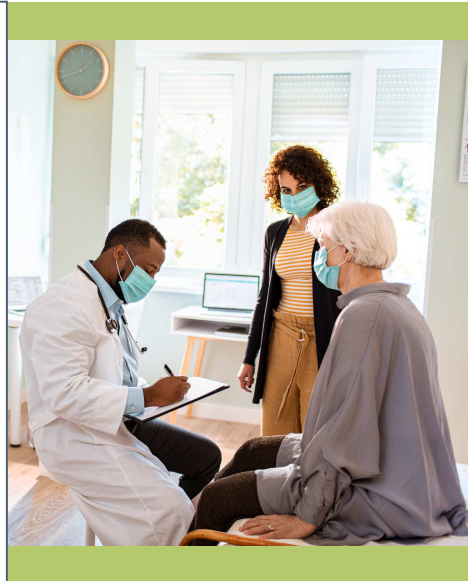# PROVIDER RELATIONS

With our Provider Portal, you have the convenience of helpful online services such as reviewing claim status and submitting non-urgent prior authorization requests.

Community Health Direct Provider Portal

Review the Provider Portal registration guide for helpful instructions on how to register for the new provider portal. Please contact us at CHDProviderRelations@ecommunity.com or 317-621-7581 if you need further assistance.

VISION: We strive to simply deliver an exceptional experience - with every life we touch.

IN THIS ISSUE:

President Biden terminated the public health emergency concerning the COVID-19 pandemic on May 11, 2023. The current telehealth coverage and payment for CHD members remains unchanged by the ending of the PHE. Any change to telehealth coverage, payment, or requirements will be communicated to providers prior to becoming effective.

Monthly Provider Roster Updates:

- NEW providers joining Community Health Direct
- TERMED Community Health Direct providers

Credentialing of NEW Providers:

Credentialing through Community Health Direct for ALL new providers takes anywhere from 90 to 120 days from notification until completion. You can find helpful forms and answers to frequently asked questions on our website.

Provider Credentialing Website

Important Update from Cigna

Modifier 25—Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service

Overview

In general, reimbursement for evaluation and management (E/M) services on the same day a procedure is also performed by the same physician is included in the payment for the procedure. The E/M service code should not be separately reported.

In some circumstances, a significant E/M service is rendered that is separately identifiable from the procedure performed in the same session. The separate E/M service must be significant enough to require a separate service, i.e., address a new or distinct problem.

Modifier 25 was created to identify this situation and to indicate that it is appropriate to separately report the E/M service in addition to the procedure. Modifier 25 is used to indicate that on the day a procedure was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided.

Notification: Effective 05/25/2023 Cigna will require the submission of documentation to support the use of modifier 25 when billed with E/M CPT® codes 99212 – 99215 and a minor procedure.

Reimbursement Policy

Cigna allows separate reimbursement for an Evaluation and Management (E/M) service or office visit when reported in addition to a procedure on the same date of service if:

- the Current Procedural Terminology (CPT®) or Health Care Procedure Coding System (HCPCS) E/M service code (e.g., CPT 99202-99499) and a procedure performed at the same patient encounter are individually and separately identifiable, and
- modifier 25 is appended to the disallowed E/M service code, and
- the Centers for Medicare and Medicaid Services' (CMS) National Correct Coding Initiative (NCCI), or Cigna defined edit allows a modifier override, and
- E/M services provided must meet the criteria as defined in the current CPT® E/M guidelines for code section 99202 – 99215 and 1997 CMS documentation guidelines. E/M codes outside the 99202 – 99215 range must meet criteria as detailed in the CPT® Refer to the Evaluation and Management (R30) reimbursement policy for additional information.
- Cigna requires the submission of office notes with claims submitted with E/M CPT® codes 99212, 99213, 99214 and 99215, and modifier 25 when billed with a minor procedure. The E/M line will be denied if Cigna does not receive adequate documentation to support that a significant and separately identifiable service was performed. The documentation should be submitted with a cover sheet indicating the office notes supports the use of modifier 25 appended to the E/M code.

Note: Only specific NCCI edits require supporting documentation to be submitted with the initial claim (see below).

For the most up-to-date information, please visit CignaforHCP.com.

Provider Relations Resources

There is a helpful video that has been put together by dedicated members of our Provider Relations management team. Learn more about our Community Health Direct plans, how to navigate our provider portal, pharmacy benefits, and more.

- [2023 CHD Provider Education](#)

The Community Health Direct website provides many helpful resources, answers to common questions, and fillable forms for your convenience. Take a look at the links below!

- [Contracting Assistance](#)
- [Credentialing Assistance](#)
- [Service and Education](#)
- [Community Medical Plans](#)
- [Provider Manual](#)

Request education for your office by contacting the Service and Education team analysts below.

For providers:
Dawn Widgery - (317) 621-7462 or dwidgery@eCommunity.com
Carol Boyd - (317) 621-7923 or cboyd@eCommunity.com

For facilities:
Jerrilyn Dixon - (317) 621-7466 or jdixon3@eCommunity.com

MISSION: We're deeply committed to enhancing health and well-being in the communities we serve.

How To Submit A Change

COMPLETING A CHANGE OF INFORMATION IN SHAREPOINT (Employed CHNw practices ONLY)

- Go to InComm, from the Tools menu, select Provider Onboarding. Click that link to the Provider Onboarding site.
- Once there, you will go the Change of Information link, found on the left side of the page, about 2/3rds down.
- From there, at top left of screen there is a plus sign that says "add new item". Click the plus sign once and a fillable form asking for all of the details will appear.
- Select the provider and type of change and enter any notes about the change and submit.
- This kicks off the process of changing the information with the payers and it typically take 30—45 days   before all payers approve and enter the change.

Feel free to share his information with any practice leadership in any Community employed group, as it's the same process for many practice changes. If you are an operations leader and do not have access to this site for some reason, SharePoint you can contact Shawn Miller in IT and request access.

DEPARTMENT STAFF

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VALUES: Patients first. Relationships. Integrity. Inclusion. Diversity. Excellence.