

June 1, 2019

RE: Frequency Editing (Professional Reimbursement Policy – Update)

Dear Provider:

The following changes will be made to Anthem Blue Cross and Blue Shield (Anthem)'s Frequency Editing policy effective September 1, 2019:

- In the [February 2018](#) edition of our provider newsletter, we advised that we were revising our Frequency Editing policy to remove the frequency limits of one (1) per date of service and 18 per 365 days for definitive drug testing for HCPCS codes G0482 and G0483. Please note we are adding the language back into our policy dated September 1, 2019 to reflect that we still limit the frequency for these two codes.
- Beginning with dates of service on or after September 1, 2019, we will add a frequency limit of one (1) per date of service not to exceed one every three (3) years for CPT code 81528.
- Beginning with dates of service on or after September 1, 2019, the following language will be removed.
 - "The Health Plan will apply per day frequency maximums based on the CPT/HCPCS codes listed on the CMS Medically Unlikely Edit (MUE) listing that have a per day MUE Medicare Adjudication Indicator (MAI) "2."

The policy will apply frequency maximums based on CMS Medically Unlikely Edit (MUE), industry standards and/or code description.

For more information, view this policy online. Go to [anthem.com](#) | **Providers** | Select **Find Resources for Your State**, and pick **Nevada** | Under *Provider Resources heading*, select **Policies and Guidelines** | Under *More Resources heading*, Under *Reimbursement Policies*, select [Find Reimbursement Policies for Professionals](#), then select **Frequency Editing**.

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,



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