

	<i>Pre- and Post- Service Claim Review</i>	
	<b>Policy Number: POL-PP-211</b>	<b>Original Creation Date: 12/1/2020</b>
	<b>Version Number: 09</b>	<b>Version Effective Date: 12/1/2020</b>
	<b>Policy Status: Active</b>	<b>Next Review Date: 12/1/2026</b>

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> <b>PROFESSIONAL</b>	<input checked="" type="checkbox"/> <b>FACILITY</b>	<input checked="" type="checkbox"/> <b>DME</b>	<input checked="" type="checkbox"/> <b>AMBULATORY SURGERY</b>	<input checked="" type="checkbox"/> <b>LAB</b>	<input type="checkbox"/> <b>OTHER</b>

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> <b>COMMERCIAL</b>	<input checked="" type="checkbox"/> <b>BLUE MEDICARE ADVANTAGE</b>	<input checked="" type="checkbox"/> <b>ACA QHP<sup>1</sup></b>	<input checked="" type="checkbox"/> <b>SMALL GROUP ACA</b>	<input checked="" type="checkbox"/> <b>JAA<sup>2</sup></b>	<input checked="" type="checkbox"/> <b>FEP<sup>3</sup></b>	<input type="checkbox"/> <b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

Disclaimer
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Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application
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Both pre and post payment audits ensure that billing is conducted in accordance with official guidelines for coding and

reporting and when applicable Current Procedural Terminology (CPT) guidelines, verifying all other applicable standards, rules, laws, regulations, contract provisions, and payment policies

## Policy

Blue KC or its authorized representatives will conduct pre- and post-payment reviews of healthcare providers' billing and records related to services provided to Blue KC members. During these reviews, healthcare providers must grant access to medical records and billing documents upon Blue KC's request.

Providers will not be reimbursed for review or copy fees associated with any of the claim reviews. Providers may not bill the member for any reimbursement differences that result from the review, i.e., Balance Billing.

Payment may be denied or recouped when the facility or professional provider fails to submit required or requested documentation for claims identified for prepayment or post payment audit, as outlined in the Provider Reference Guide.

When payment is denied or recouped, Blue KC will not be liable for interest or penalties. The members shall be held harmless for such denials.

Plan members have agreed to give Blue KC the right to obtain from any source all medical records or other information that is needed, in accordance with Blue KC Evidence(s) of Coverage.

If the Plan member release is in conflict with any other law or regulation governing the release of medical information, the Provider will identify the conflict and work with Blue KC to resolve the conflict

**Prepayment reviews** are put in place to prevent payment for non-covered and/or incorrectly coded services prior to payment being made.

Prepay vendors include, but are not limited to:

1. Zelis
  - Secondary clinical editing
  - High dollar bill review
  - DRG (diagnosis related group) audits
2. Lyric (primary and secondary clinical editing)

When a procedure/s is denied the provider/facility has the opportunity to send a written inquiry to have the claim reviewed and, if appropriate, send a corrected claim.

**Post-Payment reviews** are performed to confirm that claim submissions accurately represent the services provided to members.

Additionally, post service reviews, also known as Payment Integrity reviews, are conducted to detect, prevent, and correct fraud, waste, and abuse and to facilitate accurate claim payments.

Post Pay Vendors include but are not limited to:

1. Carelon (coding anomaly detection)
2. Machinify (DRG auditor, formerly Apixio)
3. Turning Point

A claim that has been adjusted due to a post pay audit is final, no corrected claim/s will be accepted

**Blue KC employs various resources for these reviews, including but not limited to:**

1. Centers for Medicare & Medicaid Services (CMS) guidelines as stated in Medicare manuals.
2. Medicare, local coverage determinations, and national coverage determinations.
3. All Blue KC policies, including medical coverage policies, Blue KC provider manuals, claims payment policies,
4. National Uniform Billing Guidelines from the National Uniform Billing Committee.
5. American Medical Association Current Procedural Terminology guidelines.
6. Healthcare Common Procedure Coding System (HCPCS) rules.
7. ICD-10-CM Official Guidelines for Coding and Reporting.
8. American Association of Medical Audit Specialists National Health Care Billing Audit Guidelines.
9. Industry-standard utilization management criteria and/or care guidelines, including MCG care guidelines (formerly Milliman Care Guidelines) current edition on the date of service.
10. UB-04 Data Specifications Manual.
11. American Hospital Association Coding Clinic Guidelines.
12. Social Security Act.
13. Food and Drug Administration guidance
14. National professional medical societies' guidelines and consensus statements.
15. Publications from specialty societies such as the American Academy Pediatrics, American Society for Parenteral and Enteral Nutrition, American Thoracic Society, Infectious Diseases Society of America, etc.
16. Department of Health and Human Services final rules, regulations, and instructions published in the Federal Register

**Blue KC's pre- and post- payment reviews identify and address practices that may lead to unnecessary costs in the healthcare industry. These practices may include, but are not limited to:**

1. Improper payment for services.
2. Payment for services that do not meet professionally recognized standards/levels of care.
3. Excessive billed charges or incorrect code selection for services or supplies.
4. Billing for items or services that were not provided or should not have been provided based on documentation.
5. Unit errors, duplicate charges, and redundant charges.
6. Insufficient documentation in the medical record to support billed charges.
7. Billing for experimental and investigational items.
8. Lack of medical necessity to support billed services or days.
9. Services billed that are not covered by the member's benefit plan, Blue KC policies, Medicare policies, or National Coverage Determinations and Local Coverage Determinations.
10. Absence of objective clinical information in the medical record to support the billed condition.

11. Items that are not separately payable or included in another charge, such as routine nursing, capital equipment charges, reusable items, etc.

### Coding

CPT Code	Description
	N/A

### Related Documents

POL-PP-245 Lyric Editing

### References

Blue KC Provider Reference Guide  
Centers for Medicare and Medicaid Services  
American Medical Association

### Revision History

Version	Date	Summary of Revisions
001	12/1/2020	Initial version
002	12/1/2021	Annual review, no updates, or changes were made to the policy
003	12/1/2022	Annual review, no updates, or changes were made to the policy
004	12/21/2022	Updated policy to include post pay DRG review
005	12/1/2023	Annual review, Blue KC's DRG partner was changed from Cotiviti to Apixio
006	8/10/2024	Updated policy to include information on who post pay vendors are and what resources are used
007	12/1/2024	Annual review, no updates, or changes were made to the policy
008	2/7/2025	Updated policy to say, " A claim that has been adjusted due to a post pay audit is final, no corrected claim will be accepted."
009	12/1/2025	Annual review, information on pre-pay audits performed by Zelis and Lyric were added, changed DRG partner to Machinify, formerly Apixio