

Emergency department claims payment and dispute process

Anthem Blue Cross and Blue Shield (Anthem) is updating our internal processes and systems to align with *State Bulletin BT202009*. The below items are intended to summarize the changes and provide instruction on how to most effectively navigate the emergency department (ED) claims payment and dispute process. All changes are effective for ED claims with a service date beginning April 1, 2020, or after unless otherwise specified.

- Anthem will continue to use an auto-pay list to determine whether a claim should pay as emergent or triage. Anthem will not employ a list that is any more restrictive than the state's own *Provider Code Tables*. To view the *Provider Code Tables*, go to <https://www.in.gov/medicaid/providers/693.htm>, select the **Launch Provider Code Tables** link and accept the terms.
- Anthem will begin considering the first six diagnoses on an ED claim to determine the appropriate rate (emergent or triage).
- If a provider believes an ED claim should have paid as emergent instead of triage, they should continue to follow the existing dispute process. Upon dispute and submission of medical records, an Anthem prudent layperson (PLP) will review the claim within 30 days. If the claim is determined as emergent, the claim will be reprocessed and paid accordingly.
 - Disputes and documentation can be submitted via Availity* or mailed to:
Anthem Blue Cross and Blue Shield
Provider Disputes and Appeals
PO Box 61599
Virginia Beach, VA 23466
 - The deadline to submit a dispute for PLP review is being extended to 120 calendar days after the notification of the triage payment.

If you have any questions, please contact Provider Services:

- Hoosier Healthwise: **1-866-408-6132**
- Healthy Indiana Plan: **1-844-533-1995**
- Hoosier Care Connect: **1-844-284-1798**

*Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield.