



**PROVIDER NEWS NEW  
HAMPSHIRE**

May 1, 2025

# May 2025 Provider Newsletter

## Contents

---

[Administrative](#) | Commercial | May 1, 2025

Professional provider fee schedule notification

[Administrative](#) | Commercial | May 1, 2025

Anthem's updated fee schedule (FS) now available on Payer Spaces > Provider Enrollment > My Fee Schedule

[Administrative](#) | Commercial | May 1, 2025

Essential updates to provider manual effective July 1, 2025

[Administrative](#) | Medicare Advantage | May 1, 2025

Additional drug codes added to medical claims edit system

[Administrative](#) | Commercial | May 1, 2025

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

[Education & Training](#) | Commercial | May 1, 2025

Streamline your prior authorizations with our digital tools

[Education & Training](#) | Commercial | May 1, 2025

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

[Medical Policy & Clinical Guidelines](#) | Medicare Advantage | April 24, 2025

Medical Policies and Clinical Utilization Management Guidelines update

[Medical Policy & Clinical Guidelines](#) | Commercial | May 1, 2025

Medical Policy and Clinical Guideline updates

[Medical Policy & Clinical Guidelines](#) | Commercial / Medicare Advantage | April 30, 2025

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

[Pharmacy](#) | Medicare Advantage | April 18, 2025

### New specialty pharmacy medical step therapy requirement

[Pharmacy](#) | Medicare Advantage | April 18, 2025

### Specialty pharmacy preapproval list update

[Pharmacy](#) | Commercial | May 1, 2025

### Clinical Criteria updates for specialty pharmacy

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[Administrative](#) | Commercial | May 1, 2025

# Professional provider fee schedule notification

Beginning in May 2025, enrolled professional providers will have the opportunity to review their updated fee schedule that will go into effect as of July 1, 2025. Providers can log into <https://Availity.com> and download a digital copy of their fee schedule through the reporting function in Availity Essentials.

## View your fee schedule in Availity Essentials Payer Spaces

- All professional providers can download the complete fee schedule within minutes
- Providers can download historic fee schedules (up to 3 years), as well as the current and future fee schedules
- One centralized location to access your commercial network fee schedules

See details below on how to log in and access your fee schedule application. If your organization is not currently registered for Availity Essentials, go to <https://Availity.com> and select **Get Started** to complete the online application.

## How to get started

This document will familiarize you with the fee schedule application found on the Availity Essentials platform. Your administrator will need to assign the user role of **‘Provider Enrollment’** and **‘Fee schedule’**, from Manage My Team(s) on Availity, to access the application.

## Accessing your fee schedule:

1. Log in to <https://Availity.com>.
2. Select **Payer Spaces** in the top menu bar.
3. Select the payer tile that corresponds to your market.
4. Accept the *User Agreement* (once every 365 days).

5. On the *Applications* tab, select **Provider Enrollment and Network Management**.
6. Select '**Request Fee Schedule**' link under the **My Fee Schedule** option on the side menu.
7. Enter the information in the form and select the commercial network, for which you want to get the fee schedule, and choose submit.
8. On successful submission, select the **Fee Schedule Result** link to view the result file.

## Important notes:

- It might take up to 15 minutes for your rates file to be ready to download. Refresh the results page and the download icon will display.
- The downloaded file is in Excel format. Please read the disclaimer before using the rates.
- View or download the *Reference Guide* for the fee schedule from our Learning center by navigation - Payer Spaces > Custom Learning Center application > Resources section.

If you have any questions regarding the Availity Essentials platform, please contact [Availity Customer Support](#). For other questions, contact your local provider relationship account manager.

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[Administrative](#) | Commercial | May 1, 2025

# Anthem's updated fee schedule (FS) now available on Payer Spaces > Provider Enrollment > My Fee Schedule

The provider FS update for DOS beginning July 1, 2025, is now available under the *My Fee Schedule* option. The downloaded file will be in an Excel format. Review the disclaimer before using the rates.

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[Administrative](#) | Commercial | May 1, 2025

# Essential updates to provider manual effective July 1, 2025

We conduct annual updates to our provider manuals to ensure that our care provider partners have access to the latest information necessary for collaboration. The manual includes comprehensive details for both professional and hospital/facility providers. The upcoming update will be posted on our website on May 1, 2025, and will take effect on July 1, 2025.

To view the updated manual, please visit [anthem.com](https://anthem.com). Select **For Providers**, then **New Hampshire**. On the provider webpage, select **Review Policies**, scroll to the section **Provider Manual**, and select **Download the manual** to go to the Provider Manuals webpage. Scroll down to the section **View the updated Commercial Provider Manual effective July 1, 2025**, and select the link, **Preview the upcoming manual**.

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[Administrative](#) | Medicare Advantage | May 1, 2025

# Additional drug codes added to medical claims edit system

## Background

We previously shared details about an enhancement to the medical claims editing system for pharmaceutical drug procedure codes. This improvement ensures that claims align with FDA-approved or off-label indications, based on the list of pharmaceutical compendia defined by CMS. This change aims to promote accuracy in claims and improve reimbursement efficiency.

## Provider impact

Beginning with claims processing on or after June 1, 2025, we will introduce additional drug procedure codes into our system. Codes requiring preapproval or those tied to specific medical policies will not be affected by this update.

**Note:** A drug procedure code will not be approved if the diagnosis reported is not an approved indication.

If you would like your claim decision reviewed, follow the claims dispute process outlined in the provider manual. You must include relevant medical record details regarding the drug provided for faster resolution.

If you have questions about this notification, contact your contract manager or provider relationship management representative.

Thank you for your cooperation and commitment to improving member care.

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[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.

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[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.

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.

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[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 Premiera 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

Please reach out to Dr. Jon Liu at [jonliu@amazon.com](mailto:jonliu@amazon.com) with questions regarding the free course.

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[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

<b>Publish date</b>	<b><i>Medical Policy</i> number</b>	<b><i>Medical Policy</i> title</b>	<b>Status</b>
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	<i>Clinical UM Guideline</i> number	<i>Clinical UM Guideline</i> 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)  <b>Previously Titled:</b> 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  <b>Previously Titled:</b> Intravascular Brachytherapy (Coronary and Non-Coronary)	Revised



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[Medical Policy & Clinical Guidelines](#) | Commercial | May 1, 2025

# Medical Policy and Clinical Guideline updates

The following new and revised *Medical Policies* and *Clinical Guidelines* and other Anthem *Medical Policies* and *Clinical Guidelines* are available at <https://anthem.com>. Select For Providers. Select your state. Under the Resources heading, select [Medical Policies & Clinical UM Guidelines](#).

To view *Medical Policies* and *Clinical Utilization Management Guidelines* applicable to members enrolled in the Blue Cross and Blue Shield Service Benefit Plan (commonly referred to as the Federal Employee Program® FEP), visit <https://fepblue.org> > [Policies & Guidelines](#).

## Medical Policy updates

New *Medical Policies* effective August 1, 2025:

- DME.00053 Home Video-Assisted Robotic Rehabilitation Systems
- MED.00151 Gene Therapy for Aromatic L-Amino Acid Decarboxylase Deficiency
- MED.00152 Outpatient Intravenous Insulin Therapy
- SURG.00165 Histotripsy

## Revised *Medical Policies* effective August 1, 2025

The policies below were revised and might result in services that were previously covered but may now be found to be either not medically necessary or investigational:

- DME.00011 Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices
- MED.00057 MRI Guided High Intensity Focused Ultrasound Ablation for Non-Oncologic Indications
- SURG.00011 Products for Wound Healing and Soft Tissue Grafting: Investigational

- SURG.00155 Cryosurgery of Peripheral Nerves
- TRANS.00033 Heart Transplantation

## ***Clinical Guideline updates***

### **Revised *Clinical Guidelines* effective August 1, 2025**

The following adopted guidelines were revised and might result in services that were previously covered but may now be found to be not medically necessary:

- CG-SURG-119 Treatment of Varicose Veins Lower Extremities
- CG-SURG-123 Autologous Fat Grafting and Injectable Soft Tissue Fillers

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[Medical Policy & Clinical Guidelines](#) | Commercial / 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](http://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](mailto: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](http://guidelines.carelonmedicalbenefitsmanagement.com).

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

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Pharmacy | Medicare Advantage | April 18, 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

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Pharmacy | Medicare Advantage | April 18, 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)

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[Pharmacy](#) | Commercial | May 1, 2025

# Clinical Criteria updates for specialty pharmacy

The following *Clinical Criteria* documents were endorsed at the *Clinical Criteria* meeting on December 18, 2024. Visit our [Clinical Criteria In Pharmacy](#) page to access the *Clinical Criteria* information.

## New *Clinical Criteria* effective August 1, 2025

- CC-0275 Ziihera (zanidatamab-hrii)
- CC-0276 Tryngolza (olezarsen)
- CC-0277 Vyalev (foscarbidopa/foslevodopa)

## Revised *Clinical Criteria* effective August 1, 2025

The following Clinical Criteria were revised and might result in services that were previously covered but may now be found to be not medically necessary:

- CC-0058 Octreotide Agents
- CC-0063 Ustekinumab Agents (Stelara, Imuldosa, Otulfi, Pyzchiva, Selarsdi, Wezlana)
- CC-0072 Vascular Endothelial Growth Factor (VEGF) Inhibitors
- CC-0094 Pemetrexed (Alimta, Axtle, Pemfexy, Pemrydi)
- CC-0130 Imfinzi (durvalumab)
- CC-0185 Oxlummo (lumasiran)
- CC-0256 Rivfloza (nedosiran)

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