

Reminder: Quarterly fee updates and code edit changes

 pages.azblue.com/BCBSAZ-fee-schedule-updates---Nov-2022.html

[Sign in – Secure Provider Portal](#) 



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](#)

New! Check out DIABETES
on [our member health blog](#)

Preview January 1 fee changes starting December 1

Our next fee update will be effective January 1, 2023. You can preview these updates on the secure provider portal starting December 1, 2022.

This article and the online posting of the updates serves as our formal prior notice of these fee schedule changes—as required by our provider participation agreements.

Blue Cross[®] Blue Shield[®] of Arizona (BCBSAZ) commercial 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, competitive pricing data, and feedback from BCBSAZ network providers. 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, correction of over- or under-valued fees, and modifications based on ongoing utilization analysis.

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 about 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.

CPT (Current Procedural Terminology) codes and modifiers are ©2022 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Clear Claim Connection is a trademark of Change Healthcare Technologies, LLC, a separate, independent third-party vendor that is solely responsible for its products and services.

BCBSAZ member ID cards are available for download via eligibility and benefits search results.