AmeriHealth Caritas
District of Columbia

To: **AmeriHealth Caritas DC Providers**

Date: **April 2, 2021**

Subject: **Update: Optum Claims Review**

New Prepayment Claims Review

As we previously informed you, AmeriHealth Caritas District of Columbia (DC) will be using Optum to perform prepayment claims reviews. These reviews will allow us to validate coding practices, payment accuracy, and adherence to AmeriHealth Caritas DC's payment policies, utilization standards, and provider contract requirements. As a result, we may ask you for medical records and billing documents that support the charges billed. There has been a short delay in the planned implementation date, which has been re-scheduled to go live on May 20, 2021.

AmeriHealth Caritas DC Prospective Claims Editing Policy

AmeriHealth Caritas DC's claim payment policies and the resulting edits are based on guidelines from established industry sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), State regulatory agencies, and medical specialty professional societies. In making claim payment determinations, the health plan also uses coding terminology and methodologies that are based on accepted industry standards, including the Healthcare Common Procedure Coding System (HCPCS) manual, the Current Procedural Terminology (CPT) code set, the International Statistical Classification of Diseases and Related Health Problems (ICD) manual, and the National Uniform Billing Code (NUBC).

Examples of claims that may be subject to review under this process include, but are not limited to, claims for:

- Evaluation and Management (E&M) services that do not have the required elements for the level billed.
- Anesthesia services that do not have the start and stop times documented or do not equal the total units billed.
- Additional surgical procedures that are considered bundled into the primary surgical service.
- Unlisted CPT codes, when a specific CPT code is more appropriate.
- Surgical procedures billed with the incorrect place of service.
- Durable Medical Equipment (DME), without required supporting order, delivery notice, or other required documentation.

This process is in alignment with AmeriHealth Caritas DC's Prospective Claims Editing Policy and incorporates a holistic review of medical records to determine if all services are supported by the codes billed. Please note that the foregoing list does not represent every type of claim that may be reviewed.

If subject to this review, the claim will be preliminarily denied and providers will receive detailed instructions on how and when to submit the requested documentation necessary for a review of the claims.

After a review of the requested documentation, if it is determined that a payment adjustment is appropriate, the provider will receive the appropriate claim adjudication notification, and the claim will be paid without any further action on the part of the provider. Please note that providers who do not submit the requested documentation within the specified time frame will not have their denied claims reviewed.

Providers retain the right to dispute the results of reviews in accordance with the terms of their contract with AmeriHealth Caritas DC.

If you have any questions regarding the contents of this notice, please contact your AmeriHealth Caritas DC provider network management representative or Provider Services at 202-408-2237.

Thank you in advance for your cooperation with this important payment integrity program.