



PROVIDER NOTICE

Health Plus Enhances Claims Payment Policies

Health Plus is introducing new, nationally recognized enhancements to our claims payment policies. We will continue to follow the guidelines set forth by the national Correct Coding Initiative (CCI). And we will implement additional policies from well-recognized sources that will enable you and your billing staff to more readily understand our claims payment system. Our claims payment policy enhancements are based on nationally accepted guidelines, such as:

- Medicare's national bundling edits, including the CCI.
- Medicare's modifier usage.
- Medicare's global surgery rules.
- AMA CPT coding guidelines.
- Regional Medicare policies.
- National specialty academy guidelines (coding and clinical).

More information regarding these enhancements can be found in the *Frequently Asked Questions (FAQ)* document on our website: <http://www.healthplus-ny.org> (click "Providers," then select the "Claims Policy & EDI" option from the dropdown menu).

Additional information will also be available in special educational excerpts on correct coding that will appear in future editions of our provider newsletter, *Health Plus Provider News*.

Health Plus recognizes that there may be situations in which your billing rules may be at odds with our payment policy. Whenever you disagree with a payment decision, you have the right to appeal the determination. Please refer to your Health Plus provider manual for specific instructions on how to submit an appeal. Please inform your billing entities of these new enhancements, and watch for more information on our web site.

