



June 1, 2019

**RE: Clinical Validation (Professional Reimbursement Policy Update)**

Dear Provider:

Effective with dates of service on or after September 1, 2019, Anthem Blue Cross and Blue Shield (Anthem) will update our audit process for claims with modifiers used to bypass claim edits by conducting modifier reviews through a pre-payment clinical validation review process. Claims with modifiers such as -25, -59, -57, LT/RT, and other anatomical modifiers will be part of this review process.

In accordance with published reimbursement policies which document proper usage and submission of modifiers, the clinical validation review process will evaluate the proper use of these modifiers in conjunction with the edits they are bypassing (such as National Correct Coding Initiative (NCCI)). Clinical analysts who are registered nurses and coders will review claims pended for validation, along with any related services, to determine whether it is appropriate for the modifier to bypass the edit.

If you believe a claim reimbursement decision should be reviewed, please follow the normal claims dispute process and include medical records that support the usage of the modifier applied when submitting claims for consideration.

If you have questions or need further information, please contact your contract manager. Thank you as always for everything you do for our members.

Sincerely,

A handwritten signature in black ink that reads "Peter Sabal".

Peter J. Sabal  
RVP, Provider Solutions  
Anthem Blue Cross and Blue Shield