

# SPECIAL eBULLETIN

FOR FACILITY PROVIDERS

Updated MAY 15, 2019  
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Updated text in red (This update supersedes the March 18, 2019 update)

## UPDATE: FAX ITEMIZED BILLS WHEN SUBMITTING HIGH-DOLLAR HOST CLAIMS

*Providers must fax itemized bills when submitting inpatient acute care facility high-dollar (allowance of \$250K or greater) host claims (claims for members with Blue plan coverage that is not the provider's home plan) received after Jan, 1, 2019, forward with pricing based on charges; (e.g., percentage-based, NOT per-diem, flat-fee case rate, or flat-fee DRG, and all business that is NOT Medicare Supplemental/Medigap, or traditional Medicaid).*

This requirement applies to all of these claims, regardless of how they were submitted.

Fax itemized bills to **855-329-8191**. ~~When submitting the fax, please use the applicable cover sheet for your service area.~~

~~These cover sheets are available on the Provider Resource Center. Select **FORMS** from the main menu, and then select **Miscellaneous Forms**.~~

~~On the cover sheet, write **Attention: Payment Integrity, Host High Dollar Review: Kelly Rizer**. Make sure to include all applicable information on the fax cover sheet, such as patient account/claim number, attachment control number, etc.~~

You may use your facility's fax cover sheet: On the cover sheet, **make** sure you have the following: **Attention: Payment Integrity, Host High Dollar Review: Kelly Rizer**. Also be sure to include all applicable information on the fax cover sheet, such as patient account/claim number, member ID number with alpha prefix, etc.

If you are unable to fax the itemized bill, mail the itemized bill to:

Highmark  
120 5th Ave Place  
Suite P3103 / Attention: Payment Integrity / Host High-Dollar Review / Kelly Rizer  
Pittsburgh, PA 15222



If we do not receive an itemized bill for these claims within five (5) days after they are submitted, they will be rejected with code *E1224* – “*In order to process the claim, additional information is required.*” As a result, payment will be delayed.

This requirement is part of an initiative by Blue Cross Blue Shield Association (BCBSA) and its Host Plans, including Highmark, to review high-dollar claims to ensure that providers are billing in accordance with services performed.

Highmark appreciates the quality care you provide to our members, your patients.