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Electronic Member ID Cards: Easy online access on the Availity Portal

Have you had more patients present with their ID card on their smartphone? We want to remind you of the ways you can access your own copy of their ID card.

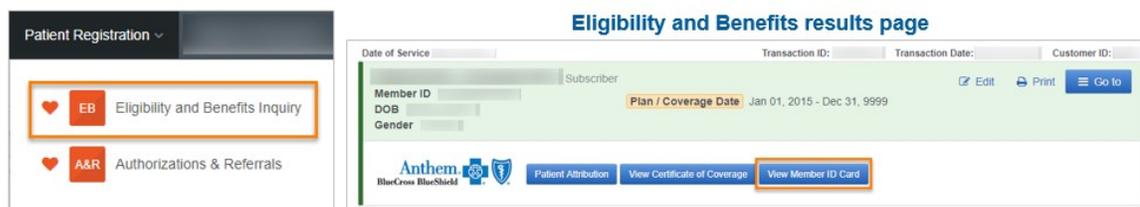
In the [October 2017 issue of Network Update](#) (see page 20), Anthem Blue Cross and Blue Shield informed you about our mobile app called Anthem Anywhere that allows members to manage their benefits on their smart phones, including the option of an electronic only version of their ID cards. We want to ensure a member's electronic only ID card meets your needs.

Based on member requests and growing trends, we anticipate that by the year 2020, nearly 50% of our Local Plan members may choose the electronic ID card option, so we urge you to start using the available retrieval tools today.

Provider options for obtaining a copy of an electronic Member ID card

- **Online - through the Availity Portal**

Providers also have the option to view Anthem Member ID Cards online (and print if needed) from the Availity Portal at availity.com. When conducting an eligibility and benefits (E&B) inquiry -- from the E&B Results page, select the blue button titled **View Member ID Card**. [Currently excludes BlueCard®, Federal Employee Program® (FEP) and some health plans' Medicare Advantage and Medicaid members.]

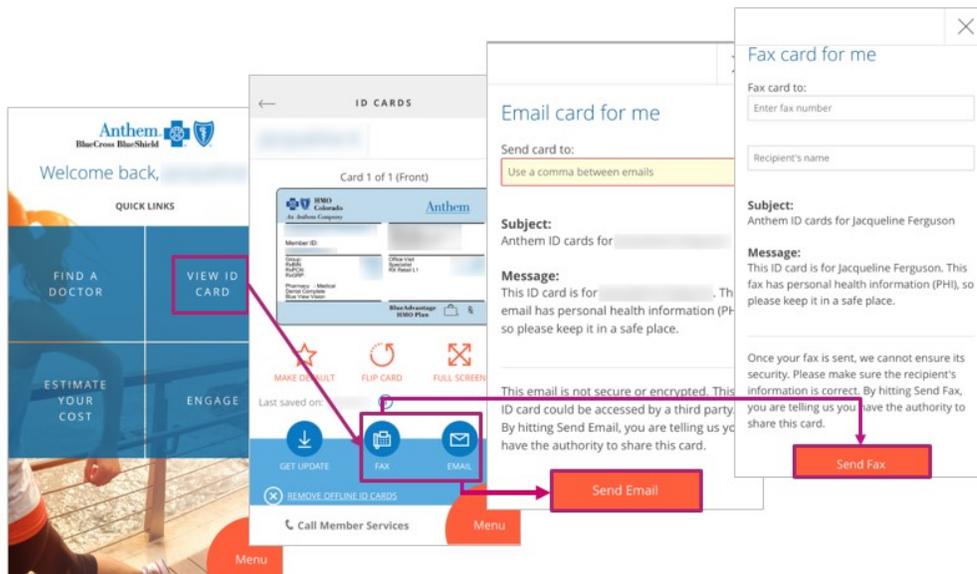


Note: as with all E&B inquiries on Availity, providers must have the member ID number (including the three-character prefix) and one or more search options of date of birth, first name and last name.

- **Email or Fax**

Members can email/fax the card from his/her phone. When members are viewing their ID Card on their phone, they will select the **email** or **fax** icon to forward their ID card.

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These options are available for your patients who are members covered by our affiliated health plans in California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, New Hampshire, Nevada, Ohio, Wisconsin, Virginia, and New York.

Members are still required to have a copy of their card in one format or another, whether hard copy or electronic, in order for services to be rendered. *See our Quick Reference Guide for further details.*

Quick Reference Guide

See our [Electronic Member ID Cards - Quick Reference Guide](#) for more details and information on:

- Frequently Asked Questions
- Details on provider options for obtaining a copy of an electronic Member ID card
- Sample electronic Member ID cards

Anthem to mail professional provider contract amendment in late May 2019

In late May, Anthem Blue Cross and Blue Shield and our affiliate HealthKeepers, Inc. will begin mailing network-participating professional providers information regarding changes to our existing provider agreements. Along with changes to the provider agreements, we are

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updating our fee schedules, reimbursement policies and provider manual. **These changes will be effective September 1, 2019.** Professional providers who currently contract with Anthem and/or HealthKeepers, Inc. should receive an amendment to their existing provider agreements. The amendments will be mailed on a computer disc (CD).

To continue network participation, no action will be required. Providers who expect to receive an amendment package and do not do so by June 3, 2019, should contact their Anthem network manager to obtain a copy.

DME fee schedule adjustment

Effective with the amendment dated September 1, 2019, reimbursement for Durable Medical Equipment and Supplies (DME) will be adjusted for our Commercial and Medicaid lines of business. DME fees are not among the 80% to 95% of Anthem's aggregate health care spend. As such, DME reimbursement is not currently included in professional provider agreements for providers who are not specifically DME providers. Given that many of our providers bill for DME services, we are providing notice of the adjustment in reimbursement. If you would like a list of the impacted HCPCS codes and associated reimbursement effective September 1, 2019, for the DME codes you bill most often, please contact your Anthem network manager after May 24.

Anthem contracted ambulance providers

As a contracted provider with Anthem Blue Cross and Blue Shield in Virginia, please remember that you are obligated when medically appropriate to refer Anthem members to in-network providers. This includes physicians and all provider types including, but not limited to, ambulance transport (ground and air), ambulatory surgical centers, behavioral health services, physical medicine providers and ancillary providers. Referring to in-network providers allows members to receive the highest level of benefits under their Health Benefit Plan. As a reminder, call Anthem first for precertification if required by the member's policy.

Ground ambulance providers

You can search for participating ground providers using our online tool, Provider Finder, located at www.anthem.com. Search parameters include distance from your location (zip code, address or county). To use the tool, go to www.anthem.com and follow these steps in our "Find a Doctor" tool:

1. Select "all plans/networks"
2. Select type of coverage
3. I am looking for a : "other medical services"

4. Who specializes in: “ambulance companies”
5. Located near: add your address, zip or county

All fields are required unless labeled optional

Find a Doctor [Encontrar un doctor](#)

I want to search this plan/network:
All plans/networks [Select a plan/network](#) ⓘ

Type of Coverage:

I'm looking for a: Whose name is: (optional)

Who specializes in:

[Show specialty details](#)

Air ambulance providers

The providers listed below are participating air ambulance providers with Anthem in Virginia. This means that these providers have contractually agreed to accept the Anthem rate as payment in full for covered services, and they will bill members only for allowable benefit cost-share obligations when transporting members who are picked up in Virginia.

Some air ambulance providers choose not to participate with payers like Anthem.

- These air ambulance providers may charge members rates that are much higher than the Anthem contracted provider rates.
- Depending on their benefits, members who utilize non-participating air ambulance providers can be left with significant out-of-pocket expenses, which the ambulance providers and their billing agents may seek to collect.

To avoid these situations, we ask that, whenever possible, you use a participating air ambulance provider for your patients who are our members. **Utilizing participating providers:**

- **Protects** the member from balance billing for what may be excessive amounts,
- **Assures** the most economical use of the member’s benefits, and

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- **Is consistent** with your contractual obligations to refer to in-network providers where available.

To schedule fixed wing or rotary wing air ambulance services, please contact Anthem for precertification if required by the member's policy, then call one of the phone numbers listed below. Please have the following information ready when you call:

- Basic medical information about the patient, including the patient's name and date of birth or age. If the service was not pre-certified with Anthem, the air ambulance provider will also need to receive a full medical report from the attending facility.
- Current location of the patient, the name of the hospital or facility caring for the patient and its address (city and state).
- Location where patient is to be transported, including the name of the destination hospital/facility and address.
- Approximate transport date or time frame.
- Special equipment or care needs.

Should you have questions regarding the air ambulance network, including providers contracted for air ambulance pickups outside of Virginia, please contact your provider network manager. To arrange air transport originating outside the U.S., U.S. Virgin Islands and Puerto Rico, call 800-810-BLUE for BCBS Global Core formerly BlueCard Worldwide.

Virginia Air (FW and Rotary) Providers

Fixed Wing (Airplane) Providers (HCPCS Codes: A0430 and A0435)

Provider Name	Phone#	Location Address	Website
Air Ambulance Specialists, Inc. dba AMR Air Ambulance	800-424-7060	8001 S Interport Blvd, #150, Englewood, CO 80112	www.AMRAirAmbulance.com

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AeroCare Medical Transport Systems	630-466-0800	43W 752 Hwy 30 Sugar Gove, IL 60554	www.aerocare.com
Center for Emergency Medicine of Western PA dba Stat MedEvac	416-460-3000	10 Alleghany County Airport, West Mifflin, PA 15122	www.upmc.edu
Medway Air Ambulance, Inc.	800-233-0655	570 Briscoe Blvd. Lawrenceville GA 30046	www.medwayair.com
Life Guard International, Inc. dba Flying ICU	702-740-5952	145 E. Reno Avenue Ste. E-7, Las Vegas, NV 89119	www.flyingicu.com

Rotary Wing (Helicopter) Providers (HCPCS Codes: A0431 and A0436)

Provider Name	Phone#	Location Address	Website
Air Methods (Rocky Mountain)	909-915-2305	7211 South Peoria, Englewood, CO 80112-4133	www.airmethods.com
PHI Air Medical, LLC	888-807-0682	2800 N 44th Street, Suite 800, Phoenix, AZ 85008	www.phiairmedical.com
Center for Emergency Medicine of Western PA dba Stat MedEvac	416-460-3000	10 Alleghany County Airport, West Mifflin, PA 15122	www.upmc.edu
Centra Health, Inc.	434-200-6883	1920 Atherhold Road, Lynchburg, VA 24501	www.centrahealth.com
HealthNet Aeromedical Services Inc.	304-340-8000	110 Wyoming St. Charleston, WV 25302	www.healthnetaeromedical.com

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The Rectors & Visitors of The University of Virginia on behalf of its Medical Center d/b/a The University of Virginia Pegasus Flight Operations	800-552-1826	200 Bowen Loop, Suite 100, Charlottesville, VA 22911	www.healthsystem.virginia.edu/pub/pegasus
Med Trans Corporation	940-591-5800	2200 Westcourt Rd Denton TX 76207	www.med-trans.net

Review of professional claims with emergency room level 5 E/M codes

Anthem Blue Cross and Blue Shield (Anthem) has identified an increasing trend in the billing of emergency room (ER) level 5 Evaluation and Management (E/M) codes. To help manage increasing health care costs, beginning **August 1, 2019**, Anthem will initiate the post-pay review of professional ER claims billed with level 5 E/M Codes (99285 or G0384) to ensure documentation meets or exceeds the components necessary to support its billing. Professional ER claims with the highest potential for up-coding will be selected.

Anthem will request documentation for identified claims, and level 5 ER professional reviews will evaluate the appropriate use of the level 5 ER code based on the AMA CPT coding manuals, and Anthem guidelines. Reimbursement will be based on the ER E/M code the submitted documentation supports.

Please note, these coding reviews are not related to any prior notifications of reviews which examine the appropriate use of ERs for non-emergencies, nor do they include the examination of emergent versus non-emergent reasons patients utilize emergency room services.

Availity launches changes to our Medical Attachment submission tool

In the [March 2019 edition of our provider newsletter](#), we announced the updates we've made to the Medical Attachment submission tool. As you start using the updated Medical Attachment tool on the Availity Portal, you will notice the following changes from the

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information we shared in March:

- File size – each attachment can be up to 10 MB with a maximum of 30 MB as the file size limit.
- The addition of logos in your dashboard make it easy to quickly identify each payer.
- The Medical Attachment tool will be retired from the Availity Portal soon, so we encourage you to start using the “Attachment – New” option now. (We will notify you once a retirement date is determined for the Medical Attachment tool.)

Other features of the updated Medical Attachment tool include:

- The ability to submit an itemized bill.
- A different link titled “Attachment – New” where you will now submit medical records when Anthem has requested additional information to process a claim.
- A new link on the attachment page called “Send Attachment” will allow you to start the process.
- A record history of each entry provides you increased visibility of your submission.

The **Medical Attachment tool** makes the process of submitting electronic documentation in support of a claim simple and streamlined. You can use your tax identification number (TIN) or your National Provider Identifier (NPI) to register and submit *solicited* (requested by Anthem) medical record attachments through the Availity Portal.

NOTE: We will continue to keep you informed of upcoming changes to the ‘Attachment – New’ platform, as we continue to work to streamline our electronic documentation functionality.

How to Access *solicited* Medical Attachments for Your Office

- Availity Administrator, complete these steps:

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From **My Account Dashboard**, select **Enrollments Center>Medical Attachments Setup**, follow the prompts and complete the following sections:

1. Select Application>choose **Medical Attachments Registration**.
2. Provider Management>Select **Organization** from the drop-down. Add NPIs and/or Tax IDs (Multiples can be added separated by spaces or semi-colons).
3. Assign user access by checking the box in front of the user's name. Users may be removed by unchecking their name.

Using Medical Attachments

Availity User, complete these steps:

1. Log in to www.availity.com
2. Select **Claims and Payments > Attachments-New >Send Attachment** tab
3. Complete all required fields of the form
4. Attach supporting documentation
5. Submit

Need Training?

To access additional training for this Availity feature:

1. Log in to the Availity Portal at www.availity.com
2. Select **Help and Training > Get Trained** to open the Availity Learning Center (ALC) catalog in a new browser tab. It is your dedicated ALC account.
3. Search the Catalog by keyword (**attachments**) to find training demo and on-demand courses.
4. Select **Enroll** to enroll for a course and then go to your Dashboard to access it any time.

Updating your provider information

Maintaining accurate provider information is critically important to ensure that our members have timely access to care. Updated information helps us maintain accurate provider

directories and also ensures that providers are more easily accessible to members. Additionally, Anthem Blue Cross and Blue Shield and our affiliate HealthKeepers, Inc. are required by Centers for Medicare & Medicaid Services (CMS) to include accurate information in provider directories for certain key provider data elements. CMS routinely reviews/audits our provider directories for accuracy and completeness.

Since it is the responsibility of each provider to inform insurance health plans when there are changes, providers are reminded to notify Anthem of any changes to their demographic information or other key pieces of information, such as a change in their ability to accept new patients, street address, phone number or any other change that affects patient access to care. For Anthem to remain compliant with federal and state requirements, changes must be communicated within 30 days in advance of a change or as soon as possible so that members have access to the most current information in our provider directory.

Key data elements

The data elements required by CMS and crucial for member access to care are:

- Physician Name
- Location (such as address, suite if appropriate, city/state, zip code)
- Phone Number
- Accepting New Patient Status
- Hospital Affiliations
- Medical Group Affiliations

Anthem is also encouraged (and in some cases required by certain regulatory/accrediting entities) to include accurate information for the following provider data elements:

- Physician Gender
- Languages Spoken
- Office Hours
- Specialties
- Physical Disabilities Accommodations (e.g., wide entry, wheelchair access, accessible exam rooms and tables, lifts, scales, bathrooms and stalls, grab bars, other accessible equipment)
- Indian Health Service Status
- Licensing information (i.e., Medical License Number, License State, National Provider Identifier NPI)
- Provider Credentials (i.e., Board Certification, Place of Residency, Internship, Medical School, Year of Graduation)

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- Email and website address
- Hospital has an emergency department, if applicable

How to update your information

You should routinely check your current practice information by going to anthem.com and access our “Find a Doctor” tool. If your information is not correct and updates are needed, please provide the correct information as soon as possible by visiting anthem.com. Select “Provider,” and then under “Provider Resources” select the "[Provider Maintenance Form](#)" and complete the online prompts. Please verify before proceeding that “Information for Virginia” is displayed. Either choose “Select a State” or “Change State” if necessary. If you have questions about using the Provider Maintenance Form, check out the "[Provider Maintenance Form Guide](#)" for more information.

If you have questions about updating your demographic information, contact your Anthem network manager.

[Provider Maintenance Form](#)

Receive email notifications via our Network eUPDATE

Our provider newsletter is our primary source for providing important information to health care providers and professionals. The newsletter is published monthly and is posted to our website on the Virginia provider section of anthem.com for easy 24/7 access.

Note that in addition to this newsletter and our website, we also use our email service – Network eUPDATE – to communicate new information. If you are not yet signed up to receive Network eUPDATES, we encourage you to enroll now so you’ll be sure to receive all information we will be sending about billing, upcoming changes, coverage guidelines and other pertinent topics.

Reminder notifications sent via email

When you sign up, you’ll not only receive an email reminder for each newsletter posted online, you’ll also be notified of other late breaking news and important information you’ll need when providing services and filing claims for our members. It’s easy to sign up – just select Virginia and access the provider home page. There, you’ll find a link to register for our

[Network eUPDATE.](#)

Coverage guideline informational notice

Archived Guideline Numbers Effective April 24, 2019

CG-DRUG-25 *Intravenous versus Oral Drug Administration* [Note: Content of CG-DRUG-25 has been transferred to new clinical UM guideline **CG-MED-82**.]

CG-DRUG-47 *Level of Care: Specialty Pharmaceuticals* [Note: Content of CG-DRUG-47 has been transferred to new clinical UM guideline **CG-MED-83**.]

DRUG.00003 *Chelation Therapy* [Note: Content of DRUG.00003 has been transferred to new coverage guideline **MED.00127**.]

DRUG.00034 *Insulin Potentiation Therapy* [Note: Content of DRUG.00034 has been transferred to new coverage guideline **MED.00128**.]

Archived Coverage Guideline Numbers Effective May 9, 2019

DRUG.00110 *Inotuzumab ozogamicin (Besponsa®)* [Note: Content of DRUG.00110 has been transferred to new clinical UM guideline **CG-DRUG-113**.]

GENE.00002 *Preimplantation Genetic Diagnosis Testing* [Note: Content of GENE.00002 has been transferred to clinical UM guideline **CG-GENE.06**.]

GENE.00005 *BCR-ABL Mutation Analysis (Qualitative)* [Note: Content of GENE.00005 has been transferred to new clinical UM guideline **CG-GENE-07**.]

GENE.00031 *Genetic Testing for PTEN Hamartoma Tumor Syndrome* [Note: Content of GENE.00031 has been transferred to clinical UM guideline **CG-GENE-08**.]

GENE.00040 *Genetic Testing for CHARGE Syndrome* [Note: Content of GENE.00040 has been transferred to new clinical UM guideline **CG-GENE-09**.]

MED.00119 *High Intensity Focused Ultrasound (HIFU) for Oncologic Indications* [Note: Content of MED.00119 has been transferred to new clinical UM guideline **CG-MED-81**.]

RAD.00066 *Multiparametric Magnetic Resonance Fusion Imaging Targeted Prostate Biopsy*

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[Note: Content of RAD.00066 has been transferred to new clinical UM guideline **CG-SURG.98.**]

SURG.00048 *Panniculectomy, Abdominoplasty* [Note: Content of SURG.00048 has been transferred to new clinical UM guideline **CG-SURG-99.**]

Archived Coverage Guideline Numbers Effective June 24, 2019

SURG.00033 *Cardioverter-Defibrillators* [Note: Content of SURG.00033 has been transferred to new clinical UM guideline **CG-SURG-97.**]

MCG care guidelines 23rd Edition

Effective **August 1, 2019**, Anthem Blue Cross and Blue Shield will upgrade to the 23rd edition of the MCG care guidelines for the following modules:

- Inpatient & Surgical Care (ISC)
- General Recovery Care (GRC)
- Chronic Care (CC)
- Recovery Facility Care (RFC)
- Behavioral Health Care (BHC)

Goal Length of Stay (GLOS) Changes for Inpatient and Surgical Care (ISC)

Guideline	MCG Number	23rd Edition GLOS	22nd Edition GLOS
Neurology- Traumatic Brain Injury, Nonsurgical Treatment	M-78	Ambulatory or 2 days	2 days
Orthopedics-Lumbar Fusion	S-820	2 days postoperative	3 days postoperative

New Optimal Recovery Guidelines (ORGs), Common Complications and Conditions (CCC) and Level of Care (LOC) Guidelines

Module	Guideline	Title	MCG Number
ISC	ORG	Anorexia Nervosa, Child or Adolescent	P-585
ISC	ORG	Substance-Related Disorders, Child or Adolescent	P-596

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ISC	ORG	Left Atrial Appendage Closure, Percutaneous	M-333
ISC	ORG	Abdominal Pain, Undiagnosed, Pediatric	P-05
ISC	ORG	Craniotomy for Traumatic Brain Injury or Intracerebral Hemorrhage, Pediatric	P-414
ISC	ORG	Craniotomy, Supratentorial, Pediatric	P-411
ISC	ORG	Headaches, Pediatric	P-185
ISC	ORG	Hernia Repair (Non-Hiatal), Pediatric	P-1305
ISC	ORG	Inflammatory Bowel Disease, Pediatric	P-565
ISC	ORG	Pelvic Inflammatory Disease (PID), Acute, Pediatric	P-260
ISC	ORG	Spine, Scoliosis, Posterior Instrumentation, Pediatric	P-1056
ISC	ORG	Supraventricular Arrhythmias, Pediatric	P-510
ISC	CCC	Pain: Common Complications and Conditions	CCC-050
RFC	ORG	Degenerative Joint Disease (DJD)	M-7030
BHC	LOC	Obsessive-Compulsive and Related Disorders, Adult: Inpatient Care	B-030-IP
BHC	LOC	Obsessive-Compulsive and Related Disorders, Child or Adolescent: Inpatient Care	B-029-IP
BHC	LOC	Obsessive-Compulsive and Related Disorders: Residential Care	B-030-RES
BHC	LOC	Obsessive-Compulsive and Related Disorders: Partial Hospital Program	B-030-PHP
BHC	LOC	Obsessive-Compulsive and Related Disorders: Intensive Outpatient Program	B-030-IOP
BHC	LOC	Obsessive-Compulsive and Related Disorders: Acute Outpatient Care	B-030-AOP

Anthem customizations to MCG care guideline 23rd Edition

Effective **August 1, 2019**, the following MCG care guideline 23rd edition customizations will be implemented.

- Left Atrial Appendage Closure, Percutaneous (W0157) - customized to refer to SURG.00032 Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention
- Spine, Scoliosis, Posterior Instrumentation, Pediatric (W0156) - customized to refer to Musculoskeletal Program Clinical Appropriateness Guidelines, Level of Care Guidelines and Preoperative Admission Guidelines

To see a more detailed summary of customizations, access the [Customization to MCG Care Guidelines](#) on the Web.

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

Clinical practice and preventive health guidelines available on the Web

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/Provider Overviews](http://anthem.com/provider/Provider%20Overviews)> scroll down and select 'Find Resources for Virginia' > Health and Wellness > [Practice Guidelines](#).

Anthem Commercial Risk Adjustment (CRA) Reporting Update: Health Assessment requests for 2019 / Alternative reporting engagement

In a continuation of our [CRA reporting update](#) articles throughout 2019, Anthem Blue Cross and Blue Shield 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 Prospective approach and the request to our providers:

Anthem network providers -- **usually primary care physicians** -- may receive letters from our vendor, Inovalon, requesting that physicians:

1. **Schedule a comprehensive visit** with patients identified to confirm or deny if previously coded or suspected diagnoses exist, and
2. **Submit a Health Assessment** documenting the previously coded or suspected diagnoses (also called a SOAP Note -- *Subjective, Objective, Assessment and Plan*).

Incentives for properly submitted health assessments (in addition to the office visit reimbursement):

- \$100 submitted electronically
- \$50 submitted via fax

Health assessment requests through Inovalon

We have engaged Inovalon -- an independent company that provides secure, clinical documentation services -- to help us comply with provisions of the ACA that require us to assess members' relative health risk level. In the coming weeks and months, Inovalon will be sending letters to providers as part of our risk adjustment cycle, asking for their help with completing health assessments for some of our members.

This year will bring a new round of assessments. As a reminder, chronic conditions must be coded every year, and we encourage you to code to the greatest level of specificity on all Anthem claims submissions. If you have questions about the requests you receive, you can reach Inovalon directly at 1-866-682-6680.

Maximize your incentive opportunity: Submit electronically via Inovalon's ePASS® tool

Join an ePASS webinar to learn how to submit a health assessment electronically and maximize your incentive opportunities. Webinars are offered every Wednesday from 3 to 4 p.m. ET. Register by sending an email to ePASSProviderRelations@inovalon.com with your name, organization, contact information and the date of the webinar you wish to attend.

- Teleconference: Dial 1-415-655-0002 (US Toll) and enter access code: 736 436 872

- WebEx: Visit <https://inovalonmeet.webex.com> and enter meeting number: 736 436 872
- Once you join the call, live support is available at any time by dialing *0

Alternative reporting engagement

ePASS is our preferred method for submission for the Prospective approach. However, to improve engagement and to collaborate with our providers who are not submitting via ePASS, we have identified other alternatives which may be helpful and provide more flexibility with your current processes.

Alternative Reporting Option/Description

Availity Comprehensive Health Assessment

Availity will send a notification of members who have gaps and need assessments. The office will schedule members to be seen, at this time open gaps are displayed. Once the visit is completed, the office will complete the health assessment via Availity and the provider will review and sign off. *Eligible for \$100 incentive.*

EPIC Patient Assessment Form (PAF)

Providers with EPIC as their EMR system can fax the EPIC PAF to Inovalon at:

1-866-682-6680 without a coversheet. *Eligible for \$50 incentive.*

Providers Existing Patient Assessment Form (PAF) -- Utilize providers existing EMR system and applicable PAF and fax to Inovalon at 1-866-682-6680. Must be submitted with a coversheet indicating "see attached Anthem Progress Note." *Eligible for \$50 incentive.*

Note: Please reach out to the CRA Network Education Representative listed above for confirmation that your EMR system's PAF is compliant.

EPHC Providers using PCMS -- Providers participating in our Enhanced Personal Health Care (EPHC) program can use member reports from our PCMS tool within Availity to schedule members for comprehensive visits. Providers use normal gap closure through claims submission. No Health Assessment needed.

List of Members to be scheduled -- Anthem provides member report for provider to schedule members for comprehensive visits. Providers use normal gap closure through claims submission. No Health Assessment needed.

Allscripts Push Notifications *(combine with EMR Interoperability for Chart Requests from our Retrospective approach)*

Once a member is scheduled for visit, provider will get notification of outstanding gaps. Benefit: Provider is aware upfront, at the time of the visit to address chronic conditions with members and code them accurately on the claim. No Health Assessment needed.

Anthem expands specialty pharmacy medical step therapy drug list for agents for hereditary angioedema

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

Agents for hereditary angioedema ING-CC-0034

Effective for dates of service on and after August 1, 2019, the following specialty pharmacy codes from new or current clinical criteria will be included in our existing specialty pharmacy medical step therapy review process. Haegarda® and Takhzyro™ will be the preferred prophylactic agents over Cinryze®.

Please note, inclusion of NDC code on your claim will shorten the claim processing time of drugs billed with a Not Otherwise Classified (NOC) code. For Anthem Blue Cross and Blue Shield and our affiliate HealthKeepers, Inc., pre-service clinical review of these specialty pharmacy drugs will be managed by Anthem. Drugs used for the treatment of Oncology will still require pre-service clinical review by AIM Specialty Health® (AIM), a separate company. This applies to members with Preferred Provider Organization (PPO) plans, Anthem HealthKeepers (HMO) plans, POS AdvantageOne plans, and Act Wise (CDH) plans.

Access the [clinical criteria information](#) online.

Clinical Criteria	Status	Drug	HCPCS or CPT Code	NDC Code
ING-CC-0034	Preferred Agent	Haegarda®	J0599	63833-0828-02 63833-0829-02
ING-CC-0034	Preferred Agent	Takhzyro™	J3490, J3590, C9399	47783-0644-01
ING-CC-0034	Non-Preferred Agent	Cinryze®	J0598	42227-0081-05

Anthem specialty pharmacy medical step therapy drug list clarification about non-oncology colony stimulating factor agents

In the [March 2019 edition of Provider News](#), we shared that the following clinical criteria will be effective **June 1, 2019**. We will begin the medical step therapy review process for non-oncology uses of these drugs at this time. We will notify you when we begin the medical step therapy review process for oncology indications.

Colony stimulating factor agents ING-CC-0002

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

For Anthem Blue Cross and Blue Shield and our affiliate HealthKeepers, Inc., pre-service clinical review of these specialty pharmacy drugs will be managed by Anthem. Drugs used for the treatment of Oncology will still require pre-service clinical review by AIM Specialty Health® (AIM), a separate company.

This applies to members with Preferred Provider Organization (PPO) plans, Anthem HealthKeepers (HMO) plans, POS AdvantageOne plans, and Act Wise (CDH) plans.

Additional information regarding biosimilar drugs can be found online by viewing the reference document called: [“Biosimilar Drugs - What are they?”](#)

Access the [clinical criteria information](#) online.

Clinical Criteria	Status	Drug	HCPCS or CPT Code	NDC Code
ING-CC-0002	Preferred Agent	Zarxio®	Q5101	61314-0304-01 61314-0304-10 61314-0312-01 61314-0312-10 61314-0318-01 61314-0318-10 61314-0326-01 61314-0326-10

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ING-CC-0002	Non-Preferred Agent	Neupogen®	J1442	55513-0530-01 55513-0530-10 55513-0546-01 55513-0546-10 55513-0924-01 55513-0924-10 55513-0924-91 55513-0209-01 55513-0209-10 55513-0209-91
ING-CC-0002	Non-Preferred Agent	Granix®	J1447	63459-0910-11 63459-0910-12 63459-0910-15 63459-0910-17 63459-0910-36 63459-0912-11 63459-0912-12 63459-0912-15 63459-0912-17 63459-0912-36
ING-CC-0002	Non-Preferred Agent	Nivestym™	Q5110	00069-0291-10 00069-0291-01 00069-0292-01 00069-0292-10

Pharmacy information available 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 any other requirements, restrictions, or limitations that apply to using certain drugs, visit anthem.com/pharmacyinformation. The commercial and marketplace drug lists are posted to the website quarterly (the first of the month for January, April, July and October).

To locate Marketplace Select formulary and pharmacy information, scroll down to “Select Drug Lists.” For State-sponsored Business, visit [SSB Pharmacy Information](#). This drug list is also reviewed and updated regularly as needed.

FEP Pharmacy updates and other pharmacy related information may be accessed at www.fepblue.org > Pharmacy Benefits.

Clinical criteria updates

On August 17, 2018, October 9, 2018, and November 16, 2018, the pharmacy and therapeutic (P&T) committee approved *Clinical Criteria* applicable to the medical drug benefit for Anthem HealthKeepers Plus members. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on our provider website, and the effective dates are reflected in the [Clinical Criteria updates notification](#). Visit the [Clinical Criteria](#) website to search for specific policies.

[Email](#) for questions or additional information.

Authorization changes for procedure codes

Learn more online about the [authorization changes for procedure codes](#).

Medical records request for risk adjustment

In 2019, Anthem will work with Optum, using their copy partner CiOX, to request medical records with dates of service for the target year 2018, through present day, then review and code the record. [Read more](#).

Additional information, including frequently asked questions and answers, will be available at www.anthem.com/ca/medicareprover > Important Medicare Advantage Updates.

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Partial hospitalization services

Medicare Advantage plans under Anthem Blue Cross and Blue Shield follow original Medicare guidelines and billing requirements for partial hospitalization services. The Centers for Medicare & Medicaid Services' (CMS) regulations (*42 CFR 410.43(c)(1)*) state that partial hospitalization programs (PHPs) are intended for members who require a minimum of 20 hours per week of therapeutic services as evidenced in their plan of care. All partial

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hospitalization services require prior authorization. Check out the full article online, [partial hospitalization services](#).

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Fall prevention tips

Each year, falls result in more than 2.8 million ER visits; 800,000 hospitalizations; and 27,000 deaths. Additional information about helping patients enrolled in Medicare Advantage prevent falls is available online. Check out the [fall prevention tips](#).

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Keep up with Medicare news

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

Medicare Advantage reimbursement policy provider bulletin:

[Modifier 63: Procedure Performed on Infants Less Than 4 kg - Policy 06-015](#)

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[Evaluation and management with Modifier 25 update](#)

[New incentive program for reimbursement for select CPT Category II codes](#)

[Latest updates to Electronic Data Interchange Gateway migration](#)

[Medicare Advantage Group Retiree PPO plans and National Access Plus FAQ](#)

[Group Retiree members and National Access Plus](#)

[Prior authorization requirements for DME repair and portable oxygen](#)

[New provider learning opportunity: Put the AIM ProviderPortal to work for you](#)

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