Blue Cross complete of Michigan

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MCG message

To: All Blue Cross Complete providers

Date: May 21, 2024

Subject: **Optum release new edit on claims for facility providers**

Effective Sept. 1, 2024, Optum will deny all claims billed for a service at a facility that requires an anatomical modifier when the facility does not bill the modifier. Facilities must properly bill anatomical modifier on claims in order to receive approval. This policy applies to all health care services billed on either a CMS 1500 / UB 04 form, 837p/837i or future claim form.

The Optum edits are based on guidelines from established industry sources such as the Centers for Medicare and Medicaid Services, the American Medical Association, State regulatory agencies and medical specialty professional societies.

In making claim payment determinations, the health plan also uses coding terminology and methodologies that are based on accepted industry standards, including the Healthcare Common Procedure Coding System manual, the Current Procedural Terminology codebook, the International Statistical Classification of Diseases and Related Health Problems manual and the National Uniform Billing Code.

If you have questions, please contact your Blue Cross Complete provider account executive or Provider Inquiry at **1-888-312-5713**.