Anthem

PROVIDER NEWS KENTUCKY

May 1, 2025

May 2025 Provider Newsletter

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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.

MULTI-BCBS-CR-078848-25-CPN77148

To view this article online:

Visit **https://providernews.anthem.com/kentucky/articles/additional-drug-codes-added-to-medical-claims-edit-system-24980**

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Administrative | Commercial | May 1, 2025

Unlock the power of electronic claims with Availity Essentials

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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.

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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.

MULTI-BCBS-CM-082273-25-CPN82130

To view this article online:

Visit **https://providernews.anthem.com/kentucky/articles/unlock-the-power-of-electronic-claims-with-availity-essentia-25018**

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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.

MULTI-BCBS-CM-079025-24-CPN73418

To view this article online:

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Visit **https://providernews.anthem.com/kentucky/articles/wellness-visits-may-increase-appointment-scheduling-for-memb-25055**

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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.

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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.

MULTI-BCBS-CM-081857-25-CPN81558

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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 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

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

MULTI-BCBS-CM-081296-25-CPN80998

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KYBCBS-CRCM-081393-25-CPN81360

Medical Policy & Clinical Guidelines | Commercial | April 10, 2025

Medical Policies and Clinical Guidelines updates, May 2025

The following *Medical Polices* and *Clinical Guidelines* were reviewed for Indiana, Kentucky, Missouri, Ohio, and Wisconsin.

To view *Medical Policies* and *Utilization Management Guidelines*, go to **https://anthem.com** > *Providers* > select your state > Provider Resources > Policies, Guidelines & Manuals.

To help determine if preapproval is needed, go to **https://anthem.com** > *Providers* > select your state > Claims > Prior Authorization. You can also call the preapproval phone number on the back of the member's ID card.

To view *Medical Policies* and *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®), please visit **fepblue.org**> Policies & Guidelines.

Below are the new *Medical Policies* and/or *Clinical Guidelines* that have been approved.

** Denotes prior authorization required.*

Policy/Guideline	Information	Effective date
***CG-MED-98** Parenteral Antibiotics for the	• Moved content from MED.00013 to new clinical UM guideline with the same title • NV&NMN changed to NMN as a result of MP to CUMG transition	August 1, 2025

Policy/Guideline	Information	Effective date
Treatment of Lyme Disease	• Moved CPT® codes 96365, 96366, 96367, 96368, 96372 and HCPCS codes for antibiotics from MED.00013	
***CG-SURG-123** Autologous Fat Grafting and Injectable Soft Tissue Fillers	• Moved content related to autologous fat grafting and injectable soft tissue filters from MED.00132 to new clinical UM guideline • Moved codes 15771, 15772, 15773, 15774, 11950, 11951, 11952, 11954, 31574, C1878, G0429, L8607, Q2026, Q2028, and NOC 17999, L8699 from MED.00132	August 1, 2025
***CG-SURG-125** Canaloplasty	• Moved content for canaloplasty from SURG.00095 to new clinical UM guideline • NV&NMN changed to NMN as a result of MP to CUMG transition • Revised MN statement to remove mild to moderate stage	August 1, 2025
***DME.00053** Home Video-Assisted Robotic Rehabilitation Systems	• Home video-assisted robotic rehabilitation systems are considered INV&NMN for all indications • Existing HCPCS code E0739 (code effective 4/1/2024) for Motus hand/Motus foot considered INV&NMN	August 1, 2025
***MED.00151** Gene Therapy for Aromatic L-Amino	• Gene therapy for aromatic l-amino acid decarboxylase deficiency using eladocagene exuparvovec-tneq is considered INV&NMN for all indications	August 1, 2025

Policy/Guideline	Information	Effective date
Acid Decarboxylase Deficiency	• Existing ICD-10-PCS code XW0Q316 for KEBILIDI considered INV&NMN; NOC CPT and HCPCS codes 64999, C9399, J3490, J3590 when specified as KEBILIDI considered INV&MN	
***MED.00152** Outpatient Intravenous Insulin Therapy	• Outpatient intravenous insulin therapy is considered INV&NMN as a treatment for all indications, including diabetes • Existing HCPCS code G9147 is considered INV&NMN	August 1, 2025
***SURG.00165** Histotripsy	• Histotripsy is considered INV&NMN for all indications • Existing CPT category III codes 0686T (moved from CG-SURG-78), 0888T, NOC code 55899 specified as histotripsy, and associated ICD-10-PCS codes are considered INV&NMN	August 1, 2025

Below are the current *Clinical Guidelines* and/or *Medical Policies* we reviewed and updates were approved.

** Denotes prior authorization required*

Policy/Guideline	Information	Effective date
CG-ANC-03 Acupuncture	• Revised descriptors for 97811, 97814 effective 1/1/2025	January 1, 2025
CG-MED-64 Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins	• Revised descriptor for 93656 effective 1/1/2025	January 1, 2025
CG-MED-91 Remote Therapeutic and Physiologic Monitoring Services	• Revised descriptors for 98975, 98976, 98977, 98978 effective 1/1/2025	January 1, 2025
***CG-SURG-61** Cryosurgical, Radiofrequency, Microwave or Laser Ablation to Treat Solid Tumors Outside the Liver	• Added new CPT codes 60660, 60661 effective 1/1/2025 for radiofrequency ablation thyroid considered NMN (was included in NOC 60699)	January 1, 2025

Policy/Guideline	Information	Effective date
CG-SURG-120 Vagus Nerve Stimulation	• Added new CPT Category III codes 0908T, 0909T, 0910T, 0911T, 0912T effective 1/1/2025 for a stimulator (not yet FDA approved) for rheumatoid arthritis considered NMN	January 1, 2025
LAB.00003 In Vitro Chemosensitivity Assays and In Vitro Chemoresistance Assays	• Added new CPT PLA code 0525U effective 1/1/2025 for 3D Predict Ovarian test considered NMN; removed 0564T deleted as of 1/1/2025	January 1, 2025
LAB.00015 Detection of Circulating Tumor Cells	• Clarified CPT codes 86152, 86153 considered INV&NMN only for blood specimen; other specimens (eg, CSF) not addressed	February 1, 2025
LAB.00026 Pathology Systems and Multimodal Artificial Intelligence Testing for Cancerous and Precancerous Conditions	• Added MN criteria for ArteraAI Prostate cancer risk stratification test • Revised INV&NMN statement to remove prostate cancer • CPT PLA code 0376U will be considered MN when criteria are met (was INV&NMN)	February 1, 2025

Policy/Guideline	Information	Effective date
***LAB.00028** Blood-based Biomarker Tests for Multiple Sclerosis	• Added new CPT code 83884 effective 1/1/2025 for neurofilament light chain considered INV&NMN	January 1, 2025
***LAB.00035** Multi-biomarker Disease Activity Blood Tests for Rheumatoid Arthritis	• Added new CPT PLA code 0521U effective 1/1/2025 for rheumatoid arthritis panel considered INV&NMN	January 1, 2025
***LAB.00040** Serum Biomarker Tests for Risk of Preeclampsia	• Added new CPT PLA code 0524U effective 1/1/2025 for sFlt-1/PlGF test considered INV&NMN	January 1, 2025
LAB.00042 Molecular Signature Test for Predicting Response to Tumor Necrosis Factor Inhibitor Therapy	• Added CPT NOC code 81599 replacing PLA code 0456U for PrismRA deleted as of 1/1/2025	January 1, 2025

Policy/Guideline	Information	Effective date
***LAB.00046** Testing for Biochemical Markers for Alzheimer's Disease	• Revised formatting and content of MN statement • Added new CPT codes 82233, 82234, 84393, 84394 for Abeta and pTau considered MN when criteria are met and new CPT code 83884 for neurofilament light chain considered INV&NMN all effective 1/1/2025, removed PLA code 0346U deleted as of 1/1/2025	January 1, 2025
***MED.00057** MRI Guided High Intensity Focused Ultrasound Ablation for Non-Oncologic Indications	• Revised INV&NMN to include examples bilateral staged focused ultrasound thalamotomy or pallidotomy, BPH and uterine fibroids • Added new CPT code 61715 effective 1/1/2025 for intracranial MRgFUS considered MN when criteria are met replacing 0398T deleted as of 1/1/2025	January 1, 2025
MED.00132 Autologous Adipose-derived Regenerative Cell Therapy. *Previously titled: Adipose-derived Regenerative Cell Therapy and Soft Tissue Augmentation Procedures*	• Revised title, Revised Position Statement • Revised scope of document to address autologous adipose-derived regenerative cell therapy • Moved content related to autologous fat grafting and injectable soft tissue fillers to new document CG-SURG-123 • Removed codes 15771-15774, 11950-11952, 11954; 31574; C1878; G0429; L8607; Q2026; Q2028 17999; L8699 now addressed in CG-SURG-123	February 1, 2025

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Policy/Guideline	Information	Effective date
***MED.00135** Gene Therapy for Hemophilia	• Added new HCPCS code J1414 effective 1/1/2025 for Beqvez considered MN when criteria are met replacing C9172 deleted as of 1/1/2025	January 1, 2025
MED.00137 Eye Movement Analysis Using Non-spatial Calibration for the Diagnosis of Concussion	• Revised descriptor for 0615T effective 1/1/2025	January 1, 2025
MED.00140 Gene Therapy for Beta Thalassemia	• Added new HCPCS code J3392 effective 1/1/2025 for Casgevy considered MN when criteria are met, replacing NOC codes C9399, J3490, J3590	January 1, 2025
MED.00146 Gene Therapy for Sickle Cell Disease	• Added new HCPCS code J3392 effective 1/1/2025 for Casgevy considered MN when criteria are met, replacing NOC codes C9399, J3490, J3590	January 1, 2025
***SURG.00011** Allogeneic, Xenographic, Synthetic, Bioengineered, and	• Added new 1/1/2025 CPT and HCPCS codes 15011, 15012, 15013, 15014, 15015, 15016, 15017, 15018, C8002 for skin cell suspension considered MN when criteria are met, and new HCPCS codes Q4346, Q4347, Q4348, Q4349, Q4350, Q4351,	January 1, 2025

Policy/Guideline	Information	Effective date
Composite Products for Wound Healing and Soft Tissue Grafting	Q4352, Q4353 for products considered INV&NMN	
***SURG.00135** Renal Sympathetic Nerve Ablation	• Added new HCPCS codes C1735, C1736 effective 1/1/2025 for renal denervation catheters considered INV&NMN	January 1, 2025
***SURG.00155** Cryoneurolysis	• Added new HCPCS codes C9808, C9809 effective 1/1/2025 for cryoICE and Iovera devices considered INV&NMN	January 1, 2025
SURG.00156 Implanted Artificial Iris Devices	• Added new CPT code 66683 effective 1/1/2025 for iris prosthesis implantation considered INV&NMN, replacing category III codes 0616T-0618T deleted as of 1/1/2025	January 1, 2025
SURG.00158 Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain	• Added new HCPCS code C9807 effective 1/1/2025 for the Sprint device considered INV&NMN	January 1, 2025

Policy/Guideline	Information	Effective date
***SURG.00162** Implantable Shock Absorber for Treatment of Knee Osteoarthritis	• Added new HCPCS code C8003 effective 1/1/2025 for implantation MISHA knee system considered INV&NMN	January 1, 2025
TRANS.00027 Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors	• Added ICD-10-CM diagnosis code C49.3 as MN when criteria are met	January 1, 2025

MULTI-BCBS-CM-080572-25

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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

KYBCBS-CRCM-081393-25-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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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**:
    - 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.

MULTI-BCBS-CRCM-078958-25-CPN78066

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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

MULTI-BCBS-CR-077570-25-CPN77133

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KYBCBS-CRCM-081393-25-CPN81360

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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Visit **https://providernews.anthem.com/kentucky/articles/specialty-pharmacy-preapproval-list-update-24890**

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