

New CLIA edits effective June 1, 2022

The *Clinical Laboratory Improvement Amendments (CLIA)* regulate laboratory testing and require clinical laboratories to be certified by the Centers for Medicare & Medicaid Services (CMS) before they can accept human samples for diagnostic testing. *CLIA* edits are code specific and CMS expanded those edits to COVID-19 test codes in 2021.

Anthem Blue Cross and Blue Shield is aligning to that requirement. Effective **June 1, 2022**, a valid *CLIA* certification number is required for reimbursement for the following codes:

Procedure codes							
86328	86408	86409	86413	86769	87426	87428	87635
87636	87637	87811	0202U	0223U	0224U	0225U	0226U
0240U	0241U	U0001	U0002	U0003	U0004		

Any claims that do not contain a valid *CLIA* ID, certificate level, or address will be considered incomplete and receive a denial code below.

Denial code	Denial description
GLI	Missing or an invalid <i>CLIA</i> number
B85	<i>CLIA</i> not valid on DOS
B84	CMS address does not match box 32/33 of claim
GLJ	Certification level not high enough for procedure performed

Note: *CLIA* edits do *not* apply to claims submitted on *UB-04* claim forms.

If you have any questions regarding this bulletin, please contact Provider Services:

- Hoosier Healthwise: **866-408-6132**
- Healthy Indiana Plan: **844-533-1995**
- Hoosier Care Connect: **844-284-1798**



Email is the quickest and most direct way to receive important information from Anthem Blue Cross and Blue Shield.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/2XN9y9o>).



<https://providers.anthem.com/in>

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

AIN-NU-0366-22 June 2022