

PURPOSE

The purpose of this payment policy is to describe Minuteman Health Inc.'s (MHI) Claims Editing Software in the adjudication of claims.

APPLICABLE PLANS

- ✓ MHI MA Plans
- ✓ MHI NH Plans

REQUIREMENTS

Providers must submit claims in accordance with MHI rules and guidelines as outlined in the MHI Provider Manual and/or Payment Policies located on MHI.com.

To ensure the accurate processing of claims against MHI coding guidelines, MHI utilizes claims editing software. The software provides for an automated review of claims against generally accepted industry rules and coding guidelines. In some instances, the software may be customized in accordance with MHI business rules and payment policies. Updates to the claims editing software occur quarterly.

Sources for coding rules and edits may include but are not limited to the following: CPT, ICD, CMS, and MHI Payment Policies. If a service is edited, MHI will provide an adjustment code with the Explanation of Payment

Considerations for medical necessity are not part of the claims editing process.

AUTHORIZATION REQUIREMENTS

Not applicable.

ATTACHMENTS

Not applicable.

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

Providers are responsible for submission of accurate claims. All EDI claims must be submitted in accordance with HIPAA 5010 Standards and Paper claims must be submitted on either CMS1500 or CMS1450 (UB04) claim forms. MHI's reimbursement policy includes the use of Current Procedural Terminology (CPT®), guidelines from the Centers for Medicare and Medicaid

Services (CMS), and other coding guidelines. Providers will be reimbursed based on the codes(s) that correctly describe the health care services provided.

MHI may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to MHI enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, the type of provider agreement and the terms of that agreement, the MHI Provider Manual, and/or the enrollee's benefit coverage documents.

MHI reserves the right to audit any provider and/or facility to ensure compliance with the guidelines stated in this payment policy in accordance with our provider review policy.

MHI reserves the right to modify this Payment Policy in its sole discretion.

¹ CPT® is a registered trademark of the American Medical Association.

RESOURCES

MHI Provider Manual

MHI Payment Policies

SUMMARY OF CHANGES

03/16/2017: No changes

REVIEW DATES

Updated 11/1/2015, 11/1/2016, 03/16/2017