



MEMO

Date: September 13, 2019

To: AOA/OPSC Attendees: Anthem Conference Call, September 11, 2019 12:00 PM CDT

From: Jennifer Hersh, RN, BSN, MPP, Director, Payment Advocacy

RE: AOA/OPSC/Anthem Meeting Summary: Anthem Modifier 25 Policy

Meeting Attendees

American Osteopathic Association

- Kevin Klauer, DO, EJD, Chief Executive Officer
- Ronald R. Burns, DO, President, Board of Trustees
- Boyd Buser, DO, Past President, Board of Trustees
- Matthew J. Kremke, MBA, Vice President, Business Development
- Jennifer L. Hersh, RN, BSN, MPP, Director, Payment Advocacy

Osteopathic Physicians and Surgeons of California

- Minh Q. Nguyen, DO, President
- Nicholas Birtcil, Executive Director

Anthem

- John Whitney, MD, Vice President, Medical and Reimbursement Policy
- Jay DeLaRosa, Staff Vice President, Reimbursement Policy
- Samuel Marchio, Regional Vice President, Federal Government Affairs
- Alison Armstrong, Director, Public Policy
- Pamela Piekney, Director

Introductions/Background

- Call participant introductions, physician leadership also provided brief background. Dr. Klauer thanked Anthem for their time, willingness to discuss modifier 25 issue
- Implemented for claims processed on or after 3/1/19, Anthem's modifier 25 "update" impacts network physicians in CA, CO, CT, GA, IN, KY, ME, MO, NV, NH, NY, OH, VA, WI
- Modifier 25 "update" denies payment for E/M service appended with modifier 25 billed on day of procedure/service when procedure was billed within previous two months for same diagnosis/diagnostic family
- AOA (5/29/19), OPSC (6/21/19) sent letters to Anthem seeking clarification regarding update, language



- Per Anthem response letter to the AOA (8/15/19), Anthem defines a ‘recent service’ as “the procedure occurring within two months of the face-to-face service” and ‘same/similar’ as “having a primary diagnosis in the same family.”

Discussion

- Jay DeLaRosa (Anthem) commenced the discussion by providing brief background on modifier 25 misuse and overuse, referenced CMS, OIG efforts to address the issue
- Mr. DeLaRosa, Dr. Whitney (Anthem) stated the update “is not causing any problems” for the majority of network providers
- Dr. Buser conveyed AOA efforts to educate members on proper documentation that supports the use of the separate E/M visit/modifier 25, provided example of when an E/M visit is not warranted
- Drs. Buser, Burns, Klauer voiced concerns regarding claims-based denials and the administrative burden of appealing denied claims
- AOA/Anthem leadership discussed the possibility of quantifying the claims, not feasible at this point due to the low number of claim denials related to the modifier 25 update
- Dr. Klauer questioned the appropriateness of the pre-emptive modifier 25 policy as there is little to no evidence of abuse and as the update is not causing problems for physicians (see above), Anthem staff reiterated the need for policy due to modifier 25 abuse
- Dr. Buser presented the clinical scenarios as noted in the OPSC letter to Anthem. Mr. DeLaRosa, Dr. Whitney addressed lack of specificity of diagnoses in both scenarios, stated that both clinical situations (recurring knee pain, leg abscess) would not justify a 2nd E/M visit on the follow-up date of service although considering that the visits were unplanned and the patient’s condition worsened in both scenarios
- AOA leadership questioned the inappropriateness of automated denials several times during the call, inquired as to how to remove physicians from the administratively burdensome appeals process when the physician has had denied modifier 25-related claims paid/overturned in the past. Anthem leadership responded that there is no way to remove a physician from the process, would need to continue using the appeals process (front-end) as opposed to the audit process as suggested by the AOA
- Dr. Klauer stated that even correct coding doesn’t reflect every nuance of the delivery of care and that as long as physicians put forth a good-faith effort to code correctly, any modifier 25-related issues/problems should be addressed on a case-by-case basis, not with a large blanket policy that impacts all physicians, most of whom bill modifier 25 correctly. Anthem restated their position on the appropriateness of the modifier 25 update

Proposed Next Steps/Anthem Responses

- Prior to both parties concluding the call and Drs. Klauer, Buser, and Burns thanking Anthem for their time and willingness to listen to the AOA’s concerns, Mat Kremke laid out potential next steps/action items to the group:



1. Identify physician liaison at Anthem to communicate with a selected member of AOA physician leadership (peer-to-peer) as necessary to discuss important issues/policy changes. Anthem responded that the AOA should contact Anthem State Medical Directors when necessary (reached out to Sam Marchio for list of medical directors/contact information)
2. Requested Anthem work with the AOA on good vs. improper coding examples for physician education efforts – Anthem denied request
3. Requested Anthem assist the AOA in providing more clarity to members regarding policies, education, documentation, and other issues – Anthem denied request
4. Again requested Anthem provided information on how to remove those physicians from the “appeals cycle” who consistently code/document correctly and have their denied claims reversed/paid. Anthem responded physicians will need to continue the current process