TCCN Anthem Updates/Alerts
Current Through November 9th, 2022

The Children's Care Network

Anthem Website Roundup 10/14/22

Availity Essentials provider chat - a fast, easy way to get your UM questions answered for Federal Employee members

Effective July 8, 2022, Federal Employee Program (FEP) for Anthem Blue Cross and Blue Shield (Anthem) began participating in a real-time provider chat option through Availity Essentials. The secure portal allows providers to seek real-time answers to questions about prior authorization, precertification requirements, status check, and more. Currently, only Missouri and Georgia providers can access the chat capability for Federal members. Chat is available from 8 a.m. to 7 p.m. ET through the secure provider website found at **www.availity.com**. Select Payer Spaces, Anthem, and access the chat through *Chat with Payer.*

Monkeypox and smallpox vaccines: Product code on claims

Care providers are a trusted resource for members when it comes to vaccine advice. As information on the monkeypox outbreak changes and vaccination and testing guidance is released, we're committed to keeping you informed.

Some care providers may have seen a message on their provider *Explanation of Benefits* (*EOB*) stating that Anthem does not recognize the vaccine product codes for monkeypox and smallpox that became effective July 26, 2022. We're updating the provider fee schedules to reflect the new vaccine product codes as quickly as possible. The *EOB* message did not impact payment for *administration* of the vaccines, which is reimbursable; however, since the monkeypox and smallpox vaccines are provided by the government at no charge, the vaccine products are non-reimbursable.

To aid in processing claims for the monkeypox and smallpox vaccine products, care providers must include these three elements on claims, even if vaccine products were received from the federal government at no charge:
1. Product code (90611 or 90622)
2. Applicable ICD-10-CM diagnosis code
3. Administration code

More detail on codes and cost-sharing
Providers are encouraged to use:
1. Product code 90611 for smallpox and monkeypox vaccine.
2. Product code 90622 for vaccinia (smallpox) virus vaccine.
3. Code 87593 for laboratory testing.

When billing the monkeypox and smallpox vaccine products, care providers should submit those codes with a $0.01 charge. Cost-sharing for the vaccine is waived.

The Provider Learning Hub is here

Now open for learning!
Understanding how to use the many time saving applications on Availity Essentials* is important to working together digitally. Anthem Blue Cross and Blue Shield has developed a learning place just for that purpose — the **Provider Learning Hub.** Using the Provider Learning Hub available from **https://www.anthem.com/provider** is the easiest and quickest way to access courses and learning guides about claim submission, attachments and status, eligibility and benefits, and more.

These new and improved learning experiences apply to Availity Essentials and electronic data interchange (EDI) transactions:
1. Visit the Provider Learning Hub for short, easy-to-follow training videos with supporting resources — no username and password required.
2. Handy filtering options make it easy to find what you are looking for.
3. The **Favorites** folder lets you save courses for easy access later.
4. Register once and on future visits your preferences are populated, eliminating the need for any additional logon information.

Get started today!
Access the Provider Learning Hub today using this **link** or from **https://www.anthem.com/provider** under *Important Announcements* on the home page.

10/1/22 – Anthem Provider Newsletter for October 2022

The Anthem Provider Newsletter for October 2022 was released on October 1, 2022, to providers who have subscribed. Anthem's Provider News offers the latest information on products and programs, medical and reimbursement policies, provider manuals and more. I've included a copy of the newsletter within this email along with the link to subscribe and view online.

Some of the important updates in the October 2022 provider newsletter includes:
- Guidance for coding E&M services for new and established patients
- Anthem's provider claims dispute process
- Federal Employee UM questions via Availity Essentials provider chat

Click Here to Subscribe to Anthem's Provider News. To find the latest Provider News, visit the Anthem Provider News home page.

8/5/22 – Completion of Base Agreement and Delegated Credentialing

TCCN is pleased to announce we have now completed the full base contract with Anthem. The TCCN rate structure negotiated earlier this year will be attached to this agreement. Additionally, a Delegated Credentialing agreement is in final stages of operational development.

We are now ready to process demographic updates through TCCN. You no longer need to complete the new provider application or provider maintenance form through Anthem's website.

For provider updates going forward, please utilize the **TCCN Provider Election Packet**. This form will be used for all provider additions, changes, or terminations for any TCCN contract. Current TCCN contracts are listed on the first page of the packet. Please submit your completed forms to your assigned TCCN Provider Relations Representative for processing.

It is important that you continue to make sure your CAQH profile is updated and that it is set to "Allow payors to view profile". Anthem will credential based on what is in the profile and will review the profile around the provider's re-credentialing date. More details on CAQH profile maintenance are provided below.

CAQH Profiles:

Providers are responsible for updating their CAQH profile and keeping their credentialing file up- to-date.

Please remember the importance of completing the attestation on the CAQH website every quarter and respond to any attestation request in a timely manner to prevent any disruption in payment from payors. This needs to be completed every 90 days.

If you fail to respond to Anthem's re-credentialing requests or fail to keep your profile up-to-date, Anthem could drop you from the contract.

If you are experiencing out of network claims or denials it could be that your provider needs to update their CAQH application and have not completed Anthem's re-credentialing requests. You may update the CAQH application by visiting their website at **https://proview.caqh.org/** or by calling **888.599.1771**.

Please also ensure that you have granted Anthem Blue Cross Blue Shield permission to access your CAQH application by checking the box in the application. Failure to complete this step will result in Anthem's inability to reload the affected providers.

Once you have completed the CAQH process, you will need to return to Availity to complete a new application for this provider. Credentialing timeline is **15-30 days** once submitted if everything is correct on CAQH.

7/22/22 – Claims Resolution & Escalation

When contacting Anthem for help to resolve a denial, please follow these steps:

Review the EOB to confirm that the denial was received in error.
- Call the member services number on the back of the I.D. card.
  - At the beginning of the call, request the rep's name, and reference number and document the time of the call.
  - If the call is dropped, please call back presenting the reference number from the previous call and ask that they pull up that call.
  - If you feel the conversation is not being resolved, ask to speak to a supervisor. Please record the supervisor's name, date, and time you spoke to them. You can submit this information to your TCCN rep to research with our Anthem representative.
- Initiate a claim inquiry using Availity.
  - Record the confirmation/tracking number of your Availity interaction.
  - You can submit this information to your TCCN rep to research with our Anthem representative.

NEW!! **Anthem Claims Issue Escalation Spreadsheet**
If your practice has exhausted the claims escalation process with no resolution (see above), you may submit escalated issues to your TCCN rep for assistance. Please add your escalated claims to

the **Anthem Claims Issue Escalation Spreadsheet** and complete all required fields. Be sure to include thorough details that will assist with the resolution efforts. All spaces must be completed to be submitted to the Anthem Escalation team. Please also submit supporting documentation such as EOB, letters, etc. If you have any questions please contact your TCCN representative.

7/15/22 – Anthem Enhancing Claims Attachment Processes in Digital Applications

Submitting attachments electronically is the most efficient way for you to receive your claim payments faster — that's why Anthem has been hard at work making the digital attachment process easier, more intuitive, and streamlined.

Anthem is preparing to launch an enhancement to the Claims Status Inquiry application that will enable you to submit claims attachments directly to the claim from Availity.com.

Didn't submit your attachment with your claim? No problem!

If you submitted your claim through EDI using the 837, and the PWK segment contains the attachment control number, there are three options for submitting attachments:

- Through the attachments dashboard inbox:
  - From **com**, select the **Claims & Payments** tab to access *Attachments – New* and your *Attachments Dashboard Inbox*
- Through the 275 attachment:
  - **Important**: You must populate the PWK segment on the 837 with your document control number to ensure the claim can match to the attachment.
- Through the Availity.com application:
  - From **com**, select the **Claims & Payments** tab to run a *Claims Status Inquiry* to locate your claim. When you have found your claim, select the **Send Attachments** button:
    - If you submitted your claim through the Availity application, simply submit your attachment with your claim
  - If you need to add additional attachments, to add a forgotten attachment, or for claims adjustments:
    - From **com**, select the **Claims & Payments** tab and run a *Claims Status Inquiry* to locate your claim. When you have found your claim, use the **Send Attachments** button.

Click here for more information

7/15/22 – Reimbursement Policy Update:
Distinct Procedural Service, Modifiers 59 and XE, XP, XS, and XU

Beginning with dates of service on or after October 1, 2022, Anthem Blue Cross and Blue Shield will implement the following:
- 96365, 96369, 96372, 96373, 96374, 96379 will deny when reported with 78265, 78830 or 78835.
- 95957 will deny when reported with 95700 on the same day:
- The reference to subsequent dates of service was removed from this code pair.

6/24/22 – Use of Modifier 25 Policy Update – Effective July 1, 2022

The following is an update for the use of modifier 25 when billing for visits that include preventive services and problem-oriented evaluation and management services.

Beginning with claims processed on or after July 1, 2022, Anthem will implement additional steps to review claims for evaluation and management (E/M) services submitted by professional providers when a preventive service (CPT codes 99381 to 99397) is billed with a problem-oriented E/M service (CPT codes 99202 to 99215) and appended with modifier 25 (for example, CPT code 99393 billed with CPT code 99213 to 99225).

According to the American Medical Association (AMA) CPT Guidelines, E/M services must be "significant and separately identifiable" in order to appropriately append modifier 25. Based on review of the submitted claim information, if the problem-oriented E/M service is determined not to be a significant, separately identifiable service from the preventive service, the problem-oriented E/M service will be bundled with the preventive service.

Providers that believe their medical record documentation supports a significant and separately identifiable E/M service should follow the Claims Payment Dispute process (including submission of such with the dispute) as outlined in the provider manual.

5/20/22 – Anthem Alert: Stat Labs

Anthem has sent an updated Stat lab list for Anthem HMO patients. The labs on this worksheet are approved for reimbursement. Please refer stat lab when administering in-house labs.

Click here to download the Anthem Stat Lab List

Helpful Tips:

- All other labs not listed on the Stat lab list should be sent out to the contracted reference labs.

- Please note that reimbursement for labs included on the TCCN Anthem fee schedule, but not listed in the Stat lab list, would not be eligible for reimbursement for Anthem HMO members.

- Best Practice Tip: Always confirm benefits before providing a service

Please let your TCCN representative know if you have seen any claim adjustments prior to the TCCN fee schedule paying out correctly.

4/22/22 – Anthem Alert: Claims Reprocessing Update

We met with our Anthem rep and have key updates to share:

Claims Reprocessing: Please check EOBs for after January 15 dates-of-service for potential adjustments. Claims adjustments will be within the EOBs and will show what was originally paid; a reversal, and then the new amount paid with the difference in payment on the check. This will include an adjustment reason code.

Reverse Roster Audit: We are reviewing the reverse roster audit to ensure all providers and locations are connected to the TCCN fee schedule. We will provide more information soon.

Claims Down-coding Appeals: Our Anthem rep will be providing more documentation on down-coding appeals. Appeals at a claim level must have proper documentation. A significant number of successfully appealed claims will lead to a reduction in claims flagged for coding.

4/19/22 – Anthem Resources: Policies, Guidelines and Manuals

Member Services

Please make sure providers are going to member services prior to coming to their Anthem Rep. When calling, ask for a reference number at the beginning of the call.

Anthem publishes their reimbursement policies as well as clinical practice guidelines on their website. The reimbursement policies provide insight on claim processing and editing guidelines.

Policies include modifier usage, bundling, etc. and may be valuable when understanding claims processing. The Clinical Practice Guidelines (CPGs) provide guidance on medical conditions, citing their source and give links to supporting documentation.

Click this link to access Anthem's available resources including policies and guidelines.

4/19/22 – Anthem PCP Assignment Requirement

Anthem confirmed the HMO, Open Access and Pathways Network plans require PCP assignment. Please ensure patients are assigned to a PCP within your practice for their appointment. This will ensure claims process and pay according to their plan requirements.

3/23/22 – Anthem Enrollment in EFT / ERA:

For Enrollment in EFT/ERA please use the below links.

Important Note: Providers seeking to register to use electronic business transmissions should sign up using the links below.

Electronic Remittance Advice (ERA) is through Availity.* To sign up, navigate to **https://www.availity.com** or call Customer Service at **1-800-282-4548**.

Electronic Funds Transfer (EFT) is through EnrollSafe. To sign up, navigate to: **https://enrollsafe.payeehub.org/** to register and manage EFT account changes.

* Availity, LLC is an independent company providing administrative support services on behalf of "Anthem".