

January 2019

## **Anthem Blue Cross and Blue Shield presents at the Wisconsin Personal Care Services Association conference**

On December 7, 2018, representatives from Anthem Blue Cross and Blue Shield (Anthem) presented at the Wisconsin Personal Care Services Association (WSPA) conference. The presentation focused on claims processing and utilization management (UM) requirements designed to help personal care assistants with commonly encountered issues. Anthem also presented **a set-by-step PowerPoint** about using the Availity Portal.

Following the presentation, Anthem facilitated a Q&A session and a visitation booth to give personal care agencies the opportunity to provide feedback. Anthem plans to participate in the next WSPA conference in September 2019.

For more information, please contact Provider Services at **1-855-558-1443** or leave a voicemail at **1-800-232-5869**.

### **Services purchased from an outside laboratory**

Wisconsin Medicaid recommends that providers use Medicaid-enrolled laboratories for testing needs. When a physician laboratory sends a specimen to an outside laboratory that is not Medicaid-enrolled and with which there is a contractual agreement, the physician laboratory may submit claims for those services including the professional and technical components. The services should be reported with Modifier 90, Reference (Outside) Laboratory. The amount on the claim must equal the amount charged by the outside laboratory.

Complete box 20 on the *CMS-1500* claim form by checking *Yes* under *Outside Lab?* Complete Box 32 to provide the information of the outside laboratory. In the 837P electronic claim format, complete Loop ID 2400, PS 102. If a claim is denied, you may appeal by submitting the name, address and clinical laboratory improvement amendments (CLIA) number of the outside laboratory.

When forwarding a specimen from a physician's office to a Medicaid-enrolled outside laboratory, Anthem Blue Cross and Blue Shield follows ForwardHealth requirements as described in the *ForwardHealth Provider Manual*, under Topic 912.

### **The ForwardHealth "four walls" policy**

Anthem Blue Cross and Blue Shield (Anthem) follows the ForwardHealth "four walls" reimbursement policy as outlined in ForwardHealth Updates **No. 2015-60**, **No. 2016-02** and **No. 2017-37**. Consistent with ForwardHealth policy, Anthem will only reimburse institutional claims if services are performed in a facility licensed as a hospital by the Wisconsin Division of Quality Assurance (DQA). For services provided in an off-campus, provider-based outpatient clinic, Anthem only reimburses a professional charge.

**<https://mediproviders.anthem.com/wi>**

Claims for outpatient hospital services should be submitted as follows:

- Professional services provided within a facility licensed as a hospital by DQA should be submitted with place of service (POS) code 22.
- Professional services provided in an off-campus, provider-based outpatient clinic should be submitted with POS code 19.
- Hospital providers are required to report Modifier PO on institutional claims to indicate the facility charge for services provided in an off-campus, provider-based outpatient clinic. Claims with the PO modifier will be denied with the G18 denial code.

**Note:** Providers may not omit Modifier PO on an institutional claim for services performed in an off-campus, provider-based outpatient clinic as a mechanism to receive reimbursement for the facility charge.

If the conditions of the “four walls” policy are met, Anthem will reimburse both a professional charge and a facility charge. For services provided in an off-campus, provider-based outpatient clinic, Anthem only reimburses a professional charge.

Claims for services provided at a facility outside of a Medicaid-enrolled and DQA-licensed hospital must be submitted using the NPI of the outside facility. For example, when a claim is submitted by a freestanding facility that is outside — but affiliated with — a Medicaid-enrolled hospital, you must indicate the billing provider’s NPI for the freestanding facility on the claim.

For additional information on ForwardHealth’s “four walls” policy, providers should refer to Topic 3430 in the *ForwardHealth Provider Manual* and to the ForwardHealth updates linked above.

### **Appointment access standards**

The information below outlines the Anthem Blue Cross and Blue Shield (Anthem) standards for timely and appropriate access to quality health care, following guidelines set by the NCQA and the Wisconsin Department of Health Services. These standards help ensure that our members receive medical care fairly and within specific time frames.

PCPs and specialists must make appointments for members according to the following scheduling standards:

- Emergency care — immediate access 24/7
- Urgent examinations — within 24 hours of request
- Routine exams — within 14 days of request
- Behavioral health (BH) emergency care — immediate access
- Outpatient treatment following psychiatric inpatient care — within three days from the date of discharge from an inpatient psychiatric hospital stay
- Routine BH visits — within 10 days of request