October 1, 2016

Re: Professional Reimbursement Policy Changes and supporting claims editing notification for CMS 1500 submitters

Dear Provider:

Anthem Blue Cross and Blue Shield and our subsidiary company, HMO Nevada (Anthem), is writing to inform you of our new and/or revised reimbursement policies, and to document the new and/or updated rules and edits in our ClaimsXten editing software.

Updates to Claims Processing Edits and Reimbursement Policies:

Claims Requiring Additional Documentation – Professional

There may be times when Anthem conducts claim reviews or audits either on a prepayment or post payment basis and Anthem or its designee may request documentation, most commonly in the form of patient medical records. Claim reviews and audits are conducted in order to confirm that healthcare services or supplies were delivered in compliance with the patient’s plan of treatment or to confirm that charges were accurately reported in compliance with Anthem’s policies and procedures as well as general industry standard guidelines and regulations.

Effective for claims with dates of service on or after January 1, 2017, Anthem will have a new professional reimbursement policy titled Claims Requiring Additional Documentation. This policy documents Anthem’s guidelines for claims requiring additional documentation and the professional provider’s compliance for the provision of requested documentation. Please refer to the policy for further details.

Bundled Services and Modifiers 59 and XE, XP, XS, & XU – Professional

CPT describes code 95957 as digital analysis of electroencephalogram (EEG) (e.g., for epileptic spike analysis). When the service is simply the paperless acquisition and recording of an EEG via computer-based instrumentation, Anthem’s position is providers should not report 95957 with EEG testing. Therefore, beginning with dates of service on or after January 1, 2017, code 95957 will be considered incidental to EEG testing codes 95951, 95953, 95954, or 95956 and will not be eligible for separate reimbursement when reported by the same provider on the same date of service. Modifiers will not override the edit.

In addition, we consider CPT code 95957 incidental to EEG testing codes 95950, 95951, 95953, 95954, 95955 and 95956 when reported on subsequent dates of service. Therefore, beginning with dates of service on or after January 1, 2017, digital EEG analysis procedure code 95957 will not be eligible for reimbursement when reported subsequent to the date of service for EEG testing codes 95950, 95951, 95953, 95954, 95955 and 95956. Modifiers will not override the edit. Please note: Future remittance messages, where applicable, will be revised to no longer reference same date of service for this type of procedure to procedure edit.

Taking guidance from CMS, Anthem considers imaging guidance to be incidental to spinal injections. Therefore, beginning with dates of service on or after January 1, 2017, imaging guidance CPT codes 76942, 77003, 77012, and 77021 will not be eligible for separate reimbursement when reported with spinal injection codes 62310 and 62311 (injection(s), of diagnostic or therapeutic substance(s) and 62318 and 62319 (injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s)). Modifiers will not override these edits.
In addition, ClaimsXten currently denies imaging guidance code 77002 as mutually exclusive to spinal injection codes 62310-62311 and 62318-62319, but allows modifier override. Beginning with dates of service on or after January 1, 2017, Anthem will no longer allow modifiers to override this denial.

**Routine Obstetric Services – Professional**

Anthem considers evaluation and management (E/M) visits included in the reimbursement for global obstetrical care when reported with a routine maternity diagnosis code. Beginning with dates of service on or after January 1, 2017, we are updating our policy to include ICD-10 code Z36 (encounter for antenatal screening of mother) to our list of diagnoses Anthem considers to be routine maternity diagnoses. In addition, because ICD-10 diagnosis codes were effective for dates of service on or after October 1, 2015, we are removing the ICD-9 codes that are currently listed in our policy. See our policy for further information.

**Reimbursement Policies are available on our secure provider portal, ProviderAccess:**

The new and/or updated policies will be available online as of October 1, 2016. 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**

On the date the new edit becomes effective, Clear Claim Connection, our web-based editing tool, will be updated to incorporate the new editing rules outlined above and will include an interface that will allow you to view the clinical rationale for the edit 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. Clear Claim Connection is also located on our secure provider portal, ProviderAccess. Follow the directions listed above to log into ProviderAccess. Once logged in, from the Claims tab, select the Clear Claim Connection link.

Thank you for your attention to this update. We value and appreciate you as our partner in providing quality care. If you have any questions, please call your Provider Solutions representative. We appreciate your continued participation in our network.

Sincerely,

Peter J. Sabal
RVP I Provider Engagement and Contracting
Anthem Blue Cross and Blue Shield

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