NOTICE: Claim Edit Enhancements

September 4, 2025

Dear Provider,

Blue Cross Blue Shield of Arizona Health Choice adheres to nationally recognized coding methodologies to ensure accurate claims adjudication. This includes, but is not limited to, the use of the National Correct Coding Initiative (NCCI) for professional services, ambulatory surgery, outpatient services, multiple procedure and surgical reductions, and global day evaluation and management bundling standards, in alignment with government program requirements and applicable laws.

As part of our ongoing commitment to best practices and compliance with industry standards, we will be implementing enhancements to our claims editing programs beginning **November 3**, **2025**. These updates are designed to improve payment accuracy by identifying complex coding errors that may not be captured by standard editing systems.

Key features of the enhanced program include:

- Advanced clinical and coding algorithms based on nationally sourced edits.
- Manual and systemic reviews conducted by certified coding professionals.
- Minimal disruption to claims processing: 97–99% of claims will continue to autoadjudicate, with only 1–3% flagged for additional review.

These enhancements aim to support correct coding and billing practices while increasing transparency in claims evaluation. As a result, you may notice changes in claim outcomes and edits reflected in your Explanation of Benefits (EOB) or electronic remittance notices. These changes are based on widely accepted industry standards and are intended to help you, and your billing team, better understand our payment decisions.

If you have questions regarding these updates, please contact your provider representative. Contact information is available through the provider portal or by calling Customer Service at 1-800-322-8670 (TTY: 711).

We appreciate your cooperation and understanding as we implement these improvements.

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