

## **Information Regarding Significant Edits**

Except as otherwise noted in written provider communications and published guidelines, Highmark processes claims in accordance with CPT<sup>1</sup> coding guidelines. Other HCPCS<sup>2</sup> codes, specifically those developed by CMS<sup>3</sup> and BCBSA<sup>4</sup>, are also processed in accordance with published Highmark guidelines.

Highmark's Medicare Advantage products are also subject to guidelines established by CMS<sup>3</sup> and/or the local Medicare contractor.

Both Highmark and Medicare Advantage medical policies are available on this Web site.

1. CPT – Current Procedural Terminology<sup>®</sup> (published by the American Medical Association<sup>®</sup>)
2. HCPCS – Healthcare Common Procedure Coding System
3. CMS – Centers for Medicaid & Medicare Services
4. BCBSA – Blue Cross Blue Shield Association