



HIGHMARK TO LAUNCH ENHANCED CLINICAL EDITING PROCESSES STARTING 10/1/16

As a health care provider, your primary concern is caring for patients — helping them to heal and improve their quality of life. Receiving timely and accurate payment for the care and services you provide to patients every day is also highly important to you and to the success of your practice or facility.

That is why Highmark always strives to process your claims correctly and as efficiently as possible — every time, all the time. And now, we're taking that commitment a step further: We're launching a comprehensive effort to ensure even greater claims and payment accuracy to make processing that much easier and more reliable for you.

To achieve this efficiency, beginning Oct. 1, 2016, we're implementing up-front enhancements to our clinical editing processes and information systems that promote correct coding. Historically, we've processed and paid claims and, at times, found discrepancies later, which can result in claims adjustments and refunds to Highmark. But beginning Oct. 1, 2016, our new systems enhancements will very quickly analyze claims on a pre-payment basis before they are processed.

By completing these quality checks at the outset — when we initially receive your claims — you'll experience the following benefits in the long run:

- You'll be alerted of coding inaccuracies in claims **before** they are even processed, thus avoiding delays.
- The chances of claims adjustments and refunds will be reduced.
- You'll potentially save staff time previously spent researching and adjusting claims that have already been processed and paid.
- Your practice or facility will gain greater income predictability.
- You'll experience greater uniformity in claims payment policies across the industry, as Highmark's processes fall in line with those of other insurers who already have implemented similar enhancements.

Goals, Policies and Guidelines

The overall goals of this effort are to implement, to the extent possible, claim payment policies that are national in scope, simple to understand and that come from highly respected sources — creating fair, widely recognized and transparent payment methods. This change will enable you and your billing staff to more readily understand our payment of claims, given the widespread use of these policies.

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The enhancements take into consideration Highmark's historical claims experience and policy guidelines from the following sources:

- Centers for Medicare & Medicaid Services (CMS) medical coding policies
- American Medical Association (AMA) Current Procedural Terminology (CPT®) coding guidelines
- Local and regional Medicare policies

Highmark's payment policies focus on areas such as:

- National bundling edits, including the Correct Coding Initiative (CCI)
- Modifier usage
- Global surgery period
- Add-on code usage
- Age/gender appropriateness
- CMS National Coverage Determinations

Claims Adjustments and Appeals

Based on this new clinical claim editing process, your payment may be adjusted if the information submitted on your claim isn't supported by the recognized policy sources, including the requirements of CMS, the AMA, other specialty academies' policies and procedures and Highmark's plan-specific requirements.

We recognize that there may be times when the services for which you bill may differ from our medical and claims payment policies. If you don't agree with the payment decision, you have the right to appeal the determination. Clear documentation of the patient's condition must be detailed in the medical record and in the current treatment plan. Please refer to the *Highmark Blue Shield Office Manual* or the *Highmark Facility Manual* (both of which are available on our Provider Resource Center) for specific actions that are required to appeal a claims payment decision.

Including the supporting patient documentation (i.e., medical records and treatment plans) is imperative to having a claim reconsidered for payment. Without such documentation, the claim cannot be reconsidered. Please see the above-noted provider manuals or call Provider Service if you have specific questions regarding the appeals process.

For More Information

Watch the NaviNet® Plan Central page and *Provider News* for updates and news regarding Highmark's enhanced clinical editing process.

