

April 2024 Provider Newsletter

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MOBCBS-CRCM-053369-24

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Important reminder: The correct original claim number must be included if submitting a corrected claim

When we receive a corrected claim and it doesn't have the original claim number, or the original claim number is not correctly entered, we are not able to process it because we're not able to connect it to the original claim.

1. **For providers and their vendors (clearinghouses or billing services) submitting a corrected claim through EDI**, we will send you a *277CA EDI Response Report* acknowledging that we've received the submission, but are not able to process it:
 - a. In this instance, you can either submit a **new corrected claim** with the original claim ID number or **submit the corrected claim as an original claim** if you do not have the original claim ID number.
 - b. It is important that you **submit proof of timely filing** when resubmitting the correction or the original claim so we can ensure the claim is processed according to the timely filing guidelines.

2. **For providers using Claims Status application on [Availity.com](https://www.availity.com)**, you will not be able to access the corrected claim if it was rejected on the *277CA EDI Response Report*:
 - a. In this instance, you can either submit a **new corrected claim** with the original claim ID number or **submit the corrected claim as an original claim** if you do not have the original claim ID number.
 - b. It is important that you **submit proof of timely filing** when resubmitting the correction or the original claim so we can ensure the claim is processed according to the timely filing guidelines.

We've also developed a training video that can help you reduce duplicate claims along with a training guide called *Making the Claims Process Work for You* to help you properly submit a corrected claim. Access the video and download the guide [here](#). **Provider information is required to view this training; however, you will only be prompted to enter this information the first time viewing this training.**

If you have questions about submitting a corrected claim, reach out to your provider representative or work with your EDI vendor to ensure you are receiving the *277CA Response Report*.

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Review your online provider directory information

Please review your online provider directory information on a regular basis to ensure it is correct. Access your online provider directory information by visiting [anthem.com/provider](https://www.anthem.com/provider), then at the top of the webpage, choose **Find Care**. Review your information and let us know if any of your information in our online directory has changed.

Updating your information

Anthem uses the provider data management (PDM) capability available on Availity Essentials to update your provider or facility data. Using the Availity PDM capability meets the quarterly attestation requirement to validate provider demographic data set by the *Consolidated Appropriations Act (CAA)*.

PDM features include:

- Updating provider demographic information for all assigned payers in one location.
- Attesting to and managing current provider demographic information.
- Monitoring submitted demographic updates in real-time with a digital dashboard.
- Reviewing the history of previously verified data.

Accessing the PDM application

Log on to [Availity.com](https://www.availity.com) and select **My Providers > Provider Data Management** to begin using PDM. Administrators will automatically be granted access to PDM. Additional staff may be given access to PDM by an administrator. To find your administrator, go to **My Account Dashboard > My Account > Organization(s) > Administrator Information**.

PDM training

PDM training is available:

- Learn about and attend one of our training opportunities by visiting [here](#).
- View the Availity PDM quick start guide [here](#).
- Roster automation standard template and roster automation rules of engagement specific training:
 - Listen to our recorded webinar [here](#).

Not registered for Availity Essentials yet?

If you aren't registered to use Availity Essentials, signing up is easy and 100% secure. There is no cost for providers to register or to use any of our digital applications. Start by going to [Availity.com](https://www.availity.com) and selecting ***New to Availity? Get Started*** at the top of the home screen to access the registration page. If you have more than one tax ID number (TIN), please ensure you have registered all TINs associated with your account.

If you have questions regarding registration, reach out to Availity Client Services at **800-AVAILITY**.

We are excited for genuine collaboration with you, our care provider partners.

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HCPCS to revenue code alignment for behavioral health

Effective for all claims received on and after May 1, 2024, Anthem is updating its outpatient facility editing system to align with correct coding guidelines. As a result, claims billed with HCPCS/CPT[®] codes 0373T, 0362T, 90853, 90887, 96121-96171, 97151-97158, 90785, 90791, 90792, 90832-90847, 90863, H0001-H2035, S0201, S9480, and an inappropriate revenue code(s) will be denied.

For assistance with coding guidelines, please refer to *CPT Coding Guidelines* or Encoder Pro. If you believe you have received a denial in error, please follow the standard claim payment dispute process outlined in the provider manual. To access, visit anthem.com/provider and select **Change State**, then select **Providers, Guidelines & Manuals**. Finally, select **Download the Manual** under the *Provider Manuals* ribbon.

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Coming soon — digital-only authorization case status notifications

Based on feedback from our care provider partners, we understand the majority prefer not to receive paper letters. We want to make our interactions easy through digital channels and ensure you receive authorization case notifications timely. Since notifications about authorization decisions are available today through Availity Essentials, we will soon eliminate sending paper notifications.

You now have 24/7 access to authorization case information in one location through Availity Essentials. The digital authorization case status notifications are available under the Authorizations and Referrals* application once you have logged in to [Availity Essentials](#) and selected **Patient Registration**. By eliminating the redundancy of receiving both a digital and paper letter, you'll see fewer errors associated with manual processes in handling the paper letters while reducing cost and our carbon footprint.

* Note: Your Availity Essentials administrator must assign you the role of Authorization & Referral Inquiry or request to access this application.

Care providers will be able to choose different options to receive authorization decision notifications via the Provider Preference Center under *Availity Payer Spaces*. Look for details on the Provider Preference Center options and ways to access authorization case status in an upcoming communication.

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

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Emergency department protocol for Special Investigation Unit review

Anthem uses post-pay and prepayment review in certain circumstances to validate the appropriate level for facility emergency department (ED) claims. This process identifies the level of ED E&M code by intensity and/or complexity of resources or interventions a facility uses to furnish all services indicated on the claim. Providers must use appropriate *HIPAA*-compliant codes for all services rendered during the ED encounter. The highest intervention/resource used will determine the final facility ED level.

Anthem defines:

- **Interventions:** the staff the facility uses and their work performed
- **Resources:** facility building, equipment, and/or supplies used
- **Note:** Professional provider services are not considered facility interventions or resources.
- **Intensity and/or complexity:** quantity, type, or specialization of interventions and/or resources used and the nature of the presenting problem, member age, acuity, and diagnostic services performed, as indicated on the claim
- **Emergency services:** a medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical care, could result in (a) placing the health of an individual in serious jeopardy, (b) serious impairment to bodily function, (c) serious dysfunction of any bodily organ or part, (d) serious disfigurement, or (e) in the case of a pregnant woman, serious jeopardy to the health of the woman or her unborn child

** In the event a determination cannot be made based on the guidance in this document, a referral to a medical director for a determination will be made.

CPT® 99281/HCPCS G0380 Straight forward complexity	
The presenting problem(s) are self-limited or minor conditions with no medications or home treatment required, signs and symptoms of wound infection explained, return to ED if problems develop.	
Facility intervention	Clinical examples
Triage only	Insect bite (uncomplicated)
No medication or treatment	Read Tb test
Wound recheck	
Steri-Strip wound	
Booster or follow up immunization—no acute injury	
Dressing change (uncomplicated)	
Prescription refill	
Suture removal (uncomplicated)	

CPT 99282/HCPCS G0381 Low complexity	
The presented problem(s) are of low to moderate severity. Over the counter (OTC) medications or treatment, simple dressing changes; patient demonstrates understanding quickly and easily.	
Facility intervention	Clinical examples
Simple trauma — up to one x-ray procedure	Localized skin rash, lesion, sunburn

Cast removal	Minor viral infection
Visual acuity exam (Snellen)	Eye discharge — painless
Basic specimen testing: Accucheck, dipstick, UA clean catch	Urinary frequency without fever
I&D of simple abscess	Ear pain (otitis media, sinusitis, vertigo, swimmer's ear, TMJ)
Venipuncture of lab	Dental pain
Simple cultures (throat, skin, urine, wound)	Epistaxis — no packing
Simple laceration/abrasion repair (with Dermabond, without sutures)	Assisting MD with any exam
Simple removal of foreign body without incision or anesthetic	
Apply ace wrap or sling	
Prep or assist with procedures such as minor laceration repair	
Simple burn treatment (first or second degree)	
OTC medication administered	
EKG	

CPT 99283/HCPCS G0382

Moderate complexity

The presented problem(s) are of moderate severity. Head injury instructions, crutch training, bending, lifting, weight-bearing limitations, prescription medication with review of side effects and potential adverse reactions; patient may have questions, but

otherwise demonstrates adequate understanding of instructions either verbally or by demonstration.

Facility intervention	Clinical examples
Nebulizer treatment (two or less)	Headache (simple) — history of, no serial exam
Oxygen therapy	Head injury - without neurologic symptoms
Access port catheter	Cellulitis
Heparin/saline lock	Abdominal pain (simple)
IV push medication	Minor trauma (with potential complicating factors)
IV fluids without medication	Medical conditions requiring prescription drug management
IM or Sub-Q medication administration	Fever which responds to antipyretics
Ear or eye irrigation	Eye pain (corneal abrasion or infection, blepharitis, iritis)
Foley catheter insertion	Non-confirmed overdose
Doppler assessment	Mental health — anxious, simple treatment
Prescription medication administer — PO	Mild dyspnea - not requiring oxygen
Fluorescein stain	Fissure or hemorrhoid
Prep or assist with procedures such as joint aspiration/injection, simple, fracture care, etc.	Epistaxis with packing
X-ray of two or more body areas or two or more x-ray procedures (not above	Assault without radiological testing

and below joint of same limb)	
	Psychotic patient with no imminent danger to self or others which includes social worker or behavioral health clearance.
	Emesis/Incontinence care
	Postmortem care
	Simple dislocation of patella, finger, or toes without fracture
	Sprain — unable to bear weight
	Routine trach care

CPT 99284/HCPCS G0383

Moderate-high complexity

The presented problem(s) are of high severity and *require urgent evaluation* by the physician but do not pose an immediate significant threat to life or physiologic function. Head injury instructions, crutch training, bending, lifting, weight-bearing limitations, prescription medication with review of side effects and potential adverse reactions; patient may have questions, but otherwise demonstrates adequate understanding of instructions either verbally or by demonstration.

Facility intervention	Clinical examples
Blood transfusion	Headache — (complex) or with nausea and vomiting
Insertion of nasal/oral airway	Head injury with LOC
Special imaging study (CT, MRI, Ultrasound, VQ scan)	Chest pain (simple) or with limited diagnostic testing
Cardiac monitoring (external)	Respiratory distress

Administration and monitoring of infusion or parental medications (IV, IM, IO, SC) (Not for immunization administration)	Blunt/penetrating trauma with limited diagnostic testing
Insertion of NG or PEG tube placement, or replacement with multiple reassessments	Dehydration requiring treatment
Prep or assist with procedures such as” Irrigation of eye with Morgan lens, complex laceration repair	Dyspnea with oxygen treatment
Irrigation of bladder with three-way foley catheter	Neurological symptoms: slurred speech, staggered walking, paralysis or numbness of face, arm or leg, or blurred vision in one or both eyes
Change trach tube	Psychotic patient requiring medications in ED with no imminent danger to self or others
EKG x two or more	Care of a confused, combative patient
	Change in mental status of patient

CPT 99285/HCPCS G0384

High complexity

The presented problem(s) are of high severity and pose an *immediate significant threat* to life or physiologic function. Multiple prescription medications and/or home therapies with review of side effects and potential adverse reactions; diabetic, seizure, or asthma teaching in compromised or non-compliant patients; patient/caregiver may demonstrate difficulty understanding instructions and may require additional directions to support compliance with prescribed treatment.

Facility intervention

Clinical examples

Cardiac monitoring (invasive)	Chest pain (cardiac)
Multiple IV administrations, does not include fluid administration, and at least one diagnostic imaging study with IV contrast.	Active GI bleed — excluding fissure and hemorrhoid
Physical or chemical restraints	Severe respiratory distress
Fracture reduction or relocation	Epistaxis (complex)
Endotracheal or trach tube insertion	Blunt/penetrating trauma with multiple diagnostic testing required
Endoscopy	Systemic multi-system medical emergency requiring multiple diagnostics
Thoracentesis or paracentesis	Severe infections requiring IV/IM antibiotics
Conscious sedation	Uncontrolled diabetes — blood sugar level at 300 or higher and exhibiting complications like DKA and or unstable vital signs or HHNK
Decontamination for isolation, hazardous material	Severe burns — (level 3 or 4)
Precipitous delivery in ER	Hypothermia
Nebulizer treatments — three or more (If Nebulizer is continuous, each 20-minute period is considered one treatment)	New onset altered mental status
PICC Insertion	Headache (severe)
Lumbar puncture	Major musculoskeletal injury

Sexual Assault Exam with specimen collection by ED staff	Acute peripheral vascular compromise of extremities
Coordination of hospital admission (inpatient or observation) or transfer or change in living situation or site	Toxic ingestions
More than one imaging study (CT, MRI, Ultrasound, VQ scan) combined with multiple different types of departmental tests (lab, EKG, x-ray)	Suicidal or homicidal patient with risk to self or others
Elevated D-dimer that leads to single special imaging study, for example, CT scan	Sexual assault exam with specimen collection
	Abdominal pain (complex)

Reference and research material

Developed through the consideration of the American College of Emergency Physicians ED Facility Level Coding Guidelines. Revised: April 14, 2022

For specific administrative policy details, visit [anthem.com/provider/forms](https://www.anthem.com/provider/forms) and select your state. Through our efforts, we are committed to reducing administrative burden and ensuring timely payments because we value you, our care provider partners.

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April is National Minority Health Month and Stress Awareness Month

We strive to advance health equity so everyone has a fair opportunity to be at their healthiest. As we reduce barriers to whole health — physical, behavioral, and social — and personalize the healthcare journey, we can more effectively advance health equity. While focusing on understanding member needs, we actively develop educational tools for care providers.

In recognition of the American Heart Association designating April as National Minority Health Month and Stress Awareness Month, we are featuring two Continuing Medical Education (CME) courses offered in a comprehensive repository of resources on [My Diverse Patients](#). The site is designed to help care providers support the needs of diverse patients and address healthcare disparities.

For the month of April, our featured eLearning experiences are:

- **Reducing Health Care Stereotype Threat — course benefits:**
 - Understand Health Care Stereotype Threat (HCST) and its implications for multicultural patient groups.
 - Learn to recognize when patients may be experiencing HCST.
 - Explore shifts that you can make to reduce the likelihood that patients from diverse groups will experience HCST.
 - Identify the benefits of reducing HCST to both your patients and your practice.
- **Medication Adherence — course benefits:**
 - Recognize potential barriers to medication adherence and what influences your patients' thoughts and emotions.

- Understand the importance of meeting your patients where they are, and not where you want them to be.
- Learn how to navigate and break through barriers with C.A.R.E.

These courses are designed for: doctors (CME credit provided); nurses; health professionals; and medical office staff.

Providers can view these courses on their smartphone, tablet, or computer.

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

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Blue High Performance Network

Blue High Performance NetworkSM (BlueHPNSM) plans offer access to providers with a record of delivering high-quality, efficient care. Since January 2021, we've been collaborating with select healthcare providers across the U.S. to make BlueHPN available to members. Anthem's mission is to provide affordable, quality healthcare benefits to its members. This in-network only plan helps keep members' healthcare costs more predictable and manageable.

It is important to know that only in-network care is covered in the BlueHPN. Members in the BlueHPN cannot go to out-of-network doctors or hospitals, except in an urgent and/or emergent situation. If they see a provider for routine or non-urgent care outside the BlueHPN, they will not have coverage.

If you are not participating in the Blue Preferred network, you are also not participating in the BlueHPN.

Recognizing BlueHPN members

You and your staff can identify patients enrolled in BlueHPN plans by their member ID card. The BlueHPN name will be prominently displayed on the front of the member ID card, along with the **BlueHPN suitcase logo**, as shown below:



Eligibility and benefits

BlueHPN does not offer coverage for out-of-network care with the exception of urgent and/or emergent services. This means that BlueHPN patients will receive full benefits from in-network BlueHPN providers.

You can check BlueHPN plan member eligibility and benefits the same way you do today for Blue Preferred members — Either submit a *HIPAA 270* eligibility and benefit request transaction or contact Provider Services at the number on the back of the member's ID card.

Referrals to BlueHPN providers

BlueHPN is a comprehensive network that includes a full range of providers, from primary care doctors and specialists to hospitals. Not all healthcare providers are included. To ensure your BlueHPN patients will have full benefits when they need to see a specialist or another healthcare provider, it's important that you only recommend other BlueHPN healthcare providers. You can use the *Find a Doctor/Find Care tool* at <https://anthem.com/find-care> to identify BlueHPN healthcare providers by searching by the member's ID or alpha prefix. This will help ensure your patients will be receiving care from healthcare providers who are also committed to providing high quality, cost-efficient care. Please make sure you and your office staff are checking network status when referring members to new providers.

Formal physician-to-physician referrals are not required under BlueHPN plans, but out-of-network benefits are limited to urgent and/or emergent services only. That means referrals for non-emergency care to providers outside the BlueHPN network, including durable medical equipment and laboratory services, may be costly for your patients.

Additional network information

More than 60 large metropolitan areas have their own high-performance networks sponsored by local Anthem plans across the country, which gives national employers access to high quality, cost-efficient providers in these geographic areas. The Missouri BlueHPN uses the existing Blue Preferred network; therefore, you may see both local patients who have access to Blue Preferred through the Anthem plan and patients traveling from other cities where BlueHPN products are offered. Missouri-based employer-sponsored health plans with access to our Missouri High Performance Network refer to the BlueHPN as Blue Preferred.

If you are not sure whether your practice is part of the Missouri BlueHPN or Blue Preferred, ask your office manager or business office or contact your provider relationship account manager.

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Medical Policies and Clinical Utilization Management Guidelines update

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 anthem.com/medicareprovider and select **Change State** and pick appropriate state. Then Providers > Policies, Guidelines & Manuals.

Notes/updates:

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

- 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
- DME.00011 - Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices:
 - Reformatted bullet points to letters

- Added lines to Investigational & Not Medically Necessary statement on electrical stimulation wound treatment device, electromagnetic wound treatment devices and pulsed electromagnetic field stimulation
- LAB.00011 - Selected Protein Biomarker Algorithmic Assays:
 - Reformatted bullet points to letters
 - Added IMMray® PanCan-d test to the Investigational & Not Medically Necessary statement
- 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 Investigational & Not Medically Necessary for all uses
- MED.00140 - Lentiviral Gene Therapy for Beta Thalassemia and Sickle Cell Disease; Previously Titled: Gene Therapy for Beta Thalassemia:
 - Revised title
 - Added Investigational & Not Medically Necessary statement on lovetibeglogene autotemcel
- MED.00144 - Gene Therapy for Duchenne Muscular Dystrophy:
 - Outlines the Medically Necessary and Investigational & Not Medically Necessary criteria for the infusion of Delandistrogene moxeparvovec-rokl (ELEVIDYS)
- MED.00147 - Cellular Therapy Products for Allogeneic Stem Cell Transplantation:
 - Outlines the Medically Necessary and Investigational & Not Medically Necessary criteria for the use of ex-vivo expansion of cord blood stem cell products
- SURG.00129 - Percutaneous Vertebral Disc and Vertebral Endplate Procedures:
 - Removed the criteria examples for failed CPAP treatment

- Added definition for failed CPAP treatment
- 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 Investigational & Not Medically Necessary statement for sphenopalatine ganglion nerve blocks
- TRANS.00041 - Histological Analysis using Microarray Gene Expression Profiling for Kidney Allograft Injury or Rejection:
 - Histological analysis using microarray gene expression profiling is considered Investigational & Not Medically Necessary for detection of allograft injury or rejection in kidney transplant recipients
- CG-MED-39 - Bone Mineral Density Testing Measurement:
 - Added phrase “using Dual-X-Ray Absorptiometry” to bullets I and III of Medically Necessary criteria and to bullets I and IV of Not Medically Necessary criteria
 - Added Not Medically Necessary position statement for bone strength and fracture risk assessment using imaging scans other than DXA
- CG-MED-95 - Transanal Irrigation:
 - Outlines the Medically Necessary and Not Medically Necessary criteria for transanal irrigation
- CG-OR-PR-05 - Myoelectric Upper Extremity Prosthetic Devices:
 - Revised formatting of Medically Necessary section
 - Added Repair and Replacement criteria to Clinical Indications section
 - Added new Not Medically Necessary statement regarding enhanced dexterity prosthetic arm myoelectric upper extremity prosthetic devices
 - Added new Medically Necessary and Not Medically Necessary criteria for device repair and replacement.

- CG-SURG-61 - Cryosurgical, Radiofrequency, Microwave or Laser Ablation to Treat Solid Tumors Outside the Liver; Previously titled: Cryosurgical, Radiofrequency or Laser Ablation to Treat Solid Tumors Outside the Liver:
 - Revised title
 - Added microwave ablation to the Clinical Indications
 - Added cryoablation and microwave ablation to the Medically Necessary indications for NSCLC and malignant tumors that have metastasized to the lung
 - Added Not Medically Necessary statements regarding focal cryoablation of the prostate and microwave ablation for all other indications
 - Revised Medically Necessary indication for cryoablation of the prostate to whole gland cryoablation of the prostate
 - Reordered clinical indications to be based on clinical condition rather than ablative technique

Medical Policies

On August 10, 2023, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Anthem. These medical policies take effect April 5, 2024.

Publish date	Medical Policy number	Medical Policy title	New or revised
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
9/27/2023	*DME.00011	Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices	Revised

Publish date	<i>Medical Policy</i> number	<i>Medical Policy</i> title	New or revised
9/27/2023	*LAB.00011	Selected Protein Biomarker Algorithmic Assays	Revised
9/27/2023	*LAB.00028	Blood-based Biomarker Tests for Multiple Sclerosis Previously titled: Serum Biomarker Tests for Multiple Sclerosis	Revised
9/27/2023	*MED.00140	Lentiviral Gene Therapy for Beta Thalassemia and Sickle Cell Disease Previously Titled: Gene Therapy for Beta Thalassemia	Revised
9/27/2023	*MED.00144	Gene Therapy for Duchenne Muscular Dystrophy	New
9/27/2023	*MED.00147	Cellular Therapy Products for Allogeneic Stem Cell Transplantation	New
9/27/2023	SURG.00052	Percutaneous Vertebral Disc and Vertebral Endplate Procedures	Revised
9/27/2023	*SURG.00129	Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring	Revised
9/27/2023	*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

Publish date	<i>Medical Policy</i> number	<i>Medical Policy</i> title	New or revised
9/27/2023	TRANS.00039	Portable Normothermic Organ Perfusion Systems	Revised
9/27/2023	*TRANS.00041	Histological Analysis using Microarray Gene Expression Profiling for Kidney Allograft Injury or Rejection	New

Clinical UM Guidelines

On August 10, 2023, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem. These guidelines were adopted by the medical operations committee for Medicare Advantage members on September 28, 2023. These guidelines take effect April 5, 2024.

Publish date	<i>Clinical UM</i> Guideline number	<i>Clinical UM</i> Guideline title	New or revised
9/27/2023	*CG-MED-39	Bone Mineral Density Testing Measurement	Revised
9/27/2023	CG-MED-83	Site of Care: Specialty Pharmaceuticals	Revised
9/27/2023	*CG-MED-95	Transanal Irrigation	New
9/27/2023	*CG-OR-PR-05	Myoelectric Upper Extremity Prosthetic Devices	Revised
9/27/2023	CG-OR-PR-08	Microprocessor Controlled Lower Limb Prosthesis	Conversion New
9/27/2023	CG-OR-PR-09	Microprocessor Controlled Knee-Ankle-Foot Orthosis	Conversion New

Publish date	<i>Clinical UM Guideline number</i>	<i>Clinical UM Guideline title</i>	New or revised
9/27/2023	CG-SURG-01	Colonoscopy	Revised
9/27/2023	*CG-SURG-61	Cryosurgical, Radiofrequency, Microwave or Laser Ablation to Treat Solid Tumors Outside the Liver Previously titled: Cryosurgical, Radiofrequency or Laser Ablation to Treat Solid Tumors Outside the Liver	Revised
9/27/2023	CG-SURG-79	Implantable Infusion Pumps	Revised
9/27/2023	CG-SURG-83	Bariatric Surgery and Other Treatments for Clinically Severe Obesity	Revised

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Medical Policies and Clinical Guidelines updates — April 2024

The following *Medical Policies* and *Clinical Guidelines* for Anthem were reviewed 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 new medical policies and/or clinical guidelines that have been approved.

**Denotes prior authorization required*

Policy/guideline	Information	Effective date
MED.00146 Gene Therapy for Sickle Cell Disease	Outlines the MN and INV&NMN criteria for Gene therapy for sickle cell disease. No specific HCPCS codes for Casgevy & Lyfgenia, listed NOC codes C9399, J3490, J3590 and specific ICD-10-PCS XW133J8, XW143J8,	7/1/2024

Policy/guideline	Information	Effective date
	XW133H9, XW143H9; considered MN when criteria are met.	
RAD.00068 Myocardial Strain Imaging	Myocardial strain imaging in considered INV&NMN for all indications. Added existing CPT® code 93356 (add-on to echocardiography) and HCPCS outpatient codes C9762, C9763 associated with strain-encoded cardiac MRI, considered INV&NMN.	7/1/2024

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-GENE-13 Genetic Testing for Inherited Diseases	<ul style="list-style-type: none"> Added additional genes to the table, including those identified as medically actionable by ACMG recommendations, drug-related genes for Leqembi (lecanemab-irmb) associated with Late Onset Alzheimer's, and Rivfloza (Nedosiran) associated with Primary hyperoxaluria type 1 <p>CPT Tier 2 code 81401 when specified as APOE gene testing and HCPCS code S3852 considered MN when criteria are met (was NMN); added CALM genes (NOC code 81479) considered MN when criteria are met; removed 81599 NOC (not applicable); updated CPT descriptors effective 1/1/2024</p>	1/3/2024

Policy/guideline	Information	Effective date
<p>ANC.00009 Cosmetic and Reconstructive Services of the Trunk, Groin, and Extremities</p>	<p>Revised MN criteria for lipectomy or liposuction for lymphedema and lipedema related to functional impairment or medical complications</p> <ul style="list-style-type: none"> • Revised Clinical Indications section with minor typographical updates • Reformatted Clinical Indications section <p>No changes to coding</p>	<p>1/3/2024</p>
<p>CG-ANC-04 Ambulance Services: Air and Water</p>	<p>Revised Clinical Indications section regarding timeframe difference for ground and air transport</p> <p>No changes to coding</p>	<p>1/3/2024</p>
<p>CG-DME-31 Powered Wheeled Mobility Devices</p>	<ul style="list-style-type: none"> • Revised hierarchy and formatting in the Clinical Indications section • Revised MN statement regarding Group 4 devices and MRADLs • Revised MN criteria regarding trial period for motorized wheelchairs for children • Revised NMN statement regarding repair or replacement • Revised NMN statement regarding options/accessories/features for powered wheeled mobility devices 	<p>11/16/2023</p>

Policy/guideline	Information	Effective date
	<ul style="list-style-type: none"> • Removed statement addressing home modifications <p>No changes to coding</p>	
<p>CG-DME-44 Electric Tumor Treatment Field (TTF)</p>	<ul style="list-style-type: none"> • Removed criteria requiring treatment begin within 7 weeks of completion of temozolomide and radiotherapy • Revised criteria to add definition of tumor progression to the Clinical Indications • Reformatted criteria to limit criteria to one requirement per line <p>No changes to coding</p>	1/3/2024
<p>CG-GENE-14 Gene Mutation Testing for Cancer Susceptibility and Management</p>	<p>Listed additional ICD-10-CM diagnosis codes considered MN when criteria are met; added genes to Tier 2 and NOC code 81479</p>	1/3/2024
<p>CG-GENE-18 Genetic Testing for TP53 Mutations</p>	<p>Added personal or family history of pediatric hypodiploid acute lymphoblastic leukemia as a MN indication for germline testing</p> <p>No changes to coding</p>	1/3/2024

Policy/guideline	Information	Effective date
<p>CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity</p>	<p>Added CPT Category III code 0813T effective 1/1/2024 for adjustment of intragastric balloon, considered NMN; also added CPT NOC code 44238</p>	<p>7/1/2024</p>
<p>CG-SURG-94 Keratoprosthesis</p>	<p>Reformatted MN section</p> <ul style="list-style-type: none"> • Revised MN criteria regarding number of previous failed corneal transplants • Added new MN criteria for when corneal transplant is likely to fail <p>Added ICD-10-CM diagnosis codes for high risk for corneal transplant failure considered MN when criteria are met</p>	<p>1/3/2024</p>
<p>CG-SURG-95 Sacral Nerve Stimulation and Percutaneous or Implantable Tibial Nerve Stimulation for Urinary and Fecal Incontinence, Urinary Retention</p>	<ul style="list-style-type: none"> • Revised formatting of Clinical Indications section • Revised MN criteria for trial sacral nerve stimulators for urinary incontinence/urgency/frequency and retention to add new examples of conservative treatments • Revised permanent sacral nerve stimulators MN criteria for urinary urgency/frequency • Revised sacral nerve stimulation NMN statement 	<p>7/1/2024</p>

Policy/guideline	Information	Effective date
	<ul style="list-style-type: none"> • Added new MN criteria for percutaneous and implantable tibial nerve stimulation • Added new MN and NMN criteria for replacement or revision of percutaneous and Implantable tibial nerve stimulators • Revised percutaneous and implantable tibial nerve stimulation NMN statement <p>Revised codes 0587T, 0588T, 64566 for tibial nerve stim considered MN when criteria are met (were NMN); removed CPT codes 0589T, 0590T for subsequent services; added CPT category III codes 0816T, 0817T, 0818T, 0819T effective 1/1/2024 for integrated TNS systems considered MN when criteria are met</p>	
<p>LAB.00019 Proprietary Algorithms for Liver Fibrosis</p> <p>Previously titled: Proprietary Algorithms for Liver Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease</p>	<ul style="list-style-type: none"> • Revised title • Revised INV&NMN Position Statement <p>Added new CPT code 81517 effective 1/1/2024 for the ELF test considered INV&NMN, replacing deleted code 0014M</p>	7/1/2024
<p>LAB.00026 Systems Pathology and Multimodal Artificial Intelligence</p>	<ul style="list-style-type: none"> • Revised title • Added “Multimodal Artificial Intelligence” to the Position Statement 	1/3/2024

Policy/guideline	Information	Effective date
<p>Testing for Prostate Cancer</p> <p>Previously titled: Systems Pathology Testing for Prostate Cancer</p>	<p>No changes to coding</p>	
<p>LAB.00046</p> <p>Testing for Biochemical Markers for Alzheimer's Disease</p>	<ul style="list-style-type: none"> • Added MN criteria for measurement of amyloid beta • Revised INV&NMN statement <p>CPT codes 83520 and 0358U will be considered MN for dementia diagnoses when criteria are met (was NMN)</p>	<p>1/3/2024</p>
<p>LAB.00050</p> <p>Metagenomic Sequencing for Infectious Disease in the Outpatient Setting</p>	<ul style="list-style-type: none"> • Moved content from GENE.00053 <p>Added CPT PLA codes 0112U; 0152U; 0323U considered INV&NMN and NOC code 87999 previously addressed in GENE.00053</p>	<p>7/1/2024</p>
<p>MED.00057</p> <p>MRI Guided High Intensity Focused Ultrasound Ablation for Non-Oncologic Indications</p>	<ul style="list-style-type: none"> • Added MN criteria for Parkinson's Disease <p>CPT Category III code 0398T will be considered MN for Parkinson's diagnosis codes when criteria are met (was Inv&NMN)</p>	<p>1/3/2024</p>

Policy/guideline	Information	Effective date
<p>MED.00130 Surface Electromyography and Electrodermal Activity Sensor Devices for Seizure Monitoring</p>	<p>Added existing HCPCS code E0746 when specified as home biofeedback SPEAC device considered INV&NMN</p>	<p>7/1/2024</p>
<p>MED.00140 Gene Therapy for Beta Thalassemia</p> <p>Previously titled: Lentiviral Gene Therapy for Beta Thalassemia and Sickle Cell Disease</p>	<ul style="list-style-type: none"> • Revised title • Revised MN statement • Removed INV&NMN statement on lovetibeglogene Autotemcel <p>Removed ICD-10-PCS codes XW133H9, XW143H9 specific to lovetibeglogene autotemcel, now addressed in MED.00146</p>	<p>1/18/2024</p>
<p>SURG.00010 Treatments for Urinary Incontinence</p>	<ul style="list-style-type: none"> • Revised MN statements and changed to alphanumeric • Revised Note • Added NMN statement on periurethral bulking agents and revised existing NMN statement • Removed line on periurethral bulking agents from INV&NMN statement and changed to alphanumeric 	<p>1/3/2024</p>

Policy/guideline	Information	Effective date
	CPT code 51715 and associated ICD-10-PCS codes for bulking agents will be considered NMN when criteria are not met (was INV&NMN)	
<p>SURG.00023 Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures</p>	<ul style="list-style-type: none"> • Revised formatting of Position Statement • Revised reconstructive statement related to procedures done in advance of mastectomy or lumpectomy • Moved reconstructive text related to procedure timing to Background section • Revised Position Statement section with text updates <p>No changes to coding</p>	1/3/2024
<p>SURG.00026 Deep Brain, Cortical, and Cerebellar Stimulation</p>	<ul style="list-style-type: none"> • Reformatted Position Statement and added headers • Reformatted MN statements to move target treatment areas into criteria • Revised MN statement for primary dystonia to remove dystonia manifestation types • Reformatted MN statements for DBS for Parkinson's, primary dystonia, and OCD • Reformatted MN statements for epilepsy • Revised DBS for epilepsy MN statement regarding non-epileptic seizures 	7/1/2024

Policy/guideline	Information	Effective date
	<ul style="list-style-type: none"> • Revised Position Statement to add revision/replacement MN and INV&NMN statements for DBS, cortical stimulation, and battery • Revised and reformatted INV&NMN statements <p>Added existing ICD-10-PCS code 0NH00NZ and new CPT codes 61889, 61891 effective 1/1/2024 for skull-mounted systems, considered MN when criteria are met; also added existing HCPCS code C1778 device code considered MN when criteria are met</p>	
<p>SURG.00097 Scoliosis Surgery</p>	<ul style="list-style-type: none"> • Revision to Position Statement formatting • Added MN and INV&NMN criteria for revision, replacement, or removal of vertebral body tethering to Position Statement <p>Added CPT codes 22836, 22837, 22838 effective 1/1/2024 for thoracic tethering, and Category III code 0790T for thoracolumbar or lumbar tethering revision considered MN when criteria are met; also revised descriptors for 0656T, 0657T</p>	7/1/2024
<p>SURG.00142 Genicular Procedures for Treatment of Knee Pain</p> <p>Previously titled: Genicular Nerve</p>	<ul style="list-style-type: none"> • Revised title • Added genicular artery embolization to the scope of document • Revised Position Statement to add genicular artery embolization as INV&NMN 	7/1/2024

Policy/guideline	Information	Effective date
Blocks and Ablation for Chronic Knee Pain	Added existing CPT code 37242 for arterial embolization, considered INV&NMN when specified as genicular artery embolization for knee pain	
SURG.00158 Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain	Added new CPT codes 64596, 64597 effective 1/1/2024 for integrated systems, updated descriptor for CPT code 64590	7/1/2024
TRANS.00013 Small Bowel, Small Bowel/Liver, and Multivisceral Transplantation	No changes to coding; added diagnosis code examples K90.821-K90.829, K90.83 to document	1/3/2024
TRANS.00027 Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors	<ul style="list-style-type: none"> • Added definition of tandem to Position Statement • Revised MN criteria for autologous hematopoietic stem cell transplantation for stage IVa and stage IVb retinoblastoma • Revised INV&NMN statement for allogeneic (ablative or non-myeloablative [mini transplant]) for retinoblastoma <p>Autologous transplant codes will be considered MN for retinoblastoma diagnosis codes when criteria are met (was INV&NMN)</p>	1/3/2024

Policy/guideline	Information	Effective date
<p>DME.00011 Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices</p>	<p>Added new HCPCS codes A4540, E0732 effective 1/1/2024 for cranial electrotherapy considered INV&NMN replacing deleted codes K1002, K1023; removed CPT Category III codes 0768T, 0769T deleted as of 1/1/2024; updated descriptors for 0766T, 0767T effective 1/1/2024</p>	<p>7/1/2024</p>
<p>DME.00042 Electronic Positional Devices for the Treatment of Obstructive Sleep Apnea</p>	<p>Added new HCPCS code E0530 effective 1/1/2024 considered INV&NMN, replacing deleted code K1001</p>	<p>7/1/2024</p>
<p>DME.00043 Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring</p>	<p>Added new HCPCS codes E0492, E0493 effective 1/1/2024 for the Snoozeal device using phone application considered INV&NMN, replacing deleted codes K1028, K1029</p>	<p>7/1/2024</p>
<p>DME.00046 Intermittent Abdominal Pressure Ventilation Devices</p>	<p>Added new HCPCS code A4468 effective 1/1/2024 for exsufflation belt considered INV&NMN, replacing deleted code K1021</p>	<p>7/1/2024</p>
<p>DME.00049 External Upper Limb Stimulation for the</p>	<p>Added new HCPCS codes A4542, E0734 effective 1/1/2024 for the Cala Trio and Cala</p>	<p>7/1/2024</p>

Policy/guideline	Information	Effective date
Treatment of Tremors	kIQ devices considered INV&NMN; replacing deleted codes K1018, K1019	
GENE.00010 Panel and other Multi-Gene Testing for Polymorphisms to Determine Drug-Metabolizer Status	Added new CPT PLA codes 0423U, 0434U, 0438U effective 1/1/2024 for Genomind, RightMed and EffectiveRx tests considered INV&NMN	7/1/2024
GENE.00052 Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	Added new CPT gene panel codes 81457, 81458, 81459, 81462, 81463, 81464, 0428U considered MN when criteria are met, codes 0422U, 0424U, 0436U considered NMN, and 0425U, 0426U considered INV&NMN effective 1/1/2024; also revised descriptors for codes 81445, 81449, 81450, 81451, 81455, 81456, 0356U.	7/1/2024
GENE.00056 Gene Expression Profiling for Bladder Cancer	Added new CPT PLA code 0420U effective 1/1/2024 for Cxbladder Detect+ test considered INV&NMN	7/1/2024
LAB.00003 In Vitro Chemosensitivity Assays and In Vitro Chemoresistance Assays	Added new CPT PLA code 0435U effective 1/1/2024 for ChemoID test considered NMN	7/1/2024

Policy/guideline	Information	Effective date
<p>LAB.00016 Fecal Analysis in the Diagnosis of Intestinal Disorders</p>	<p>Added new CPT PLA code 0430U effective 1/1/2024 for a malabsorption panel considered INV&NMN</p>	<p>7/1/2024</p>
<p>MED.00101 Physiologic Recording of Tremor using Accelerometer(s) and Gyroscope(s)</p>	<p>Removed CPT Category III codes 0533T-0536T deleted as of 1/1/2024, replaced by 95999 NOC already on document</p>	<p>12/28/2023</p>
<p>MED.00120 Gene Therapy for Ocular Conditions</p>	<p>Added existing CPT Category III code 0810T for subretinal injection considered MN when criteria are met; removed HCPCS code C9770 for subretinal injection deleted as of 1/1/2024</p>	<p>7/1/2024</p>
<p>MED.00135 Gene Therapy for Hemophilia</p>	<p>Added new HCPCS code J1412 effective 1/1/2024 for Roctavian considered MN when criteria are met, replacing NOC codes</p>	<p>7/1/2024</p>
<p>MED.00144 Gene Therapy for Duchenne Muscular Dystrophy</p>	<p>Added new HCPCS code J1413 effective 1/1/2024 for ELEVIDYS considered MN when criteria are met, replacing NOC codes for this product</p>	<p>7/1/2024</p>

Policy/guideline	Information	Effective date
<p>SURG.00007 Vagus Nerve Stimulation</p>	<p>Added new HCPCS code E0735 effective 1/1/2024 for non-invasive VNS device considered INV&NMN, replacing deleted code K1020</p>	<p>7/1/2024</p>
<p>SURG.00011 Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting</p>	<p>Added new HCPCS codes Q4279, Q4287, Q4288, Q4289, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303, Q4304 for products considered INV&NMN, added Q4290 considered MN for ocular indications, revised descriptor for Q4225 all effective 1/1/2024</p>	<p>7/1/2024</p>
<p>SURG.00037 Treatment of Varicose Veins (Lower Extremities)</p>	<p>No changes to coding</p> <p>Added wording to clarify when codes 36465, 36466 may be MN based on criteria</p>	<p>1/3/2024</p>
<p>SURG.00045 Extracorporeal Shock Wave Therapy</p>	<p>Added new CPT Category III code 0864T effective 1/1/2024 for ESWT to corpus cavernosum considered INV&NMN, replacing NOC code 55899</p>	<p>7/1/2024</p>
<p>SURG.00077 Uterine Fibroid Ablation: Laparoscopic, Percutaneous or</p>	<p>Added new CPT code 58580 effective 1/1/2024 for transcervical RF ablation considered MN when criteria are met, replacing deleted code 0404T</p>	<p>7/1/2024</p>

Policy/guideline	Information	Effective date
Transcervical Image Guided Techniques		
SURG.00150 Leadless Pacemaker	Added new CPT Category III codes 0823T, 0824T, 0825T, 0826T effective 1/1/2024 for leadless atrial pacemakers considered INV&NMN	7/1/2024
SURG.00152 Wireless Cardiac Resynchronization Therapy for Left Ventricular Pacing	Added new CPT Category III codes 0861T, 0862T, 0863T effective 1/1/2024 considered INV&NMN, also revised descriptors for 0517T, 0518T, 0519T, 0520T	7/1/2024
SURG.00157 Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis	Added new CPT codes 31242, 31243 effective 1/1/2024 for RF and cryoablation of posterior nasal nerve considered INV&NMN, replacing deleted HCPCS code C9771	7/1/2024
CG-OR-PR-08 Microprocessor Controlled Lower Limb Prosthesis	Added new HCPCS code L5615 for a lower extremity prosthesis addition considered MN when criteria are met, replacing deleted code K1014	7/1/2024
CG-SURG-81 Cochlear Implants and Auditory Brainstem Implants	Added ICD-10-CM diagnosis codes for hearing loss with unrestricted hearing in the contralateral ear considered MN for cochlear implants when criteria are met	12/28/2023

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Prior authorization requirement changes effective July 1, 2024

Effective July 1, 2024, prior authorization (PA) requirements will change for the following code(s). The medical code(s) listed below will require PA by Anthem for Medicare Advantage 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
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection Molecular Microscope [®] MMDx—Kidney, Kashi Clinical Laboratories
0342U	Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immunoassay (ECLIA) for CA19-9, serum, diagnostic algorithm reported qualitatively as positive, negative, or borderline
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative Neurofilament Light Chain (NfL), Mayo Clinic, Mayo Clinic
0390U	Obstetrics (preeclampsia), kinase insert domain receptor (KDR), Endoglin (ENG), and retinol-binding protein 4 (RBP4), by immunoassay, serum,

	algorithm reported as a risk score PEPredictDx, OncoOmicsDx Laboratory, mProbe
0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor necrosis receptor 2 (sTNFR2), and kidney injury molecule 1 (KIM-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function IntelxDKD™, Renalytix Inc, Renalytix Inc, NYC, NY
0412U	Beta amyloid, Aβ42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and qualitative ApoE isoform-specific proteotyping, plasma combined with age, algorithm reported as presence or absence of brain amyloid pathology PrecivityAD® blood test, C2N Diagnostics LLC, C2N Diagnostics LLC
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (for example, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field
64505	Injection, anesthetic agent; sphenopalatine ganglion [when specified as a therapeutic nerve block]

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 Provider Services at the number on the back of the patient's member ID card for assistance with PA requirements.

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Carelon Medical Benefits Management, Inc. genetic testing code updates

Effective for dates of service on and after July 1, 2024, the following codes will require prior authorization through Carelon Medical Benefits Management, Inc.:

CPT [®] code	Description
0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch post-digital rectal examination urine (or processed first-catch urine), algorithm reported
0411U	Psychiatry (for example, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication
0419U	Neuropsychiatry (for example, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype
0262U	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE)
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or

	not detected
0409U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number
0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected
0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marrow
0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene

As a reminder, ordering and servicing providers may submit prior authorization requests to Carelon Medical Benefits Management in one of several ways:

- Access Carelon Medical Benefits Management'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 the Availity website at [Availity.com](https://www.availity.com).

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 utilization management services on behalf of the health plan.

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Expansion of Carelon Medical Benefits Management, Inc. programs

As communicated in the March 2024, provider newsletter, effective April 1, 2024, Carelon Medical Benefits Management, Inc., a specialty health benefits company, will expand multiple Carelon Medical Benefits Management programs to perform medical necessity reviews for additional procedures for Anthem members, as further outlined below. Carelon Medical Benefits Management works with leading insurers to improve healthcare quality and manage costs for today's most complex and prevalent tests and treatments, helping to promote care that is appropriate, safe, and affordable.

The expansion will require clinical appropriateness review for additional procedures related to the Carelon Medical Benefits Management Expanded Cardiology, Genetic Testing, Radiology, Musculoskeletal, Surgical, and Radiation Oncology programs. The clinical guidelines and medical policies that have been adopted by Anthem to be used for medical necessity review are in the table below. Carelon Medical Benefits Management will begin accepting prior authorization requests on March 18, 2024, for dates of service April 1, 2024, and after.

Members included in the new program

All fully insured, self-funded (ASO), HealthLink, and national members currently participating in the Carelon Medical Benefits Management programs listed below are included. For self-funded (ASO) groups that currently do not participate in the Carelon Medical Benefits Management programs, the program will be offered to self-funded accounts (ASO) to add to their members' benefit package as of April 1, 2024. A separate notice will be published for Medicare Advantage, Medicare, and MA GRS.

Members of the following products are excluded: Medicaid, Medicare supplement, and Federal Employee Program[®] (FEP[®]).

Pre-service review requirements

For procedures that are scheduled to begin on or after April 1, 2024, all providers must contact Carelon Medical Benefits Management to obtain pre-service review for the services including but not limited to the following non-emergency modalities. Please refer to the clinical guidelines on the microsite resource pages for complete code lists.

Please note: The procedure list has been updated since the original notification. All codes will only be reviewed for medical necessity for the requested service and not for site of care at this time. *Vascular procedures will not require prior authorization for National and Commercial members currently participating in the Carelon Medical Benefits Management Cardiology program.*

Program	Services	<i>Clinical Guidelines</i>
Expanded Cardiology	<ul style="list-style-type: none"> • EPS studies • Cardiac ablation • Card monitor. device • Cardiac contractility modulation • Wearable cardioverter defibrillators • Wireless CRT for left ventricular pacing • PFO Closure devices • Endovascular revascularization • Cardiac Resynchronization Therapy • Implantable Cardioverter Defibrillators • Permanent Implantable Pacemakers 	<ul style="list-style-type: none"> • <i>CG-MED-64</i> • <i>CG-MED-74</i> • <i>CG-SURG-55</i> • <i>MED.00055</i> • <i>SURG.00032</i> • <i>SURG.00152</i> • <i>SURG.00153</i> • <i>THER-RAD.00012</i> • <i>CAR07-0623.2</i> • <i>CAR05-0423</i> • <i>CAR06-0923.1</i> • <i>CAR08-1023.2</i>
Genetic Testing	<ul style="list-style-type: none"> • Somatic Tumor Testing • Chromosomal Microarray Analysis 	<ul style="list-style-type: none"> • <i>GEN02-0324.1</i> • <i>GEN07-0223.1</i>

	<ul style="list-style-type: none"> • Pharmacogenomic Testing • Carrier Screening in the Prenatal Setting and Preimplantation Genetic Testing • Cell-free DNA Testing for the Management of Cancer • Genetic Testing for Inherited Conditions • Hereditary Cancer Testing • Polygenic Risk Scores • Prenatal Testing using cell-free DNA • Whole Exome Sequencing and Whole Genome Sequencing 	<ul style="list-style-type: none"> • <i>GEN09-0223.1</i> • <i>GEN05-0124.1</i> • <i>GEN03-0124.1</i> • <i>GEN06-0124.1</i> • <i>GEN01-1123.2</i> • <i>GEN10-0124.1</i> • <i>GEN04-1123.3</i>
Radiology	<ul style="list-style-type: none"> • Radiostereometric analysis • Quantitative ultrasound for tissue characterization • Myocardial sympathetic innervation & imaging w/wo spect. • Lumbar discography 	<ul style="list-style-type: none"> • <i>CG-SURG-29</i> • <i>RAD.00064</i> • <i>RAD.00065</i> • <i>RAD.00067</i>
Musculoskeletal	<ul style="list-style-type: none"> • Extraosseous subtalar joint imp & arthroereisis • Genicular Nerve block & ablation- CHR knee pain • Percutaneous & Endo spinal surgery • Implanted devices for Spinal stenosis • Percutaneous vert disc & Endplate procedures • Cryoablation for podiatric conditions 	<ul style="list-style-type: none"> • <i>SURG.00052</i> • <i>SURG.00071</i> • <i>SURG.00092</i> • <i>SURG.00100</i> • <i>SURG.00104</i> • <i>SURG.00142</i>

Surgical	<ul style="list-style-type: none"> • Wireless capsule endoscopy • Paraesophageal hernia repair • Ablation proc. – tx of Barrett’s esophagus • Transendoscopic Therapy for GE reflux / Dysphagia / gastroparesis • Lower Esophageal sphincter augmentation devices 	<ul style="list-style-type: none"> • CG-SURG-92 • CG-SURG-101 • MED.00090 • SURG.00047 • SURG.00131
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To determine if prior authorization is needed for a member on or after April 1, 2024, contact the Provider Services phone number on the back of the member’s ID card for benefit information. Providers using the Interactive Care Reviewer (ICR) tool on Availity Essentials to pre-certify an outpatient procedure will receive a message referring the provider to Carelon Medical Benefits Management. (Note: ICR cannot accept prior authorization requests for services administered by Carelon Medical Benefits Management.)

Providers should continue to submit pre-service review requests to Carelon Medical Benefits Management using the convenient online service via the Carelon Medical Benefits Management **ProviderPortal**. **ProviderPortal** is available 24 hours a day, seven days a week, processing requests in real-time using *Clinical Criteria*. Go to providers.carelonmedicalbenefitsmanagement.com/ to register.

For more information

Go to <https://providers.carelonmedicalbenefitsmanagement.com/genetictesting>, <https://providers.carelonmedicalbenefitsmanagement.com/cardiology/>, <https://providers.carelonmedicalbenefitsmanagement.com/radiology/>, <https://providers.carelonmedicalbenefitsmanagement.com/musculoskeletal/>, <https://providers.carelonmedicalbenefitsmanagement.com/surgicalprocedures/>; for resources to help your practice get started with the Radiology, Expanded Cardiology, Genetic Testing, Musculoskeletal, Surgical, and Radiation Oncology programs. Our special

websites help you learn more and access helpful information and tools such as order entry checklists, clinical guidelines, and FAQs, or you can call your local Network Relations representative.

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

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Reimbursement policy update: *Virtual Visits — Professional and Facility*

Beginning with dates of service on or after July 1, 2024, Anthem will update the *Virtual Visits — Professional and Facility* reimbursement policy in response to the conclusion of the federal public health emergency (PHE). The policy will be updated to indicate the following:

- Virtual visits billed by professional providers are eligible for reimbursement for the following services:
 - Audio and visual
 - Audio only
 - Asynchronous
 - Store and forward
 - Remote patient monitoring
- Virtual visits billed by facility providers are eligible for reimbursement for the following services:
 - Audio and visual
 - Audio only
 - Originating site fee Q3014 only when the member is present

Any service identified as a virtual visit will be reimbursed at the non-office rate.

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

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Expansion of specialty pharmacy precertification list

Effective for dates of service on and after July 1, 2024, the specialty Medicare Part B drugs 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.

HCPSC or CPT [®] codes	Medicare Part B drugs
J3490, J3590, J9999, C9399	Elrexio (elranatamab-bcmm)
J3490, J3590	Eylea HD (afibercept)
J3490, J3590	Pombiliti (cipaglucoasidase alfa-atga)
J3490, J3590, J9999, C9399	Talvey (talquetamab-tgvs)
J3490, J3590	Tyruko (natalizumab-sztn)

J3590, C9399	Veopoz (pozelimab-bbfg)
J3490	Ycanth (cantharidin)

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HEDIS[®] 2024 documentation for Colorectal Cancer Screening (COL-E)

Only Electronic Clinical Data Systems (ECDS) reporting will be used for this measure.

Measure description

The percentage of members 45 to 75 years of age who had appropriate screening for colorectal cancer (revised the age range from 50 to 75 years of age to 45 to 75 years of age).

What we are looking for in provider records

Documentation in the medical record indicating the date when the colorectal cancer screening was performed and result or finding of one or more of the following:

- A pathology report that indicates the type of screening (for example, colonoscopy, flexible sigmoidoscopy) and the date the screening was performed
- Documentation of a Fecal Occult Blood Test (FOBT) during the measurement year (2024)
- Documentation of a flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year (January 1, 2020, to December 31, 2024)
- Documentation of a colonoscopy during the measurement year or the nine years prior to the measurement year (January 1, 2015, to December 31, 2024)
- Documentation of a CT colonography during the measurement year or the four years prior to the measurement year (January 1, 2020, to December 31, 2024)
- Documentation of Stool DNA (sDNA) with FIT test during the measurement year or two years prior to the measurement year (January 1, 2022, to December 31, 2024)

- Documentation of members who are diagnosed with colorectal cancer on or before December 31, 2024
- Documentation of a total colectomy on or before December 31, 2024 (documentation must state **total**, not **partial**)
- Evidence of hospice services in 2024
- Evidence patient expired prior to January 1, 2025

Helpful hints:

- Recommend colorectal cancer screening to all patients 45 to 75 years of age.
- If a patient is hesitant, discuss different screening options.
- Educate that screening is recommended, even if there is no family history of colon cancer.

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