Anthem Blue Cross

ClaimCheck Version 55 Upgraded Effective April 1, 2015

No action required; for your information only.

We are upgrading to version 55 of CheckClaim® 10.1, a nationally recognized code auditing system. The changes included in this upgrade will become effective April 1, 2015.

Background information
Anthem Blue Cross (Anthem) uses the auditing software product from McKesson to reinforce compliance with standard code edits and rules. Additionally, ClaimCheck increases consistency of payment to providers by ensuring correct coding and billing practices are being followed. Using a sophisticated auditing logic, ClaimCheck determines the appropriate relationship between thousands of medical, surgical, radiology, laboratory, pathology and anesthesia codes and processes those services according to industry standards.

Why is this change necessary?
ClaimCheck is updated periodically to conform to changes in coding standards and include new procedure and diagnosis codes.

Anthem uses ClaimCheck to analyze outpatient services, including those that are considered:
- Rebundled or unbundled services
- Multichannel services
- Mutually exclusive services
- Incidental procedures
- Inappropriately billed medical visits
- Diagnosis to procedure mismatch
- Upcoded services
- Fragmented billing of pre-and postoperative care

Other procedures and categories reviewed include:
- Cosmetic procedures
- Obsolete or unlisted procedures
- Age/sex mismatch procedures
- Investigational or experimental procedures
- Procedures billed with inappropriate modifiers

What if I need assistance?
If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call the number on the back of the member’s ID card.

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