

Network Update

CENTRAL REGION

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Screening for vitamin D deficiency in average risk individuals (CG-LAB-11)

Coverage guideline CG-LAB-11 addresses the screening for vitamin D deficiency in average risk individuals. Effective February 1, 2018, CPT codes 82306 and 82652 will be subject to review of this new coverage guideline.

- Testing vitamin D levels in individuals with no known signs or symptoms of vitamin D deficiency or intoxication is considered not medically necessary.
- Testing vitamin D levels for conditions for which vitamin D treatment is not recommended is considered not medically necessary.

This coverage guideline does not apply to Medicare, Medicare Advantage and Medicare Supplement plans.

Reimbursement policy update – Evaluation and Management Services and Modifiers 25 and 57

Beginning with claims processed on and after February 1, 2018, Evaluation and Management Services that are eligible for separate reimbursement when reported by the same provider on the same day as a minor surgery ("0" or "10" day global period) will be reduced by 50%. As a reminder, please review the guidelines on reporting Modifier 25 in Anthem's professional reimbursement policy.

Professional reimbursement policy update – Drug Screen Testing

Beginning with claims processed on and after February 1, 2018, G0480, G0481, G0482, or G0483 (definitive drug testing) will not be eligible for separate reimbursement when reported on the same date of service as 80307 (presumptive drug testing by instrumented chemistry analyzers) for the same patient by an independent clinical laboratory.

In addition, to be considered for reimbursement, additional documentation must be provided specifying the rationale for the drug classes being tested to support performing the higher level definitive drug testing codes G0482 (15-21 drug classes) and G0483 (22 or more drug classes).

New language has been added to the "Description" section of the policy to further clarify Anthem's drug screen testing guidelines. Presumptive drug testing is done either on a random basis or for cause; however, the latter should be documented in the medical record.

View Anthem reimbursement policies

To view Anthem's reimbursement policies, sign onto the Availity Portal at availity.com. From the Availity Home page, select Payer Spaces, Anthem, then the "Resources" tab, then Provider Portal (Anthem). Click the Administrative Support tab, then the link labeled **Procedures for Professional Reimbursement** or **Procedures for Facility Reimbursement**.

Note: To view online reimbursement policies, you must be registered for access to Availity. If you are not registered yet, go to availity.com/providers/registration-details/ and follow the prompts.

Post-service reviews of certain modifiers and services

Beginning in the fourth quarter of 2017, Anthem will conduct post-service reviews of professional claims billed with following modifiers: 25, 62, 80, 81, 82, AS, and 91. Additionally, Anthem will conduct post-service reviews of

Evaluation and Management (E&M) services billed during a global surgery period.

As part of the review, Anthem may contact providers with outlying billing practices to request additional documentation related to the services. If billing discrepancies are identified, Anthem will provide a written report of our findings to providers and initiate recoupments as appropriate. Findings may assist your office with quality improvement efforts.

Reminder: Prior authorization for new musculoskeletal program

It was announced in the [August 2017 edition](#) of *Network Update* that AIM Specialty Health® (AIM), a separate company, will perform medical necessity review of certain surgeries of the spine and joints, as well as interventional pain treatment for fully insured Anthem members, beginning with dates of service on and after November 1, 2017. Please be aware that this program has been delayed. We anticipate that the new implementation date will be in December 2017, and we will provide an update about the program in the December issue of *Network Update*.