

November 16, 2017



## Important Provider Updates

Dear Providers,

We are writing to share with you a few important updates about Community Health Options. We have included links to specific guidelines and forms that we have updated. We encourage you to take a few minutes to familiarize yourself with the information contained in this update. Please call Provider Relations should you have additional questions.

### **2018 Prior Authorization Quick Reference Guidelines and Forms**

Community Health Options has updated the following Quick Reference Guides:

- Prior Approval Overview and Notification
- Medical Prior Approval and Notification Requirements
- Durable Medical Equipment Prior Approval and Notification Requirements
- Behavioral Health Prior Approval and Notification Requirements
- Medications Prior Approval and Notification Requirements
- Summary of Authorization Requirement Updates
- eviCore Medical Prior Approval Requirements

Click [here](#) to review the current and updated forms.

**eviCore Healthcare:** Community Health Options is pleased to announce its partnership with eviCore Healthcare to provide authorization and utilization management services for Members enrolled in our health plans. Click [here](#) for more information.

**MaineHealth Accountable Care Organization Behavioral HealthCare Program:** Guideline for the Treatment of Generalized Anxiety Disorder in Adults in Primary Care Settings. Click [here](#) for the new guidelines.

**InstaMed Network:** Community Health Options has joined the InstaMed Network to deliver your payments via free electronic remittance advice (ERA) and electronic funds transfer (EFT). Electronic remittance advice (ERA) and electronic funds transfer (EFT) is a convenient, paperless, and secure way to receive claim payments.

You will now begin receiving EFT payments from Community Health Options to the bank account currently configured with InstaMed. Community Health Options ERAs will be delivered according to your account settings. Please call Provider Relations should you have additional questions.

**Provider Based Billing Policy:** Earlier this week, Community Health Options sent notification of a new Provider Based Billing Policy. Below is an excerpt from the policy. This policy is set forth to describe Community Health Options rules regarding professional and facility reimbursement for Evaluation & Management

(E&M) services when those services are provided in an institutional setting (hospital campus) vs. a non-institutional setting, as defined by the place of service setting and bill type.

*Billing Guidelines*

*Services that are rendered in a non-institutional setting must be billed on a CMS 1500 claim form. Professional services billed in a UB 04 claim form for non-institutional settings will not be reimbursed.*

*Community Health Options will not reimburse for any separate and distinct fees (clinic or facility) billed on a UB 04 claim form, regardless of site of service, when providing E&M services to Covered Persons. This is sometimes referred to as split billing.*

*Revenue Code Limitations:*

*0510 - 0519 Clinic*

*0520 - 0529 Free Standing Clinic*

*0960 - 0989 Professional Fees*

**Questions? Call Provider Relations (207) 402-3347**

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STAY CONNECTED

