October 2018 Anthem New Hampshire Provider Newsletter

AIM Specialty Health radiation oncology clinical guidelines updates

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

Breast cancer

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

Rectal cancer

- Modified criteria no longer limits treatment with intensity modulated radiation therapy (IMRT) for rectal adenocarcinoma

Pancreatic cancer

- Added criteria for stereotactic body radiation therapy (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 dose volume histogram (DVH) parameter for cardiac V50

Sarcoma

- Removed preoperative and joint sparing requirements for IMRT

Prostate cancer

- Added discussion on hypofractionation
- Added discussion on brachytherapy

As a reminder, ordering and servicing providers may submit pre-service clinical review requests to AIM in one of several ways:

- Access AIM's ***Provider****Portal*SM directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.

- Access AIM via the Availity Web Portal at availity.com.
- Call the AIM Contact Center toll-free number: 866-714-1107, 8:00 a.m. – 5:00 p.m.

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 the Federal Employee Program® (FEP®) or National Accounts.

AIM Specialty Health clinical guidelines update: advanced 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), clinical appropriateness guidelines: advanced imaging appropriate use criteria: imaging of the heart. AIM is a separate company.

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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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 the Federal Employee Program® (FEP®).

AIM Specialty Health sleep disorder management clinical guidelines update

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) sleep disorder management clinical appropriateness guidelines and will no longer apply. AIM is a separate company.

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- Call the AIM Contact Center toll-free number: 866-714-1107, 8:00 a.m. – 5:00 p.m.

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 the Federal Employee Program® (FEP®).

Anthem fights opioid addiction

Extension for Community Healthcare Outcomes (ECHO)
Opioid overdose rates continue to rise. With the support of medication–assisted therapy (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

Medication-Assisted Therapy (MAT)
To help ensure members have access to comprehensive evidence-based care, we are committed to helping 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.

Integrated Medical and Behavioral Healthcare Services

In our ongoing efforts to encourage medical and behavioral health integration, we continue to promote early identification and intervention of behavioral health issues through primary care. We currently reimburse 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

We also support 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, we reimburse 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.

LiveHealth Online Psychology: easy access to therapists and psychologists from the comfort of home

Launched in January 2016, LiveHealth Online Psychology is a convenient and easy way for members to connect one on one with a behavioral health provider using their smartphone, tablet or computer.

Through two-way video chat, members can interact with a therapist or psychologist, day or night, by appointment. Appointments are available within 4 days or less and the cost is the same as a regular in-person therapy office visit. The therapists available on LiveHealth Online Psychology can treat issues such as anxiety, depression, stress, grief and relationship issues. For new users, it’s as simple as signing up with a name and email address.

Originally available to adults, LiveHealth Online Psychology also launched its Teen edition in July 2016, accessible by 10 to 17 year olds. To learn more, visit livehealthonline.com/psychology or call 844-784-8409.

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.

Prior authorization requests for prescription medications accepted online

We accept electronic medication prior authorization requests for commercial health plans. This feature reduces processing time and helps determine coverage quicker. Some prescriptions are even approved in real time so that your patients can fill a prescription without delay.

Electronic prior authorization (ePA) offers many benefits:

- More efficient review process
- Ability to identify if a prior authorization is required
- Able to see consolidated view of ePA submissions in real time
- Faster turnaround times
- A renewal program that allows for improved continuity of care for members with maintenance medications
- Prior authorizations are preloaded for the provider before the expiration date.

Providers can submit ePA requests by logging in at covermymeds.com. Creating an account is FREE.
While ePA helps streamline the prior authorization process, providers can also initiate a new prior authorization request by fax or phone. Please note, the contact numbers for the following plans will change effective *November 4, 2018*.

Market	New fax number effective November 4, 2018	New phone number effective November 4, 2018
Connecticut on the exchange	844-474-6220	833-293-0660
Maine on the exchange	844-474-6221	833-293-0660
New Hampshire on the exchange	844-474-6224	833-293-0660
Connecticut off the exchange	844-474-3350	833-293-0659
Maine off the exchange	844-474-3351	833-293-0659
New Hampshire off the exchange	844-474-3355	833-293-0659

For questions, please contact the provider service number on the member's ID card.

Specialty pharmacy pre-service clinical review list expanded January 1, 2019

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

Please note: inclusion of NDC code on claims will help expedite claim processing of drugs billed with a not otherwise classified (NOC) code.
Pre-service 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 or CPT Code(s)	NDC Code
DRUG.00096	Trogarzo™	J3490, J3590	62064-0122-02

Specialty pharmacy clinically equivalent drug list expanded effective January 1, 2019

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

Please note: inclusion of NDC code on claims will help expedite claim processing of drugs billed with a not otherwise classified (NOC) code.
Pre-service 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 or CPT Code	NDC Code(s)

CG-DRUG-09	Cuvitru™	J1555	00944-2850-01 00944-2850-02 00944-2850-03 00944-2850-04 00944-2850-05 00944-2850-06 00944-2850-07 00944-2850-08
CG-DRUG-09	Hizentra®	J1559	44206-0451-01 44206-0452-02 44206-0452-04 44206-0455-10
CG-DRUG-09	HyQvia®	J1575	00944-2510-02 00944-2511-02 00944-2512-02 00944-2513-02 00944-2514-02

Specialty pharmacy level of care (clinical site of care) drug list expanded effective January 1, 2019

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

Level of care pre-service 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 or CPT Code	NDC Code
CG-DRUG-16	Fulphila™	Q5108	67457-0833-06

Pharmacy information available on 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 other requirements, restrictions or limitations that apply to certain drugs, visit anthem.com/provider and select Pharmacy Information.

To locate the Marketplace Select Formulary and pharmacy information for health plans offered on the Exchange Marketplace, go to anthem.com > Customer Support > New Hampshire > Download forms > New Hampshire Select Drug List.

The commercial and marketplace drug lists are reviewed and updates are posted to the website quarterly (the first of the month for January, April, July and October).

Federal Employee Program (FEP) pharmacy updates and other pharmacy related information may be accessed at www.fepblue.org > Pharmacy Benefits. This drug list is also reviewed and updated regularly as needed.

Sign up today for provider eUpdates

Connecting with Anthem and staying informed is easy, fast and convenient with our provider eUpdates. eUpdates feature short topic summaries on late breaking news that impacts providers such as:

- Website updates
- System changes
- Policy updates
- Claims and billing updates
- and more.....

Registration is fast and easy. There is no limit to the number of subscribers who can register for our eUpdates, so your facility or practice can submit as many email addresses as you like. Sign up today!

Additional changes to anthem.com to be launched in October

Continuing to build on the initial launch of the new public provider pages, we 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, we'll be introducing exciting changes to the anthem.com 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.

Provider Manual to be updated with new format

The Provider Manual will be updated with a new format prior to the end of 2018. The new format will be a single document with a table of contents that will make it quicker and easier to view the section(s) of interest to you. You'll be able to simply click a hyperlink in the table of contents to navigate directly to a specific section of the manual.

Availity to provide EDI Gateway services

We have collaborated 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 transactions 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 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 company 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 800-Availity (800-282-4548), Monday through Friday, 8:00 a.m. to 7:30 p.m.

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

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 Availity's Education and Reference Center

The 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 & Education section has been updated to include valuable reference material for Anthem proprietary tools.

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.

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. We offer 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. 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, we are 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!

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."

Special Investigations Unit updates: recent 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.

As part of our role to help 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 – 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 at:
Estring:
https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/EnforcementActivitiesbyFDA/WarningLettersandNoticeofViolationLetterstoPharmaceuticalCompanies/UCM612143.pdf

Xtampza:
https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/EnforcementActivitiesbyFDA/WarningLettersandNoticeofViolationLetterstoPharmaceuticalCompanies/UCM597584.pdf

Clinical practice and preventive health guidelines available on anthem.com

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 to providers on our website. 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 at anthem.com/provider > scroll down and select 'Find Resources for [state]' > Health and Wellness > Practice Guidelines.

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 7th year for our incentive program to acknowledge some of our providers who either responded in a timely manner or went "Above & Beyond" to help make our HEDIS data collection successful. Any practices that responded within 5 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
Crossroads Family Medicine, PLLC,
Angela Rossman, MD
Gregory Barban, MD
Caring for Women (Lakes Region GH)
Laconia Eye Associates P.A.

Winners Above and Beyond:
Duprey Consultants - Karen
Lamprey Health Care - Danielle and Terry
St Joe's Pediatrics - Sharon

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 anthem.com/provider > scroll down and select 'Find Resources for [state]' > Health & Wellness > Quality Improvement and Standards > 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).

Assistant Surgeon Coding update: professional

In our Assistant Surgery Services Coding Chart dated June 15, 2018, we are adding procedure codes 15733, 19294, 20939, 31241, 31253, 31257, 31259, 31298, 36465, 36466, 36482, 36483, 38222, 55874, 0479T, 0483T, 0484T, C9738, C9748, G0516, G0517, G0518 (effective January 1, 2018) and C9749 (effective April 1, 2018) to our "Assistant Surgeon Not Allowed" code list to document our edit that these codes are not eligible for reimbursement when reported by an assistant surgeon. Please note that we are deleting code 44360 from the list as this code does allow an assistant surgeon; we are also removing deleted codes 44347, 44349, and 44350 from the "Assistant Surgeon Not Allowed" code list.

Durable medical equipment update effective October 14, 2018

Effective October 14, 2018, we 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.

Documentation and Reporting Guidelines for E/M Services update: professional

We are adding new information to our policy dated January 1, 2019 regarding new patient vs. established patient visits. When a provider changes physician group practices and has seen a patient within the past three years at the previous practice, the evaluation and management encounter for the same patient at the new practice is considered an established patient visit and would NOT be considered a new patient visit. For more information regarding this update, along with other non-substantive updates (minor language, punctuation, etc.), review the policy dated January 1, 2019 by visiting the Reimbursement Policy page at anthem.com/provider.

Routine Obstetrical Services update: professional

We are adding new information for our policy dated January 1, 2019 that reimbursement for global obstetric codes is based on all aspects of global obstetric services (antepartum, delivery and postpartum) being provided by the provider or provider group reporting under the same TIN. If a provider or provider group reporting under the same TIN does not provide all antepartum, delivery and postpartum services, global obstetrical codes may not be used and providers are to submit for reimbursement only the elements of the obstetric services that were actually provided. For more information regarding this update, along with other non-substantive updates (minor language, punctuation, etc.), review the policy dated January 1, 2019 by visiting the Reimbursement Policy page at anthem.com/provider.

Multiple Diagnostic Imaging Reimbursement Policy update: facility

We will apply multiple imaging reimbursement rules to the technical component of diagnostic imaging procedures effective for claims with dates of service on or after January 1, 2019. These rules are not limited to contiguous body areas. Multiple imaging reimbursement rules are applied to the maximum allowance for the technical component (TC) of the following diagnostic imaging procedures rendered on the same date of service and eligible for reimbursement: ultrasound, computed tomography (CT), computed tomographic angiography (CTA), magnetic resonance imaging (MRI), and magnetic resonance angiography (MRA).

When two or more imaging procedures are performed in the same facility on the same patient using the same modality during the same imaging session and reported as technical component (TC) only, reimbursement is:

- 100% of the highest facility allowance for the first imaging procedure for the date of service.
- 50% of the facility allowance for each subsequent imaging procedure for that date of service.

Please review the policy in its entirety for more detailed information.

For more information, visit the Payment Policies page at anthem.com/provider.

Readmissions Reimbursement Policy update: facility

Beginning with dates of service on or after January 1, 2019, we 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 Payment Policies page at anthem.com/provider.

New Facility Revenue Code Billing Reimbursement Policy

Beginning with dates of service on or after January 1, 2019, we 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). We 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, we 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 Payment Policies page at anthem.com/provider.

Medical policy updates are available on anthem.com

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 medical policies, are available at anthem.com/provider > scroll down and select 'Find Resources for [state]' > Medical Policies and Clinical UM Guidelines.

If you do not have access to the internet, you may request a hard copy of any updated policy by contacting the Provider Call Center.

Please note that the Federal Employee Program® Medical Policy Manual may be accessed at www.fepblue.org > Benefit Plans > Brochures and Forms > Medical Policies.

Revised medical policies effective August 2, 2018
(The following policies were revised to expand medical necessity indications or criteria.)

DRUG.00067 - Ramucirumab (Cyramza®)
DRUG.00071 - Pembrolizumab (Keytruda®)
GENE.00011 - Gene Expressions Profiling for Managing Breast Cancer Treatment
GENE.00028 - Genetic Testing for Colorectal Cancer Susceptibility
MED.00124 - Tisagenlecleucel (Kymriah®)

SURG.00023 - Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures
SURG.00032 - Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention

Revised medical policies effective August 29, 2018
(The following policies were revised to expand medical necessity indications or criteria.)

ADMIN.00007 - Immunizations
DRUG.00046 - Ipilimumab (Yervoy®)
DRUG.00050 - Eculizumab (Soliris®)
DRUG.00075 - Nivolumab (Opdivo®)
DRUG.00088 - Atezolizumab (Tecentriq®)
DRUG.00098 - Lutetium Lu 177 dotatate (Lutathera®)
GENE.00006 - Epithelial Growth Factor Receptor (EGFR) Testing
GENE.00029 - Genetic Testing for Breast and/or Ovarian Cancer Syndrome
GENE.00043 - Genetic Testing of an Individual's Genome for Inherited Diseases
LAB.00027 - Selected Blood, Serum and Cellular Allergy and Toxicity Tests

Revised medical policies effective August 29, 2018
(The following policies were reviewed and may have word changes or clarifications, but had no significant changes to the policy position or criteria.)

ADMIN.00002 - Preventive Health Guidelines
ADMIN.00004 - Medical Necessity Criteria
ADMIN.00005 - Investigational Criteria
ANC.00006 - Biomagnetic Therapy
DME.00024 - Transtympanic Micropressure for Treatment of Meniere's Disease
DME.00030 - Altered Auditory Feedback Devices for the Treatment of Stuttering
DME.00034 - Standing Frames
DME.00037 - Cooling Devices and Combined Cooling/Heating Devices
DME.00039 - Prefabricated Oral Appliances for the Treatment of Obstructive Sleep Apnea
DRUG.00015 - Prevention of Respiratory Syncytial Virus Infections
DRUG.00095 - Ocrelizumab (Ocrevus®)
DRUG.00111 - Monoclonal Antibodies to Interleukin-23
GENE.00021 - Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies
GENE.00041 - Short Tandem Repeat Analysis for Specimen Provenance Testing
GENE.00042 - Genetic Testing for Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy (CADASIL) Syndrome

LAB.00016 - Fecal Analysis in the Diagnosis of Intestinal Dysbiosis
LAB.00031 - Advanced Lipoprotein Testing
LAB.00033 - Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer Test
LAB.00035 - Multi-biomarker Disease Activity Blood Tests for Rheumatoid Arthritis
MED.00055 - Wearable Cardioverter Defibrillators
MED.00090 - Wireless Capsule for the Evaluation of Suspected Gastric and Intestinal Motility Disorders
MED.00098 - Hyperoxemic Reperfusion Therapy
MED.00106 - Sipuleucel-T (Provenge®)
MED.00109 - Corneal Collagen Cross-Linking
MED.00121 - Implantable Interstitial Glucose Sensors
OR-PR.00005 - Upper Extremity Myoelectric Orthoses
RAD.00002 - Positron Emission Tomography
RAD.00034 - Dynamic Spinal Visualization (Including Digital Motion X-ray and Cineradiography/ Videofluoroscopy)
RAD.00049 - Low-Field and Conventional Magnetic Resonance Imaging (MRI) for Screening, Diagnosing and Monitoring
RAD.00063 - Magnetization-Prepared Rapid Acquisition Gradient Echo Magnetic Resonance Imaging (MPRAGE MRI)
SURG.00005 - Partial Left Ventriculectomy
SURG.00010 - Treatments for Urinary Incontinence
SURG.00028 - Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions
SURG.00071 - Percutaneous and Endoscopic Spinal Surgery
SURG.00076 - Nerve Graft after Prostatectomy
SURG.00077 - Uterine Fibroid Ablation: Laparoscopic or Percutaneous Image Guided Techniques
SURG.00084 - Implantable Middle Ear Hearing Aids
SURG.00105 - Bicompartmental Knee Arthroplasty
SURG.00116 - High-Resolution Anoscopy Screening for Anal Intrathelial Neoplasia (AIN) and Squamous Cell Cancer of the Anus
SURG.00118 - Bronchail Termoplasty
SURG.00120 - Internal Rib Fixation Systems
SURG.00122 - Venous Angioplasty with or without Stent Placement or Venous Stenting Alone
SURG.00125 - Radiofrequency and Pulsed Radiofrequncy Ablation of Trigger Point Pain
SURG.00126 - Irreversible Electroporation
SURG.00133 - Alcohol Septal Ablation for Treatment of Hypretrophic Cardiomyopathy
SURG.00134 - Interspinous Process Fixation Devices
SURG.00141 - Doppler-Guided Transanal Hemorrhoidal Dearterialization
SURG.00143 - Perirectal Spacers for Use during Prostate Radiotherapy

SURG.00145 - Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)
TRANS.00028 - Hematopoietic Stem Cell Transplant for Hodgkin's Disease & Non-Hodgkin's Lymphoma

Archived medical policy effective September 1, 2018

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

Archived medical policies effective September 20, 2018
(These polices are now an Anthem Clinical Guidelines.)

DME.00027 - Ultrasonic Bone Growth Stimulation
DRUG.00006 - Botulinum Toxin
DRUG.00024 - Omalizumab (Xolair®)
DRUG.00040 - Abatacept (Orencia)
DRUG.00047 - Brentiximab Vedotin (Adcetris)
DRUG.00058 - Pharmacotherapy for Hereditary Angioedema
DRUG.00064 - Enteral Carbidopa and Levodopa Intestinal Gel Infusion
DRUG.00087 - Asfotase alfa (Strensiq™)
DRUG.00091 - Naltrexone Implants for the Treatment of Alcohol and Opioid Dependence
DRUG.00093 - Sebelipase alfa (Kanuma™)
DRUG.00103 - Abaloparatide (Tymlos) Abaloparatide
MED.00005 - Hyperbaric Oxygen Therapy (Systemic / Topical)
MED.00051 - Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry
MED.00081 - Cognitive Rehabilitation
MED.00107 - Medical and other Non-Behavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome
RAD.00019 - Magnetic Source Imaging and Magneto-Encephalography
RAD.00042 - SPECT/CT Fusion Imaging
SURG.00014 - Cochlear Implant and Auditory Brainstem Implants
SURG.00020 - Bone Anchored and Bone Conduction Hearing Aids
SURG.00049 - Mandibular/ Maxillary (Orthognathic) Surgery
SURG.00074 - Nasal Surgery for the Treatment of Obstructive Sleep Apnea (OSA) and Snoring
SURG.00085 - Mastectomy for Gynecomastia
SURG.00090 - Radiofrequency and Pulsed Radiofrequency for Neurolysis for Trigeminal Neuralgia
TRANS.00018 - Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation

Archived medical policies effective September 20, 2018

(These polices are now AIM Clinical Guidelines.)

RAD.00022 - Magnetic Resonance Spectroscopy
RAD.00029 - CT Colonography (Virtual Colonoscopy) for Colorectal Cancer
RAD.00043 - Computed Tomography Scans for Lung Cancer Screening
RAD.00045 - Cerebral Perfusion Imaging using Computed Tomography
RAD.00046 - Cerebral Perfusion Studies using Diffusion and Perfusion Magnetic Resonance Imaging
RAD.00049 - Low-Field and Conventional Magnetic Resonance Imaging (MRI) for Screening, Diagnosing and Monitoring
RAD.00051 - Functional Magnetic Resonance Imaging (MRI)
RAD.00055 - Magnetic Resonance Angiography of the Spinal Canal

Archived medical policies effective October 31, 2018
(These policies are now Clinical Guidelines.)

SURG.00024 - Bariatric Surgery and other Treatments for Clinically Severe Obesity
SURG.00051 - Hip Resurfacing
SURG.00054 - Endovasuclar/Endoluminal Repair of Aortic Aneurysms, Aneurysms Aortoiliac Disease, Aortic Dissection and Aortic Transection

Revised medical policy effective January 1, 2019
(The following policy was revised to expand medical necessity indications or criteria.)

GENE.00025 - Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignant Tumors

Revised medical policies effective January 1, 2019
(The following policies listed below might result in services that were previously covered now being considered either not medically necessary and/or investigational.)

ANC.00007 - Cosmetic and Reconstructive Services; Skin Related
DRUG.00003 - Chelation Therapy
DRUG.00031 - Subcutaneous Hormone Replacement Implants
GENE.00043 - Genetic Testing of an Individual’s Genome for Inherited Diseases
LAB.00027 - Selected Blood, Serum and Cellular Allergy and Toxicity Tests
MED.00123 - Axicabtagene ciloleucel (Yescarta®)
MED.00124 - Tisagenlecleucel (Kymriah®)

New medical policy effective January 1, 2019
(The policy below is new and determined to not have significant change.)

DRUG.00096 - Ibalizumab-uiyk (Trogarzo™)
GENE.00049 - Circulating Tumor DNA Testing for Cancer (Liquid Biopsy)

Clinical guideline updates are available on anthem.com

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 medical policies, are available at anthem.com/provider > scroll down and select 'Find Resources for [state]' > Medical Policies and Clinical UM Guidelines.

If you do not have access to the internet, you may request a hard copy of any updated policy by contacting the Provider Call Center.

Revised clinical guidelines effective August 2, 2018
(The following guidelines were revised to expand medical necessity indications or criteria.)

CG-SURG-24 - Functional Endoscopic Sinus Surgery (FESS)
CG-SURG-73 - Balloon Sinus Ostial Dilation

Revised clinical guidelines effective August 29, 2018
(The following guidelines were revised to expand medical necessity indications or criteria.)

CG-DRUG-09 - Immune Globulin (Ig) Therapy
CG-DRUG-65 - Tumor Necrosis Factor Antagonists
CG-DRUG-68 - Bevacizumab (Avastin®) for Non-Ophthalmologic Indications
CG-DRUG-73 - Denosumab (Prolia®, Xgeva®)
CG-DRUG-81 - Tocilizumab (Actemra®)
CG-GENE-03 - BRAF Mutation Analysis

Revised clinical guidelines effective August 29, 2018
(The following guidelines were reviewed and had no significant changes to the position or criteria.)

CG-DME-07 - Augmentative and Alternative Communication (AAC) Devices/Speech Generating Devices (SGD)
CG-DRUG-05 - Recombinant Erythropoietin Products
CG-DRUG-11 - Infertility Drugs
CG-DRUG-24 - Repository Corticotropin Injection (H.P. Acthar® Gel)
CG-DRUG-47 - Level of Care: Specialty Pharmaceuticals
CG-DRUG-56 - Galsulfase (Naglazyme®)

CG-DRUG-69 - Ustekinumab (Stelara®)
CG-DRUG-72 - Pertuzumab (Perjeta®)
CG-DRUG-90 - Intravitreal Treatment for Retinal Vascular Conditions
CG-GENE-02 - Analysis of KRAS Status
CG-GENE-04 - Molecular Marker Evaluation of Thyroid Nodules
CG-MED-26 - Neonatal Levels of Care
CG-REHAB-08 - Private Duty Nursing in the Home Setting
CG-SURG-05 - Maze Procedure
CG-SURG-08 - Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury
CG-SURG-12 - Penile Prosthesis Implantation
CG-SURG-33 - Lumbar Fusion and Lumbar Total Disc Arthroplasty
CG-SURG-38 - Lumbar Laminectomy, Hemi-Laminectomy, Laminotomy and/or Discectomy
CG-SURG-42 - Cervical Fusion
CG-SURG-43 - Knee Arthroscopy
CG-SURG-44 - Coronary Angiography in the Outpatient Setting
CG-SURG-47 - Surgical Interventions for Scoliosis and Spinal Deformity
CG-SURG-48 - Elective Percutaneous Coronary Interventions (PCI)
CG-SURG-53 - Elective Total Hip Arthroplasty
CG-SURG-54 - Elective Total Knee Arthroplasty
CG-SURG-60 - Cervical Total Disc Arthroplasty
CG-SURG-65 - Recombinant Human Bone Morphogenetic Protein
CG-SURG-66 - Implanted (Epidural and Subcutaneous) Spinal Cord Stimulators (SCS)
CG-SURG-67 - Treatment of Osteochondral Defects
CG-SURG-68 - Surgical Treatment of Femoroacetabular Impingement Syndrome
CG-SURG-69 - Meniscal Allograft Transplantation of the Knee
CG-THER-RAD-03 - Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy

New and adopted clinical guidelines effective September 20, 2018
(The following guidelines were previously medical policies and have been adopted as clinical guidelines. No significant changes were made.)

CG-DME-45 - Ultrasound Bone Growth Stimulation
CG-DRUG-103 - Botulinum Toxin
CG-DRUG-104 - Omalizumab (Xolair®)
CG-DRUG-105 - Abatacept (Orencia®)
CG-DRUG-106 - Brentuximab Vedotin (Adcetris®)
CG-DRUG-107 - Pharmacotherapy for Hereditary Angioedema
CG-DRUG-108 - Enteral Carbidopa and Levodopa Intestinal Gel Suspension
CG-DRUG-109 - Asfotase Alfa (Strensiq™)
CG-DRUG-110 - Naltrexone Implantable Pellets

CG-DRUG-111 - Sebelipase alfa (KANUMA™)
CG-DRUG-112 - Abaloparatide (Tymlos™) Injection)
CG-MED-73 - Hyperbaric Oxygen Therapy (Systemic/Topical)
CG-MED-74 - Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry
CG-MED-75 - Medical and Other Non-Behavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome
CG-MED-76 - Magnetic Source Imaging and Magnetoencephalography
CG-MED-77 - SPECT/CT Fusion Imaging
CG-REHAB-11 - Cognitive Rehabilitation
CG-SURG-81 - Cochlear Implants and Auditory Brainstem Implants
CG-SURG-82 - Bone-Anchored and Bone Conduction Hearing Aids
CG-SURG-84 - Mandibular/ Maxillary (Orthognathic) Surgery
CG-SURG-87 - Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring
CG-SURG-88 - Mastectomy for Gynecomastia
CG-SURG-89 - Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia
CG-TRANS-03 - Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation

Archived clinical guidelines effective October 1, 2018
(The following guidelines were archived.)

CG-SURG-83 - Bariatric Surgery and other Treatments for Clinically Severe Obesity
CG-SURG-85 - Hip Resurfacing
CG-SURG-86 - Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection

Revised clinical guideline effective January 1, 2019
(The following guideline below might result in services that were previously covered now being considered not medically necessary.)

CG-DRUG-65 - Tumor Necrosis Factor Antagonists

Archived clinical guidelines effective January 1, 2019. These guidelines are now AIM guidelines.

CG-SURG-33 - Lumbar Fusion and Lumbar Total Disc Arthroplasty
CG-SURG-38 - Lumbar Laminectomy, Hemi-Laminectomy, Laminotomy and/or Discectomy
CG-SURG-42 - Cervical Fusion
CG-SURG-43 - Knee Arthroscopy
CG-SURG-44 - Coronary Angiography in the Outpatient Setting

CG-SURG-47 - Surgical Interventions for Scoliosis and Spinal Deformity
CG-SURG-48 - Elective Percutaneous Coronary Interventions (PCI)
CG-SURG-53 - Elective Total Hip Arthroplasty
CG-SURG-54 - Elective Total Knee Arthroplasty
CG-SURG-60 - Cervical Total Disc Arthroplasty
CG-SURG-65 - Recombinant Human Bone Morphogenetic Protein
CG-SURG-66 - Implanted (Epidural and Subcutaneous) Spinal Cord Stimulators (SCS)
CG-SURG-67 - Treatment of Osteochondral Defects
CG-SURG-68 - Surgical Treatment of Femoroacetabular Impingement Syndrome
CG-SURG-69 - Meniscal Allograft Transplantation of the Knee

New and adopted clinical guidelines effective January 1, 2019
(The following guidelines were previously unadopted and have now been adopted. No significant changes were made.)

CG-DME-09 - Continuous Local Delivery of Analgesia to Operative Sites using and Elastromeric Infusion Pump during the Post-operative Period
CG-DME-13 - Lower Limb Prosthesis
CG-DME-21 - External Infusion Pumps for the Administration of Drugs in the Home or Residential Care Settings
CG-OR-PR-04 - Cranial Remodeling Bands and Helmets (Cranial Orthotics)
CG- REHAB-02 - Outpatient Cardiac Rehabilitation
CG-DRUG-33 - Palonosetron
CG-DRUG-40 - Bortezomib (Velcade®)
CG-DRUG-44 - Pegloticase (Krystexxa®)
CG-DRUG-52 - Temsirolimus (Torisel®)
CG-DRUG-60 - Gonadotropin Releasing Hormone Analogs for Oncologic Indications

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 ***Provider****Portal*$_{SM}$ directly at providerportal.com. Online access is available

24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web Portal at availity.com.
- Call the AIM Contact Center toll-free number at 800-714-0040, Monday - Friday, 6:00 a.m. – 7:00 p.m.

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

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

Effective January 1, 2019, we will transition our Medicare back pain management and cardiology programs from OrthoNet LLC to AIM Specialty Health® (AIM), a specialty health benefits company. We have 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 ≥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:

Therapy Intensity	Drug (brand)	Dose
Moderate-intensity statin therapy (formulary agents)	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)	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, we 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. More than 90 mg per day cumulative morphine milligram equivalent (MME)
2. More than three (3) opioid prescribers and more than three (3) opioid dispensing pharmacies, or
3. More than five (5) opioid prescribers, regardless of the number of pharmacies

- Cancer, long term care (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 at 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 January 1, 2019
- Inpatient Readmissions
- Submit PA medication requests electronically; new phone number for MA prescription prior authorizations effective September 1
- Introducing the Interactive Care Reviewer