

CLAIM EDITOR FREQUENTLY ASKED QUESTIONS

1. What is the Avalon Claim Editor?

The Avalon Claim Editor is designed to provide consistent application of BlueCross BlueShield of South Carolina medical policy to laboratory claims. The medical policies are developed using current evidence-based scientific literature and have been vetted by nationally recognized experts in the field of laboratory medicine.

Avalon claim editing technology combines the best in clinical research with scalable, reliable technology to enhance the administration of medical coverage policies.

2. When will the Claim Editor technology be implemented?

Beginning with dates of service on or after July 1, 2016, the Avalon Claim Editor will be configured to process BlueCross and BlueChoice® HealthPlan laboratory claims, and edits will be phased in with pay and educate alerts. During the pay and educate phase of a medical policy, affected lines on the 835 electronic transaction will include RARC N363 and paper remit alert code 9373 (**Alert:** in the near future we are implementing new policies/procedures that would affect this determination.)

3. What patients does this impact?

The Avalon lab benefit program is implemented for members who access BlueCross BlueShield of South Carolina and BlueChoice HealthPlan networks (including FEP, State Health Plan, TCC, PAI, BlueCard, etc.)

4. Which providers does this impact?

All places of service (POS), except for hospital inpatient and emergency room services.

5. Where do I find the most up-to-date information related to BlueCross medical policies?

A full listing of all medical coverage policies is available at www.cam-policies.com.

6. Where do I find the current list of in-network laboratory providers?

You can verify participating labs by visiting our Provider Directories found on www.SouthCarolinaBlues.com or www.BlueChoiceSC.com.

7. Will all my claims pass through the Claim Editor for review?

All laboratory claims (HCFA1500 and UB) for services performed in all places of service, except for inpatient and emergency room settings, will be reviewed by the Claim Editor.

8. What types of policy rules will the Claim Editor administer?

Below are some example rules:

- **Experimental & Investigational** - Procedures not covered under the member's benefits due to the experimental and investigational exclusion
- **Medical Necessity** – Procedures not covered because the patient's diagnosis is not consistent with the test performed
- **Demographics** - Limitations based on patient age or gender

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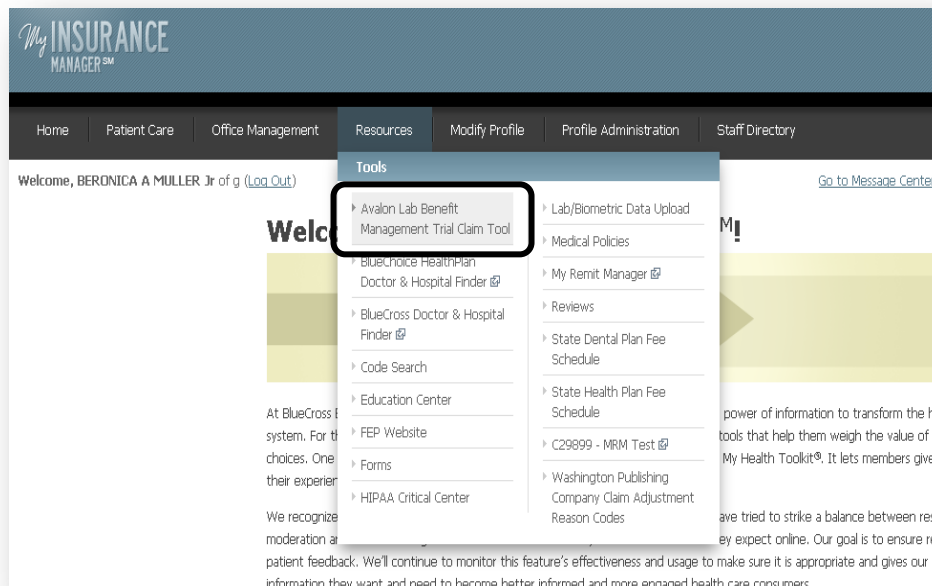
- Procedure Units - Within and across claims for a date of service
- Units/Period of Time - Maximum allowable units within a defined period of time
- Rendering Provider Limitations - Providers/procedures not permitted in combination

9. How will I know what medical policies were reviewed if a claim denial is received?

The medical policy reference number will be included on the 835 transaction, so you can determine the applicable medical policy. The 835 will include a reference to the BlueCross medical policy website and the medical policy number referenced by the Claim Editor along with the CARCs/RARCs related to payment.

10. Is there a tool available to understand how the Claim Editor may impact a claim?

Avalon has developed a Claim Editor Trial Claim Advice Tool which allows you to input the procedure codes and diagnoses to determine how the editor will review the claim. The tool can be accessed in the BlueCross provider portal, My Insurance Manager, in the Resources section. Please contact Avalon Provider Services at 1-855-895-1676 if you have questions for the Trial Claim Advice Tool.



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11. Will the remit tell me which medical policy was used in processing my claim?

Yes, the remit will refer to the medical policy used to adjudicate the claim. You can review the medical policy by using the code or CAM policy from the remit.

During the pay and educate phase of a medical policy, affected lines on the 835 electronic transaction will include RARC N363 and paper remit alert code 9373 (Alert: in the near future we are implementing new policies/procedures that would affect this determination.) See examples below.

Paper Remit Example

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PATIENT INFORMATION										EFT NUMBER 123456789			
PHYSICIAN NUMBER OR EIN	DATE OF SERVICE	PROCEDURE CODE	DAYS/ UNITS	CHARGE SUBMITTED	COVERED CHARGE	AMOUNT ALLOWED	PATIENT LIABILITY				PAYMENT	MESSAGE	
							DEDUCTIBLE	COPAYMENT	CONSURANCE	OTHER			
07 16 16	82543		1	69.47	69.47	7.00	0.00	0.00	0.00	7.00	367		
07 16 16	82570		1	59.53	59.53	6.00	0.00	0.00	0.00	6.00	367		
07 16 16	83036		1	66.00	66.00	12.00	0.00	0.00	0.00	12.00	367		
07 16 16	83006		1	232.00	232.00	43.00	0.00	0.00	0.00	43.00	367		
07 16 16	84550		1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1147		
07 16 16	83977		1	74.00	74.00	4.00	0.00	0.00	0.00	4.00	367		
07 16 16	82550		1	37.00	37.00	3.00	0.00	0.00	0.00	3.00	367		
07 16 16	82607		1	106.00	106.00	20.00	0.00	6.66	0.00	20.00	367 8373		
07 16 16	83735		1	49.00	49.00	2.00	0.00	0.00	0.00	2.00	367		
07 16 16	84481		1	189.00	189.00	20.00	0.00	0.00	0.00	20.00	367		

Code

Remit message code

Remit messaging

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PATIENT INFORMATION										EFT NUMBER 123456789			
PHYSICIAN NUMBER OR EIN	DATE OF SERVICE	PROCEDURE CODE	DAYS/ UNITS	CHARGE SUBMITTED	COVERED CHARGE	AMOUNT ALLOWED	PATIENT LIABILITY				PAYMENT	MESSAGE	
							DEDUCTIBLE	COPAYMENT	CONSURANCE	OTHER			
218													
894													
924													
9373													

Electronic Remit Example

ELECTRONIC REMITTANCE

CAM Policy

Code

Electronic Reproduction ASC 001

CHECK/EFT: CHECK DATE: 07/26/2016

Account: POS: 81 LINC: ICN: Provider:

PreProv	ServDate	NOS	REV	Proc/Mods	Billed	Allowed	Deduct	Coins	RC-Amt	Paid	CAS Summary
CAM130	07/16/2016	1		HC:82607	106.00	20.00			86.00	20.00	CO 45 HE N363 HE N45
CAM130	07/16/2016	1		HC:83735	49.00	2.00			47.00	2.00	CO 45 HE N45
CAM130	07/16/2016	1		HC:84481	189.00	20.00			169.00	20.00	CO 45 HE N45

Remit message code

Remit messaging

REMITTANCE SUMMARY 1,208.00 155.00 .00 .00 1,053.00 155.00

TOTALS		
Denied/Non-Covered:	0.00	
CO 45	1,053.00	[Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).]
CO 97	37.00	[Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated]
OA 94	-37.00	[Processed in Excess of charges.]
HE N363		[Alert: in the near future we are implementing new policies/procedures that would affect this determination. Start: 11/18/2005 Last Modified: 04/01/2007 Notes: (Modified 4/1/07)]
HE N45		[Payment based on authorized amount.]

* Denotes denied or non-covered charges

The screenshot shows the 'MEDICAL POLICIES' website. At the top, there are navigation links: 'Alphabetical List', 'Categorical List', 'Contact Us', and 'Disclaimer'. Below this is a search bar with the text 'cam 130' and a red 'Search' button. There are also links for 'Show Advanced Options' and 'Help With Search'. The search results show 'Results for 'cam 130' (419 policies)' with a list of links: 'Surgery for Lymphedema', 'Bulking Agents for the Treatment of Vocal Cord Paralysis', 'Vitamin B12 and Methylmalonic Acid Testing' (highlighted in yellow), and 'Breast Pumps'. Below the search bar is a browser window showing the same website with the search bar containing '82607' and the 'Search' button. The main content area shows the details for 'CAM 130 Vitamin B12 and Methylmalonic Acid Testing', including category, department, original date, last reviewed, and next review dates. It also includes a 'Description/Background' section, a 'Natural History' section, and a note from the Institute of Medicine.

You can search for the Medical Policy by the CAM number or by the code.

12. Can Claim Editor decisions be reconsidered?

A Provider Reconsideration Form can be submitted to review an adverse determination.

- If you submit your claims directly to BlueCross, send the Provider Reconsideration Form to the appropriate fax number or address as provided on the form.
- For Avalon providers the Request for Reconsideration form can be found on the Avalon website, www.avalonhcs.com. Fax the completed form and any supporting documentation to Avalon Provider Services at 1-888-847-1756.

CLAIM EDITOR FREQUENTLY ASKED QUESTIONS

13. Will the Claim Editor ever be used for pre-service determination/authorization denials?

No, the Claim Editor technology is utilized post service in the evaluation of laboratory claims. However, the Trial Claim Advice Tool can be utilized pre-service to determine how a claim may be evaluated in reference to medical policy adherence.

14. Does the use of the Claims Editor delay the processing of my claim?

The Claim Editor technology works within BlueCross claim processing and will not impact the turn-around time of claims adjudication.

15. Who do I contact if I have additional questions regarding the Claim Editor?

- Avalon Provider Services at 1-855-895-1676
- BlueCross Provider Education at provider.eduction@bcbpsc.com or by calling 803-264-4730.