

Coding Analysis Policy

Policy

This policy applies to the process of analyzing claims for accurate and appropriate coding as determined by the Plan.

It is the policy of the Plan to analyze provider claims coding patterns using statistical measures through comparison to their peer groups (local, state, or national).

The Plan may utilize any of the following processes:

- 1) editing software designed to evaluate billing and coding accuracy as established by various industry sources including CMS and CPT guidelines;
- 2) informal discussion with provider;
- 3) formal notification/discussion with provider;
- 4) sample chart review;
- 5) full chart review;
- 6) collaboration by external vendors for the purpose of claims audit; and
- 7) other techniques where appropriate.

If a review identifies a persistent outlier pattern or egregious billing practice, the Plan may take further action including, but not limited to, closing panels, withholding payment, and recovery of prior payment, and up to termination of a provider contract.

Billing/coding guidelines

The Plan requires accurate and appropriate submission of claims codes.

Providers are expected to submit claims appropriately and to bill as required by the Plan and consistently with industry standards for services rendered. If requested by the Plan, providers are required to supply the Plan with any documentation for the purpose of coding analysis.

Place of service

This policy applies to services rendered in all settings.

Policy history

Origination date:	01/03/2001
Previous revision date(s):	03/05/2003, 02/18/2004, 03/07/2007 05/01/2010 - Moved to new policy template. 09/01/2015 - Annual review and moved to new Plan template. 05/01/2016 - Annual review.
Connection date & details:	January 2017 – Updated policy title. April 2018 – Annual Review, no updates. April 2019 – Annual Review, no updates. April 2020 – Annual Review, no updates. April 2021 – Annual review, no updates.

The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.