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Indiana Provider Manual Update - Pre-certification/Pre-authorization Requests Effective Immediately

The Indiana Provider Manual has been updated to ensure Pre-certification/Pre-authorization Requests are submitted complete.

Updates to the Provider Manual:

- In the **Utilization Management Section**, under *UM Definitions*, definition #3 has been updated to add the essential elements needed when submitting a complete Pre-certification/Pre-authorization Request:
 - Place of Service (ex. Inpatient, Outpatient)
 - Type of Service (ex. Medical, Surgical, Behavioral Health)
 - Date of Service
 - Member Identification Number (with 3 character prefix if there is one)
 - Member Name and Member's Date of Birth
 - Level of Service (ex. Elective, Urgent, Emergent)
 - Diagnosis
 - HCPCS or CPT Codes for scheduled Procedure
 - Name and address of Provider and NPI
 - Name and address of Facility and NPI
 - Clinical information to support the request

- The **Interactive Care Reviewer (ICR)** subsection under the Anthem Provider Website Section was moved to the **Utilization Management Section**.

The updated Indiana Provider Manual is available online.

To access the Provider Manual, visit our provider website anthem.com/provider > select *Indiana* > scroll down to *See Policies and Guidelines* > scroll down and click on *Download the Provider Manual* > on the *Publication* webpage, select [Indiana Provider Manual, or click here](#).

If you have questions, please contact your local Network Relations Consultant at 1-800-455-6805.

Changes in Automotive Accounts AIM Processing effective Jan. 1

Beginning on January 1, 2019, General Motors (GM), Fiat Chrysler Automobiles (FCA), Delphi, and Aptiv PPO members living in Indiana, Ohio, and Kentucky will have their claims and benefits administered through Blue Cross Blue Shield of Michigan, who uses the utilization review services of AIM Specialty Health. The submission process for utilization review requests will be the same, through the AIM Portal, but will follow the program design for Blue Cross Blue Shield of Michigan.

To ensure the case is reviewed against the Blue Cross Blue Shield of Michigan's program, providers will need to add "*Michigan (BCBS MI)*" to their user profile on the AIM portal for any cases with a date of service on or after January 1, 2019. Any questions on how to change the profile can be directed to AIM's Provider Support team at 1-800-252-2021.

Notification of New Codes for Applied Behavior Analysis

Anthem Blue Cross and Blue Shield (Anthem) in Indiana would like to make you aware of upcoming changes to the Indiana Anthem Blue Cross and Blue Shield coding for Applied Behavior Analysis. The new coding will apply to covered services rendered on or after January 1, 2019 for plans that use the Blue Traditional[®], Blue Access[®], Blue Preferred[®], HealthSync, and the Exchange/Off Exchange Networks.

As you submit new and renewing treatment plans for your Anthem members, beginning with dates of service January 1, 2019, please request ABA services using the new codes set forth by the American Medical Association (AMA). [Click here to view the new ABA service codes](#) and their maximum allowable amounts effective for dates of service on and after January 1, 2019.

Current ABA treatment authorizations that have already been approved through 2019 will be updated to reflect the new codes for the portion of the service that falls in 2019. Updated authorization letters reflecting the changes to the authorization will be sent to members and providers. You do not need to call and request that this update to current authorization take place. Claims submitted for 2019 dates of service should reflect the new codes.

If you have a question about any code you do not see on this list, we encourage you to access the online tool at *MyAnthem* via the Availity web portal. Go to www.anthem.com/provider > select *Indiana* > select *Find Resources for Indiana* > and on the left side of the Provider home page log in to the [Availity](#) portal. Or go to www.availity.com and select the Anthem Provider Portal.

Please note that the online fee schedules provide allowable amounts for current as well as

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historical codes and rates. Fee schedules with an effective date of January 1, 2019 may be available online at Availity on or after December 20, 2018.

For treatment plans authorized effective January 1, 2019 or after, the only codes payable to Applied Behavior Analysts will be the new codes approved by the AMA. All other codes will be denied.

Requests for concurrent reviews and/or new authorizations will reflect the coding changes and should be billed to match what is authorized. Coding other than what is reflected in an authorization for ABA services should not be billed and is not covered.

Please contact Network Development at 800-455-6805 for any additional questions.