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## **Notice of Material Changes/Amendments to Contract and Prior Authorization Changes: February 2019**

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**Material Changes/Amendments to Contract and Changes to Prior Authorization Requirements** may apply for new or updated reimbursement policies, medical policies, or prior authorization requirements starred (\*) below.

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

### **Clinical criteria updates for specialty pharmacy\***

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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.

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

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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.

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

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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™

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## **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.

<b>Clinical Criteria</b>	<b>Status</b>	<b>Drug</b>	<b>HCPCS or CPT Code</b>	<b>NDC Code</b>
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

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ING-CC-0002	Non-Preferred Agent	Granix <sup>®</sup>	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 <sup>™</sup>	Q5110	00069-0291-10 00069-0291-01 00069-0292-01 00069-0292-10

## Pharmacy information available at anthem.com

Visit [anthem.com/pharmacyinformation](http://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 and marketplace drug lists are posted to the web site quarterly (the first of the month for January, April, July and October).

To locate “Marketplace, Select Formulary” and pharmacy information, scroll down to “Select Drug List.” This drug list is also reviewed and updated regularly as needed.

FEP Pharmacy updates and other pharmacy related information may be accessed at [www.fepblue.org](http://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.

## Reminder: Verify member eligibility on each office visit

As a reminder, Anthem Blue Cross and Blue Shield (Anthem) strongly encourages providers to verify member eligibility on each visit, in addition to obtaining a copy of the ID card. The most current member ID cards no longer show specific cost sharing information, such as copays or coinsurance. Therefore, it is imperative that eligibility is verified, along with the

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confirmation of cost sharing.

Verification of eligibility and cost sharing can be completed in a few different ways:

- The Availity portal's eligibility and benefits feature can provide the coverage effective dates during a benefit period.
- Providers can also call customer service number on the member's ID card to speak with an Anthem representative.

Members must present a current ID card at the time of service. Providers should request the ID card as there may be changes from one benefit period to the next. If the member ID number changes and the services rendered span benefit periods, providers may need to split the services by member ID to avoid claim rejections.

Anthem routinely recommends that members learn more about benefits through our digital and online tools. Members have the ability to view, download, email and fax electronic version of ID cards using the Anthem Anywhere mobile app.

## **Member ID Prefixes**

The Blue Cross Blue Shield Association (BCBSA) assigns member ID prefixes for all Blue Cross and Blue Shield branded plans, Anthem plans, as well as non-Anthem plans. Anthem now assigns prefixes that contain a combination of letters and numbers, or alpha-numeric prefixes.

\*Please take the following actions immediately to avoid possible business disruption:

- Check your EDI software to ensure readiness to accept alpha-numeric prefixes.
- Obtain the most recent member ID card.
- When submitting claims, enter the identification number exactly as it appears on the member's ID card.
- Review any internal documents and update any references to "alpha prefix" to "prefix."

Anthem will continue to focus and expand our consumer tools and content to assist members in making more informed and personalized health care decisions.

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## **HEDIS® 2019: Controlling High Blood Pressure (CBP)**

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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?**

- 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



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**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).*

## **Update regarding E/M with modifier 25 - Professional\***

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### **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\***

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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**

**Effective May 1, 2019**

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

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
CG-BEH-01 Screening and Assessment for Autism Spectrum Disorders and Rett Syndrome	<ul style="list-style-type: none"> <li>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</li> </ul>	5/1/2019
CG-MED-79 Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems	<ul style="list-style-type: none"> <li>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 &amp; new CPT 81171, 88172 for AFF2 gene replacing Tier 2 eff 01/01/19</li> <li>Content moved from MED.00100</li> <li>No change to clinical indications</li> </ul>	1/3/2019
CG-MED-80 Positron Emission Tomography (PET) and PET/CT Fusion*	<ul style="list-style-type: none"> <li>Content moved from RAD.00002</li> <li>No change to clinical indications</li> </ul>	1/3/2019
CG-SURG-27 Sex Reassignment Surgery*	<ul style="list-style-type: none"> <li>Added criteria requiring referral letters to mastectomy MN statement</li> </ul>	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

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

**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.

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.

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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\*

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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

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- 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

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

- Access AIM's **ProviderPortal**<sup>SM</sup> 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](mailto:aim.guidelines@aimspecialtyhealth.com). Additionally, you may access and download [a copy of the current guidelines here](#).

## Reimbursement Policy Updates: February 2019\*

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### 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

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the Facilities Reimbursement Policy page for your state on [anthem.com/provider](http://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](http://anthem.com/provider).

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

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[Professional; Wisconsin Reimbursement Policies-Professional](#)

## **HEDIS 2019 Federal Employee Program® medical record request requirements**

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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 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**

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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](http://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**

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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](http://anthem.com/medicareprovider) under *Important Medicare Advantage Updates*.

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## **Anthem eye refraction and routine eye exam billing information**

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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.

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

## **New specialty Medicare Part B device preferred product program**

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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**

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Please continue to check [Important Medicare Advantage Updates](http://anthem.com/medicareprovider) at [anthem.com/medicareprovider](http://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](#)



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- [Medicare Advantage reimbursement policy provider bulletin](#)
- [CMS issues regulatory changes for short- and long-acting narcotics; days' supply limits effective January 1, 2019](#)

## Reminder: Appointment availability and after-hours access requirements

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### Anthem Blue Cross and Blue Shield Kentucky Medicaid

To ensure members receive care in a timely manner, PCPs, specialty providers and behavioral health (BH) providers must maintain the following appointment availability and after-hours access standards.

#### PCPs:

Appointment type	Appointment standard
Emergency	Immediately
Urgent care	Within 48 hours
Non-urgent sick care	Within 10 calendar days
Routine or preventive care	Within 30 calendar days

Transitional health care by a PCP shall be available for clinical assessment and care planning within 7 calendar days of discharge from inpatient or institutional care for physical or BH disorders, or discharge from a substance use disorder treatment program.

Transitional health care by a home care nurse or home care registered counselor shall be available within 7 calendar days of discharge from inpatient or institutional care for physical or BH disorders, or discharge from a substance use disorder treatment program.

**Note:** In-office wait time for scheduled appointments should not routinely exceed 45 minutes including time in the waiting room and examining room.

#### BH Care Providers:

Appointment type	Appointment standard
Emergency	Immediately
Non life-threatening emergency (crisis stabilization)	Within 24 hours
Urgent care	Within 48 hours
Outpatient treatment by a BH provider post-inpatient discharge	Within 7 calendar days

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Routine

Within 10 calendar days

## All Other Specialists:

Appointment type	Appointment standard
Emergency	Immediately
Urgent care	Within 48 hours
Routine	Within 30 calendar days

## After-hours Access Requirements:

You are required to abide by standards to ensure access to care for our members. You must:

- Offer 24/7 telephone access for members. A 24-hour telephone service may be used. The service may be answered by a designee such as:
  - An on-call physician.
  - A nurse practitioner with physician backup.
- Be available to provide medically necessary services. You or another physician must offer this service.
- Follow the referral/precertification guidelines. This is a requirement for covering physicians.

Additionally, we encourage you to offer after-hours office care in the evenings and on Saturdays.

## What if I need assistance?

If you have questions, contact your local Provider Relations representative or call Provider Relations at **1-502-619-6800, extension 106-108-1854**.

<https://mediproviders.anthem.com/ky>

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