Anthem Blue Cross and Blue Shield

Code Editing Enhancements Effective July 18, 2015 for Medicare Advantage Group-Sponsored Claims

Code Editing Enhancements
Anthem Blue Cross and Blue Shield currently uses a comprehensive and nationally recognized code auditing system to ensure consistent physician and facility reimbursement. Our system does this by automatically evaluating provider claims in accordance with accepted industry coding standards.

Effective July 18, 2015, we will update Colorado, Maine and New Hampshire group-sponsored Medicare Advantage claims editing by enhancing our code-editing technology to better align to existing payment guidelines. This update aligns group-sponsored Medicare Advantage claims editing with the same code enhancements currently used for individual Medicare Advantage claims in Colorado, Maine and New Hampshire. Claims will be reviewed to:

- Reinforce compliance with standard code edits and rules
- Ensure correct coding and billing practices are being followed
- Determine the appropriate relationship between thousands of medical, surgical, radiology, laboratory, pathology and anesthesia codes
- Ensure compliance with industry standards

Medicare Advantage group-sponsored members have the following member ID prefixes:

**ME HMO** – SVJ

**NH HMO** – YGS

**LPPO** – JVM, YRE, YLV, VZM, JQF, XGK, XKJ, XLV, YGJ, WSP

What are the sources for these polices?
Correct coding guidelines are established by:

- The Centers for Medicare & Medicaid Services (CMS)
- The American Medical Association (AMA) CPT® Coding Guidelines
- National and Local Coverage Determinations (NCD/LCDs)
- National specialty and academy guidelines

What if I need assistance?
If you have questions, please call the phone number of the back of the member’s ID card.

54135MUPENMUB 06/17/2015

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