

Administrative:

Georgia Anthem provider Town Hall dates in Atlanta and Savannah 3

Additional improvements coming to anthem.com 4

Anthem appropriate coding helps provide a comprehensive picture of patients' health 7

Products & Programs:

Reminder: new AIM Rehabilitative Program effective November 1, 2019 8

CORRECTION: New AIM Musculoskeletal Program will begin "December 1, 2019" 8

Pharmacy:

Anthem clinical criteria and prior authorization updates for specialty pharmacy are available 9

Remaining members will transition to new PBM, IngenioRx, on January 1, 2020 14

Policy Updates:

Updates to AIM Advanced Imaging of the Abdomen and Pelvis Clinical Appropriateness Guideline 16

Updates to AIM Radiation Therapy Clinical Appropriateness Guideline 18

Updates to AIM Spine Surgery Clinical Appropriateness Guideline 20

Updates to AIM Sleep Disorder Management Clinical Appropriateness Guideline 22

Georgia preapproval list change notification 11/1/2019 23

Georgia medical policy and clinical guideline updates 11/1/2019 23

Medicare:

Blue Cross and Blue Shield Association mandate about Medicare Advantage care management and provider engagement 24

CMS reminder: expedited/urgent requests 24

Keep up with Medicare news 25

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare or WCIC; CompCare Health Services Insurance Corporation (CompCare) underwrites or administers the HMO policies and Wisconsin Collaborative Insurance Company (WCIC) underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. Use of the Anthem websites constitutes your agreement with our Terms of Use.

Georgia Anthem provider Town Hall dates in Atlanta and Savannah

Published: Nov 1, 2019 - Administrative

Savannah Town Hall

November 07, 2019

1:00 p.m.–3:00 p.m. Light refreshments provided

Georgia Southern University

Nessmith-Lane Conference Center

847 Plant Drive

Statesboro, GA 30458

Please R.S.V.P. by Monday, November 4th to RSVPBlue@anthem.com. Include the name of the facility or practice, and the number of attendees.

Atlanta Town Hall

November 19, 2019

1:00 p.m.–3:00 p.m. Light refreshments provided

Wellstar

Atlantic Auditorium

2000 South Park Place

Atlanta, Ga 30339

Please R.S.V.P. by Thursday, November 14th to RSVPBlue@anthem.com. Include the name of the facility or practice, and the number of attendees.

Town Hall updates will include:

- Availability
- Network updates
- State Health Benefit Plan (SHBP)
- AIM Specialty programs
- Provider services contact information
- Medicare

URL: <https://providernews.anthem.com/georgia/article/georgia-anthem-provider-town-hall-dates-in-atlanta-and-savannah>

Additional improvements coming to anthem.com

Published: Nov 1, 2019 - Administrative

More exciting new changes are coming to the public provider site at [anthem.com](https://www.anthem.com). This next wave of updates includes a new, enhanced Medical Policies page. The page will have an improved and straightforward process for viewing policies that allows providers to easily scan, sort and filter. In addition, providers will now be able to access "Search" from the Medical Policies landing page. Below is a preview of the streamlined page:

Medical Policies & Clinical UM Guidelines: Search Results

sleep studies Search

Policy Type

Show all

Category

Show all

1 2 3 4 >

Policies 1 - 10 / 67

[MED.00002 Selected Sleep Testing Services](#)

Medical Policy

Medicine

[CG-SURG-87 Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring](#)

Clinical UM Guideline

Surgery

[SURG.00129 Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring](#)

Medical Policy

Surgery

Medical Policies & Clinical UM Guidelines

There are several factors that impact whether a service or procedure is covered under a member's benefit plan. Medical policies and clinical utilization management (UM) guidelines are two resources that help us determine if a procedure is medically necessary. These documents are available to you as a reference when interpreting claim decisions.

Search for Policies

keyword or procedural code

Search

To view policies that have been recently added or updated, see the [Recent Updates](#) page.

URL: <https://providernews.anthem.com/georgia/article/additional-improvements-coming-to-anthemcom-1>

Anthem appropriate coding helps provide a comprehensive picture of patients' health

Published: Nov 1, 2019 - Administrative

As the physician of a member who has coverage under Affordable Care Act (ACA) compliant plans, you play a vital role in accurately documenting the health of the member to ensure compliance with ACA program reporting requirements. **When members visit your practice, we encourage you to document ALL of the members' health conditions, especially chronic diseases. Ensuring that the coding on the claim submission is to the greatest level of specificity can help reduce the number of medical record requests from us in the future.**

Please ensure that all codes captured in your EMR system are also included on the claim(s), and are not being truncated by your claims software management system. For example, some EMR systems may capture up to 12 diagnosis codes, but the claim system may only have the ability of capturing 4. If your claim system is truncating some of your codes, please work with your vendor/clearing house to ensure all codes are being submitted.

Reminder about ICD-10 coding

As you may be aware, the ICD-10 coding system serves multiple purposes including identification of diseases, justification of the medical necessity for services provided, tracking morbidity and mortality, and determination of benefits. Additionally, Anthem uses ICD-10 codes submitted on claims to monitor health care trends and costs, disease management, and clinical effectiveness of management of medical conditions. The Centers for Medicare and Medicaid Services (CMS) uses ICD-10 as part of the risk adjustment program created under the ACA to determine the risk score associated with a member's health.

Using specific ICD diagnosis codes will help convey the true complexity of the conditions being addressed in each visit.

- Code the primary diagnosis, condition, problem or other reason for the medical service or procedure.
- Include any secondary diagnosis codes that are actively being managed.
- Include all chronic historical codes, as they must be documented each year pursuant to the ACA. (E.g.: An amputee must be coded each and every year even if the visit is not addressing the amputated limb specifically).

If you are interested in having a coding training session conducted by an Anthem coding auditor, please contact the Georgia Commercial Risk Adjustment Representative Alicia Estrada at Alicia.Estrada@anthem.com.

URL: <https://providernews.anthem.com/georgia/article/anthem-appropriate-coding-helps-provide-a-comprehensive-picture-of-patients-health>

Reminder: new AIM Rehabilitative Program effective November 1, 2019

Published: Nov 1, 2019 - Products & Programs

As we communicated in the [October 2019](#) edition of *Provider News*, the AIM Rehabilitative program for our Commercial membership will relaunch on November 1. AIM Specialty Health® (AIM), a separate company, will begin to perform prior authorization review of physical, occupational and speech therapy services. Prior authorization requests may be submitted via the AIM [ProviderPortal_{SM}](#) for dates of service on or after November 1, 2019. The OrthoNet program is no longer active in applicable markets.

Anthem is also transitioning vendors for review of outpatient physical, occupational and speech therapy rehabilitative services for our Medicare members to AIM Specialty Health. We have decided to delay the implementation of this transition. The AIM Rehabilitative program for Medicare members will now begin in April 2020. Prior authorization will not be required for the above-mentioned services for Medicare members through March 2020. (*Note: This delay does NOT apply to members in the states of Florida, New Jersey and New York for whom prior authorization will still be required.*) We will provide an update in an upcoming *Provider News* about the AIM Rehabilitative Program for Medicare members.

URL: <https://providernews.anthem.com/georgia/article/reminder-new-aim-rehabilitative-program-effective-november-1-2019-2>

CORRECTION: New AIM Musculoskeletal Program will begin "December 1, 2019"

Published: Nov 1, 2019 - Products & Programs

This article was corrected on November 6, 2019. The original article incorrectly stated that the AIM Musculoskeletal Program would begin on November 1, 2019. The correct date that the AIM Musculoskeletal Program will begin is December 1, 2019.

Anthem Blue Cross and Blue Shield (“Anthem”) announced in March 2018 that the AIM Musculoskeletal Program was delayed. AIM Specialty Health® (AIM), a separate company, will perform prior authorization reviews of certain surgeries of the spine and joints, as well as interventional pain treatment to determine medical necessity for Commercial fully insured Anthem members beginning **December 1, 2019** for dates of service on and after **December 1, 2019**.

The new musculoskeletal program includes review of the level of care/setting, pre-operative days, and expected length of stay for medical necessity using AIM clinical guidelines which have been adopted by Anthem. All codes and clinical guidelines included in the musculoskeletal program can be found on the [AIM MSK website](#).

The AIM [ProviderPortal_{SM}](#) will be available for prior authorization order request submissions twenty-four hours a day, seven days a week, processing requests in real-time using clinical criteria. Providers may also submit request via the AIM Call Center by calling 866-714-1103 Monday through Friday 8:30 a.m.–8:00 p.m.

URL: <https://providernews.anthem.com/georgia/article/new-aim-musculoskeletal-program-will-begin-november-1-2019>

Anthem clinical criteria and prior authorization updates for specialty pharmacy are available

Published: Nov 1, 2019 - **Products & Programs** / Pharmacy

Prior authorization updates

Effective for dates of service on and after February 1, 2020, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our prior authorization review process.

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

To access the [clinical criteria document information](#) please visit our provider [website](#).

Anthem's prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Anthem's medical specialty drug review team. Drugs used for the treatment of Oncology will be managed by AIM Specialty Health® (AIM), a separate company.

Clinical Criteria	HCPCS or CPT Code(s)	Drug
ING-CC-0072	Q5118	Zirabev
ING-CC-0075	Q5115	Truxima
ING-CC-0075	J3490	Ruxience
<i>ING-CC-0107</i>	<i>Q5118</i>	<i>Zirabev</i>
<i>*ING-CC-0142</i>	<i>J1930</i>	<i>Somatuline Depot</i>
<i>ING-CC-0143</i>	<i>C9399 J9999</i>	<i>Polivy</i>
<i>ING-CC-0144</i>	<i>J9313</i>	<i>Lumoxiti</i>
<i>ING-CC-0145</i>	<i>J9119</i>	<i>Libtayo</i>

Clinical criteria updates

Effective for dates of service on and after February 1, 2020, the following current clinical criteria documents were revised and might result in services that were previously covered but may now be found to be not medically necessary.

To access the [clinical criteria document information](#) please visit our provider [website](#).

Anthem's prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Anthem's medical specialty drug review team. Drugs used for the treatment of Oncology will be managed by AIM Specialty Health® (AIM), a separate company.

- ING-CC-0001 Erythropoiesis Stimulating Agents: Reduced the timeframe for response for the use of Aranesp, Epogen and Procrit for anemia associated with myelosuppressive chemotherapy from 8-9 weeks to 8 weeks.
- ING-CC-0002 Colony Stimulating Factor Agents: Removed medically necessary criteria for the prophylaxis of febrile neutropenia for Leukine.
- ING-CC-0041 Complement Inhibitors: Added medical necessity criteria for Soliris for the new indication of neuromyelitis optica spectrum disorder.

- ING-CC-0048 Spinraza (nusinersen): Updated medical necessity criteria for use after gene therapy to require decline in clinical status.
- ING-CC-0082 Onpattro (patisiran): Added not medically necessary criteria for combination use with other agents for amyloidosis.
- ING-CC-0106 Erbitux (cetuximab): Updated medical necessity criteria for RAS testing to require both KRAS and NRAS wild type.

Quantity limit updates

Effective January 31, 2020, clinical criteria document ING-CC-0136 Drug dosage, frequency, and route of administration will be archived.

Effective for dates of service on and after February 1, 2020, prior authorization clinical review of drug dosage, frequency and route of administration for the following specialty pharmacy codes from new or current clinical criteria will be based on the quantity limits established in the applicable clinical criteria document. The table below will assist you in identifying the applicable clinical criteria documents and corresponding HCPCS codes.

To access the [clinical criteria document information](#) please visit our provider [website](#).

Anthem’s prior authorization clinical review of these specialty pharmacy drugs will be managed by Anthem’s medical specialty drug review team.

Clinical Criteria Document Number	Clinical Criteria Name	Drug(s)	HCPCS Code(s)
ING-CC-0001	Erythropoiesis Stimulating Agents	Aranesp, Epogen, Mircera, Procrit, Retacrit	J0881, J0882, J0885, J0887, J0888, Q4081, Q5105, Q5106
ING-CC-0003	Immunoglobulins	Asceniv, Bivigam, Carimune NF, Flebogamma DIF, Gammagard, Gammagard	

S/D, Gammaked, Gammaplex, Gamunex-C, Octagam, Panzyga, Privigen	J1459, J1556, J1557, J1561, J1566, J1568, J1569, J1572, J1599		
ING-CC-0007	Synagis (palivizumab)	Synagis	90378
ING-CC-0013	Mepsevii (vestronidase alfa)	Mepsevii	J3397
ING-CC-0018	Lumizyme (alglucosidase alfa)	Lumizyme	J0221
ING-CC-0021	Fabrazyme (agalsidase beta)	Fabrazyme	J0180
ING-CC-0022	Vimizim (elosulfase alfa)	Vimizim	J1322
ING-CC-0023	Naglazyme (galsulfase)	Naglazyme	J1458
ING-CC-0024	Elaprased (idursulfase)	Elaprased	J1743
ING-CC-0025	Aldurazyme (laronidase)	Aldurazyme	J1931
ING-CC-0028	Benlysta (belimumab)	Benlysta	J0490
ING-CC-0031	Intravitreal Corticosteroid Implants	Iluvien, Retisert, Ozurdex, Yutiq	J7311, J7312, J7313, J7314
ING-CC-0032	Botulinum Toxin	Botox, Xeomin, Dysport, Myobloc	J0585, J0586, J0587, J0588
ING-CC-0033	Xolair (omalizumab)	Xolair	J2357
ING-CC-0034	Agents for Hereditary Angioedema	Cinryze, Haegarda, Berinert, Berinert, Firazyr,	

Ruconest, Kalbitor, Takhzyro	J0596, J0597, J0598, J1290, J1744, J0599, J0593		
ING-CC-0041	Complement Inhibitors	Soliris, Ultomiris	J1300, J1303
ING-CC-0043	Monoclonal Antibodies to Interleukin-5	Cinqair, Fasenra, Nucala	J0517, J2182, J2786
ING-CC-0050	Monoclonal Antibodies to Interleukin-23	Tremfya, Ilumya	J1628, J3245
ING-CC-0051	Enzyme Replacement Therapy for Gaucher Disease	Cerezyme, Elelyso, Vpriv	J1786, J3060, J3385
ING-CC-0058	Octreotide Agents	Sandostatin, Sandostatin LAR Depot	J2353, J2354
ING-CC-0061	GnRH Analogues for the treatment of non- oncologic indications	Lupron Depot/Depot-Ped	J1950, J9217
ING-CC-0062	Tumor Necrosis Factor Antagonists	Simponi Aria, Remicade, Inflectra, Renflexis, Ixifi, Humira, Enbrel, Cimzia	J1602, J1745, Q5103, Q5104, Q5109, J0135, J1438, J0717
ING-CC-0063	Stelara (ustekinumab)	Stelara	J3357, J3358
ING-CC-0066	Monoclonal Antibodies to Interleukin-6	Actemra	J3262
ING-CC-0071	Entyvio		

(vedolizumab)	Entyvio	J3380	
ING-CC-0072	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	Avastin, Lucentis, Eylea, Macugen, Zirabev, Mvasi	J2503, C9257, J9035, J2778, J0178, Q5118, Q5017
ING-CC-0073	Alpha-1 Proteinase Inhibitor Therapy	Aralast, Glassia, Prolastin-C, Zemaira	J0256, J0257
ING-CC-0075	Rituxan (rituximab) for Non-Oncologic Indications	Rituxan, Truxima	J9312, Q5115

URL: <https://providernews.anthem.com/georgia/article/anthem-clinical-criteria-and-prior-authorization-updates-for-specialty-pharmacy-are-available-2>

Remaining members will transition to new PBM, IngenioRx, on January 1, 2020

Published: Nov 1, 2019 - **Products & Programs** / Pharmacy

Anthem's launch of our new pharmacy benefits manager (PBM) solution, IngenioRx, is nearly complete. IngenioRx serves members of all Anthem-affiliated health plans. We began transitioning members on May 1, 2019, and have continued throughout 2019, with all members completely transitioned to IngenioRx by January 1, 2020.

As a reminder, most day-to-day pharmacy experiences will not be affected:

- Members will continue to use their prescription drug benefits as they always have, getting their medications using a retail pharmacy, home delivery, or specialty pharmacy.
- Current home delivery and specialty pharmacy prescriptions and prior authorizations will transfer automatically to IngenioRx when a member transitions, with the exception of controlled substances and compound drugs (see more below).
- If you use ePrescribing and are sending home delivery or specialty pharmacy prescriptions, simply select IngenioRx after your patient has transitioned.
- If you do not use ePrescribing, send home delivery and specialty pharmacy prescriptions to IngenioRx after your patient has transitioned (see contact information

below).

- Members will continue to use the same drug list.
- Prior authorizations will automatically transfer to IngenioRx.

Frequently Asked Questions

When can I expect my patients to transition to IngenioRx?

Most Anthem members have already transitioned to IngenioRx. The remaining members will be transitioned on January 1, 2020.

Do providers need to take any action?

Federal law does not allow prescriptions for controlled substances or compound drugs to be automatically transferred to another pharmacy, so providers with patients using these medications will need to send a new prescription to IngenioRx after they've transitioned.

Will my patients be notified of this change?

Anthem will notify members before they transition to IngenioRx. Members currently filling home delivery and specialty pharmacy medications will be notified by mail.

How will a provider know if an Anthem member has moved to IngenioRx?

Availity displays member PBM information under the *patient information section* as part of the eligibility and benefits inquiry. We have enhanced this section of Availity to indicate when a member has moved to IngenioRx. Availity includes the name of the PBM and date the member moved to IngenioRx, or the date the member is scheduled to move to IngenioRx.

How will specialty drugs be transitioned?

Specialty pharmacy prescriptions and prior authorizations will automatically transfer to IngenioRx. In addition, the IngenioRx Care Team will call members to introduce them to IngenioRx and discuss the medications they take.

How do I submit prescriptions to IngenioRx?

If you use ePrescribing and are sending home delivery or specialty pharmacy prescriptions, simply select IngenioRx in your ePrescribing system.

If you do not use ePrescribing, you can submit prescriptions using the following information:

IngenioRx Home Delivery Pharmacy new prescriptions:

Phone Number: 1-833-203-1742

Fax number: 1-800-378-0323

IngenioRx Specialty Pharmacy:
Prescriber phone: 1-833-262-1726
Prescriber fax: 1-833-263-2871

What phone number should I call with questions?

For questions, contact the Provider Service phone number on the back of your patient's ID card.

URL: <https://providernews.anthem.com/georgia/article/remaining-members-will-transition-to-new-pbm-ingeniorex-on-january-1-2020-3>

Updates to AIM Advanced Imaging of the Abdomen and Pelvis Clinical Appropriateness Guideline

Published: Nov 1, 2019 - **Policy Updates**

Effective for dates of service on and after February 9, 2020, the following updates by section will apply to the AIM Advanced Imaging of the Abdomen and Pelvis Clinical Appropriateness Guidelines.

- Foreign body (Pediatric only), Gastrointestinal bleeding, Henoch-Schonlein purpura, Hematoma or hemorrhage – intracranial or extracranial, Perianal fistula/abscess (fistula in ano), Ascites, Biliary tract dilatation or obstruction, Cholecystitis, Choledocholithiasis, Focal liver lesion, Hepatomegaly, Jaundice, Azotemia, Adrenal mass, indeterminate, Hematuria, Renal mass, Urinary tract calculi, Adrenal hemorrhage, Adrenal mass, Lymphadenopathy, Splenic hematoma, Undescended testicle (cryptorchidism)

- Abdominal and/or pelvic pain
 - Combined pelvic pain with abdominal pain criteria in new “abdominal and/or pelvic pain” indication
 - Required ultrasound or colonoscopy for select adult patients based on clinical scenario
 - Ultrasound-first approach for pediatric abdominal and pelvic pain

- Lower extremity edema
 - Added requirement to exclude DVT prior to abdominopelvic imaging

- Splenic mass, benign, Splenic mass, indeterminate, Splenomegaly
 - Added new indications for diagnosis, management, and surveillance of splenic incidentalomas following the ACR White Paper (previously reviewed against “tumor, not otherwise specified”)
- Pancreatic mass
 - Separated criteria for solid and cystic pancreatic masses
 - Defined follow up intervals for cystic pancreatic masses
- Diffuse liver disease
 - Added criteria for MR elastography
- Inflammatory bowel disease
 - Limited requirement for upper endoscopy to patients with relevant symptoms
 - New requirement for fecal calprotectin or CRP to differentiate IBS from IBD
- Enteritis or colitis, not otherwise specified
 - Incorporated Intussusception (pediatric only), and Ischemic bowel
- Prostate cancer
 - Moved this indication to Oncologic Imaging Guideline
 - CPT codes
 - Added MR elastography CPT code 76391

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

- Access AIM's **ProviderPortal**_{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](https://www.availity.com).
- Call the AIM Contact Center toll-free number: 866-714-1103, Monday–Friday, 8:00 a.m.–6:00 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 and upcoming guidelines [on the AIM website](#).

URL: <https://providernews.anthem.com/georgia/article/updates-to-aim-advanced-imaging-of-the-abdomen-and-pelvis-clinical-appropriateness-guideline-3>

Updates to AIM Radiation Therapy Clinical Appropriateness Guideline

Published: Nov 1, 2019 - **Policy Updates**

Effective for dates of service on and after February 9, 2020, the following updates will apply to the AIM Radiation Therapy Clinical Appropriateness Guidelines.

- Special Treatment Procedure and Special Physics Consult
 - Removed oral cone endocavitary indication
- Intensity Modulated Radiation Therapy (IMRT), Stereotactic Radiosurgery (SRS) or Stereotactic Body Radiotherapy (SBRT) for bone metastases
 - Broadened description of adjacent normal tissues which may be of concern.
- Single fraction treatment
 - Removed poor performance status criteria
- Central Nervous System cancers
 - Added evidence review

- Spine Lesions; Primary or Metastatic Lesions of the Spine, Metastatic Lesions in the Lung
 - Added note calling out separate criteria for curative intent treatment of extracranial oligometastatic disease.
- SBRT in the treatment of extracranial oligometastatic disease
 - Added new section with discussion and indications
- Prostate cancer – hypofractionation
 - Added fractionation guideline with EBRT/IMRT.
- Prostate cancer – postoperative radiotherapy and SBRT
 - Added indication based on ASTRO/ASCO/AUA recommendation
- Prostate cancer – use of hydrogel spacer
 - Added discussion and medical necessity statement about hydrogel spacers for prostate irradiation
- CPT code changes
 - Added 77316, 77295 and 55874
 - Removed 77427

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

- Access AIM's **ProviderPortal**_{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: 866-714-1103, Monday–Friday, 8:00 a.m.–6:00 p.m. ET.

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines [on the AIM website](#).

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

URL: <https://providernews.anthem.com/georgia/article/updates-to-aim-radiation-therapy-clinical-appropriateness-guideline-4>

Updates to AIM Spine Surgery Clinical Appropriateness Guideline

Published: Nov 1, 2019 - Policy Updates

Effective for dates of service on and after February 9, 2020, the following updates will apply to the AIM Musculoskeletal Program Spine Surgery Clinical Appropriateness Guidelines.

- **Conservative management – all sections**
 - Addition of physical therapy or home therapy requirement and one complementary modality for all spine procedures based on preponderance of benefit over harm to conservative care

- **Lumbar Disc Arthroplasty**
 - Changed the duration of conservative management from 1 year to 6 months based on the FDA prospective study that was done to approve the lumbar disc arthroplasty procedure
 - Added age, level requirements, and symptom/sign requirement and clarified contraindications in reflect these changes
 - Added exclusions criteria of Prior spine surgery of any form at the target level

- **Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)**
 - Inclusion for implant failure similar to cervical spine
 - Consolidated juvenile and congenital in adolescent idiopathic
 - Decreased duration of conservative management required based on lower evidence for efficacy in spinal stenosis and specialty panel feedback

- Excluded anterior lumbar interbody fusion for foraminal stenosis without evidence of instability exclusion due to very low quality evidence for efficacy
- **Lumbar Laminectomy**
 - Decreased duration of conservative care required for known spinal stenosis based on guidance from NASS and less evidence for efficacy of conservative management in this population
 - Aligned conservative care duration with discectomy criteria
 - Added new indication for synovial cyst
- **Noninvasive Electrical Bone Growth Stimulation**
 - Clarification of guideline intent
 - Allow active nicotine use as a risk factor in lumbar uses of bone growth stimulation
 - Allow thoracic fusion similar to lumbar
- **Bone Graft Substitutes and Bone Morphogenetic Proteins**
 - Allow active nicotine use as a risk factor for pseudoarthrosis in graft failure

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

- Access AIM's **ProviderPortal**_{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: 866-714-1103, Monday–Friday, 8:00 a.m.–6:00 p.m. ET.

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines [on the AIM website](#).

URL: <https://providernews.anthem.com/georgia/article/updates-to-aim-spine-surgery-clinical-appropriateness-guideline-4>

Updates to AIM Sleep Disorder Management Clinical Appropriateness Guideline

Published: Nov 1, 2019 - Policy Updates

Effective for dates of service on and after February 9, 2020, the following updates will apply to the AIM Sleep Disorder Management Clinical Appropriateness Guidelines.

- Polysomnography and Home Sleep Testing: Established sleep disorder (OSA or other) – follow-up laboratory studies
 - Expanded contraindications including the addition of chronic narcotic use based on The American Academy of Sleep Medicine Clinical Practice Guideline recommendation.
- Management of OSA using APAP and CPAP Devices
 - Expanded treatment of mild OSA with APAP and CPAP to patients with any hypertension based on The American Academy of Sleep Medicine Clinical Practice Guideline recommendation
 - Expanded contraindications including the addition of chronic narcotic use based on The American Academy of Sleep Medicine Clinical Practice Guideline recommendation.

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

- Access AIM's **ProviderPortal**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: 866-714-1103, Monday–Friday, 8:00 a.m.–6:00 p.m. ET.

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines [on the AIM website](#).

Georgia preapproval list change notification 11/1/2019

Published: Nov 1, 2019 - Policy Updates

Open the attached document titled “**GA preapproval list change notification 11.1.2019**” to view the new and/or revised Medical Policies and Clinical Guidelines adopted by the Medical Policy and Technology Assessment Committee.

URL: <https://providernews.anthem.com/georgia/article/georgia-preapproval-list-change-notification-1112019>

Georgia medical policy and clinical guideline updates 11/1/2019

Published: Nov 1, 2019 - Policy Updates

Open the attached document titled “**GA medical policy and clinical guideline updates 11.1.2019**” to view the new and/or revised Medical Policies and Clinical Guidelines adopted by the Medical Policy and Technology Assessment Committee. Some may have expanded rationales, medical necessity indications or criteria and some may involve changes to policy position statements that might result in services that previously were covered being found to be either not medically necessary or investigational/not medically necessary. [Clinical Guidelines](#) adopted by Anthem and all the Medical Policies are available at anthem.com/provider under “see policies and guidelines”. Please note that our medical policies now include NOC (Not Otherwise Classified) codes to expedite the process of determining services that may require medical review. If you do not have access to the Internet, you may request a hard copy of a specific Medical or Behavioral Health Policy or Clinical UM Guideline by calling Provider Services at (800) 241-7475 Monday through Friday from 8:00 a.m. to 7:00 p.m. or send written requests (specifying the medical policy or guideline of interest, your name and address to where the information should be sent) to:

Anthem Blue Cross and Blue Shield
Attention: Prior Approval, Mail Code GAG009-0002
3350 Peachtree Road NE
Atlanta, GA 30326

NOTE: Any Clinical Guideline included in this standard MPTAC notification is only effective for GA if included on the GA Standard Adopted Clinical Guideline List unless there is a group-specific review requirement in which case it will be considered 'Adopted' for that group only and for the specific type of review required. Additionally, as part of the Pre-Payment Review Program for commercial or Federal Employee Health Benefits Program (FEHBP) plans, Clinical Guidelines approved by Medical Policy and Technology Assessment Committee (MPTAC) but not included in the GA Standard Adopted Clinical Guideline List may be used to review a provider's claims when a provider's billing practices are not consistent with other providers in terms of frequency or in some other manner or for provider education and are "Adopted" for those purposes.

URL: <https://providernews.anthem.com/georgia/article/georgia-medical-policy-and-clinical-guideline-updates-1112019>

Blue Cross and Blue Shield Association mandate about Medicare Advantage care management and provider engagement

Published: Nov 1, 2019 - **State & Federal** / Medicare

Medicare Advantage

The Blue Cross and Blue Shield Association issued a mandate requiring a change in the way we process **Host** and **Home** plan HEDIS® STARS Care Gaps, risk adjustment (RADV) and medical records requests. The goal of this mandate is to improve health outcomes and care management for Medicare Advantage out-of-area members.

More information about this mandate will be published in the December 2019 newsletter.

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

URL: <https://providernews.anthem.com/georgia/article/blue-cross-and-blue-shield-association-mandate-about-medicare-advantage-care-management-and-provider-engagement-2>

CMS reminder: expedited/urgent requests

Published: Nov 1, 2019 - **State & Federal** / Medicare

Medicare Advantage

CMS defines an expedited/urgent request as 'an expedited/urgent request for a determination is a request in which waiting for a decision under the standard time frame could place the member's life, health or ability to regain maximum function in seriously jeopardy.' Contracted providers should submit requests in accordance with CMS guidelines to allow for organization determinations within the standard turnaround time, unless the member urgently needs care based on the CMS definition of an expedited/urgent request.

URL: <https://providernews.anthem.com/georgia/article/cms-reminder-expeditedurgent-requests-3>

Keep up with Medicare news

Published: Nov 1, 2019 - **State & Federal** / Medicare

Medicare Advantage

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

- [March 2019 Medical Policies and Clinical Utilization Management Guidelines update](#)
- [2019 Enhanced Personal Health Care Program releases my FHR](#)
- [New Reimbursement Policy: Update Drug Screen Testing](#)
- [Rehabilitative services prior authorization review update*](#)
- [Bill Medicare Part D for shingles or tetanus vaccination claims](#)

URL: <https://providernews.anthem.com/georgia/article/keep-up-with-medicare-news-89>
