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Introducing a new clinical criteria web page for injectable, infused or implanted drugs covered under the medical benefit

Beginning March 1, 2019, providers will be able to view the [Clinical Criteria website](#) to review clinical criteria for all injectable, infused or implanted prescription drugs.

This new website will provide the clinical criteria documents for all injectable, infused, or implanted prescription drugs and therapies covered under the medical benefit. These clinical criteria documents are not yet being used for clinical reviews, but are available to providers for familiarization of the new location and formatting.



Once finalized, providers will be notified prior to implementation of clinical criteria documents. Injectable oncology drug clinical criteria will not be posted on this website until mid-2019. Until implementation, providers should continue to access the clinical criteria for medications covered under the medical benefit through the standard process.

If you have questions or feedback, please email drug.list@amerigroup.com.

BLA-NL-0107-18

New specialty pharmacy medical step therapy requirements



Effective for dates of service on and after May 1, 2019, the specialty pharmacy drugs and corresponding codes from current clinical criteria noted below will be included in our medical step therapy precertification review process. Step therapy review applies upon precertification initiation or renewal, in addition to the current medical necessity review (as is done currently).

The clinical criteria below have been updated to include the requirement of a preferred agent, effective May 1, 2019.

Clinical criteria	Preferred drug	Nonpreferred drug
ING-CC-0001	Retacrit (Q5106)	Procrit (J0885)
ING-CC-0002	Zarxio (Q5101)	Neupogen (J1442), Granix (J1447) and Nivestym (Q5110)

The clinical criteria is publicly available on our provider website. Visit the [Clinical Criteria website](#) to search for specific clinical criteria.

BLA-NL-0100-18

Services requiring prior authorization

All programs require prior authorization (PA) for all covered specialty medications, where allowable by state. The scope of this notice will include both professional and facility requests for Medicaid business.

Specialty medications that are reported with not otherwise classified (NOC) designation codes and C-codes may also require PA before services are provided.



Regardless of whether PA is required, all services must be medically necessary to be covered. Even if PA is not required, to avoid a claim denial based on medical necessity, Healthy Blue encourages providers to review our medical necessity criteria prior to rendering nonemergent services. Medical necessity criteria can be accessed by visiting <https://providers.healthybluella.com> to view the most current *Medical Policies* and *Clinical Utilization Management Guidelines*.

If no specific policy is available, the medical necessity review of a drug may be conducted using *Medical Policy ADMIN.00006: Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy* or *Clinical Utilization Management Guideline and/or Clinical Utilization Management Guideline CG-DRUG-01: Off-Label Drug and Approved Orphan Drug Use*.

Clinical review of specialty medications is in addition to services currently requiring PA. Providers are responsible for verifying eligibility and benefits for Healthy Blue members before providing services. We recommend providers visit <https://providers.healthybluella.com> to review the list of services and service categories currently requiring PA, with a reminder that the list of services requiring PA will be updated as needed. For clarification regarding whether a specific code or service requires PA, call the number listed below. Except in an emergency, failure to obtain PA may result in denial of reimbursement.

Again, please be reminded that the list of services requiring PA will be updated as needed.

Providers are strongly encouraged to revisit the *Unlisted or Miscellaneous Codes* reimbursement policy, which states NOC codes must be submitted with the correct national drug code (NDC) for proper claim payment. If the required NDC data elements are missing or invalid for the procedure code on a claim line, the claim will be denied.

BLA-NL-0053-18

Requesting PA

To request PA, report a medical admission or for questions regarding PA, providers may use one of the following methods:

- Availity Portal: <https://www.availity.com>
- Fax:
 - **1-888-822-5595** (Inpatient)
 - **1-888-822-5658** (Outpatient)
- Phone: **1-844-521-6942**

Coding spotlight: diabetes — provider guide to coding the diagnosis and treatment of diabetes

Diabetes mellitus is a chronic disorder caused by either an absolute decrease in the amount of insulin secreted by the pancreas or a reduction in the biologic effectiveness of the insulin secreted.

Facts

- According to 2017 Diabetes Report Card, the rates of new cases of diabetes among adults living in the U.S. has decreased, and the rates of new cases among children and adolescents has increased.¹
- Diabetes is the seventh leading cause of death in the United States.²
- Diabetes is the leading cause of new cases of blindness in adults.²



Read more online.

- 1 *Diabetes Report Card*. CDC. <https://www.cdc.gov/diabetes/library/reports/reportcard.html>
- 2 *Diabetes: What is it?* <https://www.cdc.gov/diabetes/diabetesatwork/pdfs/DiabetesWhatIsIt.pdf>

BLA-NL-0094-18

My Diverse Patients — a website to support your diverse patients

While there's no single, easy answer to the issue of health care disparities, the vision of My Diverse Patients is to harness the power of data and identify ways to bridge gaps often experienced by diverse populations.



We've heard it all our lives: in order to be fair, you should treat everybody the same. But the challenge is that everybody is *not* the same —

and these differences can lead to critical disparities not only in how patients access health care, but in their outcomes as well.

The reality is that the burden of illness, premature death and disability disproportionately affects certain populations.¹ My Diverse Patients features robust educational resources to help support you in addressing these disparities, such as:

- Continuing medical education about disparities, potential contributing factors and opportunities for you to enhance care.
- Real life stories about diverse patients and the unique challenges they face.
- Tips and techniques for working with diverse patients to promote improvement in health outcomes.

Accelerate your journey to becoming your patients' trusted health care partner by visiting <https://mydiversepatients.com> today. You may also access the site with the QR code provided.



- 1 Centers for Disease Control and Prevention. (2013, Nov 22). CDC Health Disparities and Inequalities Report — United States, 2013. *Morbidity and Mortality Weekly Report*. Vol 62 (Suppl 3); p3.

BLA-NL-0095-18

Transition of Outpatient Rehabilitation Utilization Management program

Effective March 1, 2019, Healthy Blue will transition its Outpatient Rehabilitation Utilization Management (UM) program to AIM Specialty Health[®] (AIM), a specialty health benefits company. The Outpatient Rehabilitation UM program includes physical, occupational and speech therapy services.

Healthy Blue has an existing relationship with AIM in the administration of other programs and is excited to expand this relationship to include outpatient rehabilitation services. AIM works with leading insurers to improve health care quality and manage costs for today's most complex and prevalent tests and treatments, helping to promote care that is appropriate, safe and affordable.



This transition enables Healthy Blue to expand and optimize this program, further ensuring that care aligns with established evidence-based medicine. AIM will continue to use criteria documented in Healthy Blue *Clinical UM Guidelines GC.REHAB.04, CG.REHAB.05 and CG.REHAB.06* for review of these services. These clinical guidelines can be reviewed online at <https://www.availity.com> by selecting **Clinical Resources** in the *Education and Reference Center* under *Payer Spaces*.

Detailed prior authorization requirements are available online by accessing the Precertification Lookup Tool at <https://www.availity.com> under *Payer Spaces*. Contracted and noncontracted providers can call Provider Services at **1-844-521-6942** for prior authorization requirements or additional questions.

You can also authorize these services online through the Interactive Care Reviewer on the Availity Portal. Log on to Availity, select **Authorizations and Referrals** under the *Patient Registration* menu and choose **Authorizations**.

BLA-NL-0096-18



Read more online.

Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* below were developed or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.

Please share this notice with other members of your practice and office staff.

To search for specific policies or guidelines, visit <https://www11.anthem.com/search.html>.

Medical Policies

On September 13, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Healthy Blue. View the full update online for a list of the policies.

Clinical UM Guidelines

On September 13, 2018, the MPTAC approved several *Clinical UM Guidelines* applicable to Healthy Blue. View the full update online for a list of the guidelines adopted by the medical operations committee for the Government Business Division on September 27, 2018.

BLA-NL-0098-18



Read more online.