

Helping your employees save money on chiropractic care



A change in the way we work with American Specialty Health

American Specialty Health (ASH) is a national health services organization that manages acupuncture, chiropractic, and health and wellness provider networks. For Anthem Blue Cross (Anthem) health plans, members can seek care from an ASH acupuncture or chiropractic provider and it is considered in-network. The ASH network consists of over 4,000 acupuncture and chiropractic providers and serves more than 32 million members nationwide. Anthem members who choose in-network ASH providers can save money on their cost of chiropractic care.

Some background about the change

Q. What changed?

A. In the past, Anthem reviewed and processed chiropractic claims for our members. But as of May 1, 2013, ASH took over these responsibilities. ASH now processes all in-network and out-of-network chiropractic claims for Anthem PPO plan members of fully insured large group and small group plans in California. In addition, ASH reviews the claims to make sure the services are medically necessary. Only medically necessary services are covered under Anthem plans. Members will receive Explanation of Benefit forms and medical necessity review letters from ASH directly. ASH will also send payments to in-network providers.

Q. Why did we make this change?

A. The cost of chiropractic care has gone up and employers and members now are paying more than ever. These costs vary depending on whether or not a member chooses in-network or out-of-network care. At Anthem, it's our goal to keep costs down so we're continually looking for ways to help our members save money. Having ASH review and process chiropractic claims helps us lower costs by:

- Creating a more efficient process. Streamlining the claim process is one way to help keep costs down.
- Making sure claims are medically necessary. ASH's expertise is in knowing what chiropractic services are needed.
- Encouraging members to see in-network chiropractors. These chiropractors charge members less for services so members can save money on the care they really need.

To view a list of in-network chiropractors, go to anthem.com/ca and choose *Find A Doctor*.

Reviewing claims for medical necessity

Q. How does the review work?

A. For in-network chiropractors:

- In-network chiropractors should go to ASH to make sure care is medically necessary before they provide that care.
- Then, they should send claims directly to ASH.
- Members aren't responsible for the cost of a denied claim, so it's important that ASH gives the OK before care is provided to a member. This authorization is needed in order for the chiropractor to get paid.

For out-of-network chiropractors:

ASH begins its review for medical necessity after a member's fifth visit to their provider each year. When members see out-of-network chiropractors, they need to work with ASH to make sure care is medically necessary. Their chiropractor can help to submit the paperwork. But, if a member doesn't follow this process, and ASH can't decide if care is medically necessary, they will:

- Deny the claim, due to lack of information.
- Ask for health records.
- Work with the chiropractor to get more information.
- Reprocess the claim once they have been able to determine medical necessity.

If ASH doesn't receive a member's health records, they can't review the claim. Unlike with in-network providers, here the member does have to pay the full cost of their care if a claim is denied. So it's very important to make sure care is medically necessary in order for members to continue getting the care they need.

Q. How long does the review take?

A. If a treatment has not yet been given, ASH will review it within five days. If the treatment has already been given, ASH will review it within 30 days, as long as all paperwork has been sent.

Q. How should information be sent to ASH for review?

A. Chiropractors can fax all forms and paperwork to ASH at 877-304-2746. They can also help members send information to ASH by going to ashcompanies.com. Then, clicking on *MEMBER/INSUREDS > Guest > Non-Participating Practitioner Claims Packets*.

Members and their benefits

Q. How can a member find a chiropractor?

A.

- Members should go to anthem.com/ca to find in-network chiropractors in their area.
- They can also call Customer Service using the number on the back of their ID cards.
- If they are far away from in-network providers, we'll work with ASH to make sure their out-of-network care is covered. This is on a case-by-case basis.

Q. Does this change affect coverage?

A. No. The only difference is that ASH now reviews and processes chiropractic claims for us. They help us decide:

If a treatment is medically necessary, then:

- Members pay their normal required amount, such as a copay or coinsurance.

If a treatment is not medically necessary, then:

- Members who see in-network chiropractors are not responsible for any payments for denied claims.
- Members who see out-of-network chiropractors pay 100% of the cost of their care.

Q. What if a member needs more care than benefits allow?

A. If this happens, ASH needs to review the type and amount of care before it is given. They also need to decide if it is medically necessary. If this pre-authorization review doesn't happen, the service might not be covered. Chiropractors should call ASH to ask for a pre-authorization review. Members should call Customer Service using the number on the back of their ID cards.

Q. What if a member has Medicare or another health plan?

A. Anthem will process claims when Medicare or any other commercial insurance carrier is primary.

Q. Do other non-chiropractic providers follow this process if they offer chiropractic services?

A. No. Anthem will review and process all claims for them – not ASH.

Handling claims

Q. Where should claims go?

A. Chiropractors or members who had out-of-network care should send claims to:

American Specialty Health
P.O. Box 509001
San Diego, CA 92150-9002

Q. What if a claim is sent to Anthem by mistake?

A. We will reject the claim and send it back. To process the claim, it must be sent to ASH at the address above.

Q. What if the claim is for a service outside of California?

A. If this happens, chiropractors need to send claims to their local home plan.

Q. How do you appeal a claim or file a grievance?

A. Members should follow the process on the back of their Explanation of Benefits (EOB) or medical necessity letter.

Where to go for more information

Q. Who should members call about a claim?

A. They should call the number on the back of their ID cards. Our Customer Service representatives can help and call ASH, if needed. Keep in mind; if a claim is processed by ASH, it isn't available on [anthem.com/ca](https://www.anthem.com/ca).

Q. Who should chiropractors call about a claim?

A. They should call ASH directly at 800-972-4226, Monday through Friday, 7 a.m. to 5 p.m. PST.