

Answers to Frequently Asked Questions (FAQs) about Our Enhanced Claims Payment Policies

Health Plus' enhanced claims payment policies are national in scope, simple to understand, and come from highly respected sources. This FAQ document should answer most of your general questions. If you have one or more questions that are not addressed below, please contact your Provider Relations Associate or the Provider Care Center at: 1-800-450-8753.

Q. When will Health Plus begin to apply these payment policies?

A. Health Plus will begin to automate medical policy application to professional and outpatient hospital claims processed on or after **October 1, 2008**.

Q. Why is Health Plus updating its current policy?

A. We are taking steps to more closely align our claims payment system with our existing medical policies, which follow industry and medical society standards.

Q. How will this affect me?

A. Please note that **our fee schedule has not changed**. You will continue to be reimbursed for all covered and appropriately billed services based on your contractual allowance. If you are currently billing in accordance with these guidelines, you will see little or no affect.

Q. What are the sources for the policies being applied?

A. Health Plus' medical and payment policies focus on areas such as:

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| *National Correct Coding Initiative (CCI) policy | *Global surgical care guidelines |
| *Age/Gender appropriateness | *National and Regional CMS policy |
| *Appropriate modifier usage | *AMA CPT Coding Guidelines |

Q. How will I know what policy was applied to my claim?

A. The Remittance Advice (also known as the EOC or Explanation of Compensation) will provide information on the standardized policies used in calculating your claim payment.

Q. What if I do not agree with the payment of the claim?

A. Any time you disagree with a claim payment decision, you have the right to appeal the determination. Please consult the *Billing and Reimbursement* section of your Health Plus Provider Manual (also available on our web site at <http://www.healthplus-ny.org>, click *Providers*, then *Provider Manual*) for further information on how to appeal a claims action. All appeals must be submitted in writing within **60 business days** of the decision.

Q. Where can I find additional information regarding the policies being applied?

A. **You can obtain more information about** Health Plus' payment policies by visiting our website:<http://www.healthplus-ny.org> (click *Providers*, then *Claims Policy& EDI*) . In addition, please consult :

- CMS website: www.cms.gov;
- AMA CPT manual
- HCPCS manual
- National Correct Coding Policy Manual