Claim Coding – Overview

Coding classification systems

Blue Cross® Blue Shield® of Arizona (AZ Blue) network providers are required to use appropriate coding classification systems (in accordance with provider type and services rendered), as referenced by the following coding resources:

- CPT® – Current Procedural Terminology

- CDT® – Current Dental Terminology

- HCPCS – Healthcare Common Procedure Coding System

- ICD-10-CM diagnoses codes and ICD-10-PCS codes, 10th revision

- American Medical Association (AMA)

- Centers for Medicare and Medicaid (CMS)

- American Dental Association (ADA)

Compliance with billing and coding requirements

AZ Blue uses AMA CPT and CMS coding guidelines to set claim coding requirements for providers and as our reference for claim coding reviews. Providers must comply with AMA CPT and CMS coding guidelines.

In response to AMA and CMS updates, we periodically adopt changes to our billing and coding requirements, such as the addition, deletion, or combination of codes that will be accepted for payment. Providers receive notice of these changes via email, letter, the AZ Blue provider portal or Availity Essentials portal (log in or visit Availity's Register and Get Started page), or newsletter (*BlueConnect*). Providers are required to comply with the updates by the date specified in the notice.

Coding resources for providers

- AMA's most current **CPT coding book**, published each October (contains the new, revised, and discontinued CPT codes for the upcoming year)

- The annual **alpha-numeric HCPCS update** on the CMS website: cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html (CMS posts the new, revised, and discontinued alpha-numeric codes quarterly)

- The ADA CDT coding book at ada.org/en/publications/cdt

- National Uniform Billing Committee's NUBC Official UB-04 Data Specifications Manual

- CDC ICD-10 code browser tool at cdc.gov/nchs/icd/icd10cm_browsertool.htm