Fall Provider Seminars via webinar coming soon!

Please join us for one of our upcoming provider seminars via webinar in Nevada. The sessions include important information about doing business with us, and updates since our spring series of seminars. Topics include: Product/network overview including updates for 2016, Health Insurance Marketplace/Affordable Care Act updates for 2016, ICD-10 post-compliance date, new pre-authorization program for outpatient physical and occupational therapy services, Availity Web Portal demo, plus more! We will be offering these meetings through online webinar options this fall. Requirements for attending an online webinar include: access to a computer with internet access, phone, and email address. For dates and times, see the attached Provider Seminar Invitation.

Online registration that’s quick and easy!

Our registration process is available online, making it quick and easy to get registered. The advantages of online registration include automated acknowledgement of your registration, appointment generated to add to your calendar, and reminder notification. If you can’t attend but have questions about any of the information we’ll cover, please contact our Nevada Provider Relations team.

Register online using one of the following options:

- Go to Anthem.com, and select Provider link in upper left corner. Select Nevada from drop down option, and enter. From the Provider Home page, select the Provider Seminars link. Next, under the Fall 2015 Provider Seminars heading, select the link titled “Fall 2015 Provider Seminar Invitation – (“WEBINAR” online registration form)”. Or go to the appropriate URL listed below:

- Registration for WEBINAR meetings:

Update to Claims Processing Edits and Professional Reimbursement Policies

We have updated ProviderAccess®, with the following revisions to our professional reimbursement policies:

Bundled Services and Modifiers 59, XE, XP, XS, and XU

Based on coding changes effective January 1, 2014, providers should no longer separately report computed tomography (CT) guidance, represented by CPT® code 77014 (Computed tomography guidance for placement of radiation therapy fields), when reporting simulation services represented by CPT codes 77280 – 77290. The use of CT guidance is considered integral to the simulation procedure, therefore for claims processed on or after November 16, 2015, CPT code 77014 will no longer be eligible for separate reimbursement when reported with CPT codes 77280 – 77290. This information will also be included in the Modifiers 59, XE, XP, XS, and XU reimbursement policy as modifiers will not override these edits.
Modifiers 59 and XE, XP, XS, and XU

Our current bundling edit logic denies CPT code 76098 (radiological examination, surgical specimen) as mutually exclusive when reported with CPT codes 19081 – 19086 (breast biopsy with placement of breast localization device(s)). Based on CPT instructions which state “Do not report 76098 in conjunction with 19081 – 19086,” beginning with claims processed on or after November 16, 2015, modifiers will no longer override the mutually exclusive edits. The Modifiers 59, XE, XP, XS, and XU reimbursement policy will be updated to reflect this change.

Unit Frequency Maximums for Drugs and Biologic Substances

In the Change Notification to Reimbursement Policies sent July 24, 2015, we advised that for dates of service on or after November 16, 2015 we would be implementing a maximum units limit for specific drugs and biologic substances. While we will be imposing the limits, please note that the implementation of these edits may be delayed. We will send out an updated communication at a later date once additional details are available.

Coding Tip for reporting a separate procedure with a related procedure

According to CPT, some procedures or services that are commonly carried out as an integral component of a total service or procedure have been identified by the inclusion of the term “separate procedure.” The codes designated as "separate procedure" should not be reported in addition to the code for the total procedure or service of which it is considered an integral component.

However, when a procedure or service that is designated as a “separate procedure” is carried out independently or considered to be unrelated or distinct from other procedures/services provided at the same time, the “separate procedure” may be reported by itself, or in addition to other procedures/services by appending the most appropriate modifier to the CPT code to indicate that the procedure is a distinct, independent procedure. This may represent a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury.

For example, when CPT code 99195 (phlebotomy, therapeutic (separate procedure)) is reported with CPT code 36415 (collection of venous blood by venipuncture), CPT code 99195 must include the most appropriate modifier that designates the service as a distinct procedural service.

Coding Tip for Reporting Modifiers 54, 55, and 56: Split Surgical Care

According to CPT Surgical Package Definition, the global surgical package includes pre-operative care, surgical care, and typical postoperative care. When a provider renders care that does not include all the components of the global surgical package, the following modifiers should be used with the reported surgical procedure code to indicate which portion of the care was rendered:

- Modifier 54 – surgical care only
- Modifier 55 – postoperative management only; postoperative care begins on the next day following the surgical procedure
- Modifier 56 – preoperative management only; preoperative care begins on the day before and/or the day of the surgical procedure

For example, when an emergency room (E/R) provider reports the surgical service for the closed treatment of a radial shaft fracture without manipulation (CPT code 25500), and postoperative care is transferred to another provider; the E/R provider should report the surgical procedure code 25500 with modifiers 54 and 56 on one line to indicate only preoperative management and surgical care were rendered. The provider who accepts the patient for postoperative management only should report the surgical procedure code 25500 with modifier 55 to indicate only the postoperative care was provided.
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 in the top center of the page. Select Nevada 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.

ClaimsXten® is a registered trademark of McKesson Information Solutions LLC

CPT® is a registered trademark of the American Medical Association

Clinical Practice and Preventive Health Guidelines available online

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 in the top center of the page. Select Nevada 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.

Pharmacy information available on anthem.com

Visit http://www.anthem.com/pharmacyinformation for more information on copayment/coinsurance requirements and their applicable drug classes, drug lists and changes, prior authorization criteria, procedures for generic substitution, therapeutic interchange, step therapy or other management methods subject to prescribing decisions, and any other requirements, restrictions or limitations that apply to certain drugs. The commercial drug list is reviewed and updates are posted to the web site quarterly (the first of the month for January, April, July and October).

To locate the “Marketplace Select Formulary” and pharmacy information for Health Plans offered on the Exchange Marketplace, go to www.anthem.com, select Customer Support, select Nevada, Download Forms, Anthem Blue Cross and Blue Shield Drug Lists, and then choose Nevada Select Drug List.

Medicare Advantage Updates

Medicare Advantage precertification requirements available on provider portal, Availity

Network physicians are required to obtain pre-certification for specified services for Medicare Advantage members. For the member to receive maximum benefits, the health plan must authorize or pre-certify the covered services prior to being rendered. Detailed Prior
Authorization requirements for individual Medicare Advantage members are available to the contracted provider by accessing the Provider self-service tool within Availity. Log into Availity at Availity.com. Go to Auths and Referrals, and then select Authorization requirements from the left navigation menu. Under the ‘Payer’ field, select Anthem Medicare Advantage from the drop down box. You will be directed to the Medicare Advantage Pre-certification site which includes the pre-certification submissions and inquiries link, pre-certification requirements, and Patient360, which can be found under the Patient Information tab.

Please visit www.anthem.com/medicareprovider to learn more about our online provider self-service tools.

Non-contracted providers should contact the Health Plan. General information on 2015 Medicare Advantage pre-certification requirements can be found at: http://www.anthem.com/shared/noapplication/f0/s0/t0/pw_b141093.pdf?refer=ahpprovider&state=oh

**Medicare Advantage reimbursement policies available on anthem.com**

For Anthem Medicare Advantage reimbursement policy updates, please go to www.anthem.com/medicareprovider, then see Important Medicare Advantage Updates. To review our complete set of reimbursement policies, select Medicare Advantage Reimbursement Policies. Our reimbursement policies apply to participating providers who serve Individual Anthem Medicare Advantage business unless provider, federal, or CMS contracts and/or requirements indicate otherwise.

**Adult BMI and medical records – please record exact number, not range**

Please document Body Mass Index (BMI) as an exact number and not a range. BMI can be documented by billing CPT code 3008F and the appropriate V code. Adding the BMI to the claim helps to decrease the number of chart reviews needed throughout the year and during the Healthcare Effectiveness Data and Information Set (HEDIS) collection season. Greater precision in charting the member’s BMI will help members achieve or remain at a healthy weight.

**Important screenings for Medicare Advantage members**

Anthem appreciates your help in ensuring that our Medicare Advantage members receive key services recommended by the Centers for Medicare & Medicaid Services, including:

- **Diabetes**
  - Diabetic members ages 18-75 require a yearly dilated retinal exam (DRE), kidney function test
  - Diabetic members ages 18-75 require a HbA1C every three to six months

- **Colorectal screening -- members ages 50 to 75 require a colorectal cancer screening**

**Proton pump inhibitors – consider less costly alternatives to the purple pill**

To help manage rising healthcare costs, Anthem removed Nexium and the generic from the majority of individual 2015 Medicare Advantage formularies and group-sponsored closed formularies. Lower-cost alternatives (omeprazole and pantoprazole) and over-the-counter proton pump inhibitor (Prilosec, Nexium) are available in this class and on the non-preferred generic tier in majority of Anthem Medicare Advantage formularies. (The group-sponsored Medicare Advantage Prescription Drug Contracting (MAPD) open formulary does cover Nexium at this time.) Nexium brand and generic pricing is significantly higher than the generic proton pump inhibitors, pantoprazole and omeprazole, which are less than $20 per prescription.

Please consider prescribing **omeprazole and pantoprazole**, the lower-cost alternatives for members with excess stomach acid.
Dual special needs plans Quality Improvement Program available

The Centers for Medicare & Medicaid Services requires that Medicare Advantage plans provide a Model of Care program for our Dual Special Needs Plan members. The program’s goal is to maintain a well-integrated system that continuously identifies and acts upon opportunities for improved quality. To see a summary of Anthem’s quality program and most current outcomes, go to www.anthem.com. Select the Provider link in the top center of the page. Select Nevada from the drop down list, and enter. Select the Health & Wellness tab, then the Quality Improvement and Standards link, and lastly the link title Quality Improvement Program.

52734WPPENMUB 03/27/2015

Keep up with Medicare Advantage news at important Medicare Advantage updates

Please continue to check Important Medicare Advantage Updates on your provider portal for the latest Medicare Advantage information.

55290WPPENMUB 08/11/2015

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

Updates to EFT enrollment may impact NPI enumeration

Providers enrolled in electronic funds transfer (EFT) with multiple bank accounts may be impacted by upcoming changes, if their EFT enrollment information is updated after October 8, 2015. CAQH CORE Administrative Simplification rules allow EFT payments to be aggregated at either the Tax Identification Number (TIN) or National Provider Identifier (NPI) level when updating the EFT enrollment tool, EnrollHub™, a CAQH Solution™. If you make updates to your EFT enrollment after October 8, 2015, and you currently have multiple EFT bank accounts associated to only one TIN and NPI combination, you will be required to associate to a single bank account.

What does this change mean for providers?

- No immediate action is required.
- Be aware that any updates providers make to EFT enrollments on EnrollHub after October 8, 2015 will apply to all remittance information.
- If a provider enrolls at the TIN aggregation level, only one bank account will be allowed. If providers select TIN as the Aggregation Preference on EnrollHub, all affiliated NPIs will be associated to a single bank account.

What should providers do if more than one bank account is required?

- Each bank account must be associated with one billing NPI. To preserve multiple bank accounts, providers must enumerate with different TIN and NPI combinations (for example, TIN123456789 + NPI987654321 = Bank ABC; TIN123456789 + NPI000000000 = Bank DEF).
- Evaluate your current NPI enrollments to determine if you need to apply for more NPIs.
- Register on EnrollHub, select NPI aggregation, and enroll each separate NPI with the assigned separate banking account information.

For more information about CAQH CORE Administration Simplification rules associated with EFT enrollment, please visit caqh.org/CORE_phase3.php.

Update for providers managing ERA and EFT using EnrollHub

Providers using EnrollHub™, a CAQH Solution™ to register for or manage their EFT, or EFT and ERA, enrollment should be advised that we are consolidating the list of all Anthem Blue Cross and Blue Shield (Anthem) affiliated health plans on the EnrollHub tool. Providers currently select individual check boxes representing some Anthem affiliated health plans when managing their enrollment in these
electronic transactions. Beginning October 9, 2015, all Anthem affiliated health plans will be listed together as a single check box on the EnrollHub tool: Anthem, Empire, Blue Cross and Blue Shield of Georgia and their affiliates; BlueChoice HealthPlan Medicaid of South Carolina; Unicare Life & Health Insurance Company. This change will allow providers to select only one check box to receive EFT, or EFT and ERA, for all of the above mentioned health plans. Please note that this is an informational update only and no provider action is required.

Other Information

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, you can access them all online. Go to anthem.com, select the Provider link in the top center of the page. Select Nevada 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 Marketplace / Affordable Care Act information.
Semi-annual Provider Seminar Invitation
Fall 2015 Nevada

Please join us for one of our provider webinars in Nevada. The sessions include important information about doing business with us, and updates since our spring series of seminars. At each of our upcoming webinars, learn more about the following topics:

Part 1 will include “General Content” topics such as:
- Product overview for 2016
- ICD-10 post compliance date updates
- EFT/ERA changes
- New pre-auth program for outpatient PT and OT services
- plus more!

Part 2 will include “Provider Connectivity/Portal” specific topics such as:
- Availity Web Portal – demo of new Eligibility and Benefits screens
- Secure Messaging enhancements
- Anthem Services Registration
- plus more!

***Please share this information with your office staff and billing staff/service.***

Online Webinars:
Requirements for attending an online webinar include: access to a computer with internet connection, phone, and email address.

Registration for WEBINAR meetings:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Topic</th>
<th>Location</th>
<th>RSVP by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tue, Nov 3</td>
<td>8:00-9:00am</td>
<td>Part 1 (general content updates)</td>
<td>Online – webinar</td>
<td>Fri, Oct 30</td>
</tr>
<tr>
<td>Wed, Nov 4</td>
<td>12:00-1:00pm</td>
<td>Part 2 (Provider Connectivity/Portal content)</td>
<td>Online – webinar</td>
<td>Fri, Oct 30</td>
</tr>
<tr>
<td>Thur, Nov 5</td>
<td>12:00-1:00pm</td>
<td>Part 1 (general content updates)</td>
<td>Online – webinar</td>
<td>Fri, Oct 30</td>
</tr>
<tr>
<td>Thur, Nov 12</td>
<td>8:00-9:00am</td>
<td>Part 2 (Provider Connectivity/Portal content)</td>
<td>Online – webinar</td>
<td>Fri, Nov 5</td>
</tr>
</tbody>
</table>

Online registration that’s quick and easy:

1. Click on the registration link above, or go online following the directions below:
   - Go to anthem.com, and select Provider link in upper left corner. Select Nevada from drop down option, and Enter. From the Provider Home page, select the Provider Seminars link. Next, under the Fall 2015 Provider Seminars heading, select the link titled “Fall 2015 Provider Seminar Invitation – (“WEBINAR” online registration form)”.
2. Complete the required information, and answer required questions.
3. Click the Register button.