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Update to AIM Specialty Health clinical appropriateness guidelines

Advanced imaging appropriate use criteria: Imaging of the heart

Effective for dates of service on and after January 28, 2019, the following updates will apply to the AIM Specialty Health© (AIM), a separate company, clinical appropriateness guidelines: advanced imaging appropriate use criteria: imaging of the heart:

Carotid duplex ultrasound

- Criteria removed for evaluation of syncope in patients with suspected extracranial arterial disease
- New criteria address evaluation of TAVR (TAVI) in patients with suspected or established extracranial arterial disease

Myocardial perfusion imaging (MPI), stress echocardiography, cardiac PET, and coronary CT angiography (CCTA)

- Clarifications address exercise-induced syncope and exercise-induced dizziness, lightheadedness or near syncope in symptomatic patients with suspected coronary artery disease

MPI, stress echocardiography, cardiac PET

- Criteria added to allow annual surveillance of coronary artery disease in patients with established CAD post-cardiac transplant
- Clarified definition of established coronary artery disease when diagnosed by CCTA
 - More restrictive for patients diagnosed with coronary artery disease by prior coronary angiography, as FFR must be ≤ 0.8
 - More permissive for patients diagnosed with coronary artery disease by CCTA with FFR ≤ 0.8 (patients previously excluded)

Resting transthoracic echocardiography (TTE)

- New criteria for evaluation of ventricular function in patients who have undergone cardiac transplantation.

Cardiac MRI

- New criteria allows for annual study to quantify cardiac iron load in chronically ill patients with cardiomyopathy who require frequent blood transfusions (e.g., thalassemia)
- Removed allowance for annual LV function evaluation when echocardiography is suboptimal

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

- Access AIM's ProviderPortalSM directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web Portal at availity.com.
- Call the AIM Contact Center toll-free number: 1-800-554-0580, Monday-Friday, 8:30 a.m.-7:00 p.m. ET.

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 on [AIM's website](#).

Please note, this program does not apply to FEP.

Update to AIM Specialty Health radiation oncology clinical appropriateness guidelines

Effective for dates of service on and after January 28, 2019, the following updates will apply to the AIM Specialty Health© (AIM), a separate company, radiation oncology clinical appropriateness guidelines.

Breast cancer

- Removed age and tumor size criteria for accelerated whole breast irradiation (AWBI)

Rectal cancer

- Modified criteria no longer limits treatment with IMRT for rectal adenocarcinoma

Pancreatic cancer

- Added criteria for SBRT in treating locally advanced or recurrent disease without evidence of distant metastasis

Head and neck cancer

- Added criteria to allow IMRT for head and neck lymphomas
- Clarified no IMRT for stage I/II glottic cancer

Lung cancer

- Added DVH parameter for cardiac V50

Sarcoma

- Removed preoperative and joint sparing requirements for IMRT

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Prostate cancer

- Added discussion on hypofractionation
- Added discussion on brachytherapy

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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 on AIM's [website](#).

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

Update to AIM Specialty Health sleep disorder management clinical appropriateness guidelines

Effective for dates of service on and after January 28, 2019, CPT code A7047 (oral interface used with respiratory suction pump) will be removed from the AIM Specialty Health© (AIM), a separate company, sleep disorder management clinical appropriateness guidelines and will no longer apply.

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

- Access AIM's ProviderPortalSM directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web Portal at availity.com
- Call the AIM Contact Center toll-free number: 1-800-554-0580, Monday-Friday, 8:30 a.m.-7:00 p.m. ET.

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 on AIM's [website](#).

Please note, this program does not apply to FEP.

Anthem fights opioid addiction: Extension for Community Healthcare Outcomes and Quality Medication-Assisted Therapy

Extension for Community Healthcare Outcomes (ECHO)

Opioid overdose rates continue to rise. With the support of MAT ECHO, you can help save lives. Join one of several video tele-consultative ECHO learning communities nationwide and participate with other clinicians learning about medication-assisted treatment for individuals with opioid disorders. For more information, visit the [ECHO website](#).

Benefits of participating include:

- Addiction treatment training.
- Free continuing education credits.
- Opportunity to receive expert input on your (de-identified) patient cases.
- Access to a virtual learning community for treatment guidelines, tools and patient resources.
- Opportunity to ask questions and get a variety of support from specialists.

Quality Medication-Assisted Therapy (MAT)

To help ensure members have access to comprehensive evidence-based care, Anthem is committed to helping its providers double the number of members who receive behavioral health services as part of MAT for opioid addiction.

When treating patients with opioid use disorder, it is considered best practice to offer and arrange evidence-based treatment. This usually consists of MAT with buprenorphine or, in some plans, methadone maintenance treatment in combination with behavioral therapies. Behavioral therapies focused on medication adherence and relapse prevention can improve MAT outcomes and improve other social determinants of health, including development of an enhanced social support network in recovery.

For more information

For more information about best practices for medication-assisted treatment, please read the American Society of Addiction Medicine's [National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use](#).

You can also contact Jennifer Tripp by email at jennifer.tripp@anthem.com for more information about the ECHO and MAT programs.

Health Care Reform (including Health Insurance Exchange) Updates and Notifications

Please be sure to check the Health Care Reform Updates and Notifications and Health Insurance Exchange sections at anthem.com for new updates on health care reform and Health Insurance Exchanges.

Sign up to receive immediate notification of new information.

Note that in addition to this newsletter and our website, we also use our email communication, *Network eUpdates*, to communicate new information.

If you are not yet signed up to receive *Network eUpdates*, we encourage you to enroll now so you'll be sure to receive all information that we send about Exchanges. Sign up [here](#).

Access patient-specific drug benefit information through EMR

Providers can access real-time, patient-specific prescription drug benefit information at the point of care. It is part of the e-prescribing process, and is located within a provider's electronic medical record (EMR) system.

This functionality helps providers determine prescription coverage quicker by sharing information about patient drug cost, formulary, and coverage alerts such as prior authorization to sending a prescription to the pharmacy. This information can help providers proactively identify barriers to medication compliance. For example, if a medication is too costly for the member, alternatives can be discussed prior to the patient leaving the provider's office.

Providers can find the following patient-specific prescription benefit information with their EMR:

- Formulary status of selected medication
- Pricing of medication at a retail and mail order pharmacy
- Formulary alternatives
- Coverage alerts, including prior authorization and step therapy

Providers should contact their IT department or EMR system with questions regarding access to real-time prescription drug benefit functionality. Upgrades to EMR software may be required.

Anthem expands specialty pharmacy prior authorization list

Effective for dates of service on and after January 1, 2019, the following specialty pharmacy codes from new or current medical policies or clinical UM guidelines will be included in our prior authorization review process.

Please note, inclusion of NDC code on your claim will shorten the claim processing 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.

The following clinical guidelines or medical policies will be effective January 1, 2019:

Coverage or Clinical UM Guideline	Drug	HCPCS/ CPT Code	NDC Code	Comments
DRUG.00096	Trogarzo™	J3490 J3590	62064-0122-02	New policy

Anthem expands specialty pharmacy level of care (clinical site of care) drug list

Effective for dates of service on and after January 1, 2019, the following specialty pharmacy codes from new or current medical policies or clinical UM guidelines will be included in our existing specialty pharmacy level of care review process.

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

View the [Level of Care \(Clinical Site of Care\) drug list](#) and [Level of Care \(Clinical Site of Care\) pre-service clinical review FAQs](#) for more information.

Medical Policy or Clinical UM Guideline	Drug	HCPCS/ CPT Code	NDC Code
CG-DRUG-16	Fulphila™	Q5108	67457-0833-06

Anthem expands specialty pharmacy clinically equivalent drug list

Effective for dates of service on and after January 1, 2019, the following specialty pharmacy codes from new or current medical policies or clinical UM guidelines will be included in our existing specialty pharmacy clinically equivalent review process.

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

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

Medical Policy or Clinical UM Guideline	Drug	HCPCS/ CPT Code	NDC Code
CG-DRUG-16	Fulphila™	Q5108	67457-0833-06

Pharmacy information available at anthem.com

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, visit <https://www11.anthem.com/pharmacyinformation/>. The commercial drug list is posted to the website 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, then 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.

Updated Provider Manual posted to anthem.com

Provider Manual Update - Requested Medical Records Submission Functionality

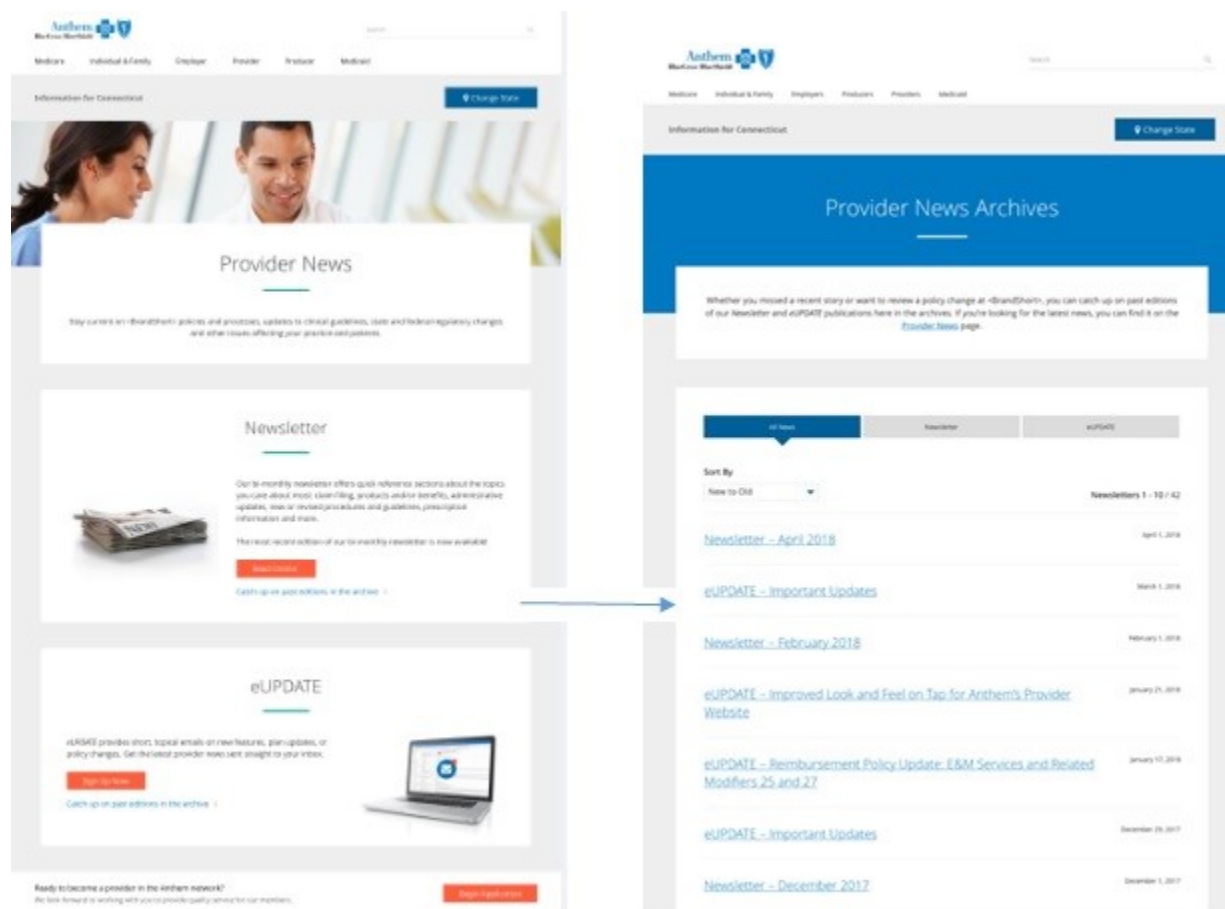
Anthem Blue Cross and Blue Shield (Anthem) recently updated the Claim Inquiry/Adjustment Filing Tips section of our online Provider Manual. The update includes information on functionality to submit medical records requested by Anthem via Availity that was not available when the 2018 Provider Manual was originally posted. More detailed information on this functionality can be found in the [August 2018 Network Update Newsletter](#). The updated

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manual is available on our public provider website at anthem.com. Select **Providers** under **Partners in Health**. On the Provider landing page, select **Find Resources for Your State**, select **Indiana**. On the **Provider home page**, select the Communications menu, then **Publications**. If you have questions, please contact your local Network Relations Consultant at 1-800-455-6805.

Anthem launches additional changes to anthem.com in October

Continuing to build on the initial launch of the new public provider pages, Anthem Blue Cross and Blue Shield (Anthem) recently released a brand new, redesigned landing page for Provider Resources. The most recent release also includes a new Communications page with a clear and concise access point for Newsletters and eUpdates, as pictured below.



This October, anthem.com will be introducing exciting changes to the public provider site. Coming in the next wave of changes, providers can anticipate a new landing page for manuals and an improved, streamlined experience for Reimbursement Policies.

We will continue to keep you informed on upcoming changes to the public provider site as we progress toward streamlining our web platform and other business processes.

Availity: Anthem's EDI Gateway is now through Availity

Anthem has partnered with Availity to operate and service the entry point for all EDI submissions to Anthem, otherwise known as the EDI Gateway.

Who is Availity?

Most of you know Availity as web portal or claims clearinghouse, but they are much more. Availity is also an intelligent EDI Gateway for multiple vendors and will be the EDI connection for all Anthem Inc. and its affiliates.

If you currently use a clearinghouse, billing company or if you submit directly, all your EDI transactions will flow through the Availity EDI Gateway to Anthem.

How are you submitting EDI transactions today?

- If you currently transmit your EDI Submissions using a clearinghouse or Billing Company, you should contact your clearinghouse to confirm your EDI submission path has not changed.
- If you are notified of any potential impacts with connectivity, workflow or financial, please know there is no cost alternate submission options available with Availity.
- If you currently submit directly to Anthem and already have an Availity login for the portal, you can use that same login for your EDI services.
- Please visit <https://apps.availity.com/web/welcome/#/anthem> to learn more.

How can you directly transmit EDI submission to Availity?

Below are the different ways you can submit direct EDI transactions to Availity:

- Submit transaction files through FTP - If you work with a practice management system, health information system, or other automated system that supports an FTP connection, you can securely upload EDI transactions to the Availity FTP site where they are automatically picked up by Availity and submitted to Anthem
- Submit transaction files through the Availity Portal - If you have batch files of EDI transactions that you need to process and you choose not to use the Availity FTP site, you can manually upload the batch files through the Availity Portal.
- Submit transactions through manual data entry in the Availity Portal - The Availity Portal makes it easy to submit transactions, such as eligibility and benefits inquiries or

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claims, by entering data into our user-friendly web forms.

What are your next steps?

- It may take time to work with your clearinghouse or billing company, so please take action now to help ensure continuity of your EDI transactions.
- If you choose to submit direct, we recommend that you register with Availity for your EDI transmissions and begin migrating your volume by the end of 2018 by visiting this URL- <https://apps.availity.com/web/welcome/#/anthem>
- The EDI transactions include the 837, 835 and 27X (eligibility and claim status).
- Availity will be working directly with your Clearinghouse, Billing Companies or your organization if you choose to submit directly.

We look forward to delivering a smooth transition to the Availity EDI Gateway. If you have any questions please contact Availity Client Services at 1-800-Availity (1-800-282-4548) Monday through Friday 8:00 a.m. to 7:30 p.m. Eastern Time.

Availity EDI Gateway Webinars Scheduled

Great news! Anthem, Inc. and our affiliates now use Availity as our designated EDI service. If you currently use a clearinghouse, billing company, or if you submit directly, all your EDI transactions will flow through the Availity EDI Gateway to Anthem.

Check out this webinar for lots of great information to get you started. At the end of the training, you can participate in a live Q&A session. During this fast paced hour, learn how to:

- Understand Availity's EDI Gateway and Clearinghouse workflow for 837, 270/271, 276/277, and 835 transactions.
- Use the Availity Portal to manage file transfers, set up EDI reporting preferences, manage your FTP account, and more.
- Enroll for and manage 835 ERA delivery with Availity.
- Access and navigate the Availity EDI Guide.
- and more....

Upcoming Sessions

Currently scheduled upcoming sessions include:

- October 29, 2018, 1:00 p.m. – 2:00 p.m. ET
- November 7, 2018, 11:00 a.m. – 12:00 p.m. ET

Enroll

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1. Log in to the Availity Portal.
2. Select Help and Training > Get Trained.
3. In the Availity Learning Center (ALC) Catalog, select Sessions.
4. Scroll Your Calendar to find and enroll for a live session.

Can't make it?

We've got you covered with a recording of a previous live session. In the ALC, search the Catalog by keyword (song) and enroll for the on-demand option.

Need Help?

Email training@availity.com if you have issues enrolling for a live webinar.

Explore new enhancements to the Availity Education and Reference Center

The Availity Education and Reference Center (ERC) offers the Communication & Education section where you can find training materials, important policy information, commonly used forms and reference guides on Anthem's proprietary tools. When you visit the ERC, you can efficiently navigate to all available electronic resources using only the Availity Portal.

The Communication and Education section includes two new categories to help make it easier for you to find what you need: Payer Spaces and Interactive Care Reviewer.

With an Availity log in you can easily view any new content added to the ERC. There is no additional role assignment needed.

Find the ERC on the Availity Portal under Payer Spaces / Anthem / Applications. If you are having trouble locating the Education and Reference Center, type Education and Reference Center in the Availity Search option located on the top navigation menu. Select the heart next to the application to save it to your Favorites.

Special Investigations Unit (SIU) Updates: FDA Warnings

The Special Investigations Unit (SIU) is tasked to conduct investigations involving allegations of fraud, waste and abuse, to work with our providers to resolve billing practice issues in order to reduce or eliminate future payment issues, and, where appropriate, to recover overpayments.

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As part of Anthem's role to safeguard our members and provide relevant information to providers we are relaying the following recent Food and Drug Administration (FDA) Warning Letters:

Estring - On June 19, 2018 the Food and Drug Administration issued a letter of warning to Pfizer for "false or misleading" promotional materials related to ESTRING® (estradiol vaginal ring). According to the FDA the posted "... video is especially concerning from a public health perspective because it fails to include **any** risk information about Estring, which is a drug that bears a boxed warning due to several serious, life-threatening risks, including endometrial cancer, breast cancer, and cardiovascular disorders, as well as numerous contraindications and warnings. The video thus creates a misleading impression about the safety and efficacy of Estring".

Xtampza ER --On February 9, 2018 the Food and Drug Administration issued a letter of warning to Collegium Pharmaceuticals for publicly providing false or misleading representations regarding Xtampza (oxycodone) ER because it "fails to adequately communicate information about the serious risks associated with Xtampza ER use".

Further details regarding these Warning Letters from the FDA can be obtained from the [FDA website](#):

- [Information about Estring](#)
- [Information about Xtampza ER](#)

HEDIS® 2018: Provider Incentive Winners Announced!

We have completed the HEDIS data collection for 2018 and want to thank all of our provider offices and their staff who assisted us. Your collaboration in this process allows us to strive for the best HEDIS results possible.

This is the seventh year for our incentive program to acknowledge some of our providers who either responded in a timely manner or went "Above and Beyond" to help make our HEDIS data collection successful. Any practices that responded within five business days of our initial request or who went out of their way by taking additional steps to help us with data collection were entered in a drawing to receive a gift. We are pleased to announce that our incentive winners are as follows:

HEDIS Drawing Winners

- Central Indiana Podiatry PC

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- Hazel Dell Family Care
- Cornerstone Family Physicians PC
- Joshi Pediatrics
- IU Health Physicians Primary Care Methodist Eagle Highlands - Dr. LaRosa

Above and Beyond Winners

- Indiana University Health/Revenue Cycle Services
- Parkview Randallia Hospital, Release of Information
- St. Catherine Hospital
- St. Vincent Medical Group/St. Vincent Parkwood West

Our HEDIS results reflect the care you provide to our members. Now is the time to review your patient's records to ensure that they have received their preventative care and/or immunizations before the end of the year.

An overview of our HEDIS rates will be published in the 4th quarter provider newsletter. In addition more information on HEDIS can be found by visiting the provider portal at: www.anthem.com and select *Provider*, then *Indiana*, then *Health & Wellness*, then *Quality Improvement and Standards*, then *HEDIS Information*.

Thanks again to all of our provider offices and their staff for assisting us in collecting HEDIS data. We look forward to working with you next HEDIS season!

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

Are you looking for innovative ways to improve your patients' experiences and earn CME credits?

Numerous studies have shown that a patient's primary health care experience and, to some extent their health care outcomes, are largely dependent upon health care provider and patient interactions. Anthem Blue Cross and Blue Shield (Anthem) offers a new online learning course, *What Matters Most: Improving the Patient Experience*, to address gaps in and offer approaches to communication with patients. This curriculum is available at no cost to providers and their clinical staff nationwide and is acceptable for up to one (1) prescribed credit by the American Academy of Family Physicians.

Through the use of compelling real-life stories that convey practical strategies for implementing patient care, providers learn how to apply best practices.

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Did you know?

- Substantial evidence points to a positive association between the patient experience and health outcomes.
- Patients with chronic conditions, such as Diabetes, demonstrate greater self-management skills and quality of life when they report positive interactions with their health care providers.
- Patients reporting the poorest-quality relationships with their physicians were three times more likely to voluntarily leave the physician's practice than patients with the highest-quality relationships.

How will this benefit you and your office staff? You'll learn tips and techniques to:

- Improve communication skills.
- Build patient trust and commitment.
- Expand your knowledge of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

The course can be accessed at **www.patientexptraining.com** using your smartphone, tablet, or computer.

Like you, Anthem is committed to improving the patient experience in all interactions, and we are proud to work collaboratively with our provider network to provide support and tools to reach our goal.

Take the course today!

Update to Durable Medical Equipment - effective October 14, 2018

Effective October 14, 2018, Anthem BCBS will enforce the requirement to bill the correct modifier and HCPCS for services utilized. Incorrect billing will be rejected and claims will be returned to the provider for correction and resubmittal.

Durable Medical Equipment (DME) may be purchased, rented or rented until the purchase price has been paid.

Correct billing will allow member benefits to be applied correctly to include benefit accumulations for a member's DME benefits.

Clinical practice and preventive health guidelines

As part of our commitment to provide you with the latest clinical information and educational materials, we have adopted nationally recognized medical, behavioral health, and preventive health guidelines, which are available on anthem.com. The guidelines, which are used for our Quality programs, are based on reasonable medical evidence, and are reviewed for content accuracy, current primary sources, the newest technological advances and recent medical research. All guidelines are reviewed annually, and updated as needed. The current guidelines are available on our website. To access the guidelines, select your state: [Indiana](#), [Kentucky](#), [Missouri](#), [Ohio](#), [Wisconsin](#).

Integrated Medical and Behavioral Healthcare Services Billing

In our ongoing efforts to encourage medical and behavioral health integration, Anthem continues to promote early identification and intervention of behavioral health issues through primary care.

Anthem currently reimburses for screening and assessment for behavioral health and substance use through billing the following codes:

- G0396 /99408 - Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes
- G0397 / 99409 - Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention, greater than 30 minutes
- G0442 - Annual alcohol misuse screening, 15 minutes £ G0443 - Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
- G0443 - Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
- G0444 - Annual depression screening, 15 minutes

Anthem also supports behavioral counseling for specific chronic conditions while in the primary care office. These services include:

- G0446 - Annual, face-to-face intensive behavioral therapy for cardiovascular disease, 15 minutes
- G0447 - Face-to-face behavioral counseling for obesity, 15 minutes
- G0473 - Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes

In addition, Anthem reimburses for the psychiatric collaborative care codes; procedure codes 99492, 99493, 99494 are used to report these services. These codes are reportable by primary care for their collaboration with a qualified behavioral health provider, such as a Psychiatrist, Licensed Clinical Social Worker, etc. Care is directed by the primary care team

and includes structured care management with regular assessments of clinical status using validated tools and modification of treatment as appropriate. The psychiatric consultant provides regular consultations to the primary care team to review the clinical status and care of patients and to make recommendations. These codes are intended to represent the care and management for patients with behavioral health conditions that often require extensive discussion, information-sharing, and planning between a primary care physician and a BH specialist. The American Psychiatric Association (APA) has created a training program for primary care on the collaborative care model and the use of these codes. It can be found at [APA Training Module](#).

Tips for billing CPT modifier 33

The modifier 33 was created to aid compliance with the Affordable Care Act (ACA) which prohibits member cost sharing for defined preventive services for non-grandfathered policies. The appropriate use of modifier 33 will reduce claim adjustments related to preventive services and your corresponding refunds to members.

Modifier 33 is applicable to CPT codes representing preventive care services. CPT codes not appended with modifier 33 will process under the member's medical or preventive benefits, based on the diagnosis and CPT codes submitted.

Modifier 33 should be appended to codes represented for services described in the US Preventive Services Task Force (USPSTF) A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents, and women supported by the Health Resources and Services Administration (HRSA) Guidelines.

The CPT® 2018 Professional Edition manual shares the following information regarding the billing of modifier 33, "When the primary purpose of the service is the delivery of an evidence based service in accordance with a US Preventive Services Task Force A or B rating in effect and other preventive services identified in preventive mandates (legislative or regulatory), the service may be identified by adding 33 to the procedure. For separately reported services specifically identified as preventive, the modifier should not be used."

Medical Policy and Clinical Guidelines Updates

The following new and revised medical policies were endorsed at the July 26, 2018 Medical Policy & Technology Assessment Committee (MPTAC) meeting. These, and all Anthem

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medical policies, are available at anthem.com/providers, scroll down and select *Find Resources for Indiana*, then from the Indiana Provider Home Page, select [Medical Policies and Clinical UM Guidelines](#).

These medical policies were converted to clinical guidelines and became effective on September 20, 2018.

New Clinical Guideline	Content Moved From Clinical Guideline and/or Medical Policy
CG-DME-45 Ultrasound Bone Growth Stimulation	Content moved from DME.00027 No change to position statement → clinical indications
CG-MED-73 Hyperbaric Oxygen Therapy (Systemic/Topical)	Content moved from MED.00005 No change to position statement → clinical indications
CG-MED-74 Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry	Content moved from MED.00051 No change to position statement → clinical indications
CG-MED-75 Medical and Other Non-Behavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome	Content moved from MED.00107 No change to position statement → clinical indications
CG-MED-76 Magnetic Source Imaging and Magnetoencephalography	Content moved from RAD.00019 No change to position statement → clinical indications
CG-MED-77 SPECT/CT Fusion Imaging	Content moved from RAD.00042 No change to position statement → clinical indications
CG-REHAB-11 Cognitive Rehabilitation	Content moved from MED.00081 Removed "Note" in Clinical Indications referring to CG-REHAB-09 Acute Inpatient Rehabilitation
CG-SURG-81 Cochlear Implants and Auditory Brainstem Implants	Content moved from SURG.00014 No change to position statement → clinical indications
CG-SURG-82 Bone-Anchored and Bone Conduction Hearing Aids	Content moved from SURG.00020 No change to position statement → clinical indications
CG-SURG-84 Mandibular/Maxillary (Orthognathic) Surgery	Content moved from SURG.00049 No change to position statement → clinical indications
CG-SURG-87 Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring	Content moved from SURG.00074 Revised title - Previous title: Nasal Surgery for the Treatment of Obstructive Sleep Apnea (OSA) and Snoring No change to position statement → clinical indications
CG-SURG-88 Mastectomy for Gynecomastia	Content moved from SURG.00085 No change to position statement → clinical indications
CG-SURG-89 Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia	Content moved from SURG.00090 No change to position statement → clinical indications
CG-TRANS-03 Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation	Content moved from TRANS.00018 No change to position statement → clinical indications

These medical policies were converted to clinical guidelines and will become effective on October 31, 2018

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New Clinical Guideline	Content Moved From Clinical Guideline and/or Medical Policy
CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity	Content moved from SURG.00024 No change to position statement → clinical indications
CG-SURG-85 Hip Resurfacing	Content moved from SURG.00051 No change to position statement → clinical indications
CG-SURG-86 Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection	Content moved from SURG.00054 No change to position statement → clinical indications

This new medical policy will be implemented on January 1, 2019.

New Medical Policy	Content
GENE.00049 Circulating Tumor DNA Testing for Cancer (Liquid Biopsy)	MPTAC approved this new medical policy which reflects the following: The use of a circulating tumor DNA (ctDNA) test for the diagnosis or treatment of cancer is considered investigational and not medically necessary (INV&NMN) for all indications

This medical policy has been revised and will be effective January 1, 2019.

New Medical Policy	Content
ANC.00007 Cosmetic and Reconstructive Services: Skin Related	MPTAC approved revision of policy which reflects the following: <ul style="list-style-type: none"> • Added microneedling (also known as percutaneous collagen induction therapy or skin needling) as COS&NMN for all indications

This medical policy is archived effective September 1, 2018.

GENE.00008 - Analysis of Fecal DNA for Colorectal Cancer Screening and Surveillance

New Reimbursement Policy - Facility Revenue Code Billing

Beginning with dates of service on or after January 1, 2019, Anthem Blue Cross and Blue Shield (Anthem) will require that facilities billing outpatient services on a UB04 report current and valid CPT or HCPCS codes with revenue codes as specified by the National Uniform Billing Committee (NUBC). Anthem will also require that outpatient facilities report current and valid CPT or HCPCS codes for remaining revenue codes when, and if, appropriate CPT or HCPCS codes are available for the revenue codes being reported. In addition, Anthem will require that applicable CPT or HCPCS modifiers be reported with the CPT or HCPCS codes to clarify or improve the accuracy of the procedure being reported when appropriate. For more information about this new policy, visit the [Indiana facility reimbursement policy](#) page at

anthem.com/provider.

Reimbursement Policy Update - Readmissions (Facility)

Beginning with dates of service on or after January 1, 2019, Anthem Blue Cross and Blue Shield (Anthem) will include readmissions for psychiatric diagnoses as readmissions that are not be eligible for reimbursement when the readmission is within 30 days from discharge of the original admission for the same, similar or related diagnosis or for a complication arising out of the first admission. For more information, review the policy dated January 1, 2019 by visiting the [Indiana facility reimbursement policy](http://anthem.com/provider) page at anthem.com/provider.

View reimbursement policies online at anthem.com

To find Anthem's professional and facility reimbursement policies online, select your state: [Indiana](#), [Kentucky](#), [Missouri](#), [Ohio](#), [Wisconsin](#).

Genetic testing prior authorization by ordering physician helps ensure accurate lab payment

The AIM Genetic Testing program requires ordering providers to request medical necessity review of all genetic testing services for individual Medicare Advantage members. Requesting this prior authorization will help ensure that the lab receives timely and accurate payment for these services.

Please submit genetic testing prior authorization requests to AIM through one of the following ways:

- Access AIM ProviderPortalSM directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web Portal at availity.com
- Call the AIM Contact Center toll-free number at 800-714-0040, Monday-Friday, 7 a.m.-7p.m. CT.

For further questions regarding prior authorization requirements, please contact the Provider Services number on the back of your patient's ID card.

Anthem transitions MA back pain management and cardiology UM programs from OrthoNet to AIM

Effective January 1, 2019, Anthem will transition its Medicare back pain management and cardiology programs from OrthoNet LLC to AIM Specialty Health® (AIM), a specialty health benefits company. Anthem has an existing relationship with AIM in the administration of other medical management programs. Additional information will be available at Important Medicare Advantage Updates at anthem.com/medicareprovider.

Please evaluate statin use for MA members with diabetes, cardiovascular disease

The Centers for Medicare & Medicaid Services has increased its emphasis on the appropriate use of statins among Medicare Advantage beneficiaries diagnosed with diabetes and cardiovascular disease. Please evaluate whether your patients with diabetes and/or cardiovascular disease would be appropriate candidates for statin therapy.

The 2013 American College of Cardiology and the American Heart Association Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults supports the use of moderate-intensity statin therapy in persons with diabetes 40 to 75 years of age to reduce the risks of atherosclerotic cardiovascular disease (ASCVD) events. High-intensity statin therapy is recommended if the patient has an estimated 10-year ASCVD risk greater than or equal to 7.5 percent. For males 21-75 and females 40-75 years of age with clinical ASCVD, high-intensity statin therapy is recommended unless contraindicated. These guidelines recommend statin therapy in these scenarios regardless of what patient LDL values are. Please evaluate if your patients with diabetes and/or cardiovascular disease would be appropriate candidates for statin therapy.

Formulary agents are listed below:

Moderate-intensity statin therapy (formulary agents)

Drug (brand)	Dose
atorvastatin**	10 mg, 20 mg
rosuvastatin*	5 mg, 10 mg
simvastatin**	20 mg, 30 mg, 40 mg
pravastatin**	40 mg, 80 mg
lovastatin**	40 mg

High-intensity statin therapy (formulary agents)

Drug (brand)	Dose
atorvastatin**	40 mg, 80 mg
rosuvastatin*	20 mg, 40 mg

*Rosuvastatin (Crestor) is a preferred brand medication on the Medicare formulary.

**Available for a \$0 co-pay for most plans in 2018

Medicare pharmacy and prescriber home starts January 2019

Per guidance established by the Comprehensive Addiction and Recovery Act of 2016, the Centers for Medicare & Medicaid Services has established provisions to develop a pharmacy and prescriber home program for opioid medications.

Beginning January 1, 2019, Anthem will work with beneficiaries and providers to help to reduce the risk of opioid dependency by streamlining access to opioid medications. If a beneficiary is exhibiting at-risk opioid medication utilization, the plan sponsor will work with the beneficiary and provider to select a pharmacy home and prescriber home for the beneficiary's opioid medications.

At risk is defined by CMS as:

1. Greater than 90 mg per day cumulative morphine milligram equivalent (MME)
2. Greater than three (3) opioid prescribers and greater than three (3) opioid dispensing pharmacies, or
3. Greater than five (5) opioid prescribers, regardless of the number of pharmacies

Please note:

- Cancer, LTC and Hospice are exempt
- Beneficiaries will have the choice of which pharmacy or prescriber to select as their home.
- Plan sponsors will request agreement from the provider selected as the home.
- At this time, only opioid and benzodiazepine medications will be delegated to a home pharmacy or prescriber.
- Both beneficiaries and providers will receive letters to explain what is happening and how it will happen.
- Beneficiaries retain the right to request a coverage determination and may choose to change their Home pharmacy or prescriber at any time.

Keep up with Medicare news

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

- [Prior authorization requirements for Part B drugs: Moxetumomab Pasudotox, Cemiplimab and Fulphila](#)
- [July Medicare Advantage reimbursement policy](#)
- [Submit PA medication requests electronically; new phone number for MA prescription PAs](#)
- [CMS issues regulatory changes for short- and long-acting narcotics; days' supply limits effective Jan. 1, 2019](#)
- [Inpatient Readmissions](#)
- [CMS issues regulatory changes for short- and long-acting narcotics; days' supply limits effective Jan. 1, 2019](#)
- [Submit PA medication requests electronically; new phone number for MA prescription prior authorizations effective Sept. 1, 2018](#)
- [Expanded membership now available for prior authorization via ICR](#)

Streamline workflow with solicited medical attachments

Has your office received a request for additional information to process a claim for an Anthem Blue Cross and Blue Shield (Anthem) member? Those records can now be submitted electronically using the medical attachments feature on the Availity Portal. The medical attachments feature makes submitting electronic documentation in support of a claim simple and streamlined. You can use your TIN or your NPI to register and submit *solicited* (requested by Anthem) medical record attachments.

Our *solicited* medical attachments feature supports an unlimited number of document attachments for each submission and can handle .tiff, .jpg and .pdf attachments. Once your office receives a letter requesting additional documentation, you can send up to 10 attachments through the portal for each claim. The maximum file size is 10 MB per attachment and file sizes larger than 10 MB can be split into smaller ones.

How to access *solicited* medical attachments for your office

Availity admin, complete these steps:

1. From *My Account Dashboard*, select Enrollments Center > Medical Attachments Setup,

follow the prompts and complete the below sections.

2. Select **Application**, then choose **Medical Attachments Registration**.
3. Select **Provider Management**, then **Organization** from the drop-down list. Add NPIs and/or tax IDs. Multiples can be added separated by spaces or semicolons.
4. Assign user access by checking the box in front of the user's name. Users may be removed by unchecking their name.

Using medical attachments

Availity user, complete these steps:

1. Log in to the Availity Portal at <https://www.availity.com>.
2. Select Claims and Payments > Medical Attachments > Send Attachment.
3. Complete all required fields on the form.
4. Attach supporting documentation.
5. Select **Submit**.

Need training?

To access additional training for this Availity feature:

1. Log in to the Availity Portal at <https://www.availity.com>.
2. At the top of any Availity Portal page, choose **Help and Training**, then **Get Trained**. Make sure you do not have a pop-up blocker turned on or the next page may not open.
3. In the new window, a list of available topics will open. Locate and select **Medical Attachments**.
4. Under the Recordings section, select **View Recording**.

Reminder about Medicaid records policy

Anthem Blue Cross and Blue Shield (Anthem) would like to remind all Medicaid providers of the requirement to maintain an adequate record keeping system for all books, documents, papers, accounting records, recording services, charges and other information related to health services rendered to members enrolled in Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect.

As a result of the MegaReg requirements — issued by CMS to update Medicaid managed care regulations — all records must be maintained and, if requested, made available for 10 years from the date of final claim payment (or as required by state and federal regulations).

Coding Spotlight - Obesity

Obesity is a serious issue in the United States. The obesity rate is rising. Obesity has significant health consequences, contributing to increased incidence of several diseases, including metabolic syndrome, high blood pressure, diabetes, heart disease, high blood cholesterol, sleep disorders and cancers.

For detail information on obesity HEDIS® measurements and coding, please view the full update on our [provider website](#).

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

Miscellaneous durable medical equipment (DME) billing guidelines

Reminder: Miscellaneous durable medical equipment (DME) procedure codes (such as *E1399*) cannot be used as an alternative to specific identified codes. Anthem Blue Cross and Blue Shield will conduct post-payment reviews to ensure the right codes for the right services are used. This applies to all claims for Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect members.

In an effort to improve the provider experience, we continually evaluate coding and billing patterns. Recently, we identified trends related to the use of *E1399-DME, miscellaneous*. This code is only intended for use when a more appropriate code is not available. When an appropriate code does exist, that code must be used regardless of your contracted rate. It is not appropriate to use *E1399* for payment increases.

We continue to require prior authorization for the use of miscellaneous code *E1399*. To request prior authorization, you may use one of the following methods:

- Web: <https://www.availity.com>
- Fax: 1-866-406-2803 (inpatient — new emergent); 1-844-765-5156 (inpatient — concurrent emergent/new urgent); 1-844-765-5157 (outpatient)
- Phone:
 - Hoosier Healthwise: 1-866-408-6132
 - Healthy Indiana Plan: 1-844-533-1995
 - Hoosier Care Connect: 1-844-284-1798

As it is not our policy to inform providers of proper billing processes within prior authorization responses, authorization responses do not include code-specific details. If your service was approved but your claim was denied payment when billed using *E1399*, the incorrect code was used. You will need to update the authorization and the claim with the appropriate

HIPAA-compliant HCPCS code.

Anthem will conduct post-payment reviews of code *E1399* to ensure proper use. If it is determined a more appropriate code should have been used, we will notify you in writing and advise you of your appeal rights.

You can find additional information related to miscellaneous codes in the Unlisted, Unspecified or Miscellaneous Codes reimbursement policy at www.anthem.com/inmedicaiddoc > Prior Authorization & Claims > Reimbursement Policies.

Anthem fights opioid addiction: Extension for Community Health Care Outcomes and Quality Medication-Assisted Therapy

Extension for Community Health Care Outcomes (ECHO)

Opioid overdose rates continue to rise. With the medication assisted treatment, you can help save lives! Join one of several video tele-consultative ECHO learning communities nationwide and participate with other clinicians learning about medication-assisted treatment for individuals with opioid disorders. For more information, visit the ECHO website at <https://echo.unm.edu>.

Benefits of participating include:

- Addiction treatment training.
- Free continuing education credits.
- Opportunity to receive expert input on your (de-identified) patient cases.
- Access to a virtual learning community for treatment guidelines, tools and patient resources.
- Opportunity to ask questions and get a variety of support from specialists.

Quality Medication-Assisted Therapy (MAT)

To help ensure members have access to comprehensive evidence-based care, Anthem is committed to helping its providers double the number of members who receive behavioral health services as part of MAT for opioid addiction.

When treating patients with opioid use disorder, it is considered best practice to offer and arrange evidence-based treatment. This usually consists of MAT with naltrexone, buprenorphine or, in some plans, methadone in combination with behavioral therapies. Behavioral therapies focused on medication adherence and relapse prevention can improve MAT outcomes and improve other social determinants of health, including development of an

enhanced social support network in recovery.

For more information

For more information about what is considered best practice for medication-assisted treatment, please read the American Society of Addiction Medicine's [*National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use*](#).

You can also contact Jennifer Tripp by email at jennifer.tripp@anthem.com for more information about the ECHO and MAT programs.

Access to Case Management

Anthem Blue Cross and Blue Shield (Anthem) offers assistance to providers helping patients manage chronic illness through case management. Our case managers - part of an interdisciplinary team of clinicians and other resource professionals - support members, families, primary medical providers and caregivers. The Case Management program includes complex case management for members with complex needs. The program uses the experience and expertise of our Care Coordination team to educate and empower our members to increase their self-management skills, understand their illness and learn about care choices in order to access quality, efficient health care.

Members can refer themselves, physicians can refer patients and caregivers can refer patients or family members to case management by calling the number below. They will be connected to a team member based on their immediate needs. Anthem can help with transitions across levels of care in order for patients and caregivers to be better prepared to make health care decisions and meet goals. Members may also be referred to Case Management through:

- Medical Management program referral.
- Discharge planning referral.
- Practitioner referral.
- Member or caregiver referral.

To contact the Case Management department, call 1-866-902-1690 Monday through Friday, 8 a.m. to 5 p.m., ET.

Pharmacy information available online

Anthem provides information about pharmacy benefits online at www.anthem.com/inmedicaidoc. Once there, select the **Member Eligibility & Benefits**

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tab, then **Pharmacy Benefits**. Under *Preferred Drug & Formulary Search*, select one of the *Preferred Drug List (PDL)* introductions for the following information:

- Drug lists
- Prior authorization criteria
- Procedures for generic substitution
- Step therapy
- Exception requests (Use the forms located on the *Pharmacy Benefits* page.)
- Other management methods subject to prescribing decisions
- Other requirements, restrictions or limitations that apply to using certain drugs

Information about *PDL* changes is located under *Provider Resources* under the *Communications & Updates* section. For information about copayment/coinsurance requirements and their applicable drug classes, see the *Indiana Medicaid Provider Manual* listed under *Manuals, Directories, Training & More*.

Anthem adopts 22nd edition of the MCG care guidelines

Effective with dates of service on and after May 7, 2018, Anthem will begin using the 22nd edition of the MCG care guidelines.

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

Updated Formulary: Asthma controller medication

Effective August 1, 2018, Anthem updated the formulary for asthma controller medications. The table below provides details regarding the new requirements for members:

Inhaled corticosteroid (ICS) products

Medication	Formulary status	May prescribe without Prior Authorization	
		Under age 12	Age 12 and older

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Arnuity® Ellipta®	Preferred		X
Budesonide Respules	Preferred	X (age 0-5)	
Alvesco®	Nonpreferred		
Asmanex HFA	Nonpreferred		
Asmanex Twisthaler®	Nonpreferred	X (age 0-5)	
Flovent® Diskus®	Preferred	X	X
Flovent® HFA	Preferred	X	X
Pulmicort Flexhaler®	Nonpreferred		
Pulmicort Respules®	Nonpreferred		
Qvar Redihaler	Nonpreferred		
Qvar HFA	Preferred only under age 12	X (age 0-11)	

ICS/long-acting beta agonists products

Medication	Formulary status	May prescribe without Prior Authorization	
		Under age 12	Age 12 and older
Breo® Ellipta®	Preferred		X
fluticasone-salmeterol (generic for AirDuo RespiClick®)	Preferred		X
Advair Diskus®	Nonpreferred	X (age 4-11)	
Advair® HFA	Nonpreferred		
Dulera®	Nonpreferred		
Symbicort®	Nonpreferred		

Preferred spacers for inhalers

New name	Type	Status	Available mask	Antistatic	Latex free
Breatherite™	VHC	Preferred	Yes	Yes	Yes
LiteAire®	Spacer	Preferred	N/A		
Microspacer/Chamber	Spacer	Preferred	N/A		
OptiChamber	VHC	Preferred	Yes	Yes	Yes
Pocket Spacer	Spacer	Preferred	N/A		
Vortex®	VHC	Preferred	Yes	Yes	

Prescribing preferred products helps prevent the need for PA as well as eliminates

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the inconvenience of denied medications for your patients.

If you determine preferred products are not clinically appropriate for a specific patient, you can do one of the following to obtain PA:

- Call our Pharmacy department and follow the voice prompts for pharmacy PA at:
 - **1-866-408-6132** for Hoosier Healthwise
 - **1-844-533-1995** for Healthy Indiana Plan
 - **1-844-284-1798** for Hoosier Care Connect
- Fax the *Pharmacy PA Form* (www.anthem.com/inmedicaiddoc / Provider Support / Forms / Pharmacy) and all required information to **1-844-864-7860**
- Submit a request using the electronic PA process at <https://covermyeds.com>