

Claims Review and Audit

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Providers acknowledge Harvard Pilgrim StrideSM (HMO's) right to review provider's claims prior to payment for appropriateness in accordance with industry standard billing rules, including, but not limited to:

- Current UB manual and editor
- Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) coding
- CMS billing and payment rules
- National Correct Coding Initiatives (NCCI) edits
- FDA definitions and determinations of designated implantable devices and/or implantable orthopedic devices

Providers acknowledge Harvard Pilgrim's right to conduct such review and audit on a line-by-line basis or on such other basis as Harvard Pilgrim deems appropriate and Harvard Pilgrim's right to adjust the bill to pay the revised allowable level. Additionally, Harvard Pilgrim has the right to conduct utilization reviews to determine medical necessity and to conduct post-payment billing audits. The Provider shall cooperate with Harvard Pilgrim's audits of claims and payments by providing access to:

- Requested claims information
- All supporting medical records
- Provider's charging policies
- Other related data

Harvard Pilgrim will use established industry claims adjudication and/or clinical practices, state and federal guidelines, and/or Harvard Pilgrim's policies and data to determine the appropriateness of the billing, coding and payment.

PUBLICATION HISTORY

10/15/13	original documentation
12/15/14	reviewed; no changes
01/01/22	updated document format