Provider ⊕ View

February 5, 2024

Professional Anesthesia Charges On UB-04 No Longer Accepted After July

Effective July, 2024, new edits will be implemented for institutional UB-04 claims to deny professional anesthesia charges billed under revenue codes, 963 – Professional fee, anesthesiologist, Medical Doctor and 964 – Professional fee, anesthesiologist, certified registered nurse anesthetist (CRNA). Charges for professional anesthesia fees should be billed on the CMS 1500, using the standard American Society of Anesthesia (ASA) codes and modifiers with actual anesthesia time billed in minutes. While billing of professional anesthesia fees on a CMS 1500 has been a long accepted billing standard, some institutional locations still bill these anesthesia professional fees on their UB-04. This change is necessary to ensure uniform application of benefits and pricing and to remove the possibility of making duplicate payments in error. We are providing this notice now to ensure that any institutions that may be billing their professional anesthesia fees on their UB-04 have adequate time to make the necessary adjustments to their billing practices. Any questions should be directed to Mike Dooley, Director of Provider Services at mike.dooley@avera.org or 605-322-4634.

Enhancements to Explanation of Payment Recently Put Into Production

We are happy to announce that we have recently enhanced our Explanations of Payment (EOP) to providers to include more detailed information, particularly with regard to code editing. We currently utilize the Optum® Claims Editing System (CES) for application of edits on both professional and institutional claims. We are now including EOP messaging direct from our Optum CES editing tool on the paper EOPs. This allows us to pass greater detail on editing actions taken when processing claims and should serve as a valuable resource in understanding how a claim was adjudicated in our system when questions arise. Understanding the edit rationale for code editing is particularly helpful if a request for reconsideration is being considered as it provides a clearer explanation of actions taken during the adjudication of your claims. This enhanced level of detail is unfortunately not available on the electronic remittance advice (ERA) as we are limited by the available Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC). If your office is receiving ERAs from us and you wish to review the greater detail that would be available on the paper EOP equivalent, they can be pulled up online in our secure provider portal. If you have not yet registered for an account on our secure provider portal, you can do so at this link: Secure Provider Portal Registration.

New Diabetes Support Program for Avera Health Plans Members

Our clinical operations team has partnered with Virta Health to offer concentrated diabetes management support to Avera Health Plans members. The goal is to help patients better control and manage their diabetes and associated complications. This program is scheduled to launch later this spring and more details will be shared in the coming months. Any questions can be directed to Sara Hansen, Senior Director of Population Health & Clinical Operations at sara.hansen@avera.org or 605-322-2329.

Prior Authorization Process Changes Coming Soon

Avera Health Plans has partnered with Cohere Health to help digitize the prior authorization process. Prior authorizations are currently a manual process so this implementation will help reduce the burden on the health plan utilization management team, which will lead to a more efficient process for the member and provider as well as improve the overall experience. Cohere Health was selected in collaboration with Avera Health to ensure a

multidisciplinary review of opportunities for engagement. The launch date for Cohere Health's platform is estimated to be spring 2024.

Avera Health Plans is committed to supporting the mission of Avera by being good stewards of resources. In order to be able to maintain competitive and affordable premiums, it is critical to evaluate best practices that drive to a lower cost of care without sacrificing clinical safety or quality for the members we serve. To achieve this goal, some changes are coming soon to the prior authorization list. More details will be available in the coming weeks.

Additional details including training opportunities and FAQs will be communicated in the next few months. Thank you for your commitment to the ministry and for caring for Avera Health Plans' members.

Any questions should be directed to Sara Hansen, Senior Director of Population Health & Clinical Operations at sara.hansen@avera.org or 605-322-2329.

Enhancements to Online Forms For Requests for Contracting, Credentialing and Making Changes to Your Provider Data Coming Soon

Our website and forms are being updated with you in mind! This will provide clarity on which form to use, decrease having to fill out duplicate forms and increase what you can update in the forms. The forms will have logic built in to decrease the number of fields you see and make filling out the form quick and easy. This will be available mid- February.
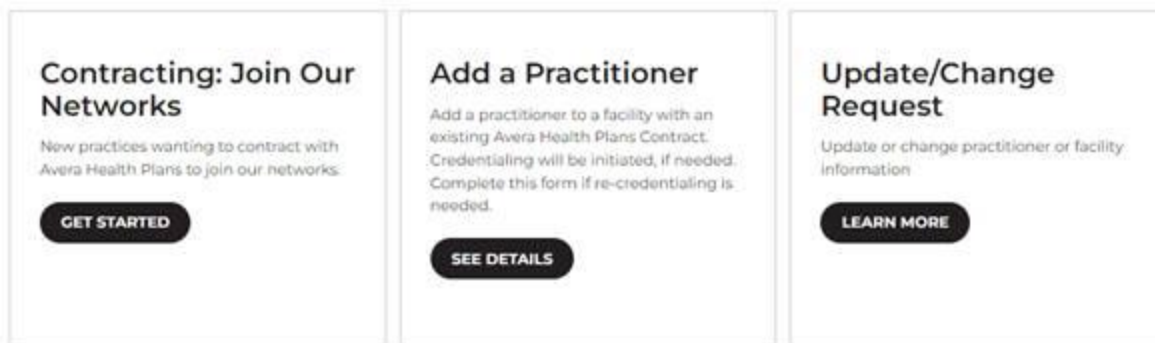
Add a Practitioner
If you have a practitioner joining your organization, all you need to do is fill out the "Add a Practitioner" form. We will set them up with your organization as well as initiate credentialing, if needed. This removes the guess work for you and eliminates an additional form.
Do you have multiple practitioners joining? You can now complete a roster and email it to us. This will eliminate having to fill out multiple forms.

If your credentialing has lapsed, you would also fill out the "Add a Practitioner" form.
Information Updates- Add, Edit and Remove practitioners and organization information.

If you would prefer to make updates by completing a roster, you can do so by downloading and completing the Fillable Roster and emailing to providers@avera.org.

Required fields are marked with *

Name and Contact information of Individual Completing this Form:

First Name*

Last Name*

Contact Title*

Contact Phone Number*   999-999-9999

Contact Email Address*

What do you need to update?*   ☐ I need to update Practitioner information
☐ I need to add/update Facility information

SUBMIT

You now can fill out a roster if you have several changes to make things easier on you (see red area)
To begin, you can select needing to update practitioner and/or organization information (green arrow)
Depending on your selection, the Practitioner and/or Organization Information sections will appear and allow you to further select what you want to update. Good news, you will only see the sections you want to update!