



**NHIA Listserv Post,  
February 20, 2018**

NHIA was recently made aware of a big change in the way Anthem will process Home Infusion Therapy (HIT) claims, which went into effect for some plans 2/19/2018 – see Q&A below.

## **February 2018 Anthem BlueCross BlueShield Network Update**

### **Administrative Update**

#### **Important information about filing Home Infusion Therapy claims**

To assist in the accurate and timely processing of Home Infusion Therapy (HIT) claims, it is important for HIT Providers to file *professional* HIT claims to the correct Blue Plan. The following information applies to professional HIT claims for all Blue-branded health plans.

**Professional claims from a HIT Provider should be filed to the Blue Plan *where the service was rendered* (which may be the member's home or equivalent setting).** Even if a HIT Provider employs traveling health care professionals or renders services in multiple states, professional HIT claims should have submitted to the state Blue Plan where the service was rendered.

The following example illustrates appropriate filing of a professional HIT claim:  
Changed to bullets

- *HIT Provider A* regularly renders services in multiple states and service areas.
- *Provider A* renders services to a member using a traveling home health nurse in the member's home.
- The member's home is located in the service area for *Blue Plan XYZ*.
- *Provider A* submits the professional HIT claim to *Blue Plan XYZ*, even though *Provider A* may be located in a different service area than the member's residence.

Please note, professional HIT claims that are not submitted to the Blue Plan where the service was rendered may be denied which will require the provider to resubmit the claim to the correct Blue Plan.

Above excerpt starts on page 3 of the [Feb. 2018 Anthem BCBS Network Update Newsletter](#)

### **NHIA Q&A with Anthem**

**Q1) What Plans does this apply to?**

A1) This is a BCBS Association directive as of 11/1/16. Anthem put the guidelines in place via updates to the multiple claim systems.

**Q2) What is the start date of this change?**

A2) It is to be finalized across most Anthem claim systems as of 2/19/18.

**Q3) Does the current provider have to have a contract in each state in which patients they service reside in order to bill?**

A3) To bill as Participating, unless they already have a contract with that specific state.

**Q4) If the current provider does not have a contract in the state in which the patient resides (and the answer to # 3 is yes), is there any guidance regarding transitioning the patient to a contracted provider?**

A4) An in network or participating provider may be found at Anthem.com via searching with Find a Doctor and choose appropriate specialty.

NHIA contacted the BlueCross BlueShield Association (BCBSA) to better understand the situation and received the following response:

Each Blue Plan is responsible for their network strategy and educating their participating providers regarding claims filing rules. The Association's claims filing rules have not changed. The notification is specific to Anthem's operations. You will need to contact Anthem directly to discuss their clarification.

NHIA will keep you posted as more information becomes available.

For more information contact:

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