Welcome

Learn about information and resources available to you as a participating provider, including:
- Policies
- Credentialing
- Submitting claims and receiving payment
- Identifying members
- Educational materials

Policies

Our policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the medical policy and contract language, the contract language takes precedence.

Newly established or revised medication policies and administrative policies, as well as reminders about medical and reimbursement policy changes and information about quality improvement activities, are communicated in our newsletter, *The Connection*^{SM}, and may also be communicated in a letter.

Dental providers: Visit our dental-specific provider website, **asurisdental.com/providers**, for tools and resources for your dental office, including a *Dental Manual and Guidelines* and *CDT Guide*. In addition, issues of our dental provider newsletter, announcing dental policy updates and other news that may impact your office, are available in the News section.

Monthly updates to medical and reimbursement policies
We publish *The Bulletin* as a monthly supplement to the bimonthly provider newsletter. This monthly bulletin includes updates to medical and reimbursement policies.

The Bulletin is available by the first of each month and emailed to those who have subscribed. To subscribe, please complete the subscription form available on our provider website.

You can view current and previous bulletins and newsletters on our provider website: Library>News & Updates.

All of our policies are available on our provider website: Library>Policies & Guidelines.

Types of policies
The purpose of **medical policy** is to provide guidelines for determining coverage criteria for specific procedures, equipment and services. The following information is available:
- Commercial policies
- Medicare policies
- Clinical Practice Guidelines
- Vendor communications
- Uniform glossary of terms

Your patients may ask questions regarding our medical policy, as our policies are also available to our members on **asuris.com**.

Reimbursement policies document Asuris payment policy and correct coding for medical and surgical services and supplies.

Medical policies provide guidelines for determining coverage criteria for specific procedures, equipment and services.

Our medication policies are based upon research of scientific literature, government approval status, and evidence-based treatment guidelines supporting clinical best practice/standards of care.

Credentialing

We contract with physicians, dentists, other health care professionals and facilities to form provider networks essential for delivery of health care to our members.

All providers must be credentialed before they can participate in our provider networks.

The following provider credentialing information and related forms are available in the Contracting & Credentialing section of our provider website:

- Networks
- Contracting
- Onboarding
- Credentialing
- Locum tenens

Claims and payment

The Claims & Payment section of our provider website includes information about including:

- Submitting claims
  - Coding Toolkit
  - Billing guidelines
  - Electronic submission requirements
  - Coordination of benefits (COB)
  - **Fragmented/split professional billings**: A fragmented or split professional billing is defined as professional services rendered by the same provider for the same date of service and submitted on multiple professional claim forms. We require all professional services rendered by the same provider for the same date of service to be submitted on one claim form.

    Exceptions:
    - When a Medicare patient receives services that Medicare specifically requires to be submitted on separate claim forms
    - Home infusion providers who bill for the initial and subsequent therapy administration code on the same day using modifier SH or SJ
- Receiving payment
  - Overpayment recovery
  - Professional reimbursement

- o Remittance advice
- o Electronic funds transfer (EFT)
- Identifying members
  - o Sample member cards
  - o Where to submit claims
  - o Who to contact for help
  - o Which health plan, provider network, product and/or types of coverage your patient has

Educational materials

We have tools and information on our provider website to help you learn more about our programs and processes, including forms, flyers, guides and policies. *The Connection* provider newsletter and *The Bulletin* are also available. View current and past issues and subscribe to receive email notifications when new issues are available.