

# June 2019 Anthem Provider Newsletter - Nevada

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## **Anthem Announces Changes in Medical Non-Oncology Specialty Drug Reviews Effective June 15, 2019**

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We continue to streamline our medical specialty drug reviews by transitioning another drug review process from AIM to Anthem Blue Cross and Blue Shield (Anthem)'s medical specialty drug review team.

### **What is changing?**

- Beginning on June 15, 2019, for all requests, regardless of service date, providers will need to submit a new prior authorization request by contacting Anthem's medical specialty drug review team one of the following ways:
  - Online access at [Availity.com](http://Availity.com) available 24/7
  - by fax at 1-888-223-0550 or
  - by phone at 1-833-293-0659
- All inquiries about an existing request (initially submitted to AIM or Anthem), peer-to-peer review, or reconsideration will be managed by Anthem's medical specialty drug review team.

### **What is not changing?**

- AIM will continue to be responsible for performing medical oncology drug reviews for existing commercial medical benefit for our employer group business.
- Medical policies and clinical guidelines for non-drug specialty topics will continue to reside at the [Policies and Guidelines](#) page on anthem.com.
- Post Service Clinical Coverage Reviews and Grievance and Appeals process and teams will not change.

For your convenience here is a summary of the medical specialty drug changes:

	<b>Action</b>	<b>Contact</b>
<b>Prior to June 15, 2019</b>	Submit a new prior authorization request	Call AIM at 866-714-1107, 8:00 a.m. - 5:00 p.m. <i>or</i>
	Inquire about an existing request	Access online at <a href="http://availity.com">availity.com</a> available 24/7

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**Beginning June 15,  
2019**

Submit a new prior authorization request for medical specialty drug reviews

Inquire about an existing request (initially submitted to AIM or Anthem), peer-to-peer review, or reconsideration

Call Anthem at 833-293-0659 or fax us at 888-223-0550 for or  
Access online at [availability.com](http://availability.com) available 24/7

Call Anthem at 1-833-293-0659

## Pharmacy information available at anthem.com

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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 [anthem.com/pharmacyinformation](http://anthem.com/pharmacyinformation). 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](http://www.fepblue.org) > Pharmacy Benefits.

## Update and Reminder: new Rehabilitative Program effective July 1, 2019

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As previously communicated in [April 2019 Anthem Important Updates](#) with the notification titled [New AIM Rehabilitation program effective July 1, 2019](#), AIM Specialty Health® (AIM), a separate company, will begin to perform pre-certification review of rehabilitative (restoring function) and habilitative (enhancing function) services for Anthem commercial fully insured members beginning July 1, 2019. Currently, OrthoNet LLC is performing medical necessity reviews for physical and occupational therapy services for Anthem. These reviews, in addition to speech therapy service reviews, will transition to AIM.

AIM will manage Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST) medical necessity reviews and will require pre-certification for all outpatient facility and office-based rehabilitative and habilitative services following the initial evaluation. AIM will use the following Anthem Clinical UM Guidelines:

- [CG-REHAB-04 Physical Therapy](#)
- [CG-REHAB-05 Occupational Therapy](#)
- [CG-REHAB-06 Speech-Language Pathology Services](#)

The clinical criteria used for these reviews can be found on our [anthem.com Clinical UM Guidelines](#) page. A complete list of CPT codes requiring pre-certification for the AIM Rehabilitative Program is available on the [AIM Rehabilitation microsite](#). There you can access additional helpful information such as order entry checklists and FAQs.

AIM will now begin accepting pre-certification requests on **June 24, 2019** for dates of service on and after July 1, 2019. Ordering and servicing providers may submit pre-certification requests to AIM in one of several ways:

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- Access AIM's **ProviderPortalSM** directly at [providerportal.com](http://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](http://availity.com).
- Call the AIM Contact Center toll-free number: 877-291-0366, Monday-Friday, 7:00 a.m. - 5:00 p.m. PT.

## Need training?

Anthem invites you to take advantage of an informational webinar that will introduce you to the Rehabilitative Program and the robust capabilities of the AIM **ProviderPortalSM**. Visit the [AIM Rehab microsite](#) to register for an upcoming training session.

## AIM programs may require additional pre-certification documentation

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Providers currently submit pre-certification requests to AIM Specialty Health® (AIM) for outpatient diagnostic imaging services, cardiac procedures and sleep studies. As part of our ongoing quality improvement efforts, we want you to know that certain review requests require documentation that supports the clinical appropriateness of the request to be uploaded during the intake process.

When requested, providers must submit documentation from the patient's medical record and/or participate in a pre-certification consultation with an AIM physician reviewer. If medical necessity is not supported through documents submitted, the request may be denied as not medically necessary.

## Working with Anthem Webinars - June 2019 schedule: Anthem 101 / Provider Orientation

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We are continuing our series of "Working with Anthem" webinars for 2019. These webinars are focused on one topic each session, and designed to help our providers and their staff learn how to use the tools currently available to improve operational efficiency when working with Anthem Blue Cross and Blue Shield (Anthem).

### 2019 Subject Specific Webinars - June schedule

Topic:	<a href="#">Anthem 101 / Provider Orientation</a>
Date/Time:	<a href="#">June 25, 12pm PT</a>

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<b>Description:</b>	<p>This webinar is designed to introduce a number of self-service tools and valuable information about Anthem Blue Cross and Blue Shield to our Providers/Facilities and their office/billing staff.</p> <p>Whether you are a new provider, have had a change in staff, or just need a refresher, join us for a general overview --- 'Anthem 101'.</p>
<b>Registration link:</b>	<a href="https://antheminc.webex.com/antheminc/onstage/g.php?PRID=4dd9e774f237f0ecd17223a71abe7559">https://antheminc.webex.com/antheminc/onstage/g.php?PRID=4dd9e774f237f0ecd17223a71abe7559</a>

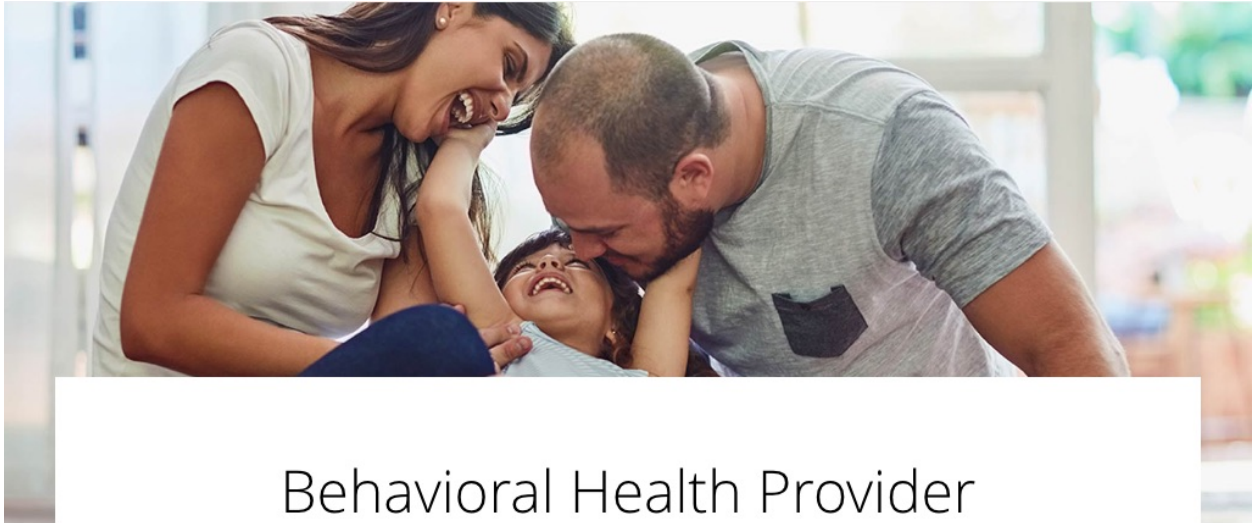
Webinars are offered using Cisco WebEx. There is no cost to attend. Access to the internet, an email address and telephone is all that's needed. **Attendance is limited, so please register today.**

Watch for additional topics and dates in future issues of our monthly provider newsletter throughout the year. We also will continue to offer our Fall Provider Seminars which will continue to cover a variety of topics in face-to-face and webinar options.

## **Anthem launches additional changes to anthem.com for Q2**

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This quarter, [anthem.com](http://anthem.com) will release more exciting enhancements to the public provider site. The next wave of changes includes a **new Behavioral Health page** that will provide easy and clear access to content and resources, including collaboration documents, and other relevant information for providers. The image below illustrates the new Behavioral Health page.



## Behavioral Health Provider Resources

Most people don't view their physical and mental health as separate, and neither do we. Behavioral health benefits are integrated into <Brand> medical plans for a full spectrum of coordinated care for our members. Become an <Brand> provider and join the nation's second-largest health plan-owned behavioral health company, serving more than 13.8 million members.

[Get Started with <Brand>](#)



## Behavioral Health Resources

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Practice Guidelines —

[ADHD in Children/Adolescents](#)

[Adult Depressive Disorder](#)

[Schizophrenia](#)

[SUD Treatment](#)

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Assessment Tools +

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Suicide Awareness +

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We will continue to provide updates as we move forward with migrating content to the new provider pages.



## **Coming Soon: Anthem Electronic Attachments**

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As we prepare for potential regulatory proposed standards for electronic attachments, Anthem Blue Cross and Blue Shield (Anthem) will be implementing what is called the X12 275 5010 version of electronic attachments transactions for claims.

Standard electronic attachments will bring value to you by eliminating the need for mailing paper records and reduced processing time overall.

Anthem and Availity will be piloting Electronic Data Interchange (EDI) batch electronic attachments with previously selected providers. Both solicited and unsolicited attachments will be included in our pilots.

### **Solicited Attachment**

Provider sends a claim, and the payer determines there is insufficient information to process the claim. Payer then sends the provider a request for additional information (currently via letter). Provider can then send the solicited attachment transaction with the documentation requested to process the claim.

### **Unsolicited Attachment**

When the provider knows that the payer requires additional information to process the claim, the provider then sends the X12 837 claim with the "Paper Work Included" (PWK) segment tracking number. Next, the provider sends the X12 275 attachment transaction with the additional information and includes the tracking number that was sent on the claim for matching purposes.

### **What you can do now**

We encourage you to start having conversations with your Clearinghouse and/or Electronic Healthcare Records (EHR) vendor to determine their ability to set up the X12 275 attachment transaction capabilities.

Look for more information about the general availability of this time-saving option later this summer and details on how to work with Anthem and Availity to send your attachments via electronic batch.

## **New ICR Immediate Decision List posted on Availity Payer Spaces**

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The Interactive Care Reviewer (ICR), our online authorization tool offers a real time authorization decision for some inpatient and outpatient authorization requests. Recently we updated the list of services that may result in an immediate authorization decision.

To locate the Immediate Decision list\* and review the specific details on those services, go to the Availity Portal and select **Payer Spaces** then choose the Anthem BCBS logo. Scroll down and select **Education and Reference Center | Communication & Education**. From the Communication & Education dropdown menu, select **Interactive Care Reviewer | ICR Immediate Decision List**.

Access ICR from the Availity Portal, select **Patient Management | Authorizations & Referrals**. To request an authorization you will need to have the Authorization Referral Request Role assigned to you by your Availity administrator.

**Attend one of our upcoming webinars and learn about the features that will help you to optimize your ICR experience! Register [here](#).**

\*Excludes:

- some Medicare Advantage, some Medicaid, Federal Employee Program® (FEP), BlueCard® and some National Account members
- Requests involving transplant services
- Services administered by vendors such as AIM Specialty Health
- Services administered by OrthoNet LLC (Indiana, Kentucky, Missouri, Ohio, Wisconsin, California, Colorado and Nevada)
- For the above requests, follow the same precertification process that you use today.

## **Find A Doctor -- New Sort Option**

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Anthem Blue Cross and Blue Shield (Anthem)'s [Find A Doctor](#) tool provides Anthem members with the ability to search for in-network providers using the member portal at [anthem.com](http://anthem.com). [Find A Doctor](#) currently offers multiple sorting options, such as sorting providers based on distance or name.

In May 2019, Anthem added a new sorting option to [Find A Doctor](#). The new sorting option is called "**Personalized Match**" and is based on algorithms which use a combination of provider location, quality, cost results and member information to intelligently sort and display results for a member's search. The sorting results take into account member factors such as the member's medical conditions, and medications as well as provider factors such

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as areas of specialty, quality and efficiency measures, volumes of patients treated across various disease conditions, and outcome-based quality measures.

These member and provider features combine to generate a unique ranking of providers for each member conducting the search. Providers with the highest overall ranking within the search radius are displayed first with other providers displayed in descending order based on overall rank and proximity to the center of the search radius. Members will continue to have the ability to sort from a variety of sorting orders (such as distance), and this enhancement in sorting methodology will have no impact on member benefits.

Please note, the sorting option “Personalized Match” has been available on Care and Cost Finder since November 12, 2018.

Additional information about Personalized Match:

- Provider factors will be updated on a quarterly basis.
- Providers may review a copy of the sorting methodology [here](#).
- If you have general questions about this sorting option in [Find A Doctor](#) and the Care and Cost Finder tool, please contact Provider Customer Service.
- If you would like detailed information about quality or cost factors used as part of this unique sorting or you would like to request reconsideration of those factors you may do so by emailing [personalizedmatchsorting@anthem.com](mailto:personalizedmatchsorting@anthem.com) or by calling 833-292-2601.

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

## **Update: Sepsis Coding**

To help ensure compliance with the coding and billing of Sepsis, Anthem Blue Cross and Blue Shield (Anthem) reviews clinical information, including lab results, treatment and medical management, in the medical records submitted. In order to conduct the review accurately and consistently, our review process for Sepsis applies coding and documentation guidelines, in addition to the updated and most recent Sepsis 3 clinical criteria, published in JAMA February 2016. Clinicians and facilities should apply the Sepsis 3 criteria when determining at discharge if their patient’s clinical course supports the coding and billing of Sepsis. The claim may be subject to an adjustment in reimbursement when sepsis is found to be unsupported based on the Sepsis 3 definition and criteria.

## **Anthem Commercial Risk Adjustment (CRA) Reporting Update:**

## **Retrospective Program begins; benefits of direct connection access to your EMR**

Continuing our 2019 CRA updates, Anthem Blue Cross and Blue Shield (Anthem) requests your assistance with respect to our Commercial Risk Adjustment (CRA) reporting processes.

As a reminder, there are **two approaches that we take (Retrospective and Prospective) to improve risk adjustment reporting accuracy.** We are focusing on performing appropriate interventions and chart reviews for patients with undocumented Hierarchical Condition Categories (HCC), to close the documentation and coding gaps that we are seeing with our members enrolled in our Affordable Care Act (ACA) compliant plans.

### **This month we'd like to focus on the Retrospective approach, and the request to our Providers:**

As a reminder from our [March](#) newsletter, the **Retrospective Program** focuses on medical chart collection. We continue to request members' medical records to obtain undocumented HCC's. This particular effort is part of Anthem's compliance with provisions of the ACA that require our company to collect and report diagnosis code data for our ACA membership. The members' medical record documentation helps support this data requirement.

### **2019 chart collection is about to begin**

Retrospective chart collection begins in June and is known as Round 1. Round 2 follows in November, which is our primary chase and largest volume of requests. Round 3 is our last chart collection period and begins in January, 2020.

### **Electronic options for chart collections**

Submitting medical charts to payers is extremely burdensome and time consuming for your staff. Utilizing an electronic option can alleviate the constraints on both staff resources and time.

#### **1.) Remote/Direct Anthem Access**

The most efficient electronic option is to allow the Anthem medical coder team to have direct connection access to your EMR system, so that we may retrieve the records ourselves. Our team has collaborated with several Providers and Facilities to have direct access to their EMR system so we collect the charts within our own team. This allows for no vendor interventions and fewer handoffs of the records. *To address compliance concerns, please note that as a health plan, Anthem is a covered entity under the HIPAA Privacy Rule and is bound to protect PHI.*

## **Benefits of providing EMR direct connection access**

- Your Medical Records staff resources would be minimally contacted for the charts we are requesting
  - Depending on your EMR system, requests may also be handled electronically through “push” notifications
- Your Medical Records staff will release only those records we request into the EMR queue for which we have access
- Cost savings from less administrative impact on staff, as well as, no paper copying costs incurred
- Better privacy/security measures for not having to save the medical record to a desktop and then copy/save before transmittal

## **2.) EMR Interoperability -- we have electronic options already in place for the following EMR systems:**

- Allscripts (Opt in - signature required -- please work directly with the CRA Representative for your region)
- NextGen (Opt out - auto-enrolled)
- Athenahealth (Opt out - auto-enrolled)
- MEDENT (Opt in - signature required -- please work directly with the CRA Representative for your region)

**3.) Inovalon virtual visit or onsite** -- Inovalon will work directly with your office to utilize electronic connectivity for a virtual visit, or they will have their staff go into the office for medical record retrieval based on a scheduled time that is convenient.

**4.) Secure FTP** -- Set up directly with our vendors as a temporary secure FTP to transfer medical records.

If you are interested in any of these electronic options, or would like to grant our Anthem medical coders with direct access to your EMR, please contact our CRA Representative: [Socorro.Carrasco@anthem.com](mailto:Socorro.Carrasco@anthem.com).

Thank you for your continued efforts with our CRA Program, and expediting these medical chart collection requests that will begin soon.

## Why do patients stop taking their prescribed medications and what can you do to help them?

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Category: Medicare

You want what's best for your patients' health. When a patient doesn't follow your prescribed treatment plan, it can be a challenge. Approximately 50% of patients with chronic illness stop taking their medications within one year of being prescribed<sup>1</sup>. What can be done differently?

The missed opportunity may be that you're only seeing and hearing the tip of the iceberg, that is, the observable portion of the thoughts and emotions your patient is experiencing. The barriers that exist under the waterline — the giant, often invisible, patient self-talk that may not get discussed aloud — can create a misalignment between patient and provider.

We've created an online learning experience to teach the skills and techniques that can help you navigate these uncharted patient waters. After completing the learning experience you'll know how to see the barriers, use each appointment as an opportunity to build trust and bring to light the concerns that may be occurring beneath the surface of your patient interactions. Understanding and addressing these concerns may help improve medication adherence — and you'll earn continuing medical education credit along the way.

Take the next step. Go to [MyDiversePatients.com](https://www.mydiversepatients.com) > The Medication Adherence Iceberg: How to navigate what you can't see to enhance your skills. The course is approximately one hour and accessible by smart phone, tablet or desktop at no cost.

1 Centers for Disease Control and Prevention. (2017, Feb 1). Overcoming Barriers to Medication Adherence for Chronic Conditions. Retrieved from <https://www.cdc.gov/cdcgrandrounds/archives/2017/february2017.htm>.

ABSCRNU-0007-19 April 2019

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## Review of professional claims with emergency department level 5 E&M codes

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Category: Medicare

Anthem Blue Cross and Blue Shield (Anthem) has identified an increased trend in billing emergency department level 5 evaluation and management (E&M) codes. To ensure documentation meets or exceeds the components necessary to support its billing, beginning September 1, 2019, Anthem will initiate post-pay reviews for emergency department

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professional claims billed with level 5 99285 or G0384. Emergency department professional claims with the highest potential for up-coding will be selected.

Anthem will request documentation for identified claims. Professional reviews will evaluate the appropriate use of the emergency department level 5 code based on the American Medical Association CPT coding manuals and Anthem guidelines. Reimbursement should be based on the emergency department E&M code the submitted documentation supports.

Please note, these coding reviews are not related to any prior notification reviews which examine the appropriate use of emergency departments for nonemergencies, nor do they include the examination of emergent versus nonemergent reasons patients utilize emergency room services.

## Keep up with Medicare news

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Category: Medicare

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

- [2019 provider trainings](#)
- [Submitting corrected claims](#)
- [2019 Utilization Management Affirmative Statement concerning utilization management decisions](#)
- [Medicare risk adjustment provider training](#)
- [Medicare Advantage Group Retiree PPO plans and National Access Plus FAQ](#)
- [Group Retiree members and National Access Plus](#)

## Complex Case Management program

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Category: Medicaid

Managing illness can be a daunting task for our members. It is not always easy to understand test results or know how to obtain essential resources for treatment or who to contact with questions and concerns.

Anthem Blue Cross and Blue Shield Healthcare Solutions is available to offer assistance in these difficult moments with our Complex Care Management program. Our care managers

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are part of an interdisciplinary team of clinicians and other resource professionals there to support members, families, primary care physicians and caregivers. The Complex Care Management process utilizes the experience and expertise of the Care Coordination team to educate and empower our members by increasing self-management skills. The Complex Care Management process can help members understand their illnesses and learn about care choices to ensure they have access to quality, efficient health care.

Members or caregivers can refer themselves or family members by calling the Customer Service number located on their ID card. They will be transferred to a team member based on the immediate need. Physicians can refer their patients by contacting us telephonically or through electronic means. We can help with transitions across levels of care so that patients and caregivers are better prepared and informed about health care decisions and goals.

You can contact us by phone at **1-844-396-2330**. Case Management business hours are Monday to Friday from 8 a.m. to 5 p.m. Pacific time.

ANV-NU-0050-19 April 2019

## Important information about utilization management

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Category: Medicaid

Our utilization management (UM) decisions are based on the appropriateness of care and service needed, as well as the member's coverage according to their health plan. We do not reward providers or other individuals for issuing denials of coverage, service or care. Nor do we make decisions about hiring, promoting or terminating these individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in underutilization. Our medical policies are available on our provider website at <https://mediproviders.anthem.com/nv/pages/medical-policies.aspx>.

You can request a free copy of our UM criteria from Provider Services at **1-844-396-2330**. Providers can discuss a UM denial decision with a physician reviewer by calling us toll free at the number listed below. To access UM criteria online, go to <https://mediproviders.anthem.com/nv/pages/medical-policies.aspx>.

We are staffed with clinical professionals who coordinate our members' care and are available 24/7 to accept precertification requests. Secured voicemail is available during off-business hours. A clinical professional will return your call within the next business day. Our staff will identify themselves by name, title and organization name when initiating or returning calls regarding UM issues.



You can submit precertification requests by:

- Faxing to:
  - **1-866-920-8362** for durable medical equipment; physical therapy, occupational therapy and speech therapy; pain management; home care; home infusion; hyperbaric treatment; or wound care.
  - **1-800-964-3627** for all other, including elective inpatient and outpatient services.
- Calling us at **1-844-396-2330**.
- The Availity Portal at <https://www.availity.com>.

## **Have questions about utilization decisions or the UM process?**

Call our Clinical team at **1-844-396-2330** Monday through Friday from 8 a.m. to 5 p.m. Pacific time.

ANV-NU-0050-19 April 2019

## **Members' Rights and Responsibilities Statement**

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Category: Medicaid

The delivery of quality health care requires cooperation between patients, their providers and their health care benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Therefore, in line with our commitment participating practitioners and members in our system, Anthem Blue Cross and Blue Shield Healthcare Solutions has adopted a *Members' Rights and Responsibilities Statement*, which is located in the provider manual.

If you need a physical copy of the statement, call Provider Services at 1-844-396-2330.

ANV-NU-0050-19 April 2019

## **Intervention for blood sugar control in pregnant women with diabetes**

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Category: Medicaid

In an effort to help your patients maintain healthy blood sugar levels throughout pregnancy, reduce the probability that babies will be born weighing greater than 4,500 grams and, thereby, reduce the potential for Cesarean section, Anthem Blue Cross and Blue Shield

Healthcare Solutions (Anthem) offers the Diabetes in Pregnancy program to support you and your patients. Eligible Anthem members in need of additional support may be enrolled in case management and referred to a registered dietitian/nutritionist or certified diabetes educator.

The program includes providing meal planning assistance, physical activity interventions, weight gain interventions and monitoring blood sugars patterns. Pregnant members with diabetes are identified as early as possible and are targeted for outreach to engage in case management.

## **Diabetes in pregnancy**

The common types of diabetes seen during pregnancy are type 1, type 2 and gestational diabetes, which is defined as diabetes first diagnosed in the second or third trimester of pregnancy that is clearly neither pre-existing type 1 or type 2 diabetes. According to the Centers for Disease Control and Prevention, pre-existing diabetes occurs in 1% to 2% of all pregnancies and gestational diabetes in 6% to 9% of pregnancies.<sup>1</sup>

While pregnancy complicated with diabetes is a low percentage of all pregnancies, the risk of Cesarean sections are much higher in this population than for women with uncomplicated pregnancies. Sixty-four percent of women with pre-existing diabetes and 46% of women with gestational diabetes will have a Cesarean section compared to 32% of women who do not have diabetes during pregnancy.<sup>2</sup>

Whether diagnosed with type 1 or type 2 diabetes or diagnosed with gestational diabetes, blood sugar control is essential for the health and well-being of mother and infant. All types of diabetes put the baby at risk for macrosomia, making a Cesarean section delivery more likely.<sup>3</sup> Research indicates that early lifestyle interventions, such as meal planning and physical activity, can help women reach healthy blood sugar targets more quickly and help them stay in target longer, thus reducing the risk of macrosomia in the infant.<sup>4</sup> According to the American College of Obstetricians and Gynecologists (ACOG), Cesarean sections should be limited to babies of at least 4,500 grams in mothers with diabetes.<sup>5</sup>

## **For more information**

If you have a patient who would benefit from speaking with an Anthem registered dietitian/nutritionist, certified diabetes educator or an obstetric case manager, please call Provider Services at **1-844-396-2330** and ask for a case management referral for the member.

If you would like more information on the Diabetes in Pregnancy program, please contact

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Provider Services at the number above.

1 Retrieved from: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/diabetes-during-pregnancy.htm>.

2 Agency for Healthcare Research and Quality Statistical Brief #102. Retrieved from: <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb102.jsp>.

3 The New England Journal of Medicine, May 8, 2008 vol. 358 no. 19. Hyperglycemia and Adverse Pregnancy Outcomes, The HAPO Study Cooperative Research Group. Retrieved from: <https://www.nejm.org/doi/full/10.1056/NEJMoa0707943>.

4 Effect of diet and physical activity based interventions in pregnancy on gestational weight gain and pregnancy outcomes: meta-analysis of individual participant data from randomized trials. BMJ 2017;358:j3119 DOI: 10.1136/bmj.j3119 (Published 19 July 2017).

5 ACOG Obstetrics Care Consensus No.1, March 2014 (reaffirmed 2016), Safe Prevention of Primary Cesarean Delivery. Retrieved from: <https://www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Safe-Prevention-of-the-Primary-Cesarean-Delivery>.

ANV-NU-0041-19 April 2019

## Keep up with Medicaid news

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Category: Medicaid

Please continue to check [Medicaid Provider Communications & Updates](#) at [anthem.com/mediproviders](http://anthem.com/mediproviders) for the latest Medicaid information, including:

- [Update: evaluation and management with Modifier 25](#)
- [2019 Utilization Management Affirmative Statement concerning utilization management decisions](#)