Reminder: Quarterly fee updates and code edit changes

pages.azblue.com/Whats-new-for-fees-and-code-edits--NOV-2021.html

To keep our claim processing current, accurate, and efficient, we update our proprietary fee schedules quarterly. In addition, we periodically update our claim editing software with code edit changes.

➕ **In This Issue**

BCBSAZ covers *all* authorized COVID-19 vaccines and boosters

Preview January 1 fee changes starting December 1

Our next fee update will be effective January 1, 2022. You can preview these updates on the secure provider portal starting December 1, 2021.

Blue Cross® Blue Shield® of Arizona (BCBSAZ) fee schedules are based on a number of pricing sources that can influence the need for changes. These include Medicare fee schedules, information derived from claims, and competitive pricing data. Our fee updates reflect generally applicable market changes, such as CMS code changes, pricing for newly available drugs, fluctuations in prices for listed drugs, other market shifts, and modifications based on ongoing utilization analysis.

For your convenience, we have formatted the spreadsheets for fee updates to include a sort filter on each column and a column displaying the percentage of change in the total fee.

To access the updates, log in to azblue.com/providers: "Provider Resources > Guidelines > Claim Pricing." Select one of the "Fee Updates" links: ASC, Outpatient, Professional, Unclassified Drug, or Per Diem Base Rates.

Access our code edit information and the C3 transparency tool

Periodic code edit updates might include the addition of new CDT/CPT®/HCPCS procedure codes, BCBSAZ code edit guideline updates, quarterly Correct Coding Initiative (CCI) releases, or other code edit changes. These updates could impact certain professional and outpatient claims.

For information about our specific code edit rules, check out the current code edit guidelines PDF to see effective dates for rules that were recently or will soon be applied. To better understand how our code edits (including recent updates) are likely to impact your claims, use the online Clear Claim Connection™ (C3) code edit transparency tool. The tool displays current BCBSAZ payment policies, related rules, code edit clarifications, and source information. The tool is not available for dental claim code edits.

Access our code edit guidelines and the C3 tool on the secure portal at azblue.com/providers: "Provider Resources > Guidelines > Claim Coding > Code Edit Guidelines and C3 Tool." Revisions are posted as needed.

If you have questions regarding fee schedules or code edits, contact your provider liaison or call Provider Partnerships at 602-864-4231 or 1-800-232-2345, ext. 4231.

The information received via the Clear Claim Connection tool does not constitute coverage, medical advice, or guarantee of payment. It is not meant to prescribe, designate, or limit procedures or medical care to members. If there is a difference between information displayed in the tool and the member's benefit plan, the member's benefit plan will govern.

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Our members can take a digital ID card with them wherever they go with the MyBlue AZ℠ mobile app.