

August 1, 2022

**RE: Update – Outpatient Prepay Itemized Bill Review Program**

Dear Provider:

As a reminder, Anthem Blue Cross and Blue Shield's and our subsidiary company, HMO Colorado (Anthem) current Outpatient Prepay Itemized Bill Review Program reviews outpatient claims more than \$100,000 billed at a percent of charge prior to reimbursement to ensure items and services included on the claim are reimbursable. We are expanding the prepay program launched in 2021 requiring an itemized bill review for all outpatient services as follows:

- Effective with dates of service on or after July 1, 2022, we will add Host and Ambulatory Surgery Centers (ASCs) in scope.
- Effective with dates of service on or after November 1, 2022, the threshold for requiring an itemized bill for outpatient claims will decrease from \$100,000 to \$50,000.

For more information, view this policy online. Go to [anthem.com](https://www.anthem.com), select **Providers**. Under the *Provider Resources* heading, select **Policies, Guidelines, and Manuals**. Select **Colorado** as your state. Under the *Reimbursement Policies* heading, select [Access Policies](#). Then search for the Policy you would like to view.

Sincerely,



Erica Kloehn  
Regional Vice President, Provider Solutions  
Anthem Blue Cross and Blue Shield