Anthem Blue Cross and Blue Shield

Documented clinical evidence reduces admission denials, peer-to-peer calls (IN, KY, MO, OH, and WI only)

Anthem Blue Cross and Blue Shield has historically reviewed admissions of up to three days for medical necessity for our individual and group-sponsored Medicare Advantage members. Earlier this year Anthem began reviewing admissions of up to four days. This should have no impact on admissions with documented clinical evidence that supports the medical necessity of the admissions. Providers who do submit the necessary documentation have reduced both denials and peer-to-peer calls.

Admissions are reviewed to determine if the documentation of severity of illness and intensity of services supports acute inpatient hospitalization for the safe and effective management of the member. The intent is to review the pertinent past medical history, the clinical presentation of the member, the findings of the physical examination, the results of any diagnostic studies and the clinical course of the member from presentation to discharge.