

**NOTICE OF MATERIAL CHANGE TO CONTRACT**  
**Effective September 1, 2015**



May 29, 2015

Re: **Professional Reimbursement Policy Changes and supporting 4.4 ClaimsXten editing notification for CMS Form1500 submitters**

Dear Provider:

Anthem Blue Cross and Blue Shield and our subsidiary company, HMO Colorado (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**

**Bundled Services and Supplies**

As we advised in our July 2014 issue of our provider newsletter, *Network Update*, Anthem is continuing to review and add Health Care Common Procedure Coding System (HCPCS Level II) "S" codes to our always bundled services edit. Unless there are specific, specialized contracts or criteria for a provider to report their services using a HCPCS "S" code, these codes will be considered always bundled. Therefore, effective with dates of service on or after September 1, 2015 HCPCS codes S9484, S9485, S9990, S9992, and S9999 will not be eligible for reimbursement and will be added to Section 1 of the *Bundled Services and Supplies* reimbursement policy.

**Bundled Services and Supplies and Modifiers 59 and XE, XP, XS, or XU**

The 2015 CPT Professional Edition codebook contains parenthetical instructions below CPT code 82544 that states, "For column chromatography/mass spectrometry of drugs or substances, see Drug Assay 80300, 80301, 80302, 80303, 80304, 80320 – 80377, or specific analyte code(s) in the Chemistry section." Because column chromatography/mass spectrometry of drugs or substances should be reported using CPT codes 80300, 80301, 80302, 80303, 80304, and 80320 – 80377, or with the specific analyte code from the chemistry section; Anthem considers CPT codes 82541, 82542, 82543 and/or 82544 to be mutually exclusive to CPT codes 80300 – 80304 and 80320 – 80377 and not eligible for separate reimbursement for dates of service on or after September 1, 2015. The *Bundled Services and Supplies* reimbursement policy will be updated to reflect this change. Modifiers will not override this edit; therefore, this information is included in our *Modifiers 59 and XE, XP, XS, or XU* reimbursement policy.

**Frequency Editing**

CPT code 87529 (infectious agent detection by nucleic acid (DNA or RNA), Herpes simplex virus; amplified probe technique) is intended for use as an aid in the diagnosis of herpes simplex virus (HSV) infections. The test differentiates HSV-1 from HSV-2 and there is no mechanism for the testing of HSV-1 without simultaneously testing for HSV-2. Therefore, beginning with dates of service on or after September 1, 2015, Anthem is adding a frequency limit of one per date of service for CPT procedure code 87529 to the *Frequency Editing* reimbursement policy.

**Modifiers 59 and XE, XP, XS, or XU**

CPT lumbar arthrodesis codes 22630 and 22633 are defined by CPT as including laminectomy services (63042 or 63047). Currently, ClaimsXten denies lumbar laminectomies as incidental to posterior lumbar arthrodesis; however, a modifier override is allowed. Anthem considers the performance of a laminectomy to be an integral procedure to the primary arthrodesis procedure when performed at the same anatomic site. Therefore, beginning with dates of service on or after September 1, 2015, a modifier override will not be allowed when either laminectomy CPT codes 63042 or 63047 are reported with arthrodesis CPT codes 22630 or 22633. Post-payment review will be considered with medical documentation

that supports separate anatomic sites. The Modifiers 59 and XE, XP, XS, or XU (Distinct Procedural/Separate/Unusual Service) reimbursement policy will be updated to reflect this change.

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

The new and/or updated policies will be available online by August 1, 2015. All professional Reimbursement Policies are located on our secure provider portal, ProviderAccess. Please go to [anthem.com](http://anthem.com), and select the **Provider** link in the top center 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**

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,



Janet Pogar  
RVP, Provider Engagement and Contracting  
Anthem Blue Cross and Blue Shield

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