

February 2019 Anthem Indiana Provider Newsletter

Notice of Changes to Prior Authorization Requirements: February 2019	1
Clinical criteria updates for specialty pharmacy*	1
Anthem expands specialty pharmacy prior authorization list*	2
Anthem expands specialty pharmacy medical step therapy drug list*	4
Pharmacy information available at anthem.com	5
HEDIS® 2019: Controlling High Blood Pressure (CBP)	5
Update regarding E/M with modifier 25 - Professional*	7
Medical Policy and Clinical Guidelines: February 2019*	7
Pre-Service/Prior Authorization Clinical Review Update: February 2019*	8
Update to AIM Musculoskeletal Program Clinical Appropriateness Guidelines*	10
Reimbursement Policy Updates: February 2019*	11
Reimbursement Policy Update: Injectable Substances with Related Injection Services - Professional*	12
HEDIS 2019 Federal Employee Program® medical record request requirements	12
Reminder: Anthem follows Original Medicare policies	13
Use grouped CPT codes for AIM Specialty Health authorizations	13
Anthem eye refraction and routine eye exam billing information	13
New specialty Medicare Part B device preferred product program	14
Keep up with Medicare news	14
Correction: Facility Take-Home Drugs Reimbursement Policy Update	15
Reimbursement Policy Update: Modifier 25	15
My Diverse Patients: a website to support your diverse patients	16
New specialty pharmacy medical step therapy requirements	17
Anthem is expanding their partnership with AIM Specialty Health	18
Introducing a new clinical criteria webpage for injectable, infused or implanted drugs covered under the medical benefit	20



Notice of Changes to Prior Authorization Requirements: February 2019

New prior authorization requirement for providers and/or Material Changes to Contract may apply for new or updated reimbursement policies, medical policies, or prior authorization requirements.

Changes to Prior Authorization Requirements

- Medical Policy/Clinical Guidelines Updates - February 2019*
- Reimbursement Policy Updates - February 2019*
- Clinical criteria updates for specialty pharmacy*
- Specialty pharmacy prior authorization list expansion*
- Specialty pharmacy medical step therapy drug list expansion*

Other Important Updates

- Professional billing - Update regarding E/M with modifier 25
- Medicare and Medicaid updates

Clinical criteria updates for specialty pharmacy*

The following clinical criteria will be effective May 1, 2019.

Erythropoiesis Stimulating Agents ING-CC-0001

Clinical criteria ING-CC-0001 addresses the use of recombinant erythropoietin products, also known as erythropoiesis stimulating agents (ESAs), for the treatment of severe anemia in chronic kidney disease (CKD), HIV, cancer, surgery, and other conditions.

Effective for dates of service on and after May 1, 2019, the use of Procrit®, Epogen®, and Retacrit™ for the treatment of severe anemia in hepatitis C, chronic inflammatory disease, and bone marrow transplant are considered not medically necessary.

February 2019 Anthem Indiana Provider Newsletter

H.P. Acthar Gel® (repository corticotropin injection) ING-CC-0004

Clinical criteria ING-CC-0004 addresses the use of repository corticotropin injection for the treatment of infantile spasms (West syndrome) and adults with a corticosteroid-responsive condition, including but not limited to acute exacerbations of multiple sclerosis.

Effective for dates of service on and after May 1, 2019, repository corticotropin injections for the treatment of conditions other than infantile spasms (West syndrome) are considered not medically necessary.

Selective Vascular Endothelial Growth Factor (VEGF) Antagonists ING-CC-0072

Clinical criteria ING-CC-0072 addresses the use of intravitreal vascular endothelial growth factor (VEGF) antagonists for the treatment of diabetic retinopathy and other retinal disorders associated with neovascularization.

Effective for dates of service on and after May 1, 2019, the use of Eylea® for the treatment of radiation retinopathy is considered not medically necessary.

To access the clinical criteria information please visit our [Clinical Criteria](#) website.

Anthem expands specialty pharmacy prior authorization list*

Effective for dates of service on and after May 1, 2019, the following specialty pharmacy codes from new clinical criteria or current clinical guideline will be included in our prior authorization review process.

Please note, inclusion of NDC code on your claim will shorten the claim processing time of drugs billed with a Not Otherwise Classified (NOC) code.

Anthem's prior authorization clinical review of these specialty pharmacy drugs will be managed by AIM Specialty Health® (AIM), a separate company.

To access the clinical criteria information, please visit our [Clinical Criteria](#) website.

Clinical Criteria/Guideline	HCPCS or CPT Code	NDC Code	Drug
CG-DRUG-63	J3490	68152-0112-01 68152-0114-01	Khapzory™

February 2019 Anthem Indiana Provider Newsletter

ING-CC-0002	Q5110	00069-0291-10 00069-0291-01 00069-0292-01 00069-0292-10	Nivestym™
ING-CC-0002	J3490	68152-0112-01 68152-0114-01	Udenyca™
ING-CC-0003	J1599	68982-0820-01 68982-0820-02 68982-0820-03 68982-0820-04 68982-0820-05 68982-0820-06 68982-0820-81 68982-0820-82 68982-0820-83 68982-0820-84 68982-0820-85 68982-0820-86	Panzyga®
ING-CC-0034	J3590	47783-0644-01	Takhzyro®
ING-CC-0062	J3590	61314-0871-02 61314-0871-06 61314-0876-02	Hyrimoz™
ING-CC-0062	Q5109	00069-0811-01	Ixifi™
ING-CC-0065	J7192	00026-3942-25 00026-3944-25 00026-3946-25 00026-3948-25 00026-4942-01 00026-4944-01 00026-4946-01 00026-4948-01	Jivi®
ING-CC-0074	J8655	69639-0102-01	Akynzeo®
ING-CC-0077	C9399 J3590	68135-0058-90 68135-0673-40 68135-0673-45 68135-0756-20	Palynziq™
ING-CC-0081	J0584	69794-0102-01 69794-0203-01 69794-0304-01	Crysvita®
ING-CC-0082	C9399 J3490	71336-1000-01	Onpattro™

February 2019 Anthem Indiana Provider Newsletter

Anthem expands specialty pharmacy medical step therapy drug list*

The following clinical criteria will be effective May 1, 2019.

Colony Stimulating Factor Agents ING-CC-0002

Effective for dates of service on and after May 1, 2019, the following specialty pharmacy codes from new or current criteria will be included in our existing specialty pharmacy medical step therapy review process. Zarxio® will be the preferred short-acting colony stimulating factor (CSF) agent over Neupogen®, Granix®, and Nivestym™.

Anthem's prior authorization clinical review of these specialty pharmacy drugs will be managed by AIM Specialty Health® (AIM), a separate company.

Additional information regarding biosimilar drugs can be found by viewing the reference document, [Biosimilar Drugs - What are they?](#) here.

To access the clinical criteria information please visit our [Clinical Criteria](#) website.

Clinical Criteria	Status	Drug	HCPCS or CPT Code	NDC Code
ING-CC-0002	Preferred Agent	Zarxio®	Q5101	61314-0304-01 61314-0304-10 61314-0312-01 61314-0312-10 61314-0318-01 61314-0318-10 61314-0326-01 61314-0326-10
ING-CC-0002	Non-Preferred Agent	Neupogen®	J1442	55513-0530-01 55513-0530-10 55513-0546-01 55513-0546-10 55513-0924-01 55513-0924-10 55513-0924-91 55513-0209-01 55513-0209-10 55513-0209-91

February 2019 Anthem Indiana Provider Newsletter

ING-CC-0002	Non-Preferred Agent	Granix®	J1447	63459-0910-11 63459-0910-12 63459-0910-15 63459-0910-17 63459-0910-36 63459-0912-11 63459-0912-12 63459-0912-15 63459-0912-17 63459-0912-36
ING-CC-0002	Non-Preferred Agent	Nivestym™	Q5110	00069-0291-10 00069-0291-01 00069-0292-01 00069-0292-10

Pharmacy information available at anthem.com

Visit anthem.com/pharmacyinformation for more information on copayment/coinsurance requirements and their applicable drug classes, drug lists and changes, prior authorization criteria, procedures for generic substitution, therapeutic interchange, step therapy or other management methods subject to prescribing decisions, and any other requirements, restrictions, or limitations that apply to using certain drugs.

The commercial drug list is posted to the web site quarterly (the first of the month for January, April, July and October).

FEP Pharmacy updates and other pharmacy related information may be accessed at www.fepblue.org > Pharmacy Benefits. AllianceRX Walgreens Prime is the specialty pharmacy program for the FEP. You can view the [2018 Specialty Drug List](#) or call us at 888-346-3731 for more information.

HEDIS® 2019: Controlling High Blood Pressure (CBP)

One of the measures Anthem Blue Cross and Blue Shield (Anthem) reports on is the Controlling High Blood Pressure (CBP) measure. This measure focuses on the percentage of members who are 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year (2018).

What's new for 2019?

February 2019 Anthem Indiana Provider Newsletter

- The Controlling High Blood Pressure (CBP) measure is no longer strictly a hybrid measure, which means that we review both medical records and claims. We can now use claims data to confirm both the diagnosis of hypertension as well as the blood pressure reading (CPT II codes).
- If you submit a claim using CPT II codes to document the blood pressure reading, we can now use that information, eliminating the need to request the medical record from you.
- Compliant BP is defined as <140/90 mm Hg for all members.
- Blood pressure readings taken from remote monitoring devices that are *electronically submitted directly to the Provider* can be utilized for the measure.

What do we need from you?

We need the last 2 office visit notes from 2018 with the blood pressure documented. Also, if the member was diagnosed with end stage renal disease, renal dialysis, renal transplant or pregnancy in 2018 please send that documentation as well.

Common chart deficiencies:

- Recheck elevated blood pressures readings and document all BP readings in the medical record.

For more information on HEDIS visit the Anthem Provider Portal online at **Anthem.com**. Click on **Providers** > Click **Polices and Guidelines** > Select your **State**>Scroll down and click **View Med Policies and UM Guideline** >Click **Health & Wellness** > Scroll down to **Quality Improvement and Standards**> and then scroll down on the page to **HEDIS Information**.

Thank you for your continued cooperation and support of HEDIS.

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

February 2019 Anthem Indiana Provider Newsletter

Update regarding E/M with modifier 25 - Professional*

Update regarding E/M with modifier 25: Same day as procedure when a prior E/M for the same or similar service has occurred - Professional

Anthem Blue Cross and Blue Shield (Anthem) has identified that providers often bill a duplicate Evaluation and Management (E/M) service on the same day as a procedure even when the same provider (or a provider with the same specialty within the same group TIN) recently billed a service or procedure which included an E/M for the same or similar diagnosis. The use of modifier 25 to support separate payment of this duplicate service is not consistent with correct coding or Anthem's policy on use of modifier 25.

Beginning with claims processed on or after March 1, 2019, Anthem may deny the E/M service with a modifier 25 billed on the day of a related procedure when there is a recent service or procedure for the same or similar diagnosis on record.

If you believe a claim should be reprocessed because there are medical records for related visits that demonstrate an unrelated, significant, and separately identifiable E/M service, please submit those medical records for consideration.

Medical Policy and Clinical Guidelines: February 2019*

The following Anthem Blue Cross and Blue Shield medical policies and clinical guidelines were reviewed on November 8, 2018 for Indiana, Kentucky, Missouri, Ohio and Wisconsin.

New Medical Policy

MED.00126 Fractional Exhaled Nitric Oxide and Exhaled Breath Condensate Measurements for Respiratory Disorders

Effective May 1, 2019

The measurement of exhaled nitric oxide is considered INV&NMN in the diagnosis and monitoring of asthma and other respiratory disorders

· The measurement of exhaled breath condensate is considered INV&NMN in the diagnosis and monitoring of asthma and other respiratory disorders

The below current Clinical Guidelines and/or Medical policies were reviewed and updates were approved

*requires precertification

Title	Change	Effective date
	7 / 20	<i>February 2019 Anthem Indiana Provider Newsletter</i>

February 2019 Anthem Indiana Provider Newsletter

CG-BEH-01 Screening and Assessment for Autism Spectrum Disorders and Rett Syndrome	<ul style="list-style-type: none"> • Added tests for metabolic markers in the blood, urine, tissue, or other biologic materials (also known as metabolomics), including but not limited to Amino Acid Dysregulation Metabotype (ADDM) testing as NMN 	5/1/2019
CG-MED-79 Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems	<ul style="list-style-type: none"> - Added existing CPT PLA code 0063U (NMN); added new CPT psych testing codes 96112, 96113, 96121, 96130-96133, 96136-96139, 96146 replacing 96101-96103, 96111, 96118-96120 & new CPT 81171, 88172 for AFF2 gene replacing Tier 2 eff 01/01/19 • Content moved from MED.00100 • No change to clinical indications 	1/3/2019
CG-MED-80 Positron Emission Tomography (PET) and PET/CT Fusion*	<ul style="list-style-type: none"> • Content moved from RAD.00002 • No change to clinical indications 	1/3/2019
CG-SURG-27 Sex Reassignment Surgery*	<ul style="list-style-type: none"> • Added criteria requiring referral letters to mastectomy MN statement 	5/1/2018

Pre-Service/Prior Authorization Clinical Review Update: February 2019*

Effective with dates of service on or after May 1, 2019, Anthem Blue Cross and Blue Shield will require review of the below 2 Clinical Guidelines for medical necessity. Medical necessity review will require preauthorization. Ordering and servicing providers may submit prior authorization requests by contacting the phone number on the back of the members ID card.

Clinical Guideline Name

CG-SURG-49: Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities

Description

This document addresses the use of peripheral vascular angioplasty, with and without stenting, and with or without atherectomy, for the treatment of occlusive peripheral *arterial* disease (PAD) of the lower extremities.

February 2019 Anthem Indiana Provider Newsletter

CG-SURG-55: Intracardiac Electrophysiological Studies and Catheter Ablation

This document addresses two intracardiac electrophysiological procedures and studies, including electrophysiological studies (EPS) and catheter ablation. EPS with programmed ventricular stimulation (PVS) is used, as a complement to a full workup, to document the inducibility and type of induced arrhythmia, (for example, atrial fibrillation, ventricular tachycardia, etc.); also to assess the risks for recurrent ventricular tachycardia or sudden cardiac death; to evaluate symptoms, such as syncope; and to guide catheter ablation procedures in selected individuals when arrhythmias are suspected to be the etiology. EPS is also used, in appropriate individuals, for the purpose of assessment for eligibility for treatments, such as implantable cardioverter defibrillator therapy.

Transcatheter or intracardiac catheter ablation is a treatment option for individuals with certain types of arrhythmias and is performed following imaging and electro-anatomic mapping, which is done during EPS to identify the specific location of the ectopic excitable foci. Catheter ablation utilizes radiofrequency or cryoablation energy to eradicate or ablate the arrhythmogenic foci in the heart which is the source of the arrhythmia. In this way, catheter ablation reduces or prevents recurrent episodes of certain supraventricular and ventricular arrhythmias that have demonstrated therapeutic response to this treatment modality in clinical practice.

Anthem's Medical Policies and Clinical UM Guidelines are available online on Anthem's website at Anthem.com. Select **Providers** > Select your **State** > Select **Review Policies** > Select **View Policies and Guidelines** > Select **Medical Policies and Clinical UM Guidelines** (for Local Plan members).

Update to AIM Musculoskeletal Program Clinical Appropriateness Guidelines*

Effective for dates of service on and after May 18, 2019, the following updates will apply to the AIM Specialty Health Musculoskeletal Program Clinical Appropriateness Guidelines.

Spine Surgery - Enhancements as indicated by section below:

- General Requirements
 - Reporting of symptom severity: expanded to include IADLs as functional impairment
 - Tobacco Cessation: removed nicotine-free documentation requirement
- Cervical Decompression with or without Fusion
 - Added exclusion of cervical/thoracic laminectomy if criteria not met
- Lumbar Discectomy, Foraminotomy, and Laminotomy
 - Added criteria to define radicular pain for Lumbar herniated intervertebral disc
- Lumbar Fusion and Treatment of Spinal Deformity (including scoliosis and Kyphosis)
 - Added indication and criteria for Flat back Deformity
 - Added criteria for Isthmic spondylolisthesis
 - Added indication and criteria for Scheuermann's Kyphosis
- Lumbar Laminectomy
 - Added exclusion of lumbar laminectomy if criteria not met
- Noninvasive Electrical Bone Growth Stimulation
 - Added risk factor criteria for cervical non-invasive bone growth stimulation

Interventional Pain Guidelines - Enhancements as indicated by section below:

- General Requirements
 - Reporting of symptom severity: expanded to include IADLs as functional impairment
- Therapeutic Epidural Steroid Injection
 - Updated time period of initial advanced imaging
 - Definition and frequency of repeat therapeutic epidural steroid injection
 - Updated maximum number of annual injections
 - Added criteria for subsequent injection after suboptimal initial response
- Paravertebral Facet Injection/Nerve Block/Neurolysis
 - Updated injection frequency limitations
- Diagnostic Intraarticular Sacroiliac Joint Injections
 - Updated pain reduction from initial injection
- Spinal Cord Stimulators
 - Added criteria for revision/removal of spinal cord stimulator
 - Separated criteria of trial stimulation and permanent stimulator implantation
 - Added exclusion of dorsal root ganglion stimulation

February 2019 Anthem Indiana Provider Newsletter

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

- Access AIM'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 AIM via the Availity Web Portal at availity.com
- Call the AIM Contact Center toll-free number: Central: 800-554-0580, Monday – Friday, 8:30 a.m. – 7:00 p.m. ET.

Please note, this program does not apply to FEP or National Accounts.

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

Reimbursement Policy Updates: February 2019*

Body Mass Index (BMI) - Facility

Beginning with dates of service on or after May 1, 2019, Anthem Blue Cross and Blue Shield (Anthem) is updating the facility Body Mass Index (BMI) Reimbursement Policy. Reimbursement will be based on a review of all comorbidities, diagnosis codes reported, and the facility specific reimbursement methodology for Body Mass Index (BMI) diagnosis codes reported as a secondary clinical condition along with other criteria set forth in our policy.

For additional information, please review our updated policy dated May 1, 2019 by visiting the Facilities Reimbursement Policy page for your state on anthem.com/provider.

[Indiana Reimbursement Policies-Facility](#); [Kentucky Reimbursement Policies-Facility](#); [Missouri Reimbursement Policies-Facility](#); [Ohio Reimbursement Policies-Facility](#); [Wisconsin Reimbursement Policies-Facility](#)

Reminder: Review ICD-10-CM Coding Guidelines - Professional

To help ensure the accurate processing of submitted claims, keep in mind ICD-10-CM Coding

Guidelines when selecting the most appropriate diagnosis for patient encounters. Remember ICD-10-CM has two different types of excludes notes and each type has a different definition. In particular, one of the unique attributes of the ICD-10 code set and coding conventions is the concept of Excludes 1 Notes. An Excludes 1 Note is used to indicate when two conditions cannot occur together (Congenital form versus an acquired form of the same condition). An Excludes 1 Note indicates that the excluded code identified in the note should not be used at the same time as the code or code range listed above the Excludes 1 Note. These notes are located under the applicable section heading or specific ICD-10-CM code to which the note is applicable. When the note is located following a section heading, then the note applies to all codes in the section.

Reimbursement Policy Update: Injectable Substances with Related Injection Services - Professional*

Beginning with dates of service on or after May 1, 2019, Anthem Blue Cross and Blue Shield (Anthem) is updating our Injectable Substances with Related Injection Services reimbursement policy. The update will reflect that when a claim for an injection service is submitted without the applicable Healthcare Common Procedure Coding System (HCPCS Level II) drug or injectable substance code for the injected drug or substance, the code for the injection service will not be eligible for reimbursement.

Additionally, when submitting a claim for an aspiration service, with or without an injection, be sure to include code J3590 (*unclassified biologics*) with a zero charge to indicate the biologic contents of the syringe after aspiration, or the service will not be eligible for reimbursement.

For additional information, review our updated policy dated May 1, 2019 by visiting the Professional Reimbursement Policy page for your state at anthem.com/provider.

[Indiana Reimbursement Policies-Professional](#) ; [Kentucky Reimbursement Policies-Professional](#); [Missouri Reimbursement Policies-Professional](#); [Ohio Reimbursement Policies-Professional](#); [Wisconsin Reimbursement Policies-Professional](#)

HEDIS 2019 Federal Employee Program® medical record request requirements

Centauri Health Solutions is the contracted vendor to gather member medical records on behalf of the Blue Cross and Blue Shield Federal Employee Program. We value the

February 2019 Anthem Indiana Provider Newsletter

relationship with our providers, and ask that you respond to the requests in support of risk adjustment, HEDIS and other government required activities within the requested timeframe. Centauri Health will work with you to obtain records via fax, mail, remote electronic medical record (EMR) access, or onsite scanning/EMR download (as necessary). We ask that you please promptly comply within **five (5) business days** of the record requests. If you have any questions, please contact Catherine Carmichael with Blue Cross Blue Shield Federal Employee Program at (202) 942-1173 or Carol Oravec with Centauri at (440) 793-7727.

Reminder: Anthem follows Original Medicare policies

Anthem Blue Cross and Blue Shield (Anthem) is required to follow all clinical and reimbursement policies established by Original Medicare in the processing of claims and determining benefits. Anthem follows all Original Medicare local coverage determinations, national coverage determinations, Medicare rulings, code editing logic and the *Social Security Act*.

Anthem *may* offer additional benefits that are not covered under Original Medicare. Certain benefits are only covered when provided by a vendor selected by Anthem. More information can be found at anthem.com/medicareprovider. You may also contact Provider Services at the phone number on the back of the member ID card.

Use grouped CPT codes for AIM Specialty Health authorizations

AIM Specialty Health[®] groups CPT codes on authorizations so they can be reviewed together to support a procedure or therapy. Grouped codes are used for radiology, cardiology, and sleep and radiation therapy programs. The groupings can be found at <http://aimspecialtyhealth.com/ClinicalGuidelines.html> by selecting the appropriate solution and then the exam or therapy being performed. Additional information is available at anthem.com/medicareprovider under *Important Medicare Advantage Updates*.

Anthem eye refraction and routine eye exam billing information

Refractions and routine eye exams are **not** covered under medical insurance for Anthem members. These benefits may be available through the member's supplemental insurance. These services must be billed to the supplemental vendor. Check your patient's Anthem ID card for the name of the vendor.

February 2019 Anthem Indiana Provider Newsletter

Additional information, including billing modifiers and documentation requirements, will be available at anthem.com/medicareprovider under *Important Medicare Advantage Updates*.

New specialty Medicare Part B device preferred product program

Effective for dates of service beginning **January 1, 2019**, the following Medicare Part B devices will be preferred to support cost-effective benefits. During precertification initiation or renewal, providers requesting a nonpreferred device will be encouraged to switch to a preferred product. The preferred and nonpreferred products are listed below.

Preferred devices

Euflexxa® (J7323)
Hyalgan®/Supartz®/Visco-3® (J7321)
Durolane® (J7318)

Nonpreferred devices

Gel-One® (J7326)
Gelsyn-3® (J7328)
Genvisc 850® (J7320)
Hymovis® (J7322)
Monovisc™ (J7327)
Orthovisc® (J7324)
Synvisc® or Synvisc-One® (J7325)
Trivisc™ (J7329)

Keep up with Medicare news

Please continue to check [Important Medicare Advantage Updates](http://anthem.com/medicareprovider) at anthem.com/medicareprovider for the latest Medicare Advantage information, including:

- [2019 risk adjustment provider training](#)
- [New provider learning opportunity: Put the AIM ProviderPortal to work for you](#)
- [New provider service phone number beginning January 1, 2019](#)
- [Medicare Advantage reimbursement policy provider bulletin](#)
- [CMS issues regulatory changes for short- and long-acting narcotics; days' supply limits effective January 1, 2019](#)

Correction: Facility Take-Home Drugs Reimbursement Policy Update

Anthem Blue Cross and Blue Shield

Serving Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect

In the January issue of the Network Update, we incorrectly noted the effective date for the implementation of Facility Take-Home Drugs reimbursement policy. The effective date has been corrected.

Beginning on **February 15, 2019**, Anthem Blue Cross and Blue Shield does not allow reimbursement of take-home drugs — those dispensed by a facility for take-home use under the inpatient or outpatient hospital benefit. Claims submitted by a facility for drugs with revenue codes denoting take-home use will be denied.

www.anthem.com/inmedicaidoc

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

Reimbursement Policy Update: Modifier 25

Anthem Blue Cross and Blue Shield

Serving Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect

Reimbursement Policy Update: Modifier 25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service

(Policy 06-003, effective 04/01/2019)

The Anthem Blue Cross and Blue Shield (Anthem) Modifier 25 reimbursement policy provides the criteria for reimbursement for a significant, separately identifiable evaluation and management (E&M) service performed by the same provider on the same day of the original service or procedure. Effective April 1, 2019, Anthem does not allow separate reimbursement for E&Ms performed on the same day as a major surgery (90-day global period).

For additional information, refer to the Modifier 25 reimbursement policy at www.anthem.com/inmedicaidoc.

www.anthem.com/inmedicaiddoc

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

My Diverse Patients: a website to support your diverse patients

Anthem Blue Cross and Blue Shield

Serving Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect

While there's no single, easy answer to the issue of health care disparities, the vision of My Diverse Patients is to harness the power of data and identify ways to bridge gaps often experienced by diverse populations.

We've heard it all our lives: in order to be fair, you should treat everybody the same. But the challenge is that everybody is *not* the same — and these differences can lead to critical disparities not only in how patients access health care, but in their outcomes as well.

The reality is that the burden of illness, premature death and disability disproportionately affects certain populations. My Diverse Patients features robust educational resources to help support you in addressing these disparities, such as:

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

Accelerate your journey to becoming your patients' trusted health care partner by visiting <https://mydiversepatients.com> today. You may also access the site with the QR code provided.



February 2019 Anthem Indiana Provider Newsletter

www.anthem.com/inmedicaidoc

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

New specialty pharmacy medical step therapy requirements

Anthem Blue Cross and Blue Shield

Serving Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect

Effective for dates of service on and after May 1, 2019, the specialty pharmacy drugs and corresponding codes from current clinical criteria noted below will be included in our medical step therapy precertification review process. Step therapy review applies upon precertification initiation or renewal in addition to the current medical necessity review (as is done currently).

The clinical criteria below have been updated to include the requirement of a preferred agent effective May 1, 2019.

Clinical criteria	Preferred drug	Nonpreferred drug
ING-CC-0001	Retacrit (Q5106)	Procrit (J0885)
ING-CC-0002	Zarxio (Q5101)	Neupogen (J1442), Granix (J1447) and Nivestym (Q5110)

The clinical criteria is publicly available on our provider website. Visit [Clinical Criteria](#) to search for specific clinical criteria.

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

- Hoosier Healthwise: **1-866-408-6132**
- Healthy Indiana Plan: **1-844-533-1995**
- Hoosier Care Connect: **1-844-284-1798**

www.anthem.com/inmedicaidoc

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

Anthem is expanding their partnership with AIM Specialty Health

Anthem Blue Cross and Blue Shield

Serving Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect

Anthem Blue Cross and Blue Shield (Anthem) is expanding their partnership with AIM Specialty Health® (AIM) for outpatient rehabilitative and habilitative services.

Effective March 1, 2019, AIM will provide health services review for prior authorization (PA) of physical therapy, occupational therapy and speech therapy for members enrolled in Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect.

This transition of utilization management services to AIM does not apply to the Franciscan Alliance Accountable Care Organization/St. Francis Health Network (or other delegated partners). Applied behavioral analysis (ABA) therapy remains covered for the treatment of autism spectrum disorder (ASD) for members 20 years of age and younger. ABA therapy services require PA, subject to the criteria outlined in *Indiana Administrative Code 405 IAC 5-3*. ABA requests will remain at the health plan. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services will also remain at the health plan.

As a reminder, outpatient therapy services currently require PA. Initial evaluations will not require PA, however, providers will be required to request authorizations for all services beginning with the first treatment visit.

AIM will continue to use Anthem clinical guidelines CG.REHAB.04, CG.REHAB.05, and CG.REHAB.06 for review of these services. The clinical guidelines can be reviewed on the Medical Policies and Clinical UM Guidelines Search tool located on the Anthem provider website at <https://www11.anthem.com/search.html>. You can also review them within Availity by selecting **Clinical Resources** in the *Education and Reference Center* under *Payer Spaces*.

AIM peer-to-peer

If a peer-to-peer review is needed, AIM will contact the provider **prior** to rendering a denial. Three attempts will be made by AIM to complete the peer-to-peer review. If AIM is unsuccessful in reaching the provider, a denial decision will be rendered.

AIM reconsideration

AIM will accept reconsideration review requests via phone at **1-800-714-0040** or via the AIM portal up to 10 business days from the denial decision date. AIM will render the reconsideration decision and send the notification letter within seven business days.

Pre-service review requirements

Beginning February 11, 2019, providers will be able to contact AIM for prior authorization for

February 2019 Anthem Indiana Provider Newsletter

services to take place on or after March 1, 2019. Providers are strongly encouraged to verify that a prior authorization has been obtained before scheduling and performing services.

Any authorizations approved through Anthem prior to March 1, 2019, will be honored and claims will process accordingly. For example, if a provider received an authorization for services starting on February 1, 2019, and the services will extend beyond March 1, 2019, the provider does not need to request a new authorization for services rendered after March 1, 2019.

How to place a review request

Providers can utilize the Prior Authorization Lookup Tool (PLUTO) located on the Anthem provider website at <https://mediproviders.anthem.com/in/Pages/precertification-lookup.aspx> to determine if a specific code requires prior authorization. PLUTO allows the user to search by CPT code, HCPCS code or code description.

Providers must utilize the AIM portal or call AIM directly to initiate a new request. The AIM **ProviderPortal**SM is available 24/7 except for scheduled maintenance and is the fastest, easiest way to contact AIM. The **ProviderPortal** offers a convenient way to enter your service requests or check the status of your previous services. Go to www.aimspecialtyhealth.com/goweb to begin. **Registration is required and opens February 11, 2019.**

To request prior authorization for outpatient therapy services, please follow this process:

- Log in to the AIM portal at <https://providerportal.com> or access the AIM portal via Availity at <https://www.availity.com>.
- Providers may contact AIM toll-free at **1-800-714-0040**. Hours of operation are Monday through Friday from 8 a.m. to 8 p.m. Eastern time.
- Fax requests are not accepted for initial services reviewed by AIM.

While PA procedures for musculoskeletal services have changed as noted above, certain core services and capabilities — while subject to future changes, independent of AIM's role in musculoskeletal services PA — remain unchanged at this time, including:

- Claims processing
- The network of providers offering these services to our members

Please note that adhering to these new policies and procedures is required to assure appropriate payment of claims. Should you have questions, please contact your local Network Relations representative. You may also contact Provider Services at the following numbers:

- Hoosier Healthwise: **1-866-408-6132**
- Healthy Indiana Plan: **1-844-533-1995**

February 2019 Anthem Indiana Provider Newsletter

- Hoosier Care Connect: **1-844-284-1798**

For resources to help your practice get started with the Rehabilitation Program, go to www.aimprovider.com/rehabilitation.

www.anthem.com/inmedicaidoc

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

Introducing a new clinical criteria webpage for injectable, infused or implanted drugs covered under the medical benefit

Anthem Blue Cross and Blue Shield Serving Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect

Beginning March 1, 2019, providers will be able to view the [Clinical Criteria](#) website to review clinical criteria for all injectable, infused or implanted prescription drugs.

This new website will provide the clinical criteria documents for all injectable, infused, or implanted prescription drugs and therapies covered under the medical benefit. These clinical criteria documents are not yet being used for clinical reviews, but are available to providers for familiarization of the new location and formatting.

Once finalized, providers will be notified prior to implementation of clinical criteria documents. Injectable oncology drug clinical criteria will not be posted on this website until mid-2019. Until implementation, providers should continue to access the clinical criteria for medications covered under the medical benefit through the standard process.

If you have questions or feedback, please email us at druglist@anthem.com.

www.anthem.com/inmedicaidoc

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.