

MEDICAID PROVIDER BULLETIN

March 2019

Denial of claims billed with noncovered codes

Summary: Effective April 15, 2019, Anthem Blue Cross and Blue Shield Medicaid will begin denying claims billed with noncovered codes. CPT and HCPCS codes not included on the current Department for Medicaid Services (DMS) fee schedules and/or identified as a covered Medicaid service by CMS are considered noncovered. As applicable, the noncovered codes should be billed with a more appropriate code or bundled (not separately reimbursed) with another covered code.

For these denials, a corrected or replacement claim may be submitted within 90 calendar days of the date on the remittance advice. Corrections to a claim should only be submitted if the original claim information was incorrect or incomplete.

Providers may also receive recoupment requests for dates of service prior to April 15, 2019, for the billing and payment of noncovered codes. For recoupment requests, a corrected claim may be submitted within 180 calendar days from the date of the recoupment notification/letter or remittance advice.

If a provider disagrees with a denial or recoupment request, an appeal can be submitted within 90 days of the remittance date or as directed in the recoupment notice.

Provider action

To avoid these denials and/or recoupments, please ensure claims are submitted with the current and applicable CPT and HCPCS codes, as outlined on the current DMS fee schedules and/or identified as a covered Medicaid service by CMS.

Questions?

If you have questions about this communication, please contact your Provider Relations representative or call Provider Services at **1-855-661-2028**.



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