

Reimbursement Policy Updates: February 2019*

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Body Mass Index (BMI) – Facility

Beginning with dates of service on or after May 1, 2019, Anthem Blue Cross and Blue Shield (Anthem) is updating the facility Body Mass Index (BMI) Reimbursement Policy. Reimbursement will be based on a review of all comorbidities, diagnosis codes reported, and the facility specific reimbursement methodology for Body Mass Index (BMI) diagnosis codes reported as a secondary clinical condition along with other criteria set forth in our policy.

For additional information, please review our updated policy dated May 1, 2019 by visiting the Facilities Reimbursement Policy page for your state on anthem.com/provider.

Indiana Reimbursement Policies-Facility; **Kentucky** Reimbursement Policies-Facility; **Missouri** Reimbursement Policies-Facility; **Ohio** Reimbursement Policies-Facility; **Wisconsin** Reimbursement Policies-Facility

Reminder: Review ICD-10-CM Coding Guidelines – *Professional*

To help ensure the accurate processing of submitted claims, keep in mind ICD-10-CM Coding Guidelines when selecting the most appropriate diagnosis for patient encounters. Remember ICD-10-CM has two different types of excludes notes and each type has a different definition. In particular, one of the unique attributes of the ICD-10 code set and coding conventions is the concept of Excludes 1 Notes. An Excludes 1 Note is used to indicate when two conditions cannot occur together (Congenital form versus an acquired form of the same condition). An Excludes 1 Note indicates that the excluded code identified in the note should not be used at the same time as the code or code range listed above the Excludes 1 Note. These notes are located under the applicable section heading or specific ICD-10-CM code to which the note is applicable. When the note is located following a section heading, then the note applies to all codes in the section.

URL: <https://providernews.anthem.com/kentucky/article/reimbursement-policy-updates-february-2019>

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