

# SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

DECEMBER 13, 2019

## HIGHMARK'S POLICIES CORRECT CODING GUIDELINES BEING ENFORCED THROUGH PENDING CLAIMS AND MEDICAL RECORDS REVIEW EFFECTIVE JANUARY 15, 2020

Just as you do everything in your power to deliver the best care for patients, we do everything in ours to ensure practices and hospitals are accurately reimbursed for that care. That's why we have a variety of programs dedicated to ensuring all claims are accurate and appropriate.

To this end, we implemented a more thorough medical review process for claims that are not coded correctly. Currently, claims are being flagged based on analytics that will enforce existing Highmark Reimbursement and Medical policies that are aligned to the Center of Medicare and Medicaid Services (CMS) coding policies and nationally medically accepted standards. Furthermore, accurate coding is important in providing accurate compensation for providers.

Highmark is committed to providing transparency as new analytics emerge, and expects to reinforce key guidelines on a monthly cycle. Details around these guidelines will be shared through a Special eBulletin on the Provider Resource Center 30 days in advance of the analytics going live.

### ANALYTICS BEING IMPLEMENTED NEXT MONTH

Effective **January 15, 2020**, we will be implementing analytics to reinforce the following Reimbursement and/or Medical Policies:

- RP-033 Anesthesia Services
  - For details on how Anesthesia Services are reimbursed, please review RP-033 on the **Provider Resource Center**. Click **Claims, Payment & Reimbursement**, then select **Reimbursement** and locate **policy 33**.

### REVIEW PROCESS BASICS

We are implementing this review process to help avoid adjusting claims and retracting payments. The goal is to ensure that the claim is coded correctly and supported by medical record documentation, the review process is not based on medical necessity or appropriateness.

This review process will be completed in accordance with:

- All applicable Highmark medical and reimbursement policies
- CMS medical coding policies
- Local and regional Medicare policies and standard practices utilized nationally

You will be notified by letter when additional information is needed to finalize the claim. Once you receive a notification:

- **You must return the information within 30 days to ensure prompt processing of the claim.**
- **Claims or services will be denied when records are requested but not received.**
- You will be notified via letter for all claims denied following a medical records review.

## WHAT THIS MEANS FOR PROVIDERS

The medical record review process will have little impact on your current practices.

You will:

- Continue to submit claims according to current Highmark, CMS, and accepted regional coding policies
- Look for correspondence that may be requesting medical records
- Return all requested information to the address provided

## APPEALS

If you disagree with the denial of your claim(s), you may appeal the decision.

- Standard appeal rights will apply
- Submit your appeal to Highmark using the addresses included in your denial letter

**It is imperative that you provide documentation or an explanation specific to the reason for the denial in order for the claim to be reconsidered.**

## REVIEW HIGHMARK'S REIMBURSEMENT AND MEDICAL POLICIES

Highmark's Reimbursement and Medical Policies are available for your review on the Provider Resource Center. As new policies are developed, they will be added to the Resource Center. Please check this page regularly for the latest updates.

To access the Reimbursement policies:

- Go to the **Provider Resource Center**
- Click the plus sign (+) next to **CLAIMS, PAYMENT & REIMBURSEMENT**
- Select **Reimbursement Policy**

To access the Medical Policies:

- Go to the **Provider Resource Center**
- Click **Medical Policy Search** in the top banner
- Select **Medical Policies**
- Enter the policy you are searching for into the **Search Bar**

## **MORE INFORMATION**

For additional information, watch the Provider Resource Center for updates on Highmark's new medical records review process.

Thank you for your continued assistance in ensuring that Highmark members receive necessary services in a high-quality, clinically appropriate fashion. We appreciate your support and the care you provide to our members, your patients.