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| | | Reimbursement Policy |
| Subject: Reimbursement of Services with Obsolete Codes | | |
| Effective Date: 04/01/17 | Committee Approval Obtained: 11/09/15 | Section: Coding |
| <p>*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://mediproviders.anthem.com/nv.*****</p> <p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem). The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>Anthem reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Anthem strives to minimize these variations.</p> <p>Anthem reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.</p> | | |
| Policy | <p>Anthem does not allow reimbursement for services billed with obsolete codes in compliance with industry standard coding practices according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Billing with obsolete codes is not HIPAA-compliant.</p> <p>Claims submitted for services using obsolete codes will be denied. Providers must resubmit claims with applicable new or replacement codes to have services considered for reimbursement. Resubmitted claims are subject to claims timely filing guidelines.</p> | |
| History | <ul style="list-style-type: none"> • Effective 02/01/18: Policy template updated | |

<https://mediproviders.anthem.com/nv>

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| | <ul style="list-style-type: none"> • Biennial reviewed and approved: 10/19/17 • Biennial review approved 03/19/15: History, references and research materials and policy template updated • Biennial review approved 04/12/13 and effective 06/06/07: Disclaimer updated 02/27/13 • Biennial review approved 02/14/11: Claims timely filing language added; Background and Related Policies sections updated; Policy template updated • Initial committee approval and effective date: 02/01/09 |
| References and Research Materials | <p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State Medicaid • State contracts • Federal Register Vol. 65, No. 160 45 CFR Parts 160 and 162 Health Insurance Reform: Standards for Electronic Transactions • National Correct Coding Initiative • HIPAA Compliance Guidelines |
| Definitions | <ul style="list-style-type: none"> • General Reimbursement Policy Definitions |
| Related Policies | <ul style="list-style-type: none"> • Claims Timely Filing • Code and Clinical Editing Guidelines |
| Related Materials | <ul style="list-style-type: none"> • None |