



August 5, 2019

Stephen G. Friedhoff, MD  
Senior Vice President and Chief Clinical Officer  
Anthem, Inc.  
101 Wood Avenue South  
Iselin, NJ 08830

Dear Dr. Friedhoff:

On behalf of the American Osteopathic Association (AOA) and the more than 145,000 osteopathic physicians (DOs) and students we represent, with over 20,000 DOs practicing in the 14 states where Anthem Blue Cross Blue Shield (Anthem) operates, I am requesting clarification on Anthem's recent clinical validation update published on July 1, 2019.

Anthem recently announced in a communication to network physicians that, beginning September of 2019, it will update the audit process for claims with modifiers used to bypass claim edits by conducting modifier reviews via a pre-payment clinical validation review process. Claims appended with modifiers 25 (Significant, separately identifiable E/M service), 59 (Distinct procedural service), and 57 (Decision for surgery) will be part of the new review process. Anatomical modifiers including "Left side" (LT) and "Right side" (RT) will also be subject to review.

According to Anthem, "the clinical validation review process will evaluate the proper use of these modifiers in conjunction with the edits they are bypassing, such as the National Correct Coding Initiative (NCCI). Clinical analysts who are registered nurses and coders will review claims pending for validation, along with any related services, to determine whether it is appropriate for the modifier to bypass the edit."

The AOA recognizes that an in-depth understanding of documentation standards is critical for properly reporting the modifiers subject to Anthem's clinical validation review process and has engaged in significant efforts to educate its members on the documentation necessary to properly support reported services. If inaccurate coding is occurring, the AOA is interested in understanding current trends so we may improve the educational resources and guidance that we provide to our members.

The AOA respectfully requests that Anthem provide responses to the following questions:

1. Will the clinical validation process apply to all claims appended with the modifiers noted in the update?
2. Will this clinical validation process result in initial denial of submitted claims associated with the identified modifiers?
3. What is the anticipated additional claim processing time required for this clinical validation process?
4. Are there any additional modifiers not included in the communication that will be subject to the validation process?
5. Regarding the clinical validation process, what is the exact process once a claim is flagged for review?
6. Will frequent utilization of the modifiers noted in the update be sufficient to trigger a pre-payment review or will Anthem consider additional factors?
7. If Anthem pays a previously denied claim after a physician appeals the denial, will Anthem continue to deny claims submitted by the physician with one of the targeted modifiers?
8. Will claims be reviewed only to ensure they meet coding standards or are they also being reviewed to ensure medical necessity requirements?

In order to best serve our physicians, we respectfully request written responses to the questions set forth above. In addition, we ask for an in-person meeting with Anthem and the AOA leadership, so that we may provide additional detail regarding our requests.

Thank you for your commitment to providing support to contracted osteopathic physicians who provide high-quality, patient-centered care to Anthem's members. I look forward to receiving your reply.

Sincerely,

A handwritten signature in black ink that reads "Ronald R. Burns DO". The signature is written in a cursive, flowing style.

Ronald R. Burns, DO,  
President, Board of Trustees, American Osteopathic Association

Cc: Kevin Klauer, DO, EJD, Chief Executive Officer, American Osteopathic Association