



## HIGHMARK HEALTH OPTIONS ANNOUNCES ENHANCED CLINICAL EDITING PROCESSES

On Dec. 1, 2015, Highmark Health Options will begin to implement an enhancement to our clinical editing processes that promotes correct coding. The goals of this endeavor are to implement, to the extent possible, claim payment policies that are national in scope, simple to understand and that come from highly respectable sources. Highmark Health Options believes that this will enable you and your billing staff to more readily understand our payment of claims given the widespread use of these policies.

These enhancements take into consideration Highmark Health Options' historical claims experience as well as 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's National Coverage Determinations

If you have any questions, please contact your Highmark Provider Relations Representative.