

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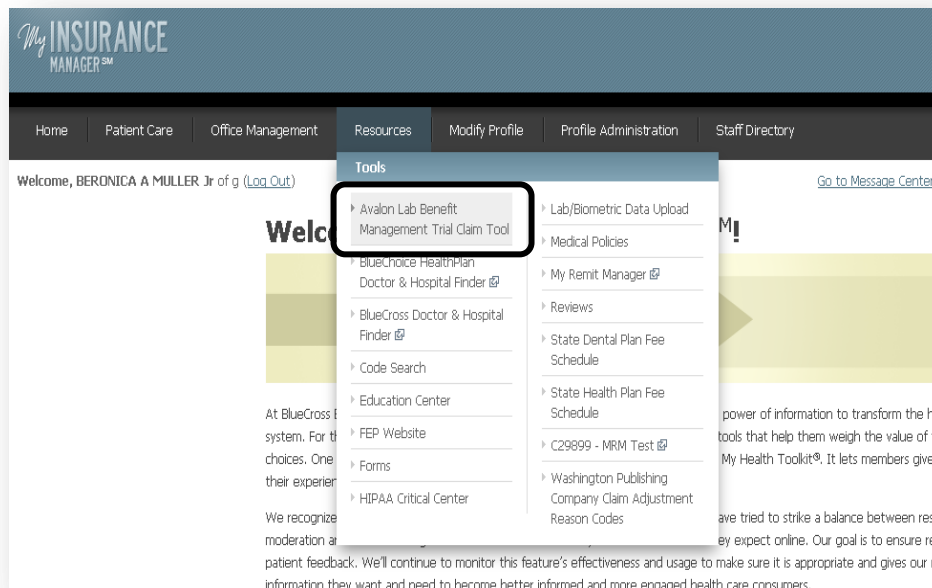
- **Procedure Units** - Within and across claims for a date of service
- **Units/Period of Time** - Maximum allowable units within a defined period of time
- **Rendering Provider Limitations** - Providers/procedures not permitted in combination

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	83036		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	83550		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	0.00	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													



www.BlueChoiceSC.com

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										
CO 97	37.00										
OA 94	-37.00										
HE N363											
HE N45											

* 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'. A search bar contains the text 'cam 130' and a red 'Search' button. Below the search bar are 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 this is a browser window showing the full page for 'CAM 130 Vitamin B12 and Methylmalonic Acid Testing'. The browser address bar shows 'www.cam-policies.com/internet/cmpd/cmp/mdclpicy.nsf/DispContent/5FE8B6A67E5AF3F385257F3300559B...?OpenDocument'. The page header includes 'MEDICAL POLICIES' and a search bar with 'Medical Policy Search 82607' and a 'Search' button. The page content includes:

- CAM 130 Vitamin B12 and Methylmalonic Acid Testing**
- Category: Medicine; Last Reviewed: January 2016
- Department(s): Medical Affairs; Next Review: January 2017
- Original Date: January 2016
- Description/Background**: Vitamin B12, or cobalamin, is involved in a number of physiological processes, playing an important role in hematologic and neurologic function. Vitamin B12 is found only in animal products, including meat, seafood, eggs and milk, with approximately 50% of dietary vitamin B12 absorbed in adults under 50 years of age.
- Deficiency of vitamin B12 results in a variety of symptoms, primarily associated with hematologic or neurologic dysfunction. Megaloblastic anemia and, more seriously, pancytopenia, are caused by cobalamin deficiency. Several neurologic disorders, including peripheral neuropathy and paresthesias, as well as psychiatric disorders, such as depression and dementia, are also caused by vitamin B12 deficiency. Some non-specific gastrointestinal symptoms, such as diarrhea and constipation, may also be present in vitamin B12 deficiency. Many vitamin B12 deficiency-associated symptoms can be reversed if diagnosed and treated early. A delay in the diagnosis and treatment of vitamin B12 deficiency can result in irreversible neurologic damage.
- Natural History**: Vitamin B12 deficiency is more common among the elderly, and has been estimated to have a prevalence of up to 15% in people over 65 years of age, and approximately 3% of the general adult population. The deficiency in elderly individuals is due primarily to atrophic gastritis, which results in inadequate release of vitamin B12 from food protein. Undiagnosed pernicious anemia, which is estimated to occur in 1% - 2% of elderly individuals, can also cause vitamin B12 deficiency, due to the lack of intrinsic factor, which is required for uptake of vitamin B12 by the small intestine.
- Additionally, individuals who have impaired intestinal absorption, as well as vegetarians and vegans, are at increased risk of vitamin B12 deficiency due to decreased intake or absorption. Also, drugs that block production of gastric acid can interfere with vitamin B12 absorption, and prolonged use may lead to vitamin B12 deficiency.
- Some conditions may result in a falsely low serum vitamin B12 level, including pregnancy, folate deficiency, oral contraceptive use and multiple myeloma. Conversely, other conditions may yield serum vitamin B12 levels that are falsely elevated, including liver disease, myeloproliferative disorders or renal disease.
- Large amounts of vitamin B12 are stored in the liver, so it could take several years of reduced intake or malabsorption for vitamin B12 deficiency symptoms to manifest as those stores are depleted in an individual who previously had normal vitamin B12 levels.
- The Institute of Medicine recommends a daily intake of 2.4 micrograms for individuals over 18 years old. Vitamin B12...

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.