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Network Update is produced bi-monthly by Blue Cross and Blue Shield of Georgia, Inc. (BCBSGa) for their health care professionals. Articles and photographs published in Network Update are the sole property of BCBSGa. BCBSGa welcomes letters to the editor, requests for additional issues, and suggestions for article topics.

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Atlanta, GA 30326
404-682-9399

bcbsga.com

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- Medical policy and clinical guideline updates
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Administration

New requirements for credentialing and certification effective July 1, 2016

Effective July 1, 2016, we will require credentialing for several additional practitioner and health delivery organization (HDO) provider types when those provider types are contracted by BCBSGa. Credentialing involves verification of basic professional conduct and competency criteria including licensure, education and training and sanction activity. Each provider’s application will be reviewed by a local credentialing committee or medical director for approval; re-credentialing will occur every three years thereafter.

We will apply these new credentialing requirements to new providers effective July 1, 2016, and a roll-out a plan to credential existing participating providers will begin in July.

Following are the new practitioner and HDO provider types that will require credentialing effective July 1, 2016:

Practitioner provider types:
- Licensed genetic counselors
- Audiologists
- Acupuncturists (non-medical doctors (MD) or doctors of osteopathic medicine (DO))
- Nurse practitioners, certified nurse midwives and physician assistants
- Registered dieticians

Credentialing will be required for the above practitioners when they are:
- Contracted independently
- contracted at a group practice level and are listed in our directories
- licensed by the state to practice independently
HDO provider types:
- Behavioral health facilities providing mental health and/or substance abuse treatment in inpatient, residential or ambulatory settings:
  - Adult family care/foster care homes
  - Ambulatory detox
  - Community mental health centers (CMHC)
  - Crisis stabilization units
  - Intensive family intervention services
  - Intensive outpatient – mental health and/or substance abuse
  - Methadone maintenance clinics
  - Outpatient mental health clinics
  - Outpatient substance abuse clinics
  - Partial hospitalization – mental health and/or substance abuse
  - Residential treatment centers (RTC) – psychiatric and/or substance abuse
- Birthing centers
- Convenient care centers/retail health clinics
- Federally qualified health centers (FQHC)
- Intermediate care facilities
- Home infusion therapy
- Rural health clinics
- Urgent care centers

Credentialing will be required for the above HDOs when they are contracted independently by us today or are listed in our directories. (Note that the updated Provider Manual will have a list of HDO types and the corresponding accrediting agencies approved by BCBSGa.)

How to get started
Based on your provider type you will either use the Council for Affordable Quality Healthcare’s (CAQH) ProView online service or complete and return a health delivery organization (HDO) application along with required attachments, as explained below.*

If contracted today independently or listed in our directories, the following providers must use CAQH’s ProView:
- Licensed genetic counselors
- Audiologists
- Acupuncturists (non-medical doctors (MD) or doctors of osteopathic medicine (DO))
- Nurse practitioners, certified nurse midwives and physician assistants

ProView is a free, online service that allows health care providers to fill out one application to meet the credentialing data needs of multiple organizations. ProView allows healthcare providers to:
- Complete and attest to multiple state credentialing applications in one workflow design
- Upload supporting documents directly into ProView to eliminate the need for manual submission and to improve the timeliness of completed applications
- Review and approve practice manager information
- Self-register with the system before a health plan initiates the application process
If you are already using CAQH, please keep your application updated so there is no delay in the credentialing process and your provider directory listing. We will take care of adding you to our CAQH Roster. If you don’t currently use CAQH’s Global Authorization, please be sure to authorize BCBSGa to view your credentials.

If you don’t currently use CAQH, you may self-register with CAQH at caqh.org. For questions about CAQH ProView, please contact the CAQH ProView Support Desk:

- E-mail: providerhelp@ProView.CAQH.org
- Phone: (888) 599-1771

*HDO and facility providers will not use the Practitioner CAQH ProView application process referenced above. These providers should complete the Health Delivery Organization/Facility Application which will be located on the Provider Forms page of our bcbsga.com provider website.

**Certification Process**

In addition to the change in the provider scope for credentialing, we will begin to verify certifications and licensure, as applicable, for the following provider types when contracted as part of a certification review process:

- Certified behavioral analysts
- Certified addiction counselors
- Substance abuse practitioners
- Clinical laboratories
- End stage renal disease (ESRD) service providers (dialysis facilities)
- Portable x-ray suppliers

The certification process will include a review of licensure or certifications, such as Medicare or CLIA, and a review of any federal sanctions.

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**HMO and Open Access POS in-network laboratory update**

Effective June 1, 2016, Myriad Genetic Laboratories will no longer be an in-network laboratory for the Blue Cross Blue Shield HealthCare Plan of Georgia, Inc. (BCBSHP) HMO and Open Access POS networks. Providers should start using LabCorp for laboratory services for their BCBSHP HMO and Open Access POS patients on or before June 1, 2016. Using an in-network laboratory helps patients maximize their laboratory benefits and minimize their out-of-pocket expenses.

LabCorp, including LabCorp’s specialty testing group, Integrated Genetics and Integrated Oncology, is the BCBSHP participating clinical laboratory provider for our HMO and Open Access POS networks. LabCorp’s BRCAssure® service provides a complete menu of BRCA genetic testing including:

- Comprehensive BRCA1/2 analysis
- Targeted BRCA1/2 mutation analysis
- BRCA1/2 Ashkenazi Jewish profile

In addition, LabCorp’s nationwide team of genetic counselors are available to help patients make informed healthcare decisions prior to testing, and to provide additional counseling when test results are received.
If you have specific questions regarding BRCA testing or other genetic testing performed by LabCorp, please contact LabCorp's genetic coordinators at 800-345-4363. For general inquiries please call 1-888-LABCORP (522-2677) or visit LabCorp.com.

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Important reminders about providing services to out-of-state BCBS Medicaid members

The February 2016 edition of the Network Update indicated that BCBSGa will begin mailing letters to providers when additional information is needed in order to process out-of-state Medicaid claims that are administered by a Blue Cross and Blue Shield (BCBS) health plan. Additional information may require the provider to enroll in the out-of-state member’s state Medicaid program, or provide missing Medicaid encounter data. Mailed letters will begin April 18, 2016. Click here to view frequently asked questions.

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Use the Provider Maintenance Form to update your practice information

We continually update our provider directories to help ensure that your current practice information is available to our members. Consistent with our provider manual, at least 30 days prior to making any changes to your practice – updating address and/or phone number, adding or deleting a physician from your practice, etc. – please notify us by completing the BCBSGa Provider Maintenance Form located on the Provider Forms page of our provider website, bcbsga.com. Current claims submission should continue identifying the servicing provider. This information will be used to validate the affiliation to the group and the servicing provider’s licensure. Thank you for your help and continued efforts to keep our records up to date.

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DHS shares information on opioid abuse

BCBSGa would like to share some information from the U.S. Department of Health & Human Services that recently published an overview of the opioid abuse epidemic, including information on abuse prevention, treatment for addiction, and responding to an overdose. Additional information on this topic can be found in this recent White House memorandum.

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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 the Health & Wellness page of our provider website.

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Health care reform updates (including Health Insurance Exchange)

Health care reform updates and notifications and Health Insurance Exchange information are posted as they become available on the communications page of bcbsga.com.

Integrated Care Model for plans purchased on the Health Insurance Marketplace benefits patients and physicians

An Integrated Care Model affords members with plans purchased on the Health Insurance Marketplace (also called the exchange) the ability to have continuity of care with each care management case. A single Primary Care Nurse provides case and disease assessment and management. This continuity provides opportunity for the member to get assistance working through an acute phase of an illness and then work with their nurse on the necessary behavioral changes needed to improve their health and enhance their well-being. The program is based on nationally recognized clinical guidelines and serves as an excellent adjunct to physician care.

The Integrated Care Model helps exchange members better understand and control certain medical conditions like diabetes, COPD, heart failure, asthma and coronary artery disease. Our nurse care managers are part of an interdisciplinary team of clinicians and other resource professionals that are there to support members, families, primary care physicians and caregivers.

Nurse Care Managers encourage participants to follow their physician's plan of care; not to offer separate medical advice. In order to help ensure that our service complements the physician’s instructions, we collaborate with the treating physician to understand the member's plan of care and educate the member on options for their treatment plan.

Members or caregivers can refer themselves or family members by calling the number located in the grid below.

<table>
<thead>
<tr>
<th>CM Telephone Number</th>
<th>CM Email Address</th>
<th>CM Business Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>800-353-0923</td>
<td><a href="mailto:GaLocalCaseManagement@bcbsga.com">GaLocalCaseManagement@bcbsga.com</a></td>
<td>Monday - Friday 8:00 a.m. – 9:00 p.m. Saturday 9:00 a.m. – 5:30 p.m.</td>
</tr>
</tbody>
</table>

Products and programs

Specialty pharmacy program expands to include level of care reviews – Effective July 1, 2016

Blue Cross and Blue Shield of Georgia, Inc. and Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. (collectively “BCBSGa”) is committed to the Institute for Healthcare Improvement (IHI) Triple Aim Initiative – a framework developed by the IHI that describes an approach to optimizing health system performance using the following dimensions:

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care

BCBSGa recognizes that most members prefer to receive their infusions in their physician’s office, infusion center, or at home through home infusion therapy. This is more convenient for the member, may result in lower member financial responsibility and, in many cases, is a clinically appropriate setting.

However, there may be circumstances where a member’s medical situation requires that he or she receive infusions in a hospital outpatient facility. Therefore, beginning with dates of service on or after July 1, 2016, BCBSGa will expand the Specialty Pharmacy program to include a review of the requested level of care. A new clinical guideline Level of Care: Specialty Pharmaceuticals CG-DRUG-47 will apply to the review process for dates of service beginning July 1, 2016. The expanded program will continue to be administered by AIM Specialty Health® (AIM®), a separate company. Based on the information you provide, AIM will review both the drug for clinical appropriateness and the level of care against health plan clinical criteria. The level of care review does not apply to requests for review of oncology or hemophilia drug indications. Physician offices that currently administer specialty drugs in the office setting are not impacted by this change.

Providers will continue to request authorization for specialty drugs in one of several ways:
- Access AIM ProviderPortalSM 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.

What’s new beginning with dates of services on and after July 1, 2016:
- When providers select a hospital-based outpatient facility as the level of care, a list of alternate locations, such as infusion centers and home infusion providers will be made available. Medical specialty pharmacy providers will also be listed as an alternate option to supply the infusion medication to physician offices who can administer it to the member.
- If an alternate level of care is not selected, providers will be prompted to indicate the reason hospital-based level of care is medically necessary.
- If a request for hospital-based level of care does not meet medical necessity criteria upon review by a physician reviewer, the request will not be approved. We encourage you to discuss with members the lower level of care options, such as physician office, infusion center, or home infusion therapy.

The expanded program applies to local BCBSGa members who have specialty pharmacy services medically managed by AIM Specialty Health. The expanded program does not apply to the following plans: Medicare Advantage, Medicaid, Medicare Supplement, the State Health Benefit Plan for Georgia, and Federal Employee Program® (FEP®). Remember to always verify member benefits prior to providing care.

For more information, such as clinical criteria for specialty drugs and level of care, including frequently asked questions, go to aimprovider.com/specialtyrx.

New Residential Treatment Center benefit for FEP

Blue Cross Blue Shield Service Benefit Plan® also known as Federal Employee Program (FEP) has a new Residential Treatment Center benefit effective January 1, 2016. The new benefit provides RTC services with the following requirements:
FEP members must be enrolled and participating in case management prior to RTC admission and remain in case management through post discharge.

- Facility must provide a preliminary treatment plan and a discharge plan prior to admission.
- Care must be medically necessary for treatment of a mental health, substance abuse or medical condition.
- Precertification must be obtained prior to admission or the entire admission is denied as non-covered.
- The Residential Treatment Center must be licensed and accredited.

Note: If the above requirements are not met prior to the admission, the entire Residential stay will not be covered.

Additional information can be found in the Service Benefit Plan Brochure located at fepblue.org or call FEP Customer Service at 800-282-2473.

Reminder of the most recent updates to the Cancer Care Quality Program

Attention Oncologists, Hematologists and Urologists

As a reminder, our Cancer Care Quality Program ("Program"), a quality initiative, provides participating physicians with evidence-based cancer treatment information that allows them to compare planned cancer treatment regimens against evidence-based clinical criteria. The Program also identifies certain evidence-based Cancer Treatment Pathways ("Pathways"). Participating physicians who are in-network for the member's benefit plan are eligible to participate in the Program and for enhanced reimbursement if an appropriate treatment regimen is ordered that is on Pathway. The Program is administered by AIM Specialty Health® (AIM), a separate company.

Effective May 1, 2016 BCBSGa added the following cancer treatment Pathways for the Cancer Care Quality Program.

New Pathways added to the Program include:

- Kidney (renal) cancer treatment pathways
  - Osimertinib will be added to 2\textsuperscript{nd} line therapy for patients with EGFR T790M positive mutation
  - Nivolumab will be added to 2\textsuperscript{nd} line therapy for non-squamous histology
- Non-small Cell Lung Cancer
  - Osimertinib will be added to 2\textsuperscript{nd} line therapy for patients with EGFR T790M positive mutation
  - Nivolumab will be added to 2\textsuperscript{nd} line therapy for non-squamous histology
- Multiple Myeloma
  - Bortezomib, lenalidomide, plus dexamethasone will be added to 1\textsuperscript{st} line therapy
  - Elotuzumab, lenalidomide, plus dexamethasone will be added to 3\textsuperscript{rd} and subsequent lines of therapy
  - Daratumumab will be added to 3\textsuperscript{rd} and subsequent lines of therapy
- Breast Cancer: Endocrine therapy
  - Letrozole plus palbociclib will be added to 1\textsuperscript{st} line therapy for post-menopausal, ER+ or PR+
  - Fulvestrant plus palbociclib will be added to 2\textsuperscript{nd} line therapy for post-menopausal, ER+ or PR+
  - Fulvestrant, palbociclib plus ovarian suppression therapy will be added to 1\textsuperscript{st} line therapy for pre-menopausal, ER+ or PR+

The following Pathways are moving from “on” pathway to “off” pathway status:

- Multiple Myeloma
  - Melphalan, prednisone, plus bortezomib (MPB) will be removed for 1\textsuperscript{st} line/primary therapy in non-transplant candidates
  - Bortezomib monotherapy will be removed for 2\textsuperscript{nd} line therapy
  - Bortezomib plus dexamethasone will be removed for 2\textsuperscript{nd} line therapy
Carfilzomib will be removed for 3rd line therapy

This means that providers will not be eligible for an enhanced reimbursement when these regimens are prescribed. This does not restrict the use of these regimens for members when clinically appropriate, and claims will be adjudicated in accordance with the members' benefit plans.

The Pathways developed for this Program are intended to support quality cancer care. To access the full Pathways document, go online to CancerCareQualityProgram.com, our dedicated provider website.

Note: Participating physicians who are in-network for the member's benefit plan are eligible to participate in the Program and for enhanced reimbursement if an appropriate treatment regimen is ordered that is on Pathway.

ConditionCare Program benefits patients and physicians

BCBSGa members have additional resources available to help them better manage chronic conditions. The ConditionCare program helps members better understand and control certain medical conditions like diabetes, COPD, heart failure, asthma and coronary artery disease. A team of nurses with added support from other health professionals such as dietitians, pharmacists and health educators work with members to help them understand their condition(s), their doctor's orders and how to become a better self-manager of their condition. Members are stratified into three different risk levels.

Engagement methods vary by risk level but can include:
- **Education** about their condition through mailings, telephonic outreach, and/or online tools and resources.
- **Round-the-clock phone access** to registered nurses.
- **Guidance and support** from Nurse Coaches and other health professionals.

**Physician benefits:**
- **Save time** for the physician and staff by answering patient questions and responding to concerns, freeing up valuable time for the physician and their staff.
- **Support the doctor-patient relationship** by encouraging participants to follow their doctor's treatment plan and recommendations.
- **Inform** the physician with updates and reports on the patient's progress in the program.

Please visit the [bcbsga.com](http://bcbsga.com) provider website to find more information about the program such as program guidelines, educational materials and other resources. Also on our website is the [Patient Referral Form](http://bcbsga.com), which you can use to refer other patients you feel may benefit from our program.

If you have any questions or comments about the program, call 877-681-6694. Our nurses are available Monday-Friday, 8:00 a.m. to 9:00 p.m., and Saturday, 9:00 a.m. to 5:30 p.m.

Update on precertification of cardiovascular services

BCBSGa recently expanded its cardiovascular program to require precertification for arterial ultrasound, cardiac catheterization, and percutaneous coronary intervention (PCI). An additional note about the program: arterial duplex imaging
of the extremities (codes 93925, 93926, 93930, 93931) will only be reviewed retrospectively. The decision to perform this imaging is generally made while performing physiologic testing. The results of the physiologic testing are required in order to complete the review of duplex imaging. To initiate a retrospective review, please contact AIM Specialty Health® (AIM®) within 10 business days of the duplex imaging, but prior to submitting the claim, by calling AIM at 866-714-1103, logging on to the AIM Provider Portal℠ at aimspecialtyhealth.com/goweb, or accessing via the Availity Web Portal at availity.com.

As a reminder, the clinical guidelines for arterial ultrasound, cardiac catheterization, and PCI outlining the clinical criteria for medical necessity are located on bcbsga.com.

For more information on this program, please see the article, “New precertification requirements for certain cardiovascular services begins March 1, 2016,” in the December 2015 issue of Network Update.

Thank you for your collaboration and ongoing support of the cardiology program. If you have further questions, please contact your local Network Relations consultant.

Updates to Blue Physician Recognition Program

BCBSGa is committed to providing members with the tools they need to effectively partner with their doctors and make more informed health care choices. As part of that effort, BCBSGa is pleased to participate in the Blue Cross and Blue Shield Association’s consumer engagement initiative.

The Blue Physician Recognition (BPR) Program is designed to reinforce Blue Plans’ commitment to quality by providing more meaningful and consistent information on physician quality improvement and recognition on the Blue National Doctor & Hospital Finder site and on BCBSGa’s online provider directories. A BPR indicator is used to identify physicians, groups and/or practices who have demonstrated their commitment to delivering quality and patient-centered care by participating in local, national, and/or regional quality improvement programs as determined by the local Blue Plan.

BCBSGa recognizes primary care physicians practicing in the specialties of Family Practice, Internal Medicine and General Practice with a BPR designation if they have achieved recognition from either the National Committee for Quality Assurance (NCQA) or Bridges to Excellence (BTE) based on their successful completion of a care recognition program. Information regarding these recognition programs can be found at ncqa.org or hci3.org.

At a minimum, we will update these recognitions annually to reflect the current status as identified by the Blue Cross and Blue Shield Association’s Quality Recognition Extract.

E-business

Find valuable BCBSGa information under Payer Spaces on the Availity Web Portal

The new Payer Spaces page on the Availity Web Portal is where you can now find the Resources link for BCBSGa forms and other information. To navigate to the Payer Spaces page, select the Payer Spaces link located on the right side of the...
top menu bar on the Availity Web Portal. Choose BCBSGa from the payer options. Next, select Resources from the menu located on the Payer Spaces page.

Payer Spaces and Resources will replace the existing Payer Resources link on the Availity Web Portal’s top menu bar as the destination where you will find BCBSGa forms and information. For now, you can navigate to Resources using either the Payer Spaces or the Payer Resources links. Later this summer, the Payer Resources link will be retired and no longer available. At that time, BCBSGa forms and information will be available exclusively under Payer Spaces going forward.

State Health Benefit Plan

State Health Benefit Plan information is posted as it becomes available on the State Health Benefit Plan information page of bcbsga.com.

Behavioral Health

Reminder: Behavioral Health Educational Outreach

As a reminder, BCBSGa’s vendor partner, EquiClaim, will be reaching out to behavioral providers using complex office or psychotherapy codes. The intent of the outreach is to ensure billed services are supported by proper documentation. Please familiarize yourself with BCBSGa documentation guidelines found in our reimbursement policies for each of these services.

Required behavioral health follow-ups

Every year, the National Committee for Quality Assurance (NCQA) requires health plans to collect Healthcare Effectiveness Data and Information Set (HEDIS®) quality outcome measures and report the rates. These rates can then be used by individuals and employer groups to make health plan membership decisions. Within the behavioral health area, there are three measures that are evaluated based on claims/encounter documentation that providers submit to the health plan.

<table>
<thead>
<tr>
<th>HEDIS Measure</th>
<th>Why is the Measure Important</th>
<th>Follow-up Time Periods</th>
</tr>
</thead>
</table>
| Follow-up Care for Children Prescribed ADHD Medication (ADD): The percentage of children newly prescribed attention deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. | Patients need to be monitored regularly in face to face visits to make sure that they are receiving the right treatment and that the child's condition is being managed. | *Initiation Phase:* Within 30 days of receiving medication  
*Continuation and Maintenance:* At least 2 visits between 30 day initiation and 270 days (9 months) after initiation |
| Antidepressant Medication Management (AMM): | Patients may show improvement within two weeks of initiating antidepressants, | Those who remained on antidepressant medication: |
The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

but they may need longer to demonstrate full response. The likelihood of response to treatment increases if there is follow-up contact within three months of diagnosis or initiation of treatment. Most people who are treated for an initial depression episode may need to stay on medications for at least six to twelve months.

• For at least 84 days (12 weeks)
• For at least 180 days (6 months)

Follow-up After Hospitalization for Mental Illness (FUH):
The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner.

Access to follow-up care with a mental health provider within 7 days of hospital discharge for mental illness is a strong predictor of a reduction in hospital readmission. The facility might help stabilize the patient with acute behavioral conditions, but timely and appropriate continued care is needed to maintain and extend the improvement outside of the hospital. Ensuring that there is continued care outside of the hospital and compliance with outpatient follow-up care can help detect post-hospital problems early and can provide continued support that helps to improve the treatment outcomes and reduces health care costs.

Within 7 days after hospital discharge
Within 30 days after hospital discharge

BCBSGa is helping

• The Pharmacy team sends educational materials on depression and ADHD treatment to members who have recently initiated medication therapy.
• The Pharmacy team provides refill reminder notifications for depression medications.
• The Behavioral Health Care Management team can assist with any appointment scheduling or modifications, remind patients of their scheduled appointment, and support any ongoing case management needs.

How you can help

• Ensure that a claim or encounter is submitted for all monitoring and follow-up appointments and services and the dates of service are clearly indicated.
• Educate your patients on the importance of follow-up visits and the importance of continuing the prescribed medication(s) even if they are feeling better, as well as the importance of notifying you of any side effects.
• If a patient needs assistance finding a behavioral health provider, they can call BCBSGa or look on bcbsga.com using our “Find a Doctor” tool. Your patients may also request case management assistance.
• For individuals who have been admitted to the hospital, connect with them and start the discharging planning early including making sure that a follow-up appointment with a behavioral health provider has been scheduled prior to discharge.
• Coordinate with the patient’s support system including family members.
• Routinely use depression assessment tools, such as the PHQ-9 (Patient Health Questionnaire), as a tool to support follow-up discussions, which can include screening for medication side effects and reinforcing treatment expectations.
Use the Vanderbilt Assessment Scales, developed through the Attention Deficit Hyperactivity Disorder (ADHD) Collaborative as a tool to drive ADHD discussion and follow-up. The Vanderbilt Assessment scales are available and can be downloaded from the National Institute for Children's Health Quality (NICHQ) website. An ADHD resource tool kit is also available on their website.

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

Pharmacy

Process Update for Compound Drug Claims

A change in claims processing for compound drug claims that aligns with members’ benefit plans is being implemented for individual and group plans upon their renewal on or after January 1, 2016. A compound drug is a customized medication prepared by a pharmacist for a specific person. Once implemented, in order for a compound drug to be a covered benefit, all its ingredients must be approved by the Food and Drug Administration (FDA), with some exception for delivery adjuvants (products that are utilized to deliver an active ingredient). A prescription is also required for the drug. These control measures are in place to ensure compound drugs are safe and effective.

As a result, claims for certain compound drugs currently being paid will no longer be paid for products containing:

- Compounded bulk powders (not FDA-approved)
- Single Source, Proprietary Pharmaceutical Adjuvants (compounding vehicles, not FDA-approved)

Members utilizing compounds whose ingredients are not all FDA-approved may have to pay for the cost of the drug the next time they fill their prescription. We will continue to cover compound drugs whose ingredients are FDA-approved and not otherwise excluded, as defined under the member’s benefit plan.

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 drug list is reviewed and updates 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, go to Customer Support, select your state, Download Forms and choose “Select Drug List.” Click the following links for the Federal Employee Program formulary Basic Option and Standard Options. These drug lists are also reviewed and updated regularly as needed. FEP Pharmacy Policy updates have been added to the FEP Medical Policy Manual and may be accessed at fepblue.org.

Network Update

April 2016
Policy updates

Provider manual update
The 2016 provider manual will be posted in April 2016 for a July 2016 effective date and can be found on the Provider Manuals page of our provider website, bcbsga.com.

Update to commercial claims processing edits and professional reimbursement policies
On April 1, 2016, we will be updating our website with the following new and/or revised reimbursement policies.

Assistant Surgeon Coding and Assistant Surgeon Services
The Assistant Surgeon Coding table has been updated to add new Current Procedural Terminology (CPT®) and Health Care Common Procedure Coding System (HCPCS Level II) codes that were effective January 1, 2016. Per policy methodology, these codes are not eligible for reimbursement for assistant at surgery services reported with modifiers 80, 81, 82, or AS:

10035, 10036, 31652-31654, 33477, 37252, 37253, 39401, 39402, 43210, 47531-47544, 49185, 50430-50435, 50606, 50693-50695, 50705, 50706, 61645, 61650, 61651, 64461-64463, 65785, 69209, 0396T-0398T, 0402T, 0404T, 0406T-0416T, 0419T-0421T, 0424T-0433T

The following codes were deleted from CPT and HCPCS as of January 1, 2016 and have been removed from the Assistant Surgeon Coding table:

21805; 31620, 37202, 37250, 37251, 39400, 47500, 47505, 47510, 47511, 47525, 47530, 47560, 47561, 47630, 50392-50394, 50398, 64412, 9597, 0099T, 0123T, 0262T, G6019, G6020, G6022-G6025, G6027, G6028, S2360, S2361

In addition we have reviewed the Assistant Surgeon Services policy. The policy update is also effective January 1, 2016 to align with the effective date of our Assistant Surgeon Coding table and includes minor language revisions that do not change the policy position or criteria.

Bundled Services and Supplies
For claims processed on or after May 23, 2016 HCPCS code T2022 (case management, per month) will be added to our always bundled edit and will not be eligible for separate reimbursement. We consider this service to be included with the overall care of the patient. This code will be included in the Section 1 code examples.

For claims processed on or after May 23, 2016, HCPCS code A4556 (electrodes, per pair) will not be eligible for reimbursement when reported with HCPCS code A4558 (conductive paste/gel). We consider A4556 to be mutually exclusive to A4558. This information will be included in Section 2 of our policy.

We are updating Section 2 of our policy to reflect our current edit that denies 69209 (removal impacted cerumen using irrigation/lavage, unilateral) and 69210 (removal impacted cerumen requiring instrumentation, unilateral) when reported with evaluation and management services on the same date of service. We consider the removal of impacted cerumen to be included in the Evaluation and Management services when the appropriate level of E&M service is selected.
We are updating Section 2 of our policy to reflect our current edit that denies supply codes A4206-A4209, A4212, A4213, A4215-A4217, A4221-A4223, A4244-A4248, A4550, A4649, A4657, and A4930 when reported with home infusion/specialty drug administration codes 99601 and/or 99602.

**Drug Screen Testing**
We have reviewed and updated our policy effective April 1, 2016 to reflect coding changes for 2016. As previously identified in our Bundled Services and Supplies policy dated March 15, 2016, presumptive and definitive drug screen testing are now to be reported with HCPCS codes G0477-G0483 that were effective January 1, 2016. We consider CPT codes 80300-80304, 80320-80377, and 83992 for presumptive and definitive drug screen testing to be always bundled services that are not eligible for reimbursement.

**Durable Medical Equipment**
Rent-to-purchase durable medical equipment (DME) is eligible for rental reimbursement up to the purchase price or 10 months rental, whichever comes first; however, certain DME is not routinely purchased up-front. We consider HCPCS codes E0470 (respiratory assist device, bi-level pressure capability, without backup rate feature), E0471 (respiratory assist device, bi-level pressure capability, with back-up rate feature), E0561 (humidifier, non-heated, used with positive airway pressure device), E0562 (humidifier, heated, used with positive airway pressure device) and E0601 (continuous positive airway pressure (CPAP) device) to be rent-to-purchase items that are only eligible for reimbursement when reported as rented items and should not be reported with DME purchase modifiers NU (new equipment) or UE (used durable medical equipment). Therefore, beginning with dates of service on or after July 1, 2016 when HCPCS codes E0470, E0471, E0561, E0562, and E0601 are reported with DME purchase modifiers NU or UE, these items will not be eligible for reimbursement. This information will also be documented in our Modifiers Rules reimbursement policy.

**Modifier Rules**
On January 1, 2016, a new modifier, CT, was established by CMS. According to the HCPCS definition, the CT modifier must be used when reporting diagnostic computed tomography services that are rendered using equipment that does not meet each of the four attributes of the National Electrical Manufacturers’ Association (NEMA) xr-29-2013 standard.

Taking guidance from the Centers for Medicare & Medicaid Services (CMS), we will apply a 5% reduction for dates of service beginning July 1, 2016 through December 31, 2016 and a 15% reduction for dates of service on or after January 1, 2017 to the technical component of diagnostic computed tomography services for the head/brain, abdomen, pelvis, upper extremity, lower extremity, etc. in the following code ranges and any succeeding codes: 70450-70498, 71250-71275, 72125-72133, 72191-72194, 73200-73206, 73700-73706, 74150-74178, 74261-74263, and 75571-75574.

**Prolonged Services**
We have reviewed and updated our policy effective April 1, 2016 to add new codes 99415 and 99416 (prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision...)(list separately in addition to code for outpatient evaluation and management service) as not eligible for reimbursement. These codes were effective January 1, 2016 and were identified in our Bundled Services and Supplies policy dated January 1, 2016 as always bundled services. We consider these services to be part of the overall care of the patient and not eligible for reimbursement.

**Review of reimbursement policies – professional**
The following policies have been reviewed and may include language revisions that do not change the policy position or criteria.
- Cancer Treatment Planning
- “Incident To” Services
Modifiers 59 and XE, XP, XS, & XU – Professional
When a myomectomy procedure (CPT codes 58140, 58145, 58545, 58546 and 58561) is reported with a total hysterectomy procedure (CPT codes 58570, 58571, 58572 or 58573), the myomectomy procedure is considered mutually exclusive to the hysterectomy and the myomectomy is not be eligible. Beginning with claims processed on or after 05/23/2016, modifiers will not override this edit as reflected in our policy dated May 23, 2016.

In addition, when a total hysterectomy (CPT codes 58570, 58571, 58572 or 58573) is reported with myomectomy CPT code 58146, our claim editing system will deny the hysterectomy as mutually exclusive to 58146. Beginning with claims processed on or after 05/23/2016, modifiers will not override this edit as reflected in our policy dated May 23, 2016.

View BCBSGa Professional Reimbursement policies on our bcbsga.com provider website. On the lower left side of page under “Learn more” click on Reimbursement policies.

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Medical policy and clinical guideline updates
The Medical Policy and Technology Assessment Committee adopted the following new and/or revised Medical Policies and Clinical Guidelines. 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 BCBSGa and all the Medical Policies are available at bcbsga.com. 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:

BCBSGa
Attention: Prior Approval, Mail Code GAG009-0002
3350 Peachtree Road NE
Atlanta, GA 30326

AIM Specialty Health® (AIM)
AIM is a nationally recognized leader in specialty benefits management. Diagnostic imaging management services are provided by AIM Specialty Health (AIM), a separate company, for certain health plan members. To submit your request for any of the services below, contact AIM online via AIM’s ProviderPortal® at aimspecialtyhealth.com/goweb. From the drop down menu, select BCBSGa. You may also call AIM toll free at 866-714-1103, Monday – Friday, 8:00 a.m. – 6:00 p.m. ET.

Cardiology Program: New precertification requirements for certain cardiovascular services began March 1, 2016
BCBSGa expanded its cardiovascular program to require precertification for arterial ultrasound and percutaneous coronary intervention (PCI) effective March 1, 2016. The program is managed by AIM. The specific CPT codes requiring precertification under the expanded cardiovascular program can be found on the Precertification page of our provider website, bcbsga.com. The clinical guidelines that will be adopted by BCBSGa to review arterial ultrasound and PCI for medical necessity are also available on bcbsga.com.
As a reminder, BCBSGa adopted a clinical guideline to review cardiac catheterization and began requiring precertification for cardiac catheterization in July 2015. As of March 1, 2016, precertification review of cardiac catheterization is be handled by AIM instead of BCBSGa. Providers who call BCBSGa for precertification of cardiac catheterization will be redirected to AIM for clinical appropriateness review. Please note that all BCBSGa local members who currently require precertification for high-tech imaging and echocardiograms are included in the expanded cardiovascular program. However, these precertification requirements do not apply to the following plans: Federal Employee Program® (FEP®), Medicaid, Medicare Advantage, Medicare Supplemental plans and the Georgia State Health Benefit Plan.

Procedures performed in an inpatient setting or on an emergent basis are not included in the program. Determine if precertification is needed for a BCBSGa member by clicking the “Medical Policy, Clinical UM Guidelines, and Pre-Cert Requirements” link on our bcbsga.com provider website, or by calling the precertification phone number printed on the back of the member’s ID card. As of February 22, 2016, ordering physicians should submit a precertification request for the additional program requirements to AIM through the AIM Provider Portal at aimspecialtyhealth.com/goweb (available 24/7 to process orders in real-time), through the Availity Web Portal at availity.com or by calling the AIM call center at 866-714-1103, Monday–Friday, 7:00 a.m.–5:00 p.m. ET.

BCBSGa recognizes that the necessity for arterial duplex imaging of the extremities may not be identified by providers until their patients have undergone physiologic testing. Similarly, the need for percutaneous coronary intervention (PCI) is predicated upon the results of cardiac catheterization. In these cases, we ask that you contact AIM no later than 10 business days after you perform arterial duplex imaging or PCI, but before you submit the claim, to request precertification/clinical appropriateness review. If you have further questions, please contact your local Network Relations consultant or call Provider Customer Service at 800-428-4446.

Diagnostic Imaging Management
Diagnostic imaging services may be reviewed against AIM’s Diagnostic Imaging Utilization Management Clinical Guidelines. AIM’s clinical guidelines are available at http://www.aimspecialtyhealth.com/marketing/guidelines/185/index.html. If you have any questions about which guidelines are applicable, please call the customer service number on the back of the member’s ID card.

Radiation Therapy Services – New pre-certification requirements began March 1, 2016
Review of BCBSGa outpatient radiation therapy services are also done by AIM. Providers must contact AIM for prior authorization for the following non-emergency outpatient: Intensity Modulated Radiation Therapy (IMRT), Proton Beam Radiation Therapy, Stereotactic Radiosurgery (SRS)/Stereotactic Body Radiotherapy (SBRT) and Brachytherapy. Radiation therapy performed as part of an inpatient admission will continue to be reviewed through the BCBSGa’s inpatient precertification process. Prior authorization is required through AIM for all BCBSGa members, with the exception of members with Medicare supplemental policies, Medicare Advantage plans, BCBSGa as secondary coverage and the Federal Employee Program.

On March 1, 2016, BCBSGa is expanding its Radiation Therapy Program to require precertification of:
- Image Guided Radiation Therapy (IGRT).
- Fractions (also referred to as units) for breast and bone metastases for covered individuals getting External Beam Radiation Therapy (EBRT) or Intensity Modulated Radiation Therapy (IMRT).
- Special treatment procedure and special physics consult (CPT® codes 77470 and 77370) (e.g., total body irradiation, hemibody radiation, or endocavitary irradiation and special medical radiation physics consultation).

A complete list of CPT codes requiring precertification under the Radiation Therapy Program can be found on the Precertification Requirements and Forms page on our provider website, bcbsga.com. All BCBSGa local members who
Currently, require precertification for non-emergency outpatient radiation therapy are included in this program. These precertification requirements do not apply to the following plans: Medicare Advantage, Medicare Supplement, Medicaid, Federal Employee Program, members with BCBSGa as secondary coverage, National Accounts and the Georgia State Health Benefit Plan. Determine if precertification is needed for a BCBSGa member by clicking the “Medical Policy, Clinical UM Guidelines, and Pre-Cert Requirements” link on our bcbsga.com provider website or by calling the precertification phone number printed on the back of the member’s ID card. Effective February 22, 2016, ordering physicians should submit a precertification request for these additional requirements to AIM through the AIM Provider Portal (available 24/7 to process orders in real-time), through the Availity Web Portal or by calling the AIM call center at 866-714-1103, Monday–Friday, 7:00 a.m.–5:00 p.m. ET.

Note: Retrospective requests received more than 2 business days after the date of service will not be considered by AIM for precertification review. Any post-service clinical review would be handled by BCBSGa according to the terms of the applicable health benefit plan and/or provider agreement. Radiation therapy performed as part of an inpatient admission will continue to be reviewed through BCBSGa’s inpatient precertification process. Members who were currently undergoing treatment on March 1, 2016 are not impacted by the new enhancements to this program. However, members starting treatment on or after March 1, 2016 must follow the enhanced Radiation Therapy Program precertification requirements noted above.

Outpatient Sleep Testing and Therapy Services
The specialty benefit management program for outpatient sleep testing and therapy services for obstructive sleep apnea is also administered by AIM and includes the following: Home sleep test (HST); In-lab sleep study (PSG); Titration study; Initial treatment order (APAP, CPAP, BPAP, oral devices, appliances and related supplies); and ongoing treatment order (APAP, CPAP, BPAP, oral devices, appliances, and related supplies). BCBSGa uses sleep diagnostic and treatment guidelines developed by AIM. AIM’s Obstructive Sleep Apnea Diagnostic & Treatment Management Guidelines are available at http://www.aimspecialtyhealth.com/gowebsleep. The precertification requirement applies to BCBSGa members who participate in BCBSGa local and individual health plans as well as members covered by Medicare Advantage. The requirement does not apply to those in the Federal Employee Program (FEP) and those for whom BCBSGa is secondary coverage including those whose primary insurance carrier is Medicare.

By clicking on the links above, you will be linked to sites created and/or maintained by another, separate entity (“External Site”). Upon linking you are subject to the terms of use, privacy, copyright and security policies of the External Sites. We provide these links solely for your information and convenience. We encourage you to review the privacy practices of the External Sites. The information contained on the External Sites should not be interpreted as medical advice or treatment provided by us.

### Effective Date | Policy or Guideline Number | Title and Description
---|---|---
7/1/2016 | RAD.00065 Radiostereometric Analysis (RSA) | This document addresses radiostereometric analysis (RSA), which is a method for performing three-dimensional (3-D) measurement and motion analysis using implanted markers and stereoscopic radiographs.
7/1/2016 | SURG.00142 Genicular Nerve Blocks and Ablation for Chronic Knee Pain | This document addresses genicular nerve blocks and genicular radiofrequency ablation, also called genicular neurotomy, genicular denervation or cooled radiofrequency therapy, as a treatment for the management of chronic knee pain.
<table>
<thead>
<tr>
<th>Date</th>
<th>Policy Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>7/1/2016</td>
<td>CG-BEH-14</td>
<td>Intensive In-Home Behavioral Health Services</td>
</tr>
<tr>
<td></td>
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<td>This document addresses intensive in-home behavioral health services (II-HBHS) which are a range of therapy services provided in the home to address symptoms and behaviors that, as the result of a mental disorder or substance use disorder, put the members and others at risk of harm.</td>
</tr>
<tr>
<td>7/1/2016</td>
<td>CG-DME-38</td>
<td>Continuous Interstitial Glucose Monitoring</td>
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<tr>
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<td>This document addresses the use of continuous interstitial glucose monitor devices, also referred to as CIGM or CGM devices, which are used to assist in the management of some forms of diabetes.</td>
</tr>
<tr>
<td>7/1/2016</td>
<td>CG-SURG-53</td>
<td>Elective Total Hip Arthroplasty</td>
</tr>
<tr>
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<td>This document addresses elective total hip arthroplasty (THA) for hip damage severe enough to require replacement, when performed as an elective, non-emergent procedure and not as part of the care of a congenital, acute or traumatic event such as fracture (excluding fracture of implant and periprosthetic fracture).</td>
</tr>
<tr>
<td>7/1/2016</td>
<td>CG-SURG-54</td>
<td>Elective Total Knee Arthroplasty</td>
</tr>
<tr>
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<td></td>
<td>This document addresses elective total knee arthroplasty (TKA) for knee damage severe enough to require replacement, when done as an elective, non-emergent procedure and not as part of the care of a congenital, acute or traumatic event such as fracture (excluding periprosthetic fracture).</td>
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**REVISIONS TO EXISTING MEDICAL POLICIES OR CLINICAL UM GUIDELINES**

<table>
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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>4/5/2016</td>
<td>ANC.00009</td>
<td>Cosmetic and Reconstructive Services of the Trunk and Groin</td>
</tr>
<tr>
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<td></td>
<td>This document addresses a variety of surgical procedures of the trunk or groin that may be considered medically necessary, cosmetic or reconstructive in nature.</td>
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<tr>
<td>7/1/2016</td>
<td>BEH.00002</td>
<td>Transcranial Magnetic Stimulation</td>
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<tr>
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<td>This document addresses the potential uses of transcranial magnetic stimulation (TMS), which include depression and other behavioral health conditions as well as a variety of other non-behavioral health indications such as migraine headache, spasticity associated with spinal cord injury, and tinnitus.</td>
</tr>
<tr>
<td>4/5/2016</td>
<td>BEH.00004</td>
<td>Activity Therapy for Autism Spectrum Disorders and Rett Syndrome</td>
</tr>
<tr>
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<td>This document addresses activity therapy (for example, music, dance, art or play therapies) when used to treat Autism Spectrum Disorders (ASDs) and Rett syndrome. Previous title: Behavioral Health Treatments for Autism Spectrum Disorders and Rett Syndrome.</td>
</tr>
<tr>
<td>2/11/2016</td>
<td>DME.00035</td>
<td>Electric Tumor Treatment Field (TTF)</td>
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<td>This document addresses electrical fields known as “tumor treatment fields (TTF)” that are created by low-intensity, intermediate frequency (100–200 kilohertz [kHz]) electric currents delivered to the malignant tumor site by insulated electrodes placed on the skin surface. TTF is felt to cause tumor cell death (apoptosis) by disrupting the assembly of microtubules during later stages of cell division.</td>
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<tr>
<td>4/5/2016</td>
<td>DRUG.00009</td>
<td>Growth Hormone</td>
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<tr>
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<td>This document addresses the use of human growth hormone for the treatment of children, adolescents and adults with a variety of medical conditions.</td>
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<tr>
<td>4/5/2016</td>
<td>DRUG.00045</td>
<td>Tesamorelin (Egrifta®)</td>
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<tr>
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<td>This document addresses Tesamorelin (Egrifta) a novel growth hormone-releasing factor used to reduce excess central fat accumulation in human immunodeficiency virus (HIV)–associated lipodystrophy. Previous title: Tesamorelin (Egrifta™).</td>
</tr>
<tr>
<td>4/5/2016</td>
<td>DRUG.00046</td>
<td>Ipilimumab (Yervoy®)</td>
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<tr>
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<td>This document addresses ipilimumab (Yervoy), a recombinant human monoclonal antibody that binds to the cytotoxic T-lymphocyte-associated antigen 4 (CTLA-4). Ipilimumab has been shown to improve overall survival in those with advanced melanoma.</td>
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<tr>
<td>2/11/2016</td>
<td>DRUG.00052</td>
<td>Pertuzumab (Perjeta®) This document address pertuzumab (Perjeta), a recombinant humanized monoclonal antibody that targets the human epidermal growth factor receptor 2 protein (HER2).</td>
</tr>
<tr>
<td>7/1/2016</td>
<td>DRUG.00071</td>
<td>Pembrolizumab (Keytruda®) This document addresses the use of pembrolizumab (Keytruda), a human programmed death receptor-1 (PD-1) blocking antibody, for the treatment of unresectable or metastatic melanoma and metastatic non-small cell lung cancer. Pembrolizumab is also being studied for use in other indications.</td>
</tr>
<tr>
<td>2/11/2016</td>
<td>DRUG.00077</td>
<td>Secukinumab (Cosentyx®) The document addresses the indications for use of secukinumab (Cosentyx), a biologic drug used for the treatment of active ankylosing spondylitis, chronic moderate to severe plaque psoriasis, and active psoriatic arthritis in individuals 18 years of age or older. Previous title: Secukinumab (Cosentyx™)</td>
</tr>
<tr>
<td>7/1/2016</td>
<td>DRUG.00080</td>
<td>Mepolizumab (Nucala®) This document addresses the use of mepolizumab (Nucala) (GlaxoSmithKline, Research Triangle Park, NC), a humanized monoclonal antibody against interleukin-5 used for the treatment of individuals with severe eosinophilic asthma not well-controlled with inhaled corticosteroids and long-acting beta-agonists.</td>
</tr>
<tr>
<td>4/5/2016</td>
<td>GENE.00008</td>
<td>Analysis of Fecal DNA for Colorectal Cancer Screening This document addresses the use of tests that analyze human DNA in stool samples as a screening test for colorectal cancer.</td>
</tr>
<tr>
<td>7/1/2016</td>
<td>GENE.00010</td>
<td>Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status This document addresses genotype testing for polymorphisms which can identify variants of specific genes associated with abnormal and normal drug metabolism.</td>
</tr>
<tr>
<td>7/1/2016</td>
<td>LAB.00024</td>
<td>Immune Cell Function Assay This document addresses cellular function assays including the ImmuKnow® assay, the CU Index® and the iSpot Lyme™ test.</td>
</tr>
<tr>
<td>4/5/2016</td>
<td>MED.00013</td>
<td>Parenteral Antibiotics for the Treatment of Lyme Disease This document addresses the use of parenteral antibiotics (i.e., intravenous and intramuscular) for the treatment of Lyme disease.</td>
</tr>
<tr>
<td>7/1/2016</td>
<td>MED.00077</td>
<td>In Vivo Analysis of Gastrointestinal Lesions This document addresses in-vivo analysis of gastrointestinal (GI) lesions, which has been investigated as an adjunct to endoscopy and is intended to assist in the early detection and characterization of GI polyps, dysplasia and cancer.</td>
</tr>
<tr>
<td>4/5/2016</td>
<td>MED.00110</td>
<td>Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting This document addresses the use of recombinant human platelet-derived growth factor (becaplermin [Regranex®]), antimicrobial silver dressing, (for example, Acticoat, Actisorb™, and Silversorb®), autologous blood-derived wound products, (for example, Aurix™ (formerly Autologel™), Vitagel™), platelet rich plasma (PRP), and bone marrow aspirate concentrate.</td>
</tr>
<tr>
<td>07/01/16</td>
<td>RAD.00029</td>
<td>CT Colonography (Virtual Colonoscopy) for Colorectal Cancer This document addresses computed tomographic (CT) colonography (virtual colonoscopy) for the screening, surveillance and diagnosis of colorectal cancer. Previous title: CT Colonography (Virtual Colonoscopy) as a Screening or Diagnostic Test for Colorectal Cancer</td>
</tr>
<tr>
<td>07/01/16</td>
<td>SURG.00007</td>
<td>Vagus Nerve Stimulation This document addresses the indications for use of an implantable vagus nerve stimulation (VNS) device, the electronic analysis of the implanted neurostimulator pulse generator system, and non-implantable (transcutaneous) VNS devices for the treatment of medically and surgically refractory seizures associated with intractable epilepsy and as a treatment of other conditions.</td>
</tr>
</tbody>
</table>
This document addresses reduction mammaplasty (plastic surgery of the breast intended to reduce volume by excision of tissue and often to improve shape and position), and does not apply to reconstructive procedures performed after surgery for breast cancer or other clinical indications.

This document addresses heart and lung transplantation criteria for individuals who have both cardiac and lung disease. A heart/lung transplant refers to the harvesting of one or both lungs and the heart from a single cadaver donor, which is then implanted into a single recipient in a coordinated surgical procedure.

This document provides medical necessity criteria for levels of care relating to substance and addictive disorders.

This document defines general principles used to determine the medical necessity of durable medical equipment (DME) and includes a general definition of DME, which is based on standard contract definitions of DME and the definition from the Centers for Medicare & Medicaid Services (CMS).

This document addresses the use of external infusion pumps for the administration of parenteral or enteral drugs in the home or other residential care settings for diagnoses other than diabetes mellitus or pulmonary hypertension.

This document addresses the criteria for standard, heavy duty and lightweight manual wheelchairs.

This document addresses criteria for wheelchairs - powered, motorized, power operated vehicles and powered seating systems.

This document addresses criteria for ultra lightweight wheelchairs.

This document addresses criteria related to accessories and options for manual or powered wheelchairs.

This document addresses the following injectable drugs used for the prevention and treatment of blood clots: low molecular weight heparin (LMWH), fondaparinux (Arixtra), argatroban (Argatroban) and desirudin (Iprivask).

This document addresses enfuvirtide (Fuzeon) which was approved by the FDA as the first injectable agent in the treatment of human immunodeficiency virus (HIV) infection in adults and children older than 6 years of age who have ongoing viral replication despite ongoing antiretroviral therapy.

This document addresses natalizumab (Tysabri), a recombinant humanized monoclonal antibody known as an alpha-4 integrin antagonist.

This document addresses the drug testing involving urine, blood, saliva, sweat, or hair samples in the outpatient setting for adherence monitoring of controlled substance use as part of the management of chronic pain and for individuals undergoing treatment for opioid addiction and substance use disorder. Previous title: Drug Testing or Screening in the Context of Substance Abuse and Chronic

Network Update
April 2016
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<th>Date</th>
<th>Document ID</th>
<th>Description</th>
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<tbody>
<tr>
<td>2/11/2016</td>
<td>CG-MED-35 Retinal Telescreening Systems</td>
<td>This document addresses retinal telescreening, including its use for the detection of diabetic retinopathy.</td>
</tr>
<tr>
<td>2/11/2016</td>
<td>CG-MED-54 Strapping</td>
<td>This document addresses the use of strapping, strategically applying overlapping layers of adhesive plaster or tape to a specific area of the body for the purpose of applying pressure and holding that body part in place.</td>
</tr>
<tr>
<td>4/5/2016</td>
<td>CG-REHAB-07 Skilled Nursing and Skilled Rehabilitation Services (Outpatient)</td>
<td>This document addresses skilled nursing and skilled rehabilitation services provided in the outpatient setting.</td>
</tr>
<tr>
<td>4/5/2016</td>
<td>CG-SURG-03 Blepharoplasty, Blepharoptosis Repair, and Brow Lift</td>
<td>This document addresses blepharoplasty, blepharoptosis repair, and brow lift procedures performed for functional indications.</td>
</tr>
<tr>
<td>07/01/16</td>
<td>CG-SURG-27 Gender Reassignment Surgery</td>
<td>This document addresses gender reassignment surgery, which is one treatment option for extreme cases of gender dysphoria, a condition in which a person feels a strong and persistent identification with the opposite gender accompanied with a severe sense of discomfort in their own gender.</td>
</tr>
<tr>
<td>4/5/2016</td>
<td>CG-SURG-29 Lumbar Discography</td>
<td>This document addresses lumbar discography as a diagnostic tool for individuals with low back pain.</td>
</tr>
<tr>
<td>4/5/2016</td>
<td>CG-SURG-36 Adenoidectomy</td>
<td>This document addresses the use of adenoidectomy, a surgical procedure to remove the adenoids, which are also known as pharyngeal tonsils or nasopharyngeal tonsils.</td>
</tr>
<tr>
<td>4/5/2016</td>
<td>CG-SURG-39 Pain Management: Epidural Steroid Injections</td>
<td>This document addresses epidural steroid injections (ESIs) with or without anesthetic agents.</td>
</tr>
<tr>
<td>4/5/2016</td>
<td>CG-SURG-44 Coronary Angiography and Cardiac Catheterization in the Outpatient Setting</td>
<td>This document addresses the diagnostic indications for outpatient cardiac catheterization and coronary angiography.</td>
</tr>
<tr>
<td>2/11/2016</td>
<td>CG-SURG-47 Surgical Interventions for Scoliosis and Spinal Deformity</td>
<td>This document addresses surgical procedures for the treatment of scoliosis and other spinal deformities to include spinal fusion, osteotomy, vertebrectomy (as an example, kyphectomy) and associated instrumentation procedures.</td>
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**REVIEW OF EXISTING MEDICAL POLICIES OR CLINICAL UM GUIDELINES**

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<tr>
<th>Date</th>
<th>Document ID</th>
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<tbody>
<tr>
<td>No change to previous effective date</td>
<td>ADMIN.00006 Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy or Clinical Utilization Management (UM) Guideline</td>
<td>This document provides a list of resources available to Company Medical Reviewers to use in situations where the Company does not have a Medical Policy or Clinical UM Guideline that addresses the specific service or product for which benefits are requested.</td>
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<tr>
<td>Date</td>
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</tr>
<tr>
<td>4/5/2016</td>
<td>DRUG.00072</td>
<td>Alpha-1 Proteinase Inhibitor Therapy</td>
</tr>
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<td>GENE.00007</td>
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<td>MED.00051</td>
<td>Real-Time Remote Heart Monitors</td>
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<td>MED.00115</td>
<td>Outpatient Cardiac Hemodynamic Monitoring Using a Wireless Sensor for Heart Failure Management</td>
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<td>RAD.00035</td>
<td>Coronary Artery Imaging: Contrast-Enhanced Coronary Computed Tomography Angiography (CCTA), Coronary Magnetic Resonance Angiography (MRA), and Cardiac Magnetic Resonance Imaging (MRI)</td>
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<td>SPECT/CT Fusion Imaging</td>
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<td>Bariatric Surgery and Other Treatments for Clinically Severe Obesity</td>
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<td>SURG.00032</td>
<td>Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention</td>
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<td>SURG.00033 Cardioverter Defibrillators</td>
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<tr>
<td>This document addresses the use of implantable transvenous and subcutaneous cardioverter-defibrillator devices to monitor heart rhythm and deliver an electrical shock when a life threatening ventricular arrhythmia is detected.</td>
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<th>4/5/2016</th>
<th>SURG.00047 Transendoscopic Therapy for Gastroesophageal Reflux Disease and Dysphagia</th>
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<tbody>
<tr>
<td>This document addresses transendoscopic therapies for the treatment of gastroesophageal reflux disease (GERD) and dysphagia.</td>
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<tr>
<th>4/5/2016</th>
<th>SURG.00127 Sacroiliac Joint Fusion</th>
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<tbody>
<tr>
<td>This document addresses proposed indications for sacroiliac joint fusion, a surgical procedure which fuses the iliac bone (pelvis) to the spine (sacrum). It is performed for a variety of orthopedic conditions including trauma (with fracture), infection, cancer, and spinal instability.</td>
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<tr>
<th>No change to previous effective date</th>
<th>CG-BEH-02 Adaptive Behavioral Treatment for Autism Spectrum Disorder</th>
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<tbody>
<tr>
<td>This document addresses the treatment of Autism Spectrum Disorders (ASDs) and other Pervasive developmental disorders (PDDs) with behavioral interventions such as Applied Behavioral Analysis (ABA) when a state requires or benefit language explicitly provides coverage for the behavioral intervention or behavioral interventions.</td>
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<tr>
<th>4/5/2016</th>
<th>CG-BEH-05 Eating and Feeding Disorder Treatment</th>
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<tr>
<td>This document provides medical necessity criteria for levels of care relating to eating and feeding disorder treatment.</td>
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<tr>
<th>4/5/2016</th>
<th>CG-DRUG-44 Pegloticase (Krystexxa®)</th>
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<tbody>
<tr>
<td>This document addresses pegloticase (Krystexxa), a pegylated biosynthetic (recombinant DNA) uric acid specific enzyme (urate oxidase/uricase) used in adults with chronic, treatment-refractory gout.</td>
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**MEDICAL POLICIES OR CLINICAL UM GUIDELINES TO ARCHIVE**

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**ANNUAL REVIEW TOPICS**

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<td>DME.00025 Self-Operated Spinal Unloading Devices</td>
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<td>DRUG.00013 Administration of Immunoglobulin as a Treatment of Recurrent Spontaneous Abortion</td>
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<td>DRUG.00027 Ziconotide Intrathecal Infusion (Prialt®) for Severe Chronic Pain</td>
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<td>4/5/2015</td>
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<td>4/5/2015</td>
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| 4/5/2015   | SURG.00052| Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET], Per-
| 4/5/2015   | SURG.00052| cutaneous Intradiscal Radiofrequency Thermocoagulation [PIRFT] and Intradiscal Biacuplasty [IDB]) |
| 4/5/2015   | SURG.00067| Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty                                            |
| 4/5/2015   | SURG.00088| Coblation® Therapies for Musculoskeletal Conditions                                               |
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| 4/5/2015   | SURG.00108| Endothelial Keratoplasty                                                                          |
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| 7/1/2016   | SURG.00117| Sacral Nerve Stimulation (SNS) and Percutaneous Tibial Nerve Stimulation (PTNS) for Urinary and 
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| 4/5/2015   | TRANS.00004| Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal Xenograft)                             |
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| 4/5/2015   | TRANS.00010| Allogeneic Pancreatic Islet Cell Transplantation                                                   |
### 04/01/16 precertification change notification

**Precertification List Changes:**

Upcoming precertification changes are listed below with effective dates as noted. For additional information, you can access the complete Georgia Standard Precertification List, Georgia Standard Precertification CODE List and the Georgia Standard Adopted Clinical Guideline List by using the links below.

- Georgia Standard Precertification List
- Georgia Standard Precertification CODE List
- Georgia Standard Adopted Clinical Guideline List

<table>
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<th>DRG, Policy or Guideline Number</th>
<th>DRG, Medical Policy or Clinical Guideline and Codes</th>
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<td>DRG 219, 220</td>
<td>Cardiac Valve Replacement or Repair – 33400, 33401, 33403, 33405, 33406, 33410, 33411, 33412, 33414, 33415, 33416, 33417, 33420, 33422, 33425, 33426, 33427, 33430, 33460, 33463, 33464, 33465, 33468, 33470, 33471, 33474, 33475, 33600, 33602, 33863,</td>
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Cardiac Valve: Ross Procedure - 33413

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<th>DRG 329, 330</th>
<th>Bowel Surgery: Colectomy, Partial, with or without Ostomy – 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44160</th>
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<td>Bowel Surgery: Abdominoperineal Resection or Total Colectomy with Proctectomy – 44155, 44156, 44157, 44158, 45110, 45112, 45119, 45120, 45121</td>
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<tr>
<td>Bowel Surgery: Colectomy, Partial, with or without Ostomy, by Laparoscopy – 44204, 44205, 44206, 44207, 44208, 44210, 44213</td>
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<tr>
<td>Bowel Surgery: Small Intestine Resection – 44120, 44121, 44125, 44126, 44127, 44128</td>
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Intussusception Reduction, Surgical - 44050

DRUG.00017 Hyaluronan Injections in Joints Other Than the Knee – C9471

DRUG.00028 Intravitreal and Periocular Injection Treatment for Retinal Vascular Conditions – J9035

DRUG.00066 Antihemophilic Factor and Clotting Factors – C9138

DRUG.00075 Nivolumab (Opdivo®) – J9299, J9999

DRUG.00076 Blinatumomab (Blincyto™) – J9039

DRUG.00077 Secukinumab (Cosentyx®) – J3490, J3590

DRUG.00078 Fosaprepitant (Emend®) – J1453

DRUG.00079 Bendamustine Hydrochloride (TREANDA®) – J9033

DRUG.00080 Mepolizumab (Nucala®) – C9473, J3490, J3590

CG-DRUG-29 Hyaluronan Injections in the Knee – C9471

CG-DRUG-46 Fosaprepitant (Emend®) – J1453

CG-SURG-27 Gender Reassignment Surgery – 17380, 17999

CG-SURG-47 Surgical Interventions for Scoliosis and Spinal Deformity – 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22842, 22843, 22844, 22845, 22846, 22847, 22849

CG-SURG-53 Elective Total Hip Arthroplasty – (27130 and 27132 moving from Surgery Hip Replacement), 27134, 27137, 27138

CG-SURG-54 Elective Total Knee Arthroplasty – 27445, (27447 moving from Surgery Knee Replacement), 27486, 27487

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**Medicare plans**

Additional AIM OptiNet imaging services registration webinars available

BCBSGa continues to offer webinars to help providers complete their OptiNet® surveys. These surveys collect information about the imaging capabilities of all BCBSGa Medicare Advantage contracted providers who provide the technical component of a number of outpatient diagnostic imaging services for our individual Medicare Advantage members.

AIM’s online registration tool, OptiNet, will collect modality-specific data from providers who render X-ray, ultrasound (abdominal/retroperitoneum, gynecological and obstetrical services only at this time), Magnetic Resonance (MR), Computed Tomography (CT), nuclear medicine (NUC), positron emission tomography (PET) and echocardiograph imaging services in areas such as: facility qualifications, technician and physician qualifications, accreditation, equipment and technical registration.
This data will be used to calculate site scores for providers who render imaging services to our individual Medicare Advantage members. All participating providers who provide imaging services, including x-rays and ultrasounds as noted above, should complete the registration. This includes providers who have delegated risk arrangements and who may see BCBSGa members outside of those risk arrangements.

Providers who score less than 76 or who do not complete the survey by June 1, 2016 will receive a line-item denial for the technical component of the outpatient diagnostic imaging service only.

BCBSGa strongly encourages any provider who scores below 76 to improve their site score for the applicable modality before the line item denial of claims for dates of service on or after June 1. Providers who have not registered and therefore have no score also will be subject to line-item denials for claims submitted for dates of service on or after June 1. All facility diagnostic imaging services are excluded from line item denials at this time.

**How to register**

Registration is available online via the AIM Provider Portal (registration required). To access:

1. Go to aimspecialtyhealth.com/goweb
2. Select Anthem Medicare Advantage from the drop down menu
3. Log in to Provider Portal
4. Select “Access My OptiNet Registration” from the Provider Portal home page to begin your registration

For additional assistance you may also call AIM toll free at 800-714-0040, Monday through Friday, 8:00 a.m. to 8:00 p.m.

**Learn more: Attend a webinar**

BCBSGa continues to offer webinars to help providers complete their OptiNet assessments. Attend one of the webinars below to learn how to:

- Access the OptiNet Assessment
- Copy previously completed OptiNet Assessments to your BCBSGa Medicare Advantage account
- Complete a new AIM OptiNet registration
- Interpret and improve your site score

Choose one of the sessions below to register for the webinar.

- **April 12, 2016, 9-10 a.m. ET**
- **April 28, 1-2 p.m. ET**
- **May 9, 4:30-5:30 p.m. ET**
- **May 19, 12-1 p.m. ET**

Check Important Medicare Advantage Updates at www.bcbsga.com/medicareprovider for additional information, including a list of Frequently Asked Questions and Answers.

**Dual Eligible Special Needs Plans training required**

In 2016, BCBSGa is offering Dual Eligible Special Needs Plans (D-SNPs) to people who are eligible for both Medicare and Medicaid benefits or who are qualified Medicare beneficiaries (QMBs). D-SNPs provide enhanced benefits to people eligible for both Medicare and Medicaid. These plans are $0 premium plans. Some include a combination of supplemental benefits
such as hearing, dental, vision as well as transportation to doctors’ appointments. Some D-SNP plans also may include a card or catalog for purchasing over-the-counter items.

D-SNPs are a kind of Medicare Advantage plan that are approved by Medicare and also contract with the state Medicaid agency. Providers who see Anthem Medicare Advantage members in Georgia are “in network” and available to see Anthem D-SNP members effective Jan. 1, 2016, unless they have opted out of participating with the D-SNP plan.

**Providers should understand that D-SNP members are protected from all balance billing.** BCBSGa D-SNPs are “zero cost share” plans, meaning we only enroll dual-eligible beneficiaries (people eligible for both Medicare and Medicaid) who have Medicare cost sharing protection under their Medicaid benefits. The provider may not seek payments for cost sharing from dual-eligible members for health care services. Providers cannot bill D-SNP members for services not reimbursed by Medicaid or BCBSGa’s D-SNP plan, nor can providers balance bill for the difference between what has been paid and the billed charges.

Providers who are contracted for D-SNP plans are required to take annual training to keep up-to-date on plan benefits and requirements, including coordination of care and Model of Care elements. Providers contracted for our D-SNP plans received notices in January that contained information for online training, either through scheduled WebEx sessions or through self-paced training on our provider portal. Every provider contracted for our D-SNP plans is required to complete an attestation stating that they have completed the annual training. These attestations are located at the end of the self-paced training document and can be completed by individual providers or at the group level with one signature along with a roster of providers that participate within the group.

To take the self-paced training and read related FAQs, please go to the Provider Training and FAQs link at [bcbsga.com/medicareprovider](http://bcbsga.com/medicareprovider).

**AIM to conduct medical necessity reviews for vascular ultrasound procedures**

BCBSGa is collaborating with AIM Specialty Health to conduct medical necessity reviews for vascular ultrasound management for our individual Medicare Advantage members.

Effective July 1, 2016, AIM will accept prior authorization requests for a number of vascular ultrasound screening and diagnostic procedures, including non-invasive diagnostic vascular studies. To submit your request, go to the AIM ProviderPortal at [aimspecialtyhealth.com/goweb](http://aimspecialtyhealth.com/goweb). From the dropdown menu, select Anthem Medicare Advantage. For additional assistance you may also call AIM toll free at 800-714-0040, Monday through Friday, 8:00 a.m. to 8:00 p.m.

Additional information also can be found at [aimprovider.com/cardiology](http://aimprovider.com/cardiology).

**Additional radiation oncology prior authorizations should be directed to AIM effective July 1, 2016**

Prior authorization of outpatient radiation therapy services for BCBSGa individual Medicare Advantage members is administered by AIM Specialty Health® (AIM).
AIM reviews certain treatment plans against clinical appropriateness criteria to help ensure that care aligns with established medical best practices. Effective July 1, 2016, providers should contact AIM to request prior authorization for the radiation therapy modalities and services listed below:

- Fractions (number of treatments) for patients with breast cancer or bone metastases
- Image Guided Radiation Therapy (IGRT)
- Special consults and procedures associated with radiation therapy

Effective July 1, 2016, providers should contact AIM to request prior authorization for the radiation therapy modalities and services listed below:

- Intensity Modulated Radiation Therapy (IMRT)
- 3D Conformal/ External Beam Radiation Therapy (EBRT)
- Brachytherapy
- Proton Beam Therapy
- [Stereotactic body radiation therapy (SBRT) and Stereotactic radiosurgery (SRS)]

Radiation therapy performed as part of an inpatient admission will continue to be reviewed through BCBSGa inpatient precertification process.

To submit your request, go to the AIM ProviderPortal at aimspecialtyhealth.com/goweb. From the dropdown menu, select Anthem Medicare Advantage. For additional assistance you may also call AIM toll free at 800-714-0040, Monday through Friday, 8:00 a.m. to 8:00 p.m.

Coverage of services will continue to be subject to all of the terms and conditions of the member’s health benefit plan and applicable law.

For questions regarding these changes, please contact AIM at 800-714-0040.

For more information: Go to aimprovider.com/radoncology.

AIM to review oncology and oncology supportive specialty drugs for medical necessity

Effective May 1, 2016 all oncology and oncology supportive specialty drugs that require prior authorization for BCBSGa individual Medicare Advantage members will be reviewed for medical necessity through AIM’s ProviderPortal – providerportal.com – or by contacting AIM at 1-800-554-0580. Prior authorization requirements also can be reviewed online at Availity.com.

Providers may be familiar with and participating in the Cancer Care Quality Program administered by AIM. Effective May 1, 2016, CCQP reviews and prior authorizations will be performed by the same review team. The Medicare Advantage Specialty Pharmacy will no longer review oncology and oncology supportive drugs for medical necessity for individual Medicare Advantage members effective May 1, 2016.

The Medicare Advantage specialty pharmacy team will continue to conduct oncology and oncology supportive drug prior authorization reviews for Medicare Advantage group-sponsored members. BCBSGa Medicare Advantage members
ID cards contain a CMS identifier in the lower right corner of the card. The member is in a group-sponsored plan when the CMS identifier contains eight characters and the last three digits start with an eight (8XX).

Quality programs support patient safety, health improvement

BCBSGa has a number of programs in place to help measure and improve the health of our Medicare Advantage members. Check Important Medicare Advantage Updates at anthem.com/medicareprovider for additional information.

Keep up with Medicare Advantage news

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

- Medicare Advantage reimbursement policies
- Federally Qualified Health Center Billing Guidelines in Effect for Original Medicare
- CMS Required CLIA Certification Number for Labs
- Medicare Notices and Provider Requirements
- New Prior Authorization Requirements Effective May 1, 2016
- HealthMap Solutions Gathering Diabetes Screening Results
- Skilled Nursing Facilities, Home Health and Long-term Care Facilities: OrthoNet OT and PT Prior Authorization Delayed Until Further Notice

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