Anthem®
P.O. Box 4330
Woodland Hills, CA 91365

June 1, 2022
VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

00683
SANTE COMMUNITY PHYSICIANS
Ms. Vicki Anderson
1180 E SHAW AVE STE 101
FRESNO, CA 93710

Dear Provider:

Anthem Blue Cross is pleased to provide you with Specialty Pharmacy and AIM Specialty Health updates and important information on California Senate Bill 535. Please refer to the specific policy for coding, language, rationale updates and changes that are not summarized below.

A Message About California Senate Bill 535

As you may already be aware, California Senate Bill 535 goes into effect on July 1, 2022. This bill applies to Commercial and Medi-Cal managed care plans and prohibits prior authorization requirements for biomarker testing for members with advanced or metastatic stage 3 or 4 cancer, and biomarker testing for cancer progression or recurrence in members with advanced or metastatic stage 3 or 4 cancer. The bill does not limit, prohibit, or modify a member's rights to biomarker testing as part of an approved clinical trial.

In compliance with SB 535, effective July 1, 2022, Anthem Blue Cross and its delegated entities shall remove all prior authorization requirements for biomarker testing for members with advanced or metastatic stage 3 or 4 cancer, and biomarker testing for cancer progression or recurrence in members with advanced or metastatic stage 3 or 4 cancer.

Specialty Pharmacy updates

Effective for dates of service on and after September 1, 2022, the following specialty pharmacy codes from new clinical criteria documents will be included in our prior authorization review process.

Clinical Criteria is available at www.anthem.com/ca/ms/pharmacyinformation/clinicalcriteria.html

Inclusion of National Drug Code (NDC) code on your claim will help expedite claim processing of drugs billed with a Not Otherwise Classified (NOC) code.

Note: Prior authorization requests for certain medications may require additional documentation to determine medical necessity.

Important to note: Currently, your patients may be receiving these medications without prior authorization. As of the effective date below, you may be required to request prior authorization for your patients in order to review for continued use of these medications.

Clinical Criteria	Drug	HCPCS Code(s)
ING-CC-0200	Aduhelm (aducanumab-avwa)	J0172
ING-CC-0214	Carvykti (ciltacabtagene autoleucel)	C9399, J3490, J3590

AIM Specialty Health Clinical Appropriateness Guideline updates

Updates to AIM Specialty Health® (AIM) programs, a separate company, apply to local fully-insured Anthem members and select members who are covered under self-insured (ASO) benefit plans with services medically managed by AIM. They do not apply to HMO, BlueCard®, Medicare Advantage, Medicaid, Medicare Supplement, or Federal Employee Program® (FEP®). For more information, please contact the phone number of the back of the member ID card.

Effective for dates of service on and after September 11, 2022, the following updates will apply to the AIM Specialty Health Clinical Appropriateness Guidelines. As part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable health care services.

Imaging of the Spine

- Perioperative and periprocedural imaging – added requirement for initial evaluation with radiographs

Imaging of the Extremities

- Trauma – added CT as an alternative to MRI for tibial plateau fracture; added indication for evaluation of supracondylar fracture
- Rotator cuff tear – combined acute and chronic rotator cuff tear criteria; standardized conservative management duration to 6 weeks
- Shoulder arthroplasty – modified language to clarify intent regarding limited scenarios where advanced imaging is indicated for total shoulder arthroplasty
- Perioperative imaging – excluded robotic-assisted hip arthroplasty as robotic-assisted surgery in general does not provide net benefit over conventional arthroplasty

Vascular Imaging

- Stenosis or occlusion, extracranial carotid arteries: - New indications for post neck irradiation, incidental carotid calcification scenarios.
- Stroke/TIA, extracranial evaluation - Subacute stroke/TIA: CTA/MRA Neck allowed without prerequisite ultrasound (US), in alignment with 2021 AHA/ASA guidelines.
- Chronic stroke/TIA - New indication; modality approach by circulation presentation.
- Pulmonary Embolism - Removal of nondiagnostic CXR requirement (lower threshold for elevated D-dimer scenarios, thrombosis related to COVID infection, etc).
- Imaging study modality and/or site expansion - Pulsatile Tinnitus, Acute Aortic Syndrome, Abdominal venous thrombosis
- Stenosis or occlusion, extracranial carotid arteries - Post-revascularization scenario aligned with SVS guidelines to allow annual surveillance regardless of residual stenosis.
- Aneurysm of the abdominal aorta or iliac arteries - Management/surveillance scenarios aligned with SVS guidelines
- Upper or Lower Extremity Peripheral Arterial Disease (PAD):
    - Suspected PAD without physiologic testing (including exercise testing) not indicated
    - New indication for Popliteal artery aneurysm US surveillance post-repair (2021 SVS guidelines)

Sleep Disorder Management

- Established sleep disorder (OSA or other) – follow-up laboratory studies – added indication for one follow-up in-lab sleep study as appropriate following insertion of a hypoglossal nerve stimulator
- Multiple Sleep Latency Testing (MSLT) and/or Maintenance of Wakefulness Testing (MWT) – new indication for MWT in occupational safety evaluation
- Management of OSA using Oral Appliances (OA) – limit guideline for oral appliance use to patients 16 years and older

AIM Musculoskeletal Program effective October 1, 2022 - Monitored Anesthesia Care Reviews

Effective October 1, 2022, AIM Specialty Health® (AIM) will enhance the AIM Musculoskeletal program by adding a Monitored Anesthesia Care (MAC) for Interventional Pain component to perform medical necessity review of monitored anesthesia, or conscious sedation, when performing certain interventional pain procedures, as outlined below.

Prior authorization will be required for the clinical appropriateness of MAC when pain management clinician requests monitored anesthesia services in conjunction with certain interventional pain codes. It is the obligation of the requesting provider to have available the health plan's determination for the Anesthesiologist on the day of the procedure. AIM will use CG-MED-78 Anesthesia Services for Interventional Pain Management Procedures (www.anthem.com/dam/medpolicies/abc/active/guidelines/gl_pw_d087067.html) to determine coverage for the service as medically necessary. Clinical site of care may also be applicable if these procedures are requested in a hospital outpatient department and could safely be done in an Ambulatory Surgical Center (ASC). AIM will use the following Anthem Clinical UM Guideline: CG-SURG-52: Site of Care: Hospital-Based Ambulatory Surgical Procedures and Endoscopic Services.

If you have a member in a current course of treatment for pain management where we approved without reviewing the MAC, please identify the member for us at the next request. *Please note, this does not apply to procedures performed on an emergent basis.*

If the prior authorization was not obtained or did not result in authorization, the Anesthesiologist may still determine that member requires Monitored Anesthesia on the day of service. A retrospective review may be requested, or a post service claim may be submitted with a clinical record including the pre-anesthesia assessment, the patient's medical history documenting that patient meets criteria for MAC and a detailed description of the procedure performed in order for AIM to determine coverage for the service as medically necessary.