Anthem

Working together to improve the health of our members

# Network Update

COLORADO

January 1, 2017

## Drug fee schedule update

CMS average sales price (ASP) first quarter fee schedule with an effective date of January 1, 2017 will go into effect with Anthem Blue Cross and Blue Shield (Anthem) on February 1, 2017. To view the ASP fee schedule, please visit the CMS website at http://www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/.

## Provider Solutions contact updates

***Welcome Erica Kloehn, new Director of Provider Solutions***

We would like to welcome Erica Kloehn, our new Director of Provider Solutions. Erica has been with Anthem since October 2015 as one of our hospital contractors. As Erica has transitioned to the Director of Provider Solutions role, we are still in the process of replacing her hospital contracting role. Erica will continue to be the contact for her previously assigned hospitals, until a replacement is named.

Erica's contact information has been updated on the "**Escalation Contact List**" under the Provider Solutions Team (see article below).

## Updated Escalation Contact List

The Escalation Contact List has been updated. Access the updated list online by going to **anthem.com**, and select **Provider** link at the bottom of the page. Select **Colorado** from drop down list and **enter**. From **Provider Home** tab, select the link titled "**Contact Us (Escalation Contact List & Alpha Prefix List)**", and then the link titled "**Escalation Contact List**".

## Updated Alpha Prefix Reference List

The Alpha Prefix Reference List has been updated. Access the updated list online by going to **anthem.com**, and select **Provider** link at the bottom of the page. Select **Colorado** from drop down list and **enter**. From **Provider Home** tab, select the link titled "**Contact Us (Escalation Contact List & Alpha Prefix List)**", and then the link titled "**Alpha Prefix Reference List**".

## ProviderAccess Retirement delayed: Still encouraged to transition to the Availity Web Portal Now

In our December 2016 issue of *Network Update*, we announced that Anthem was targeting January 20, 2017 as our date to retire ProviderAccess and transition all functionality to a single website, the Availity Web Portal. We have delayed the ProviderAccess retirement to ensure a smooth transition for your provider experience. We are anticipating the retirement in second quarter of 2017, but once a date is confirmed we will send out further communications.

*Note: The ProviderAccess retirement change does not affect the anthem.com **public** website or electronic transactions submitted via our Enterprise EDI Gateway; you may continue to submit all X12 transactions through your current EDI transmission channels.*



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All tools on ProviderAccess have already been moved over to Availity with the exception of Professional Reimbursement Policies, which will be moving soon. **If you are still accessing ProviderAccess for Remittance Inquiry, Fee Schedules, of Clear Claim Connection, please start utilizing these tools through Availity today to ensure you know how to access before the upcoming targeted ProviderAccess retirement.** Today, these tools are available in both systems, but after the retirement date, they will only be available through Availity.

## Use the Interactive Care Reviewer (ICR) to submit and check the pre-cert status for many of your Anthem patients today!

Use ICR today to initiate a request for precertification of inpatient and outpatient procedures*. Now there are even more services where you may receive an immediate authorization decision. To view a complete list of services where an immediate decision is available, click here.

**Need to check the status of an authorization? No need to call or fax!**

Also use ICR to inquire on a previously submitted case and find out right away what is the status of the precertification request. Ordering and servicing physicians and facilities can inquire to find information on a precertification previously submitted via phone, fax, ICR or other online tool.

Don't forget, you can find decision letters associated with your precertification requests on ICR. The letters are viewable and *printable*. Attend one of our upcoming webinars and learn about the features that will help you to optimize your ICR experience! Register now by clicking here.

## Clinical Practice and Preventive Health Guidelines Available on the Web

As part of our commitment to provide you with the latest clinical information and educational materials, we have adopted nationally recognized medical, behavioral health, and preventive health guidelines, which are available to providers on our website. The guidelines, which are used for our Quality programs, are based on reasonable medical evidence, and are reviewed for content accuracy, current primary sources, the newest technological advances and recent medical research. All guidelines are reviewed annually, and updated as needed. The current guidelines are available on our website. To access the guidelines, go to **anthem.com**. Select the "**Provider**" link at the bottom of the page. Select **Colorado** from the drop down list, and **enter**. Select the **Health & Wellness tab**, then the link title "**Practice Guidelines**". You can then choose from Clinical Practice Guidelines, Preventive Health Guidelines, or Behavioral Health Clinical Practice Guidelines.

## Reminder: Provide Anthem with advance written notice when acquiring, being acquired by, or merging / assigning with another provider

Newly issued regulations in Colorado, as well as provisions in your provider contract, may require you to provide us with advance notice before acquiring, selling or merging with another provider. To avoid any confusion or disruption in our member's services, it is critical that before entering into such a transaction, you contact us to understand each party's obligations to Anthem and Anthem's members. For example, if one practice group acquires another, the acquired group may be obligated to provide advance notice of termination of its provider contract with Anthem. That, in turn, may obligate the acquired group to provide Anthem with a list of those patients that are covered by an Anthem plan so that notices can be sent to each patient informing them that the acquired entity is no longer in the network. Even if the acquired group plans to assign its contract to the acquiring group, advance notice to and consent from Anthem may be required and, if the acquired group is in a narrow network of ours, an assignment of that contract may be denied by Anthem or may require the acquiring group to accept lower rates. Lastly, there is no guarantee that Anthem can or will honor the inclusion of an acquired group under



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the acquiring group's contract and rates. To avoid costly surprises or any patient / member disruption caused by termination notices, we urge you to contact Anthem to discuss these issues before entering into such a transaction.

## Reminder: Webinars by Inovalon help you complete SOAP Notes for 2016 calendar year by February 10, 2017

Webinars offered by Inovalon assist eligible providers in completing a SOAP Note and utilizing the ePASS® electronic tool. If you have not already done so, we encourage you to attend an upcoming session. All webinars take place on Wednesdays at 1 pm MT:

- January 4, January 11, January 18, January 25
- February 1, February 8

**IMPORTANT REMINDER: While the date of service for the must be form a visit in the 2016 calendar year, the SOAP note/Health Assessment can be submitted up until February 10, 2017.**

**How to join** (Note: Be sure to use the new contact information shown below.)

- Teleconference: **Dial 1-888-757-2790 and enter access code: 351117.**
- WebEx: Visit https://inovalon.webex.com and enter **Meeting Number 740117402**.

Once you join the call, live support is available at any time by dialing *0.

For more information on the outreach process or the ePASS tool, please reference our FAQs. Go to **anthem.com**; select the **Provider** link at the bottom of the page. Select **Colorado** from the drop down list, and click **Enter**. From the *Provider Home page*, select the link titled Health Insurance Marketplace / Affordable Care Act Information, then the link titled "**Anthem engages Inovalon to conduct outreach efforts for our Exchange business: Frequently Asked Questions (Revised June 2015)**". You may also contact Inovalon toll free at 1-877-448-8125.

To help easily identify members with Affordable Care Act plans, and the aligned networks, please see our Affordable Care Act – Quick Reference Guide.

## Update to Claims Processing Edits and Professional Reimbursement Policies

### Global Surgery and Modifier Rules – Professional

Taking guidance from the Centers for Medicare & Medicaid Services, beginning with claims processed on or after November 21, 2016 for dates of service on or after October 1, 2016, when modifier 55 (postoperative management only) is appended to a surgical procedure with zero post-operative days, the procedure will not be eligible for reimbursement.

### Frequency Editing – Professional

We consider that only one unit is applicable to HCPCS codes S9140 *(diabetic management program follow–up visit non-MD provider)* and S9141 *(diabetic management program follow–up visit MD provider)*; therefore, beginning with dates of service on or after January 1, 2017, we will be applying a frequency limit of one per date of service; modifiers will not override this frequency limit.

### Moderate (Conscious) Sedation, Bundled Services and Supplies, and Modifiers 59, XE, XP, XS, and XU – Professional

For dates of service on or after January 1, 2017, we will continue with the concept that *moderate (conscious) sedation*, identified by new CPT codes 99151- 99153 and 99155-99157, is included with the reimbursement for certain health plan designated surgical, diagnostic, or



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therapeutic procedures, and such sedation is not eligible for separate reimbursement when reported by the physician or other qualified health care professional performing one of the designated procedures. These designated procedures were previously listed in the deleted CPT Appendix G and are now identified in our "Codes that Include Moderate (Conscious) Sedation" list. Modifiers will not override the edits.

### Telehealth – Professional

We have updated our Telehealth Services policy to include new coding that is effective January 1, 2017. Updates include the addition of modifier 95 *(synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system)* which is to be used only with the services listed in the new Appendix P of the CPT® 2017 Professional Edition codebook when those services are rendered via real-time (synchronous) interactive telecommunication (this information is also included in our *Modifier Rules* Reimbursement Policy); the addition of new for 2017 place of service code "02" that identifies the place of service for the distant site telehealth provider; and new for 2017 HCPCS telehealth codes G0508 and G0509 (*telehealth critical care consults*). In addition, our updated policy includes information which complies with the Colorado Telehealth mandate effective January 1, 2017. Please refer to our policy dated January 1, 2017 to review these updates.

### Reimbursement Policies and Clear Claim Connection are available on our secure provider portal, ProviderAccess

Please review the full policy for any changes referenced above for further information. All professional Reimbursement Policies are located on our secure provider portal, ProviderAccess. Please go to **anthem.com**, and select the **Provider** link at the bottom of the page. Select **Colorado** from the drop down list, and **enter**. From the **Provider Home** page, go to the **ProviderAccess Login** tout (blue box on the left side of the page), and select **Medical** from the drop down list and click on the **login** button.

Once logged into ProviderAccess, from the **Overview** tab, under the **Policies and Procedures** section, select the link titled "**View Professional Reimb & Admin Policies**". From the Anthem's Professional Reimbursement and Administrative Policies overview page, select **Continue**. Select link titled "**Anthem's Professional Reimbursement & Administrative Policies – By Type**", then select the **Reimbursement** link, and next the Policy you would like to view.

**Clear Claim Connection™** is our web-based editing tool from McKesson and includes an interface that will allow you to view the clinical rationale for ClaimsXten edits when you enter claim scenarios. If you have not used Clear Claim Connection previously, we would like to take this opportunity to encourage you to access this user-friendly tool to explore the ClaimsXten edits. Follow the directions listed above to log into ProviderAccess. Once logged in, from the **Claims** tab, select the **Clear Claim Connection** link. Please note: Any Cotiviti Healthcare edits will not be included in the Clear Claim Connection tool. These edits will be available by calling provider customer service at the number on the back of the member's ID card.



## Medicare Advantage Updates

### Claim adjustments may change member cost share

Anthem reminds providers to please check the explanation of payments on claims. There are situations in which a claim may be adjusted and this may change a member's cost-share. If you receive a claim adjustment from Anthem, please ensure the member cost-share is still accurate. Basic member cost-share information is located on the front right-side of the member ID card, but please note that not all cost shares are listed. If you have any questions about a member's cost share, please call the number on the back of the member ID card.



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### Payment reduction for X-rays taken using film

Effective for services furnished beginning January 1, 2017, we will follow the Centers for Medicare & Medicaid Services' requirement for providers to bill modifier FX when billing for X-rays using film. A payment reduction of 20 percent will apply to the technical component (and the technical component of the global fee) for X-ray services furnished using film for which payment is made under the Medicare Physician Fee Schedule.

### Claims for tetanus vaccinations

Effective January 1, 2016, tetanus vaccine (90703) was deleted by Medicare. Effective for dates of service January 1, 2016 and after, providers who have administered a tetanus vaccine for an open wound or laceration should bill 90696, 90697, 90698, 90700, 90702, 90714, 90715 or 90723 in addition to the administration 90471 and/or 90472; with the appropriate diagnosis to indicate open wound or laceration. Please submit the claim to the member's Medicare Advantage or Medicare Medicaid Plan.

If a tetanus vaccine is administered for a reason other than puncture wound or laceration and the member has pharmacy benefits, please bill their Medicare Part D plan. This applies to the vaccine and the administration charges.

To bill the Medicare Part D plan, you may use TransactRX, a clearinghouse for claims submission. To use TransactRX, please contact the clearinghouse at the web site (http://www.transactrx.com) or call Customer Service at 866-522-3386. Physicians, facilities, health clinics and pharmacies may use this clearinghouse to process Part D claims. There is no charge to providers who use electronic funds deposit to receive payment. There is a service fee of $2.50 for check payments on claims.

The Centers for Medicare & Medicaid Services provides more information on Part D vaccines here.

### Individual MA members should use Hearing Care Solutions

As a reminder, members enrolled in individual Medicare Advantage plans that provide routine hearing exam and/or hearing aid benefits must use Hearing Care Solutions for their hearing benefits. When the member contacts Hearing Care Solutions to use hearing benefits, Hearing Care Solutions staff helps the member find a provider in their area that will best meet their needs. Providers interested in joining the Hearing Care Solutions network should call 1-855-312-2545.

If a member sees a provider who is not contracted with Hearing Care Solutions, those hearing claims would deny. If you have questions, please call provider services on the number on the back of the member's ID card.

### Include NPI in surgical procedure bills

When billing a surgical procedure for a Medicare Advantage member, bill the surgical operator's NPI in box 77 on the facility UB claim form, also known as the CMS 1450 claim form.

### Transitional Care Management (TCM) Services

*This is a correction to the December 2016 newsletter.*

A beneficiary is eligible to receive TCM services beginning on the date they are discharged from the inpatient hospital setting and continues for the next 29 days. Anthem determines the date of discharge based on the date the beneficiary received their discharge evaluation and management (E&M) visit. TCM services will be denied by Anthem if the discharge E&M visit is not received before the TCM service.

These billing instructions apply to all individual Medicare Advantage plans, including Dual Special Needs Plans, and Medicare-Medicaid Plans.



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For more information on TCM services refer to https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Transitional-Care-Management-Services-Fact-Sheet-ICN908628.pdf.

**Keep up with Medicare news**

Please continue to check Important Medicare Advantage Updates at anthem.com/medicareprovider for the latest Medicare Advantage information, including:

- Medicare risk adjustment and documentation guidance training offered
- Prior authorization requirements for intracardiac electrophysiological studies and catheter ablation
- December Reimbursement Policy Provider Bulletin

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## Health Care Reform Updates (including Health Insurance Marketplace / Affordable Care Act)

We invite you to go to anthem.com to learn about the many ways health care reform and health insurance marketplace / affordable care act information may impact you. New information is added regularly. To view the latest articles on health care reform and/or health insurance marketplace / affordable care act, and all achieved articles, go to **anthem.com**; select the **Provider** link at the bottom of the page. Select **Colorado** from the drop down list, and click **Enter**. From the **Provider Home** page, select the link titled **Health Care Reform Updates and Notifications** or **Health Insurance Exchange Marketplace / Affordable Care Act information**.



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