Anthem Blue Cross

Medicare Advantage Reimbursement Policy Provider Bulletin

March 2018

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Anthem Blue Cross benefit plan. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. Proper billing and submission guidelines are required along with the use of industry-standard, compliant codes on all claim submissions. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, we strive to minimize these variations. For more information on these and other Anthem Reimbursement Policies, click here.

Policy Update

Unlisted, Unspecified or Miscellaneous Codes
(Policy 06-004, effective [07/01/2018])

Effective July 1, 2018, Anthem will begin allowing reimbursement for unspecified codes. Unspecified codes should only be used when an established code does not exist to describe the diagnosis, service, procedure, or item rendered. Reimbursement is based on review of the unlisted, unspecified or miscellaneous code(s) on an individual claim basis. Claims submitted with unlisted, unspecified or miscellaneous codes must contain specific information and/or documentation for consideration during review.

For additional information, please review the Unlisted, Unspecified or Miscellaneous Codes reimbursement policy here.