



Network eUPDATE



May 1, 2018
IN, KY, MO, OH, WI

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New feature allows members to pay providers at anthem.com

Beginning July 1, 2018, many Anthem Blue Cross and Blue Shield (Anthem) members will be able to make payments to providers for their out-of-pocket expenses using the new *Healthcare Bill Payments* feature via the member portal at anthem.com.

Anthem has engaged InstaMed®, a healthcare payments network, to offer a new patient payment feature, *Healthcare Bill Payments*. Once implemented, Anthem members with Commercial health plans will be able to pay their healthcare providers while accessing their claim information on the member portal at anthem.com. Providers registered with InstaMed will conveniently receive payments by direct deposit into their bank account without ever mailing a patient bill or making a phone call.

InstaMed is a Payment Card Industry (PCI) Level One Service Provider and independently audited and certified at the highest levels for both healthcare and payment processing.

InstaMed's secure technology offers many benefits to providers:

- Collect patient payments faster
- Reduce billing costs
- View detailed reporting

Providers registered with InstaMed receive *Healthcare Bill Payments* as a direct deposit.

Registration is simple:

- Visit the InstaMed [Healthcare Bill Payments Registration Site](#).
- Provide the following information to get started:
 - Email
 - Tax ID number for your organization
 - Bank account information for direct deposit

Please note, if you are not registered to receive *Healthcare Bill Payments*, disbursements are mailed to you as prepaid Mastercard® payments.

For more information, see the following:

- [Healthcare Bill Payment](#)
- [InstaMed's Frequently Asked Questions](#).
- Attend an informational webinar hosted by InstaMed - look for more information in the June issue of *Network Update*.
- Email your questions about *Healthcare Bill Payments* to connect@instamed.com.

Note: At this time, this change does not apply to Anthem Medicare and Medicaid plans, but may be implemented in the future.

IN, KY, MO, OH: Claims requiring additional documentation

The facility reimbursement policy, Claims Requiring Additional Documentation, documents Anthem guidelines when additional medical documentation is required to complete the pre- or post-service review of a facility claim. The policy became effective on March 1, 2017 in Indiana, Kentucky and Ohio, and on August 1, 2017 in Missouri.

As a reminder, Anthem or its designee may request patient medical records from a provider to assist in the pre- or post-payment review of a claim. **If requested documentation is not submitted within 60 days of Anthem's documentation request, Anthem may deny the pre-payment review of a claim or initiate a retraction during post-payment review of a claim.** Members are held harmless for such denials.

For more information, view the reimbursement policy at anthem.com. Select Menu > Providers > Find Resources for (select your state), then Answers@Anthem > Reimbursement Policies -- Facility.

KY, MO, WI: Clarification of Multiple Diagnostic Imaging reimbursement policy

In the October 2017 edition of *Network Update*, we notified you that we would apply multiple imaging reimbursement rules to the technical component of diagnostic imaging procedures beginning on January 1, 2018. Please be aware that implementation of this facility policy was delayed and will now be effective for claims with dates of service on or after May 1, 2018. The following details provide additional clarification about this policy.

Multiple imaging reimbursement rules are applied to the maximum allowance for the Technical Component (TC) of the following diagnostic imaging procedures rendered on the same date of service and eligible for reimbursement: ultrasound, computed tomography (CT), computed angiography (CTA), magnetic resonance imaging (MRI), and magnetic resonance angiography (MRA).

When two or more imaging procedures are performed in the same facility on the same patient, *using the same modality during the same imaging session*, and reported as TC only, reimbursement is:

- 100% of the highest facility allowance for the first imaging procedure for the date of service.
- 50% of the facility allowance for each subsequent imaging procedure for that date of service.

Multiple imaging reimbursement rules are not limited to contiguous body areas. Please review the policy in its entirety for more detailed information.

For more information, view the reimbursement policy at anthem.com. Select Menu > Providers > Find Resources for (select your state), then Answers@Anthem > Reimbursement Policies -- Facility.

Please don't reply to this email. We want to help you, but replies to these messages aren't monitored. If you have questions, please contact your account or service representative.

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