Anthem

PROVIDER NEWS CALIFORNIA

May 1, 2025

May 2025 Provider Newsletter

Contents

CABC-CDCRCM-081381-25-CPN81360

Education & Training | Commercial | May 1, 2025

Effortless eligibility checks with the Patient Search Option in Availity

Education & Training | Medicaid | May 1, 2025

Enhancing your learning experience: latest updates in Provider Pathways

Policy Updates | Medicaid | April 3, 2025

Clinical Criteria updates

Policy Updates | Medicaid | April 9, 2025

Carelon Medical Benefits Management, Inc. updates

Medical Policy & Clinical Guidelines | Medicare Advantage | April 24, 2025

Medical Policies and Clinical Utilization Management Guidelines update

Medical Policy & Clinical Guidelines | Medicaid | April 1, 2025

Medical Policies and Clinical Utilization Management Guidelines update

Medical Policy & Clinical Guidelines | Medicare Advantage | April 30, 2025

Updates to Carelon Medical Benefits Management, Inc. Clinical Appropriateness Guidelines

Prior Authorization | Medicaid | April 4, 2025

Precertification/prior authorization requirement changes

Pharmacy | Medicare Advantage | April 16, 2025

New specialty pharmacy medical step therapy requirement

Pharmacy | Medicare Advantage | April 16, 2025

Specialty pharmacy preapproval list update

Quality Management | Medicaid | May 1, 2025

Join our medical committee to help shape healthcare innovations

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CABC-CDCRCM-081381-25-CPN81360

To view this publication online:

CABC-CDCRCM-081381-25-CPN81360

Visit **https://providernews.anthem.com/california/publications/may-2025-provider-newsletter-4439**

Or scan this QR code with your phone

CABC-CDCRCM-081381-25-CPN81360

Administrative | Commercial | May 1, 2025

Direct HMO: Understanding the network design

The Direct HMO fee-for-service network design was introduced on January 1, 2025, as part of the Pathway HMO (on and off exchange). This innovative service model groups PPO physicians together to create a network that operates similar to an HMO. We are committed to empowering our care providers with comprehensive education about this groundbreaking opportunity, ensuring sustained success for our members and care provider partners. To learn more about the Direct HMO network, review the information below.

About Direct HMO

Guidelines for care coordination and preapproval:

- Preapproval: Preapproval is required for laboratory tests, radiology, and diagnostic imaging services.
- **Referrals:** Referrals are required for specialty care so we can help care providers guide patients to appropriate specialists and ensure continuity of care. For complete benefit information, please refer to the member's *Evidence of Coverage*.
    - Exceptions include behavioral health and other specific services such as reproductive/sexual healthcare and obstetrical/gynecological care.
- **Care coordination:** Access to our HMO Clinical Operations team toll-free at **866-757-8211** allows care providers to effortlessly coordinate care by streamlining the referral and approval processes, freeing up time to focus on patient care.

Benefits:

- **Choosing care providers:** Referring patients to contracted care provider partners for laboratory tests, radiology, and diagnostic imaging services ensures streamlined

billing processes and minimizes administrative burdens, making it easier for care providers to focus on delivering quality care.

- **Extensive specialist network:** Referring patients to our extensive network of Direct HMO specialists offers providers access to a collaborative community, improving inter-provider communication and enhancing patient outcomes. Use our online directory, **Find Care**, to locate providers in the Direct HMO network. Refer to the **FAQ** for specific navigational instructions to guide your search.
- **Submitting requests:** Our ***Referral and Prior Authorization Request Form*** ensures timely processing of your referral and authorization requests, reducing wait times and helping care providers maintain efficient practice operations.

A letter was sent to participating providers at the end of September 2024. To verify your participation status, please use the Find Care tool or contact us for more information using the appropriate option below.

For more information:

- Contracts: Email SpecialNetworkReq@anthem.com with **Direct HMO** in the subject line.
- Behavioral health utilization management: Call us toll-free at **800-274-7767**.
- Utilization and medical management: Call us toll-free at **866-757-8211**.
- General inquiries: Visit the ***Contact Us*** page on our provider website.

CABC-CM-079639-25-SRS79639, CABC-CM-079666-25-SRS79639

ATTACHMENTS (available on web): **Pathway HMO FAQ (pdf - 0.26mb)**

To view this article online:

CABC-CDCRCM-081381-25-CPN81360

Visit **https://providernews.anthem.com/california/articles/direct-hmo-understanding-the-network-design-24982**

Or scan this QR code with your phone

CABC-CDCRCM-081381-25-CPN81360

Administrative | Commercial / Medicaid | April 29, 2025

Ensuring timely attention to expedited grievances and appeals

Expedited grievances and appeals are urgent pre-service or concurrent requests to prevent an immediate and serious threat to a patient's health. They apply to severe pain, risk of losing life or limb, primary bodily function, or delays in end-of-life care.

To ensure swift processing of your expedited grievances, please fax the appropriate department:

- For Medi-Cal Managed Care members — **866-387-2968**
- For Commercial plan members — **855-211-3699**
- For Commercial behavioral health — **877-487-7394**
- For dental or vision — **855-273-2689**

We are committed to supporting you in providing the urgent care your patients need.

CABC-CDCM-079032-25

To view this article online:

Visit **https://providernews.anthem.com/california/articles/ensuring-timely-attention-to-expedited-grievances-and-appeal-25078**

CABC-CDCRCM-081381-25-CPN81360

Or scan this QR code with your phone

Administrative | Commercial | May 1, 2025

Wellness visits may increase appointment scheduling For members enrolled in an *ACA* plan

Annual wellness and well-woman visits are covered with no member cost-sharing when provided by in-network providers for our members with *Affordable Care Act* (*ACA)*-compliant plans. Individual and small group plan members are encouraged to schedule these visits within the first 90 days of their plan starting or renewing, so your practice may see an increase in requests, especially at the beginning of the second and fourth quarters.

Providers can perform the annual wellness or well-woman visit, even if it has been less than one calendar year since the last wellness visit. We ask that your practice be flexible in accommodating members wanting to schedule their visits earlier than they may have previously. The wellness or well-woman visit claim will be processed as a preventive care service covered with no member cost share.

Please note that this benefit may not apply to all health plans. You should continue to verify eligibility and benefits for all members in Availity Essentials (**https://Availity.com**) before providing services or receiving member copayments, deductibles, or coinsurance.

CABC-CM-079024-24-CPN73418

To view this article online:

CABC-CDCRCM-081381-25-CPN81360

Visit **https://providernews.anthem.com/california/articles/wellness-visits-may-increase-appointment-scheduling-for-memb-25054**

Or scan this QR code with your phone

Administrative | Commercial | May 1, 2025

Unlock the power of electronic claims with Availity Essentials

Take your success as a care provider to the next level by managing claims online with Availity Essentials

You can benefit from:

- Supercharged claim efficiency
- Swift payments
- Paperless ease
- Cost savings
- Comprehensive support for all your healthcare claims — medical, institutional, and dental

Navigate claims effortlessly with *Claims & Payments*

Submit and review with ease. Get prompt claim notifications and easily attach documents.

Elevate your expertise:

- Explore our **Digital Solutions Learning Hub** for trainings on Availity, claims, remittances, and more.
- Availity Essentials' EDI Gateway features effortless 24/7 self-service and 837 claims exchanges**. Learn more** here.

What if I'm not registered for Availity Essentials?

Signing up is easy and secure if you aren't registered to use Availity Essentials. There is no cost to register or to use any of the digital applications.

CABC-CDCRCM-081381-25-CPN81360

To access the registration page, go to **https://Availity.com** and select **New to Availity? Get Started** at the top of the home screen. If you have more than one TIN, ensure you have registered all TINs associated with your account.

Assistance

For assistance, contact Availity Client Services online via Help & Training > Availity Support > Contact Support > Create a case, use Chat with Support, or call Monday through Friday from 8 a.m. to 8 p.m. Eastern time at **800-AVAILITY (282-4548)**.

We're dedicated to lightening your administrative load and securing timely payments because we value you, our care provider partners.

CABC-CM-082259-25-CPN82130

To view this article online:

Visit **https://providernews.anthem.com/california/articles/unlock-the-power-of-electronic-claims-with-availity-essentia-25017**

Or scan this QR code with your phone

CABC-CDCRCM-081381-25-CPN81360

Administrative | Commercial | May 1, 2025

Annual grievance and appeals attestation requirement

The Department of Managed Health Care (DMHC) and the *California Health and Safety Code* require care providers annually attest to the availability of member grievance and appeals forms, along with filing instructions, at patient facilities. These regulations ensure our members have the tools to feel heard and valued.

To facilitate compliance, we will reach out directly to organizations that have not confirmed adherence to these regulations. If you receive notice, please complete the ***Consumer Grievance and Appeals Attestation Survey*** acknowledging members have access to these grievance and appeals materials.

If you have any questions, email gaattestationsurvey@anthem.com.

CABC-CM-080312-25-SRS79496

To view this article online:

Visit **https://providernews.anthem.com/california/articles/annual-grievance-and-appeals-attestation-requirement-25005**

Or scan this QR code with your phone

CABC-CDCRCM-081381-25-CPN81360

Digital Solutions | Commercial / Medicare Advantage / Medicaid | May 1, 2025

Reminder: New Communication Center added to Availity Essentials

In May, we will add new functionality to the provider enrollment and network management tool hosted on Availity Essentials to improve the correspondence experience. We will start posting letters related to your credentialing directly in the Communication Center and you will be able to download the correspondence as a PDF.

How will this help you:

- Convenience — reduced time spent sorting through mailed documents
- Faster access — no need to wait for mail service delivery
- Ease of access — access your correspondence 24/7 digitally
- Environmental benefits — saving paper and printing costs helps you and the planet

Before you begin

If your organization is not currently registered for Availity Essentials, the person in your organization designated as the Availity administrator should go to **https://Availity.com** and select **Get Started**. If you need assistance registering with Availity Essentials, visit **https://Availity.com/customer-support**.

For organizations already using Availity Essentials, your administrator(s) will automatically be granted access to the provider enrollment tool.

Staff using the provider enrollment tool need to be granted the user role **Provider Enrollment** by an administrator. To find yours, go to My Account Dashboard >My Account > Organization(s) > Administrator Information.

At this time, Carelon Behavioral Health is out-of-scope for this implementation.

Accessing the Communication Center

1. Log in to **https://Availity.com**.

2. Select your market.

3. Select **Payer Spaces** in the top menu.

4. Select the brand that corresponds to your market.

5. Accept the *User Agreement* (once every 365 days).

6. On the *Applications* tab, select **Provider Enrollment and Network Management**.

7. Select the **Communication Center** link under the *My Communications* option on the side menu.

8. Enter your TIN and NPI to access the letters.

Carelon Behavioral Health, Inc. is an independent company providing utilization management services on behalf of the health plan.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem BC Health Insurance Company is the trade name of Anthem Insurance Companies, Inc. Anthem Blue Cross, Anthem Blue Cross Life and Health Insurance Company, Anthem BC Health Insurance Company, and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Blue Cross of California is contracted with L.A. Care Health Plan to provide Medi-Cal Managed Care services in Los Angeles County.

CABC-CDCRCM-081342-25, ABC-CDCRCM-075609-24-CPN75180

To view this article online:

Visit **https://providernews.anthem.com/california/articles/reminder-new-communication-center-added-to-availity-essentia-24743**

CABC-CDCRCM-081381-25-CPN81360

Or scan this QR code with your phone

CABC-CDCRCM-081381-25-CPN81360

Education & Training | Medicare Advantage | April 29, 2025

Join our D-SNP network to better serve dual-eligible patients

On May 1, 2025, we will expand our innovative healthcare offering, the Anthem Full Dual Advantage (HMO D-SNP), to benefit Anthem Dual Special Needs Plan (D-SNP) members. In addition to our already robust network of provider medical groups, we're looking to add more directly contracted care providers, ensuring a wider array of services and streamlined access for our D-SNP members.

The Anthem Full Dual Advantage (HMO D-SNP) is part of California's exclusively aligned enrollment (EAE) D-SNP model, which aims to deliver comprehensive and integrated healthcare services by unifying Medicare and MediCal benefits under one plan. This initiative aligns with our commitment to provide efficient, coordinated, and integrated care to our members.

Medi-Cal care providers interested in joining this growing network, or who want more information, should contact Provider Services via the number on the back of our member ID card.

CABC-CR-080963-25

To view this article online:

CABC-CDCRCM-081381-25-CPN81360

Visit **https://providernews.anthem.com/california/articles/join-our-d-snp-network-to-better-serve-dual-eligible-patient-25081**

Or scan this QR code with your phone

CABC-CDCRCM-081381-25-CPN81360

Education & Training | Commercial | May 1, 2025

Free CE training: Lifestyle Medicine & Food as Medicine Essentials Course

Anthem is happy to support the announcement of an exciting partnership between Premera Blue Cross, Amazon, and the American College of Lifestyle Medicine (ACLM) offering a **free** online **Lifestyle Medicine & Food as Medicine Essentials Course for the entire provider community.**

In this comprehensive online course, you will explore the six pillars of lifestyle medicine, emphasizing how food and nutrition can play a critical role in preventing and treating chronic diseases. The course is tailor-made for healthcare providers looking to enrich their care approach with practical evidence-based strategies. This course is available until September 14, 2025.

Benefits for providers:

- Free access: Participate in this valuable training at no cost.
- Earn credits: Completing the course awards, you earn 5.5 CME/CE credits.
- Enhance your practice: Acquire tools to transform care and effectively address chronic disease.

How to enroll:

1. Visit **https://lifestylemedicine.org/essentials**.
2. Log in or create an ACLM account.
3. Enter promo code ESS-AMZNEDU at checkout to access the course for free.

Contact us

CABC-CDCRCM-081381-25-CPN81360

Please reach out to Dr. Jon Liu at jonliu@amazon.com with questions regarding the free course.

MULTI-BC-CM-081294-25-CPN80998

To view this article online:

Visit **https://providernews.anthem.com/california/articles/free-ce-training-lifestyle-medicine-amp-food-as-medicine-ess-25042**

Or scan this QR code with your phone

CABC-CDCRCM-081381-25-CPN81360

Education & Training | Commercial | May 1, 2025

Streamline your prior authorizations with our digital tools

Manage your prior authorization requests with our digital tools — Availity Essentials and **https://anthem.com/provider**. These resources simplify requirement determination and request submissions, giving you more time to deliver effective and efficient care to our members. We encourage you to review the instructions below.

Determining prior authorization requirements

Availity Essentials:

1. Log in to **https://Availity.com**.
   - If you do not already have access, select **Get Started** to create an account.
2. Go to the *Payer Spaces* tab.
3. Select the applicable plan.
4. Select **Authorization Rules Lookup**.
5. Enter the required provider information.
6. Select **Next** and enter the required member information.

Note: Final determination of prior authorization requirements is completed upon submission and may differ from search results.

Provider website:

1. Go to **https://anthem.com/provider**.
2. Scroll down and select the applicable state.
3. Scroll down to Commercial-partnered programs and select **Access the Commercial Provider site** to access the Provider website homepage.
4. Under the *Resources* heading, select **Prior Authorization**.
5. Select the applicable state.

CABC-CDCRCM-081381-25-CPN81360

6. Select the appropriate link based on the member's plan.

If the member's home plan is not with Anthem, scroll to *Helpful Links* > Select **Medical Policy and Prior Authorization for Blue Plans**, then follow the prompts to determine the applicable home plan and prior authorization requirements.

Submitting prior authorization requests

Availity Essentials:

1. Log in to **https://Availity.com**.
2. Select the **Patient Registration** tab to access *Authorizations and Referrals*.
3. Select **Authorization Request**.

Note: Transplant prior authorization requests must be submitted by phone, fax, or secure email.

CABC-CM-081851-25-CPN81558

To view this article online:

Visit **https://providernews.anthem.com/california/articles/streamline-your-prior-authorizations-with-our-digital-tools-25036**

Or scan this QR code with your phone

CABC-CDCRCM-081381-25-CPN81360

Education & Training | Commercial | May 1, 2025

Effortless eligibility checks with the Patient Search Option in Availity

To verify eligibility for a point-of-service plan with HMO and PPO benefits, care providers encountering a “duplicate subscriber ID#” message should use the *Patient Search Option* from the dropdown menu. By manually entering the member’s patient ID, name, DOB, and group number, you can bypass the duplicate ID issue and confirm eligibility successfully, ensuring a smoother process for members and care providers.

Depending on the payer, various search options will appear, tailoring the experience to your needs. If the *Patient Search Option* field is unavailable, fill in all the required patient information fields under the *Patient Information* section.

Unlock new skills with our Digital Solutions Learning Hub

Access our training on this topic through the **Digital Solutions Learning Hub**.

Additional support

Our provider relations team is also ready to assist at **800-676-2583** if further guidance is needed.

Contact us

Availity Chat with Payer is available during normal business hours. Get answers to your questions about eligibility, benefits, authorizations, claims status, and more. To access Availity Essentials, go to **https://Availity.com** and select the appropriate payer space tile from the drop-down. Then, select **Chat with Payer** and complete the pre-chat form to start your chat.

For additional support, visit the *Contact Us* section of our provider website for the appropriate contact.

CABC-CM-081107-25

To view this article online:

Visit **https://providernews.anthem.com/california/articles/effortless-eligibility-checks-with-the-patient-search-option-24882**

Or scan this QR code with your phone

CABC-CDCRCM-081381-25-CPN81360

Education & Training | Medicaid | May 1, 2025

Enhancing your learning experience: latest updates in Provider Pathways

Provider Pathways supports the delivery of high-quality services and value to our members by giving you instant access to premium learning tools and educational resources. The platform's flexibility empowers you to choose the pace and topics that best suit your needs.

What does Provider Pathways offer?

- On-demand training, available 24/7
- Microlearning modules — concise, convenient lessons on a variety of topics
- Specific information essential to our partnership

Recent enhancements:

- More topics and content to explore
- A new, user-friendly menu and navigation experience
- Improved accessibility features:
  - Closed captioning
  - Voice actors
  - Original transcriptions

Please visit the **Training Academy** to access Provider Pathways and review the modules available.

CABC-CDCRCM-081381-25-CPN81360

CABC-CD-079079-25-CPN78159

To view this article online:

Visit **https://providernews.anthem.com/california/articles/provider-pathways-your-personalized-learning-platform-24791**

Or scan this QR code with your phone

CABC-CDCRCM-081381-25-CPN81360

Policy Updates | Medicaid | April 3, 2025

Clinical Criteria updates

Effective July 7, 2025

Summary: The Pharmacy and Therapeutics (P&T) Committee approved the following *Clinical Criteria* applicable to the medical drug benefit for Anthem. These policies were developed, revised, or reviewed to support clinical coding edits.

Visit ***Clinical Criteria*** to search for specific policies. For questions or additional information, use this **email**.

Please see the explanation/definition for each category of *Clinical Criteria* below:

- New: newly published criteria
- Revised: addition or removal of medical necessity requirements; new document number

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

Please note:

- The *Clinical Criteria* listed below apply only to the medical drug benefits contained within the member's medical plan. This does not apply to pharmacy services.
- This notice is meant to inform the provider of new or revised criteria that have been adopted by the health plan only. It does not include details regarding any authorization requirements. Authorization rules are communicated via a separate notice.

Effective Date	*Clinical Criteria* Number	*Clinical Criteria* Title	Status
July 7, 2025	CC-0274	Bizengri (zenocutuzumab-zbco)	New
July 7, 2025	CC-0275	Ziihera (zanidatamab-hrii)	New
July 7, 2025	CC-0276	Tryngolza (olezarsen)	New
July 7, 2025	CC-0072	Vascular Endothelial Growth Factor (VEGF) Inhibitors	Revised
July 7, 2025	CC-0185	Oxlumo (lumasiran)	Revised
July 7, 2025	CC-0198	Relizorb (immobilized lipase) cartridge	Revised
July 7, 2025	CC-0256	Rivfloza (nedosiran)	Revised
July 7, 2025	CC-0042	Monoclonal Antibodies to Interleukin-17	Revised

Effective Date	*Clinical Criteria* Number	*Clinical Criteria* Title	Status
July 7, 2025	CC-0063	Ustekinumab Agents (Stelara, Selarsdi, Imuldosa, Pyzchiva, Otulfi, Wezlana, Yesintek)	Revised
July 7, 2025	CC-0058	Bynfezia Pen, Sandostatin, or Sandostatin LAR (Octreotide) / Octreotide Agents	Revised
July 7, 2025	CC-0130	Imfinzi (durvalumab)	Revised
July 7, 2025	CC-0094	Pemetrexed	Revised
July 7, 2025	CC-0078	Orencia (abatacept)	Revised

CABC-CD-079041-25-CPN78054

To view this article online:

CABC-CDCRCM-081381-25-CPN81360

Visit **https://providernews.anthem.com/california/articles/clinical-criteria-updates-24744**

Or scan this QR code with your phone

CABC-CDCRCM-081381-25-CPN81360

Policy Updates | Medicaid | April 9, 2025

Carelon Medical Benefits Management, Inc. updates

Effective on July 10, 2025, Anthem will transition to the following Carelon Medical Benefits Management *Clinical Appropriateness Guidelines.* This article is to communicate the plan adoption of these guidelines. Existing prior authorization requirements have not changed. In the event a prior authorization requirement for these services will be implemented, a separate notice will be distributed before the addition of any prior authorization requirements.

The following guidelines have a publish date of April 1, 2025:

- Cardiovascular:
  - Ambulatory Cardiac Rhythm Monitoring
  - Electrophysiological Studies
  - Dialysis Access Evaluations
  - Vascular Embolization and Occlusion Procedures

You may access and download a copy of the current and upcoming guidelines at **https://guidelines.carelonmedicalbenefitsmanagement.com**.

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

CABC-CD-079497-25-CPN78483

CABC-CDCRCM-081381-25-CPN81360

To view this article online:

Visit **https://providernews.anthem.com/california/articles/carelon-medical-benefits-management-inc-updates-24807**

Or scan this QR code with your phone

CABC-CDCRCM-081381-25-CPN81360

Medical Policy & Clinical Guidelines | Medicare Advantage | April 24, 2025

Medical Policies and Clinical Utilization Management Guidelines update

Effective May 25, 2025

The *Medical Policies*, *Clinical Utilization Management (UM) Guidelines,* and *Third-Party Criteria* below were developed and/or revised with expanded rationales, medical necessity indications, or criteria. Some may involve changes to policy position statements that might result in services that previously were covered being found to be not medically necessary.

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

To view a guideline, visit the ***Medical Policies & Clinical UM Guidelines*** website.

Medical Policies

The medical policy and technology assessment committee (MPTAC) approved the following *Medical Policies* applicable to Anthem. These medical policies take effect May 25, 2025.

Publish date	*Medical Policy* number	*Medical Policy* title	Status
1/30/2025	DME.00011	Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices	Revised
1/30/2025	DME.00053	Home Video-Assisted Robotic Rehabilitation Systems	New

CABC-CDCRCM-081381-25-CPN81360

Publish date	*Medical Policy* number	*Medical Policy* title	Status
1/30/2025	LAB.00026	Systems Pathology and Multimodal Artificial Intelligence Testing for Cancerous and Precancerous Conditions	Revised
1/30/2025	LAB.00037	Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)	Revised
1/30/2025	MED.00151	Gene Therapy for Aromatic L-Amino Acid Decarboxylase Deficiency	New
1/30/2025	MED.00152	Outpatient Intravenous Insulin Therapy	New
1/30/2025	SURG.00165	Histotripsy	New
1/30/2025	TRANS.00029	Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias	Revised
1/30/2025	TRANS.00033	Heart Transplantation	Revised

Clinical UM Guidelines

The MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem. These guidelines were adopted by the medical operations committee for Medicare Advantage members. These guidelines take effect May 25, 2025.

Publish date	*Clinical UM Guideline* number	*Clinical UM Guideline* title	Status
1/30/2025	CG-DME-06	Compression Devices for Lymphedema	Revised
1/30/2025	CG-MED-98	Parenteral Antibiotics for the Treatment of Lyme Disease	Conversion New
1/30/2025	CG-OR-PR-04	Cranial Remodeling Bands and Helmets (Cranial Orthoses) **Previously Titled**: Cranial Remodeling Bands and Helmets (Cranial Orthotics)	Revised
1/30/2025	CG-RAD-26	Maternity Ultrasound in the Outpatient Setting Previous category and number: CG-MED-42	Conversion New
1/30/2025	CG-SURG-123	Autologous Fat Grafting and Injectable Soft Tissue Fillers	Conversion New
1/30/2025	CG-SURG-124	Viscocanalostomy	Conversion New

Publish date	*Clinical UM Guideline* number	*Clinical UM Guideline* title	Status
1/30/2025	CG-SURG-125	Canaloplasty	Conversion New
1/30/2025	CG-THER-RAD-07	Intravascular Coronary and Non-Coronary Brachytherapy **Previously Titled**: Intravascular Brachytherapy (Coronary and Non-Coronary)	Revised

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CABC-CR-082358-25-CPN81285

To view this article online:

Visit **https://providernews.anthem.com/california/articles/medical-policies-and-clinical-utilization-management-guideli-24984**

Or scan this QR code with your phone

CABC-CDCRCM-081381-25-CPN81360

Medical Policy & Clinical Guidelines | Medicaid | April 1, 2025

Medical Policies and Clinical Utilization Management Guidelines update

Effective July 1, 2025

The *Medical Policies, Clinical Utilization Management (UM) Guidelines*, and *Third-Party Criteria* below were developed and/or revised with expanded rationales, medical necessity indications, or criteria. Some may involve changes to policy position statements that might result in services that previously were covered being found to be not medically necessary.

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

To view a guideline, visit the ***Medical Policies & Clinical UM Guidelines*** website.

Medical Policies

The Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Anthem. These medical policies take effect July 1, 2025.

Publish date	*Medical Policy* number	*Medical Policy title*	Status
10/1/2024	DME.00011	Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices	Revised

Publish date	*Medical Policy* number	*Medical Policy title*	Status
10/1/2024	DME.00052	Brain Computer Interface Rehabilitation Devices	New
10/1/2024	LAB.00026	Systems Pathology and Multimodal Artificial Intelligence Testing for Cancerous and Precancerous Conditions Previously titled: Systems Pathology and Multimodal Artificial Intelligence Testing for Prostate Cancer	Revised
10/1/2024	LAB.00051	Per- and Polyfluoroalkyl Substances PFAS Testing	New
10/1/2024	MED.00150	Hepzato Kit™ (melphalan hepatic delivery system)	New
10/1/2024	SURG.00032	Patent Foramen Ovale and Left Atrial Appendage Closure Devices Previously titled: Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention	Revised
10/1/2024	TRANS.00023	Hematopoietic Stem Cell Transplantation for Multiple Myeloma and Other Plasma Cell Dyscrasias	Revised

Clinical UM Guidelines

The MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem. These guidelines were adopted by the medical operations committee for Medi-Cal Managed Care members. These guidelines take effect July 1, 2025.

Publish date	*Clinical UM Guideline* number	*Clinical UM Guideline* title	Status
10/1/2024	CG-LAB-33	Carcinoembryonic Antigen Testing	New
10/1/2024	CG-LAB-35	Cancer Antigen 19-9 Testing	New
10/1/2024	CG-MED-39	Bone Mineral Density Testing Measurement	Revised
10/1/2024	CG-SURG-01	Colonoscopy	Revised
10/1/2024	CG-SURG-122	Lingual Frenotomy for Ankyloglossia-Related Feeding Difficulties	New
10/1/2024	CG-SURG-57	Diagnostic Nasal Endoscopy	Revised

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CABC-CD-076607-25-CPN76180

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Medical Policy & Clinical Guidelines | Medicare Advantage | April 30, 2025

Updates to Carelon Medical Benefits Management, Inc. Clinical Appropriateness Guidelines

Effective for dates of service on and after August 1, 2025, the following updates will apply to the Carelon Medical Benefits Management *Clinical Appropriateness Guidelines*. These updates are part of the annual review process to promote clinically appropriate, safe, and affordable healthcare services.

Genetic testing

Chromosomal microarray analysis:

- Added neonatal death to the list of indications considered medically necessary.
- Added new section for Optical Genome Mapping (OGM) to clarify as not medically necessary.

Whole Exome Sequencing (WES) and Whole Genome Sequencing:

- Clarified and restructured the criteria for improved readability.
- Added Medically Necessary criteria for Prenatal and PostNatal testing
- Added Not Medically Necessary statement for early neonatal death
- Added note that WES may include comparator testing.

Pharmacogenomic testing:

- Deleted typo (“one” before “genotyping”) in first sentence
- Added “considered medically necessary for genotyping” to title of Table 1
- Added donanemab-azbt for neurolytic genotyping for treatment of Alzheimer’s disease
- Added deuruxolitinib for dermatologic genotyping for treatment of alopecia areata

- Added NUDT15 risk allele for hematologic genotyping for thiopurine-related myelosuppression risk in Asians and Hispanics
- Clarified therapeutic area for Eliglustat as related to hematology rather than pediatrics

Predictive and prognostic polygenic testing:

- Updated Description/Scope and Rationale and added References

Musculoskeletal

Interventional pain management:

- **Epidural and intradiscal injection procedures** — renamed to include intradiscal injections; clarified requirement for contrast to confirm the needle placement; clarified language addressing when a second injection is indicated; reworded requirements related to advanced imaging.
- **Diagnostic selective nerve root block (SNRB)** — specified that imaging guidance with contrast to confirm needle position is required unless contraindicated; specified requirement for advanced imaging; clarified that post-traumatic back pain contraindication applies only when the trauma is acute; added contraindication for cases where imaging studies have shown inadequate epidural space for needle placement at the target level.
- **Exclusions:**
  - Added percutaneous intervertebral disc injection of allogeneic cellular and/or tissue-based products to the exclusions section for epidural and intradiscal procedures and diagnostic selective root blocks.
  - Excluded substances other than corticosteroids (with or without local anesthetic) in therapeutic SI joint injections.
- **Intraosseous basivertebral nerve ablation** — clarified that this procedure can be done in patients with Type I or Type II Modic changes on magnetic resonance imaging (MRI).
- **Sacroiliac joint (SI) injections** — clarified that confirmation of needle position must include contrast unless there is a documented allergy:
  - Increased volume of injection to 2.5 cc, specified that a repeat SI joint injection is indicated when prior injection provided relief for at least 3 months

    - Increased number of repeat therapeutic intraarticular SI joint injections in a 12-month period from 3 to 4.
- **Spinal cord stimulators** — clarified that PDN refers to painful diabetic neuropathy:
    - Specified nonsurgical low back pain as an exclusion.

As a reminder, ordering and servicing providers may submit preapproval requests to Carelon Medical Benefits Management using the following:

- Access the Carelon Medical Benefits Management provider portal directly at **www.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.

For questions related to guidelines, please email Carelon Medical Benefits Management at MedicalBenefitsManagement.guidelines@Carelon.com. Additionally, you may access and download a copy of the current and upcoming guidelines on the Carelon Medical Benefits Management website by visiting **guidelines.carelonmedicalbenefitsmanagement.com**.

Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan.

CABC-CR-078950-25-CPN78066

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Prior Authorization | Medicaid | April 4, 2025

Precertification/prior authorization requirement changes

Effective August 1, 2025, precertification/prior authorization requirements will change for the following code(s). The medical code(s) listed below will require precertification/prior authorization by Anthem for Medi-Cal Managed Care members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these precertification/prior authorization rules and must be considered first when determining coverage.

If the requirements are not met, those services may be deemed ineligible for payment. Providers may appeal online through Availity Essentials or by calling 800-407-4627 (TTY 711) outside L.A. County or 888-285-7801 (TTY 711) inside L.A. County with additional information that may include medical records.

Precertification/prior authorization requirements will be added for the following code(s):

Code	Description
61624	Transcatheter Perm Occlusion/Embolization, Percutaneous; Cns
82542	Column Chromatography/Mass Spectrometry; Quantitative, Single Stationary & Mobile Phase
83921	Organic Acid, Single, Quantitative

CABC-CDCRCM-081381-25-CPN81360

A4543	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month
A7021	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (Such as, handset, nebulizer kit, biofilter)
E0721	Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, includes microprocessor, all components and accessories
E0743	External lower extremity nerve stimulator for restless legs syndrome, each
J9248	Injection, melphalan (Hepzato), 1 mg
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control

To request precertification/prior authorization, use one of the following methods:

- Web: via Availity Essentials at **https://Availity.com**
- Fax: **800-754-4708**

CABC-CDCRCM-081381-25-CPN81360

- Phone:
  - Medi-Cal: **888-831-2246**
  - MRMIP: **877-273-4193**

Not all precertification/prior authorization requirements are listed here. Detailed precertification/prior authorization requirements are available to providers on **https://providers.anthem.com/ca** on the *Resources* tab or for contracted providers by accessing **https://Availity.com**. Providers may also call one of our Customer Care Centers for assistance with precertification/prior authorization requirements:

- Outside Los Angeles County: **800-407-4627**
- Inside Los Angeles County: **888-285-7801**

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Pharmacy | Medicare Advantage | April 16, 2025

New specialty pharmacy medical step therapy requirement

Effective June 1, 2025, the following Medicare Part B medication from the current *Clinical Criteria Guidelines* will be included in our medical step therapy preapproval review process. Step therapy review will apply upon preapproval initiation in addition to the current medical necessity review (as is current procedure). Step therapy will not apply for members who are actively receiving the medication listed below.

Visit our ***Clinical Criteria* page** to search for specific criteria.

Clinical Criteria	Drug	Status
CC-0166	Hercessi (trastuzumab-strf)	Non-preferred

MULTI-BC-CR-077569-25-CPN77133

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Pharmacy | Medicare Advantage | April 16, 2025

Specialty pharmacy preapproval list update

Effective for dates of service on and after August 1, 2025, the specialty Medicare Part B drug listed in the table below will be included in our preapproval review process.

Federal and state law, state contract language, and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over preapproval rules and must be considered first when determining coverage. Claims that do not comply with these new requirements may not be approved.

HCPCS code	Medicare Part B drug
Q5136	Jubbonti; Wyost (denosumab-bbdz)

MULTI-BC-CR-077558-25-CPN77132

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Quality Management | Medicaid | May 1, 2025

Join our medical committee to help shape healthcare innovations

The Medicaid medical advisory committee invites diverse specialty physicians to join us as voting members and external consultants to share their valuable insights. As a valued member of our Medicaid network, you are invited to explore this opportunity.

During our meetings, we:

- Present key metrics from the Quality Management program and satisfaction survey.
- Review peer cases and gather feedback on adopting *Clinical Practice Guidelines*.

Meetings are held virtually on the last Wednesday of February, May, August, and November, with additional sessions when necessary. Note that an honorarium for each meeting you attend is offered.

For more information, contact Danielle Frouws at Danielle.Frouws@anthem.com.

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