

Reimbursement policy update: Claims Requiring Additional Documentation (facility)

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As a reminder, Anthem Blue Cross (Anthem) announced the delay of a change to our facility reimbursement policy Claims Requiring Additional Documentation in the October 2020 edition of the *Provider News*. As you may recall, Anthem's 90-day written notice of this delay was mailed on April 29, 2020, with an original effective date of August 1, 2020. The change would have required facilities to submit an itemized bill with outpatient facility claims reimbursed at a percent of charge with billed charges above \$20,000. We are raising the billed charges threshold to \$50,000 for outpatient and will now implement with dates of service on or after August 1, 2021.

In addition, we are raising the itemized bill requirement for inpatient stay claims threshold from \$40,000 to \$100,000 and will now implement with dates of service on or after August 1, 2021.

If you have questions, please contact your hospital network manager or our Network Relations staff at CAContractSupport@anthem.com.

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URL: <https://providernews.anthem.com/california/article/specialty-dose-rounding-program-beginning-august-1-2021>

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