

Optimized Bill Review Guide

Summary of Updates



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The Optimized Bill Review Guide Summary of Updates outlines the changes made due to medical record review for accurate payment edits. This is being done with the intent of preventing both future payment errors and improving reimbursement processes. This goal will be achieved by implementing periodic post payment reviews using a Clinical Chart Validation system.

It should be noted that if a claim is identified for review, a letter will be sent to the provider identifying the claim(s) selected, and detailed information relating to guidelines and timeframes to follow will be provided. All processes and responsibilities on behalf of Presbyterian Health Plan, Inc. (Presbyterian) will be completed in full compliance with Health Insurance Portability and Accountability Act (HIPAA requirements) and guidelines.

The table below identifies the following:

- The medical record review for accurate payment name
- When updates became effective
- The medical record review for accurate payment description
- The product line(s) to which the medical record review for accurate payment applies

Questions

Should providers have any questions regarding the following updates, please contact the Presbyterian Provider Line at (505) 923-5757.

Summary of Updates

Medical Record Review for Accurate Payment Name	Effective Date	Medical Record Review for Accurate Payment Description	Affected Product Lines
Diagnosis Related Groups (DRGs)	4-8-24	Enforcement of correct billing guidelines regarding DRGs. The risk of incorrectly billing DRGs is denial of the claim.	ALL