

SPECIAL eBULLETIN

FOR FACILITY PROVIDERS

NOVEMBER 2016

EFFECTIVE 1/1/17, SURGICAL PROCEDURE CLAIMS WITH UNLISTED CODES WILL REQUIRE ADDITIONAL REPORTS

When submitting claims to Highmark for surgical procedures, network facility providers know that some surgeries may not have a specific Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code assigned to them. Therefore, when submitting claims for such surgical services that are not otherwise specified/classified, facilities must use unlisted codes — which offer the means of reporting surgical procedures until a more specific code is established.

Effective Jan. 1, 2017, when surgical procedures are reported using unlisted codes on a facility claim submission, Highmark will begin to require facility providers to include the operative or procedure report as part of the claim. The report will be used to ensure that the billing of the unlisted procedure code was appropriate and a specific CPT or HCPCS code was not available for reporting the surgical procedure that was performed.

Additionally, documentation must be provided for any devices or implants that are billed using an unlisted code in conjunction with an unlisted surgical code.

KEY REMINDERS WHEN INCLUDING OPERATIVE/PROCEDURE REPORTS ON CLAIMS

Following is important information to remember when including operative or procedure reports with claims that include unlisted surgical procedure codes:

- The PWK process must be used to submit additional documentation for any electronic claim.
- Providers can either fax or mail the reports. The instructions and the PWK Supplemental Claim Information Cover Sheet can be found on the Provider Resource Center under **Provider Forms > Miscellaneous Forms**.
- When providers submit the claim (837), they need to complete the fields in the Paperwork segment.
- The attachment control number is highly important. This number is assigned by the provider and should be included on the 837 and on the PWK cover sheet to ensure the appropriate reports are attached to the correct claim. (Please see the following page for a sample electronic claim image showing the attachment control number.)

Thank you for your cooperation in adhering to this new claims submission requirement, effective Jan. 1, 2017.

(continued)



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SAMPLE ELECTRONIC CLAIM SHOWING ATTACHMENT CONTROL NUMBER

PRIOR AUTH NO:					
ORIG CLAIM NO:					
CLEARINGHOUSE TRACE NO:					
MEDICAL RECORD NO:					
CARE PLAN OVERSIGHT:					
DEMONSTRATION PROJ ID:					
K3 FILE INFO:					
CLAIM NOTE QUAL:					
CLAIM NOTE NOTE:					
AMBULANCE INFO:	WEIGHT:	0	TRANS RSN CD:	MEAS CD:	MILES: .0
DESC:					
DESC:					
SPINAL MANIPULATION INFO:	PATIENT CONDITON CD:				
DESC:					
DESC:					
AMBULANCE CERT:	CATEGORY CD:	CONDITION IND:	CONDITION CD:		
VISION CERT:	CATEGORY CD:	CONDITION IND:	CONDITION CD:		
PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL NBR):					
OS FX 2190417A					

