/2024
MED.00141 High-volume Colonic Irrigation	Add to PA	3/1/2024
RAD.00053 Cervical and Thoracic Discography	Add to PA	3/1/2024

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

MULTI-BCBS-CM-038928-23

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/medical-policies-and-clinical-guidelines-updates-december-20

Or scan this QR code with your phone

Medical Policies and *Clinical Guidelines* updates — December 2023

The following Anthem Blue Cross and Blue Shield (Anthem) *Medical Polices* and *Clinical Guidelines* were reviewed for Indiana, Kentucky, Missouri, Ohio, and Wisconsin.

To view *Medical Policies* and *Utilization Management Guidelines*, go to **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** > 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** > *Policies & Guidelines*.

With your help, we can continually build towards a future of shared success.

Below are the new medical policies and/or clinical guidelines that have been approved.

** Denotes prior authorization required*

Policy/guideline	Information	Effective date
TRANS.00041 Histological Analysis using Microarray Gene Expression Profiling for Kidney Allograft Injury or Rejection	• Histological analysis using microarray gene expression profiling is considered INV&NMN for detection of allograft injury or rejection in kidney transplant recipients	3/1/2024
MED.00147 Cellular Therapy Products for Allogeneic Stem Cell Transplantation	• Outlines the MN and INV&NMN criteria for the use of ex-vivo expansion of cord blood stem cell products Existing ICD-10-PCS codes XW133C8, XW143C8 considered MN when criteria are met; no specific CPT/HCPCS codes for omidubicel, listed NOC codes 38999, C9399, J3490, J3590	3/1/2024
MED.00144 Gene Therapy for Duchenne Muscular Dystrophy	• Outlines the MN and INV&NMN criteria for the infusion of Delandistrogene moxeparvovec-rokl (ELEVIDYS) No specific code for ELEVIDYS; listed NOC codes C9399, J3490, J3590 considered MN when criteria are met	3/1/2024

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

* *Denotes prior authorization required*

Policy/guideline	Information	Effective date
CG-SURG-107 Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)	**Will now use MCG Guideline for review: MCG-Urologic Surgery or Procedure GRG /GRG: W0141 (ISC GRG)** (Codes 0421T; 0714T; 52441 52442, 52450, 52647, 52648, 52649; 53850, 53852, 53854; 55873, C2596, C9739; C9740, C9769 and associated ICD-10-PCS codes)	12/1/2023
CG-SURG-107 Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)	**Code 53855 Moving to pre-cert.** **Note:** Will now use MCG Guideline for review: MCG- Urologic Surgery or Procedure GRG /GRG: W0141 (ISC GRG)	3/1/2024
SURG.00119 Endobronchial Valve Devices	**Will now use MCG Guideline for review: *Thoracic Surgery or Procedure GRG/ GRG: SG-TS (ISC GRG)*** (CPT® codes 31647, 31648, 31649, 31651 and associated ICD-10-PCS codes)	12/1/2023
***CG-SURG-27** Gender Affirming Surgery	**Will now use MCG Guideline for review: Gender-Affirming Surgery or Procedure GRG:GG-FMMF (ISC GRG)** (Codes: 11920, 11921, 11922, 19325, 19350, 56800, 56805, 57291, 57292, 19303, 19304, 54125, 54520, 54660, 54690, 55180, 55970, 56625, 57110, 57295, 57296, 57426, 58150, 58552, 58554, 58570, 58571, 58572, 58573 and associated ICD-10-PCS codes)	12/1/2023

Policy/guideline	Information	Effective date
MED.00122 Wilderness Programs	• **MED.00122** will be archived • **MCG BHG B-822-T** will be used for review	12/1/2023
CG-MED-46 Electroencephalography and Video Electroencephalographic Monitoring	Added new ICD-10-CM diagnosis codes G40.C01-G40.C19 for seizures - Adding codes 95700, 95705-95706, 95709, 95711-95726 to pre-cert.	3/1/2024
CG-GENE-15 Genetic Testing for Lynch Syndrome, Familial Adenomatous Polyposis (FAP), Attenuated FAP and MYH-associated Polyposis	Added new ICD-10-CM diagnosis codes D13.91, D48.110-D48.119, Z83.710-Z83.719 effective 10/01/2023 replacing D48.1, Z83.71	9/27/2023
TRANS.00004 Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal Xenograft)	Added new ICD-10-CM diagnosis codes G20.A1-G20.C for Parkinson's replacing G20	10/1/2023
SURG.00150 Leadless Pacemaker	Added ICD-10-PCS X2H63V9, X2HK3V9 for dual chamber leadless pacemaker, considered INV&NMN	9/27/2023

Policy/guideline	Information	Effective date
SURG.00112 Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures)	Added new ICD-10-CM diagnosis codes G43.E01-G43.E19 for migraine (end of range)	10/1/2023
SURG.00096 Surgical and Ablative Treatments for Chronic Headaches	Added new ICD-10-CM diagnosis codes G43.E01-G43.E19 for migraine (end of range)	10/1/2023
SURG.00071 Percutaneous and Endoscopic Spinal Surgery	Added existing HCPCS outpatient code C2614 for probe considered INV&NMN	3/1/2024
SURG.00026 Deep Brain, Cortical, and Cerebellar Stimulation	Added existing HCPCS outpatient code C1787 for programming device considered MN when criteria are met; added new ICD-10-CM diagnosis codes G20.A1-G20.C for Parkinson's replacing G20	3/1/2024
SURG.00011 Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting	Added new HCPCS codes A2022, A2023, A2024, A2025, Q4285, Q4286 for products considered INV&NMN; added existing code C1832 for Recell, considered INV&NMN	3/1/2024
MED.00145 Digital Therapy Devices for Treatment of	Added new HCPCS code A9292 for amblyopia software considered INV&NMN	3/1/2024

Policy/guideline	Information	Effective date
Amblyopia		
MED.00143 Ingestible Devices for the Treatment of Constipation	Added new HCPCS codes A9268, A9269 for Vibrant Gastro System capsule and programmer considered INV&NMN replacing NOC code	3/1/2024
MED.00125 Biofeedback and Neurofeedback	Added new ICD-10-CM diagnosis codes G43.E01-G43.E19 for migraine (end of range)	10/1/2023
LAB.00046 Testing for Biochemical Markers for Alzheimer's Disease	Added new CPT PLA code 0412U for PrecivityAD® blood test considered INV&NMN	3/1/2024
LAB.00041 Machine Learning Derived Probability Score for Rapid Kidney Function Decline	Added new CPT PLA code 0407U for IntelxDKD test, considered INV&NMN6	3/1/2024
LAB.00016 Fecal Analysis in the Diagnosis of Intestinal Disorders	Added new ICD-10-CM codes K63.8211-K63.829 effective 10/01/2023 for intestinal microbial overgrowth	10/1/2023
GENE.00052 Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	Added existing CPT PLA code 0262U considered NMN; added new CPT PLA codes 0409U, 0414U (considered MN when criteria are met); 0405U (considered NMN); 0410U, 0413U, 0415U, 0417U (considered INV&NMN); Removed 0397U	3/1/2024

Policy/guideline	Information	Effective date
GENE.00010 Panel and other Multi-Gene Testing for Polymorphisms to Determine Drug-Metabolizer Status	Added new CPT PLA codes 0411U, 0419U considered INV&NMN	3/1/2024
GENE.00009 Gene Expression Profiling and Genomic Biomarker Tests for Prostate Cancer	Added new CPT PLA code 0403U effective 10/01/2023 for MyProstateScore 2.0 considered INV&NMN	3/1/2024
ANC.00008 Cosmetic and Reconstructive Services of the Head and Neck	Changed CPT code 15829 to Reconstructive when criteria are met (was COS&NMN)	9/27/2023
TRANS.00039 Portable Normothermic Organ Perfusion Systems	• Added MN criteria for portable normothermic heart perfusion • Reformatted MN criteria for lung and liver perfusion Added CPT Category III codes 0494T, 0495T, 0496T for lung perfusion (from TRANS.00009); added ICD-10-PCS codes 6ABB0BZ, 6AB50BZ, 6ABF0BZ, 6ABT0BZ	3/1/2024
TRANS.00009 Lung and Lobar Transplantation	Removed CPT Category III codes 0494T, 0495T, 0496T for lung perfusion (now addressed in TRANS.00039)	9/27/2023

Policy/guideline	Information	Effective date
TRANS.00035 Therapeutic use of Stem Cells, Blood and Bone Marrow Products	Added new ICD-10-CM diagnosis codes G20.A1-G20.C for Parkinson's replacing G20	10/1/2023
SURG.00144 "Occipital and Sphenopalatine Ganglion Nerve Block Therapy for the Treatment of Headache and Neuralgia **Previously titled:** Occipital Nerve Block Therapy for the Treatment of Headache and Occipital Neuralgia "	• Revised title • Added INV&NMN statement for sphenopalatine ganglion nerve blocks Added existing CPT code 64505, considered INV&NMN for headache or occipital neuralgia; added new ICD-10-CM diagnosis codes G43.E01-G43.E19 for migraine (end of range)	3/1/2024
SURG.00129 Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring	• Removed the criteria examples for failed CPAP treatment • Added definition for failed CPAP treatment	9/27/2023
SURG.00052 Percutaneous Vertebral Disc and Vertebral Endplate Procedures	• Added MN and NMN criteria for intraosseous basivertebral nerve ablation (BVNA) CPT and ICD-10-PCS codes 64628, 64629, 015B3ZZ, 015B4ZZ for BVNA considered MN when criteria are met (were INV&NMN)	3/1/2024

Policy/guideline	Information	Effective date
SURG.00007 Vagus Nerve Stimulation	• Removed INV&NMN example under implanted VNS for epilepsy and added stroke rehabilitation as an example • Removed all INV&NMN examples under non implanted VNS Added new ICD-10-CM diagnosis codes G43.E01-G43.E19 for migraine (end of range)	10/1/2023
MED.00140 Lentiviral Gene Therapy for Beta Thalassemia and Sickle Cell Disease **Previously Titled:** Gene Therapy for Beta Thalassemia"	• Revised title • Added INV&NMN statement on lovotibeglogene autotemcel Added ICD-10-PCS codes XW133H9, XW143H9 effective 10/1/2023 for transfusion of Lentiglobin, considered INV&NMN; no specific HCPCS codes for Lentiglobin, NOC codes already listed; removed ICD-10-PCS codes 30233C0, 30243C0 no longer applicable	3/1/2024
LAB.00040 Serum Biomarker Tests for Risk of Preeclampsia	Added existing CPT PLA code 0390Ufor PEPredictDx test, considered INV&NMN	3/1/2024

Policy/guideline	Information	Effective date
LAB.00028 Blood-based Biomarker Tests for Multiple Sclerosis **Previously titled:** Serum Biomarker Tests for Multiple Sclerosis"	• Revised title • Expanded scope of document from serum to blood-based biomarker testing for multiple sclerosis (MS) • Revised Position Statement to indicate blood-based biomarker tests for multiple sclerosis are considered INV&NMN for all uses Added existing CPT PLA code 0361U for Neurofilament Light Chain test, considered INV&NMN	3/1/2024
LAB.00011 Selected Protein Biomarker Algorithmic Assays	• Reformatted bullet points to letters • Added IMMray® PanCan-d test to the INV&NMN statement Added existing CPT PLA code 0342U for IMMray test, considered INV&NMN	3/1/2024
DME.00049 External Upper Limb Stimulation for the Treatment of Tremors	• Revised Position Statement to include INV&NMN for Parkinson’s	9/27/2023
DME.00043 Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring	Added HCPCS codes E0490, E0491 effective 10/01/2023 for device with hardware remote, considered INV&NMN	3/1/2024

Policy/guideline	Information	Effective date
DME.00041 Ultrasonic Diathermy Devices	Added HCPCS code K1036 effective 10/01/2023 for device supplies and accessories, considered INV&NMN	3/1/2024
DME.00011 Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices	• Reformatted bullet points to letters • Added lines to INV&NMN statement on electrical stimulation wound treatment device, electromagnetic wound treatment devices and pulsed electromagnetic field stimulation Added existing HCPCS code E0769 for electromagnetic wound devices, considered INV&NMN	3/1/2024
CG-SURG-97 Cardioverter Defibrillators	Added new ICD-10-CM code I21.B effective 10/01/2023 to end of range	10/1/2023
CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity	• Added criteria regarding BMI parameters, pre-operative evaluations and education and treatment plans and removed criteria regarding % weight loss amounts and compliance evaluation for revision/conversion indications • Removed NMN statement regarding stomach stretching and overeating"	9/27/2023
CG-SURG-63 Cardiac Resynchronization Therapy with or without an Implantable	Added new ICD-10-CM code I21.B to end of range	10/1/2023

Policy/guideline	Information	Effective date
Cardioverter Defibrillator for the Treatment of Heart Failure		
CG-MED-83 Site of Care: Specialty Pharmaceuticals	• Revised formatting in Clinical Indications section • Added new MN statement addressing geographic accessibility"	9/27/2023
ANC.00009 "Cosmetic and Reconstructive Services of the Trunk, Groin, and Extremities **Previously titled:** Cosmetic and Reconstructive Services of the Trunk and Groin"	• Revised title to include “Extremities"" • Revised Position Statement regarding lipectomy or liposuction for lymphedema and lipedema"	3/1/2024
CG-GENE-14 Gene Mutation Testing for Cancer Susceptibility and Management	• Revised section “B Gene Mutation Testing to Guide Targeted Cancer Therapy” and section "C Circulating Tumor DNA (liquid biopsy)" to include cancer management in the Clinical Indications section	9/27/2023
LAB.00029 Rupture of Membranes Testing in Pregnancy	Removed CPT PLA code 0066U for PartoSure test.	9/27/2023

MULTI-BCBS-CM-044676-23

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/medical-policies-and-clinical-guidelines-updates-december-20-2

Or scan this QR code with your phone

Glucagon-Like Peptide-1 prior authorization changes

Anthem Blue Cross and Blue Shield (Anthem) wants to help ensure that members have access to medications with evidence to improve health and promote evidence-based, clinically appropriate use that align with FDA prescribing guidelines.

While Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists have gained popularity because of their weight loss effects, they are currently FDA-approved for diabetes only.

Wegovy® and Saxenda® are FDA-approved for weight loss only and not for treatment of diabetes. For the most part, our member benefits specifically exclude weight loss drugs, yet GLP-1 Receptor Agonists approved only for diabetes are being used off-label for weight loss and contributing to clinically inappropriate use. **Compliance with prescribing guidelines is a requirement of Anthem network participation.**

Beginning January 1, 2024, we will require verification of diagnosis of diabetes for Medicare members.

GLP-1 Agents (Adlyxin, Bydureon, Byetta, Ozempic, Rybelsus, Trulicity, Victoza) requests may be approved based on the following criteria:

- Individual has a diagnosis of **type 2 diabetes; AND**
- Written documentation has been provided that diagnosis has been verified by history of:
    - Hemoglobin A1c (A1C) greater than or equal to 6.5%; **OR**
    - Fasting Plasma Glucose (FPG) greater than or equal to 126 mg/dl (after fasting for at least 8 hours); **OR**

- Two-hour plasma glucose greater than or equal to 200mg/dl as part of an oral glucose tolerance test (75g oral glucose after fasting for at least 8 hours); **OR**
- Symptoms of hyperglycemia (including polyuria, polydipsia, polyphagia) or hyperglycemic crisis and a random plasma glucose greater than or equal to 200 mg/dl; **AND**
- Glucagon-like peptide-1 (GLP-1) receptor agonist **may not be approved** for the following:
    - Weight loss {CMS exclusion}

You can access our drug lists and formulary policies by visiting **Pharmacy Information for Providers | Anthem.com**. Scroll down to Drug List Management and select **Drug List Selection (anthem.com)**. Here you will be able to search for the policies based on the member's health plan.

If you have questions, please contact Provider Services.

MULTI-BCBS-CR-043752-23-CPN42761

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/glucagon-like-peptide-1-prior-authorization-changes-16845-2

Or scan this QR code with your phone

Transition to Carelon Medical Benefits Management, Inc. Genetic Testing Guidelines

Effective April 1, 2024, Anthem Blue Cross and Blue Shield will transition to the following genetic testing guidelines for Carelon Medical Benefits Management, Inc. to perform medical necessity/clinical appropriateness reviews for requested genetic tests. Applicable CPT® codes lists are included in each guideline linked below:

- ***Carrier Screening in the Prenatal Setting and Preimplantation Genetic Testing***
- ***Cell-free DNA Testing for the Management of Cancer***
- ***Chromosomal Microarray Analysis***
- ***Genetic Testing for Inherited Conditions***
- ***Hereditary Cancer Testing***
- ***Pharmacogenomic Testing***
- ***Polygenic Risk Scores***
- ***Prenatal Testing using cell-free DNA***
- ***Somatic Tumor Testing***
- ***Whole Exome Sequencing and Whole Genome Sequencing***

Prior authorization requirements remain the same. The requested services received on or after April 1, 2024, will be reviewed with the new *Clinical Criteria*.

As a reminder, ordering and servicing providers may submit prior authorization requests directly to the ***Provider****Portal*$_{SM}$ for Carelon Medical Benefits Management 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.

For questions related to guidelines, please contact Carelon Medical Benefits Management via email at **MedicalBenefitsManagement.guidelines@Carelon.com**. Additionally, you may access and download a copy of the current and upcoming guidelines **here**.

MOBCBS-CR-041219-23-CPN40797

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/transition-to-genetic-testing-guidelines-for-carelon-medical-11

Or scan this QR code with your phone

Transition to Carelon Medical Benefits Management, Inc. Genetic Testing Guidelines

Effective April 1, 2024, Anthem Blue Cross and Blue Shield will transition to the following Carelon Medical Benefits Management, Inc.* Genetic Testing guidelines to perform medical necessity/clinical appropriateness reviews for requested genetic tests. Applicable CPT® codes lists are included in each guideline linked below:

- ***Carrier Screening in the Prenatal Setting and Preimplantation Genetic Testing***
- ***Cell-free DNA Testing for the Management of Cancer***
- ***Chromosomal Microarray Analysis***
- ***Genetic Testing for Inherited Conditions***
- ***Hereditary Cancer Testing***
- ***Pharmacogenomic Testing***
- ***Polygenic Risk Scores***
- ***Prenatal Testing using cell-free DNA***
- ***Somatic Tumor Testing***
- ***Whole Exome Sequencing and Whole Genome Sequencing***

Prior authorization requirements remain the same. The requested services received on or after March 30, 2024, will be reviewed with the new *Clinical Criteria*.

As a reminder, ordering and servicing providers may submit prior authorization requests to Carelon Medical Benefits Management using the following:

- Carelon Medical Benefits Management ProviderPortalSM 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.

If you have questions related to guidelines, please contact Carelon Medical Benefits Management 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 administrative support services on behalf of the health plan.

MULTI-BCBS-CM-038769-23-CPN38533

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/transition-to-carelon-medical-benefits-management-inc-geneti-2

Or scan this QR code with your phone

Prior Authorization | Medicare Advantage | Nov 15, 2023

Prior authorization requirement changes effective March 1, 2024

Effective **March 1, 2024,** 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	Description
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination
0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and int

Not all PA requirements are listed here. Detailed PA requirements are available to providers on **anthem.com/medicareprovider** on the Resources tab or for contracted providers by accessing **Availity.com**. Providers may also call the number on the back of their patient's member ID card .for assistance with PA requirements.

UM AROW #: A2023M0443

MULTI-BCBS-CR-044235-23-CPN43832

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/prior-authorization-requirement-changes-effective-march-1-20-32

Or scan this QR code with your phone

Prior Authorization | Medicare Advantage | Nov 15, 2023

Prior authorization requirement changes effective March 1, 2024

Effective **March 1, 2024,** 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	Description
Q4272	Esano a, per square centimeter
Q4273	Esano aaa, per square centimeter
Q4274	Esano ac, per square centimeter
Q4275	Esano aca, per square centimeter
Q4276	Orion, per square centimeter

Q4277	Woundplus membrane or e-graft, per square centimeter
Q4278	Epieffect, per square centimeter
Q4280	Xcell amnio matrix, per square centimeter
Q4281	Barrera sl or barrera dl, per square centimeter
Q4282	Cygnus dual, per square centimeter
Q4283	Biovance tri-layer or biovance 3l, per square centimeter
Q4284	Dermabind sl, per square centimeter

Not all PA requirements are listed here. Detailed PA requirements are available to providers on **anthem.com/medicareprovider** on the Resources tab or for contracted providers by accessing **Availity.com**. Providers may also call the number on the back of their patient's member ID card .for assistance with PA requirements.

UM AROW #: A2023M0417

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/prior-authorization-requirement-changes-effective-march-1-20-23

Or scan this QR code with your phone

Prior Authorization | Medicare Advantage | Nov 8, 2023

Prior authorization requirement changes effective March 1, 2024

Effective **March 1, 2024,** prior authorization (PA) requirements will change for the following code(s). The medical code(s) listed below will require PA for Anthem Blue Cross and Blue Shield 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	Description
E0761	Non-Thermal Pulsed High Frequency Radiowaves, High Peak Power Electrom

Not all PA requirements are listed here. Detailed PA requirements are available to providers on **anthem.com/medicareprovider** on the Resources tab or for contracted providers by accessing **Availity.com**. Providers may also call the number on the back of their patient's member ID card for Provider Services.

UM AROW #: A2023M0415

(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.

MULTI-BCBS-CR-044184-23-CPN43845

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/prior-authorization-requirement-changes-effective-march-1-20-9

Or scan this QR code with your phone

Prior Authorization | Medicare Advantage | Oct 31, 2023

Prior authorization requirement changes effective March 1, 2024

Effective **March 1, 2024**, 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	Description
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (such as fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (such as interrogation or programming), when performed

Not all PA requirements are listed here. Detailed PA requirements are available to providers by visiting **Medicare Advantage Providers | Anthem.com** > Providers > Claims> Prior Authorization, or for contracted providers by accessing **Availity.com**.

Providers may also call number on the back of their patient's member ID card for Provider Service for assistance with PA requirements.

UM AROW 4290

MULTI-BCBS-CR-042748-23-CPN41430

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/prior-authorization-requirement-changes-effective-march-1-20-6

Or scan this QR code with your phone

Products & Programs | Commercial | Dec 1, 2023

Introducing the High Performing Provider designation

Anthem Blue Cross and Blue Shield (Anthem) is excited to announce a new *High Performing Provider* (*HPP*) designation to care providers meeting certain cost and quality metrics. Through this new designation, Anthem is expanding our consumer tools and content to assist members in making more informed and personalized healthcare decisions. Initially, the designation will focus on certain types of professional providers, but it may be broadened to include other care provider types in the future.

The *High Performing Provider* designation will launch on January 1, 2024.

Anthem may highlight *HPPs* in various ways, including, but not limited to:

- Special opportunities to participate in product offerings.
- When members contact Anthem with requests for referral options.
- Placing a designation in Anthem's Care and Cost Finder. This would be in addition to Anthem's existing tool in Care and Cost Finder called *Personalized Match* that provides Anthem members with the option to search for in-network care providers through a specialized sorting tool that considers certain cost and quality metrics, as well.

For more information on the HPP designation, you can view the **designation methodology**, or to know if your practice will receive the designation, send an email to HPPdesignation@anthem.com.

---

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.

MULTI-BCBS-CM-045688-23-CPN44770, MULTI-BCBS-CM-045690-23-CPN44770

ATTACHMENTS (available on web): designation methodology (pdf - 0.15mb)

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/introducing-the-high-performing-provider-designation-17095

Or scan this QR code with your phone

Federal Employee Program (FEP) | Commercial | Dec 1, 2023

Federal Employee Program updates member ID cards

The Federal Employee Program® (FEP) will now be issuing ID cards at the member level. These cards will be issued based on the member's plan coverage.

To implement this change, FEP is sending updated member ID cards in the fall of 2023 and early 2024.

Members who have not received their new ID card yet can continue to use their existing ID cards until the new ID card is received. For further information regarding our new Member ID cards, contact the FEP Customer Service number on the back of the member's ID card.

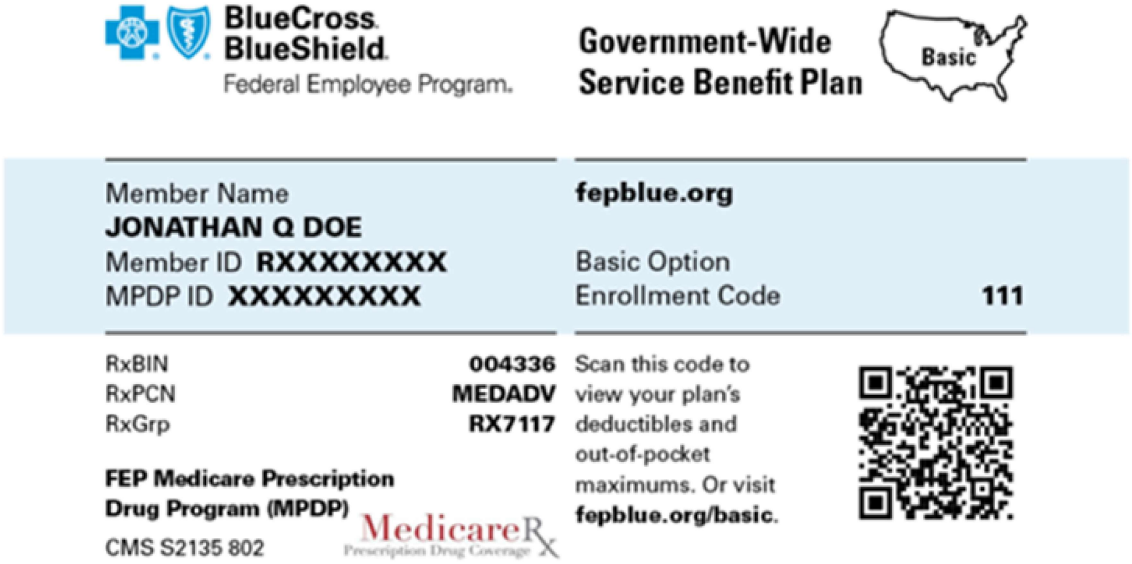
Also new for 2024

Starting January 1, 2024, FEP will offer a new prescription drug benefit called FEP Medicare Prescription Drug Program (MPDP). MPDP is an optional prescription drug benefit available for members who are Medicare eligible, and part of the member's plan coverage.

For members enrolled in MPDP, their new ID card will display their MPDP ID number. Do not confuse this with the existing Member ID card. You will still need to use the Member ID for claims submissions. Make copies of all ID cards for your records.

Please note members can disenroll from or enroll in MPDP later, and their information could change.

Below is a sample of the new Member ID card with MPDP enrollment.



The following instructions still apply when submitting claims:

- Use a valid member ID number.
- Include the patient's first and last name.
- Name the health plan policy owner (insured) who is responsible for the policy.

For further information regarding our new Member ID cards or MPDP, contact the FEP Customer Service number on the back of the member's ID card.

MULTI-BCBS-CM-044861-23

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/federal-employee-program-updates-member-id-cards-16980

Or scan this QR code with your phone

Federal Employee Program (FEP) | Medicare Advantage | Dec 1, 2023

2024 Federal Employee Program Benefit information available online

To view the 2024 benefits and changes for the Federal Employee Program® (FEP), go to **Fepblue.org** and select **Tools and Resources,** then select **Brochure and Resources**. Here you will find the *Service Benefit Plan Brochure*, *Benefit Plan Summaries*, and *Quick Reference Guides* on information for 2024. If you have questions, contact FEP customer service at

CO – **800-852-5957**

CT – **800-438-5356**

GA – **800-282-2473**

IN – **800-382-5520**

KY – **800-456-3967**

ME – **800-722-0203**

MO – **800-392-8043**

NV – **800-727-4060**

NH – **800-852-3316**

OH – **800-451-7602**

VA – **800-552-6989**

WI – **800-242-9635.**

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.

MULTI-BCBS-CM-043908-23-CPN43800

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/2024-federal-employee-program-benefit-information-available-1

Or scan this QR code with your phone

Pharmacy | Commercial | Dec 1, 2023

CarelonRx, Inc. Mail will change to CarelonRx Pharmacy on January 1, 2024

CarelonRx mail service pharmacy will change to CarelonRx Pharmacy on January 1, 2024.

This pharmacy change does not affect the way CarelonRx works with care providers. There are no changes to the prior authorization process, how claims are processed, or level of support.

This change does not impact your patients' benefits, coverage, or how their medications are filled.

When e-prescribing orders to the mail service pharmacy:

- Prescribers will need to choose **CarelonRx Pharmacy**, not CarelonRx Mail, if searching by name.
- If searching by **NPI (National Provider Identifier), the NPI is changing to 1568179489**.

We are taking steps to ensure a smooth transition to our new home delivery pharmacy for your patients:

- Patients will receive a letter to alert them of their new pharmacy.
- If a patient has refills left, we will move them to CarelonRx Pharmacy, and we'll also transfer auto refills.
- If a patient doesn't have any refills left of their medication(s), CarelonRx Pharmacy will contact you to obtain a new prescription.
- If a patient is taking a controlled substance, CarelonRx Pharmacy will contact you to obtain a new prescription.

- All prior authorizations will be transitioned to CarelonRx Pharmacy.

CarelonRx Pharmacy will deliver an enhanced, digital-first solution to your patients to improve adherence and lower costs, while removing barriers associated with traditional retail and mail order pharmacy models. Some highlights include:

- 24/7 text or chat (digitally) directly with our pharmacists at any time.
- Enhanced end-to-end order status tracking from prescription order to delivery.
- Acceptance of coupons; auto apply manufactured discounts (e-voucher), if applicable.*
- Free delivery of their 90-day supply, directly to a patient's door.

* Not available for Medicare or Medicaid patients.

MULTI-BCBS-CM-045616-23-CPN45533

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/carelonrx-inc-mail-will-change-to-carelonrx-pharmacy-on-janu-2

Or scan this QR code with your phone

Pharmacy | Commercial | Nov 1, 2023

Pharmacy information available on our provider website

Visit the **Drug Lists** page on our provider website at **https://www.anthem.com/ms/pharmacyinformation/home.html** for more information about:

- 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.
- Any other requirements, restrictions, or limitations that apply to using certain drugs.

The commercial and exchange drug lists are posted to the website quarterly on the first day of the month in January, April, July, and October.

To locate the exchange, select **Formulary and Pharmacy Information**, and scroll down to **Select Drug Lists**. This drug list is also reviewed and updated regularly as needed.

Federal Employee Program pharmacy updates and other pharmacy related information may be accessed at **www.fepblue.org** > Pharmacy Benefits.

MULTI-BCBS-CM-018448-23, MULTI-BCBS-CM-041071-23-CPN41054, MULTI-BCBS-CM-044369-23-CPN44369

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/pharmacy-information-available-on-our-provider-website-15875

Or scan this QR code with your phone

Pharmacy | Medicare Advantage | Oct 26, 2023

Notification of specialty pharmacy medical step therapy updates

Effective for dates of service on and after December 1, 2023, updated step criteria for Iron Agents found in *Clinical Criteria* document CC-0182 will be implemented. The preferred product list is being expanded. Please refer to the ***Clinical Criteria* page** for more information.

Clinical UM Guidelines are publicly available on the care provider website. Visit the ***Clinical Criteria* page** to search for specific criteria.

Clinical UM Guidelines	**Preferred drug(s)**	**Nonpreferred drug(s)**
CC-0182	Feraheme (ferumoxytol) Ferrlecit (sodium ferric gluconate/sucrose complex) Infed (iron dextran) Venofer (iron sucrose)	Injectafer (ferric carboxymaltose) Monoferric (ferric derisomaltose)

We're committed to active involvement with our care provider partners and going beyond the contract to create a real impact on the health of our communities.

MULTI-BCBS-CR-038913-23-CPN38505

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/notification-of-specialty-pharmacy-medical-step-therapy-upda-6

Or scan this QR code with your phone

HEDIS 2023 Electronic Clinical Data Systems (ECDS)

HEDIS® measure data is collected by one or more methods:

- Administrative method — claims and supplemental data
- Hybrid method — administrative and medical record data
- Survey method — *Health Outcomes Survey(HOS)* & Consumer Assessment of Healthcare Providers & Systems (CAHPS®)
- Electronic Clinical Data Systems (ECDS) — HEDIS reporting standard that leverages electronic data from multiple sources. See below.

The HEDIS Electronic Clinical Data Systems (ECDS) Reporting Standard was introduced in HEDIS 2016 (measurement year 2015) by the National Committee of Quality Assurance (NCQA) and encourages health information exchange, which is the secure sharing of patient medical information electronically. ECDS data collection is part of NCQA's nationwide plan to capture information regarding aspects of care quality with less reliance on clinical medical record review.

There are four types of ECDS:

1. Electronic Health Record (EHR)/Personal Health Record (PHR): Real-time, patient-centered records that make information available instantly and securely to authorized users. EHRs eligible for this category of ECDS reporting include the NCQA eMeasure certification program or any system that meets the 2015 Edition Base Electronic Health Record (EHR) definition.
2. Health Information Exchange (HIE)/Clinical Registry: HIEs and clinical registries eligible for this reporting category include state HIEs, immunization information systems (IIS), public health agency systems, regional HIEs (RHIO), Patient-Centered

Data Homes™ or other registries developed for research or to support quality improvement and patient safety initiatives. Doctors, nurses, pharmacists, other health care providers and patients can use HIEs to access and share vital medical information, with the goal of creating a complete patient record. Clinical registries can be sponsored by a government agency, nonprofit organization, health care facility or private company, and decisions regarding use of the data in the registry are the responsibility of the registry's governing committee.

3. Case Management System: A shared database of member information collected through a collaborative process of member assessment, care planning, care coordination or monitoring of a member's functional status and care experience. Case management systems eligible for this category of ECDS reporting include any system developed to support the organization's case/disease management activities, including activities performed by delegates.
4. Administrative: Includes data from administrative claim processing systems for all services incurred (in other words, paid, suspended, pending and denied) during the period defined by each measure's participation as well as member management files, member eligibility and enrollment files, electronic member rosters, internal audit files, and member call service databases.

Having more time to focus on patient care rather than responding to medical record requests is possible by participating in Electronic Clinical Data Systems (ECDS). We are focused on reducing administrative burdens, so you can do what you do best – care for our members. Let us help by granting EMR Direct Remote access to our EMR team.

Need more information or ready to sign up?

Please email us today at: Centralized_EMR_Team@unicare.com.

---

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.

MULTI-BCBS-CRCM-041634-23-CPN41091

To view this article online:

Visit https://providernews.anthem.com/missouri/articles/hedis-2023-electronic-clinical-data-systems-ecds-16737

Or scan this QR code with your phone