

Important Notice – 3-D Mammograms

It has come to our attention that some members of the State of New Hampshire Anthem BlueCross BlueShield medical plan have received denial notices from Anthem UM Services related to 3-D-digital mammograms. The purpose of this important notice is to provide information related to the 3-D mammogram billing process and to assure members that, **under most circumstances, routine preventive mammograms are covered under the State's medical plan at no cost to the member.**

Why are members who had 3-D Mammograms receiving denial notices?

- In the past, providers who used the 3-D mammogram technology, also known as digital breast tomosynthesis (DBT) billed insurance companies using the same billing code as the traditional 2-D mammogram. Recently, providers began seeking additional reimbursement by billing insurance companies a different code for the 3-D mammogram technology.
- The U.S. Preventive Task Force (USPTF) is an independent group of health care experts who evaluates the latest scientific evidence on clinical preventive services. The USPTF determined that there is little evidence available that examines the effectiveness of 3-D mammogram, and therefore is not able to make a recommendation for or against its use.
- Given this is still a relatively new technology, many insurance companies, *including the State of New Hampshire's Anthem plan*, consider the 3-D mammogram an experimental or investigational procedure and will not cover the additional charge for the 3-D mammogram service component.
- Members are receiving denial notices because Anthem is denying reimbursement to providers for the 3-D mammogram technology. When an insurance company denies payment for any service(s), they are required to notify the member that a service is not being paid for by the plan. The language used in the denial notice is standard denial language. This Important Notice provides the information that the denial notice is lacking.

Are members going to receive bills for their 3-D Mammograms?

- In most cases, the answer is no. Anthem is aware that many hospitals and imaging centers are only offering the new 3-D mammogram technology for routine screenings. Most Anthem network providers in New Hampshire have agreed to accept the 2-D mammogram reimbursement as payment in full for the 3-D mammogram claim and members are not balanced billed. If the member is balanced billed, they should contact Anthem Member Services at (800) 933-8415. Members who go to an out-of-state provider should confirm if the provider balance bills for 3-D mammograms *before* they have the service.
- Some providers have chosen to ask patients to sign a waiver prior to the mammogram that clearly states that the patient is responsible for the balance of the 3-D mammogram charge. Patients are not required to sign the waiver. If a provider requires the waiver be signed and the patient does not wish to be balanced billed, the patient should ask if a 2-D mammogram is available or seek another mammogram provider.
- It is important to note that not all breast imaging is preventive. Diagnostic imaging may be subject to the medical deductible. The doctor ordering the test(s) can confirm if the test is being coded as preventive or diagnostic.

What do members do when they receive a denial notice for their 3-D mammogram?

- We understand that the Anthem UM Services denial notice is not concise and can cause some concern. No action is required by members.
- Members can log on to their Anthem.com personal account to view the EOB (Explanation of Benefits) for the mammogram claim to determine how the claim was processed. As a reminder, an EOB is not a bill. On the back of this document is a screenshot detailing what an EOB looks like for a mammogram.
- Members can always contact Anthem Member Services at (800) 933-8415 for any questions related to their State of New Hampshire medical benefits.

To view the EOB, log-on to Anthem.com. On the home screen, click on the Claims tab (#1). The screenshot below shows how to access the EOB from the Claims screen.

1 Claims

Our Claims Process

Sent to Us → We have your claim → We are working on it → Sent to You → We are finished

2 Filter Claims

Date For Claim Type Doctor/Facility Status

To filter the claims, select the applicable information and click the 'Apply' button

Reset filter to View all claims **3** Apply

Viewing 1 - 2 of 2 Claims

Number	Date	For	Type	Doctor/Facility	Total	Member Responsibility	Status	EOB Form
...2400	01/11/2016	Patient Name (date of birth)	Medical	Concord Imagi	\$709.50	\$0.00	Approved	View EOB

The Member Responsibility for the claim is listed. Click View EOB for more information

Anthem EOB view:

14899

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

OUR CUSTOMER SERVICE IS AVAILABLE FOR QUESTIONS. (SEE BACK OF PAGE 1 OR YOUR ID CARD). A PAYMENT SUMMARY AND AN EXPLANATION OF CODES ARE AT THE END OF THIS STATEMENT.

PAGE : 1 OF 1
DATE : 01/22/16

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación en el folleto de inscripción.

CLAIMS PAYABLE TO YOUR PROVIDERS

PATIENT: Patient Name CLAIM: 123456 PLAN CODE: NHHNE

PROVIDER/SERVICE	STATUS CODE	DATE(S)	TREAT-MENTS	AMOUNT CHARGED	ALLOWED AMOUNT	AMOUNT PAID	PATIENT BALANCE	MESSAGE CODE
CONCORD IMAGI RADIOLOGY	A	01/11/16	1	444.50	281.03	281.03	.00	A141 A932 A01A
CONCORD IMAGI RADIOLOGY	R	01/11/16	1	205.00	.00	.00	.00	BJ88
CONCORD IMAGI RADIOLOGY	A	01/11/16	1	60.00	24.16	24.16	.00	A141 A932 A01A
CLAIM TOTALS				709.50	305.19	305.19	.00	

YOU MAY BE BILLED FOR AMOUNTS DISPLAYED IN THE PATIENT BALANCE COLUMN. PLEASE REFER TO MESSAGE CODES BELOW FOR APPROPRIATE DEFINITIONS.

STATUS CODES:
A - APPROVED AJ - ADJUSTMENT R - REJECTED/DENIED V - VOID

MESSAGE CODES:
A01A CLAIM PROCESSED AT REFERRED IN NETWORK LEVEL. BYPASS REFERRAL REQUIREMENT.
A141 PAYMENT HAS BEEN MADE DIRECTLY TO THE PROVIDER OF SERVICE ON YOUR BEHALF
A932 AMOUNT COVERED LIMITED TO WHAT YOUR HEALTH PLAN'S ALLOWANCE IS FOR THIS PROCEDURE
BJ88 BENEFITS ARE NOT AVAILABLE FOR EXPERIMENTAL OR INVESTIGATIVE SERVICES.

COMMENTS:
ANTHEM BLUE CROSS AND BLUE SHIELD PROVIDES ADMINISTRATIVE CLAIMS PAYMENT SERVICES ONLY AND DOES NOT ASSUME ANY FINANCIAL RISK OR OBLIGATION WITH RESPECT TO CLAIMS (EXCEPT STOP LOSS OR RISK SHARING OBLIGATIONS, IF ANY).

Amount paid by the plan

Amount the patient is responsible to pay

Additional amount billed and denied for the 3-D mammogram technology