

SPECIAL BULLETIN

FOR HIGHMARK HEALTH OPTIONS PROVIDERS

JAN. 14, 2016

ATTN: ALL HEALTH OPTIONS PROVIDERS

ENHANCED CLINICAL EDITING PROCESSES

On Feb. 15, 2016, Highmark Health Options will implement an enhancement to clinical editing processes that promotes correct coding.

The goal is to put in place — to the best extent possible — claim payment policies that are national in scope, simple to understand and that come from highly respectable sources. We believe, given the widespread use of these policies, that this will enable you and your billing staff to better understand our payment of claims.

The enhancement takes into consideration policy guidelines from the following sources:

- CMS's medical coding policies
- AMA CPT coding guidelines
- Local Medicare and Medicaid policies

Highmark Health Options' 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

If you have any question about this message or our clinical editing processes, please call Provider Services at 1-844-325-6252.

CLAIMS DENIAL ISSUE

Highmark Health Options is aware of a claim editing issue with denial code OA96. OA96 is the HIPAA-compliant code indicating the procedure is "not covered." This was a general issue that impacted all providers and was causing claims to deny in error. The root cause has now been found and fixed, and the affected claims have been reprocessed.

If you are still receiving this inappropriately applied code, please call Provider Services at 1-844-325-6252.

