Sharp Healthcare's claim auditing system is upgrading to include a new Policy Administrative Module. This is notification of the changes in our auditing system effective 3/1/15.

POLICY ADMINISTRATIVE MODULE

In order to process consistently based on industry standard guideline's, the Policy Administration Module allows the building of custom rules that reflect medical and payment policies. To address the complexity of benefit plan designs, the module allows for the enhancement of code auditing with additional fields and combinations for review or comparison that include:

- Frequency of procedure codes
- Claim lines for code combinations present or not present
- Claim lines for limits based on days before or after the claims date
- Claim lines for the same, different or all providers or the same specialty
- Monitoring for the frequent use of modifier codes

Industry standard guidelines that will be audited via the new Policy Administration Module include but not limited to:

- Denying the Add On Code without the parent code billed
- Procedure allowed once in a lifetime for certain surgical procedures
- Documentation required when billing modifier 62
- Denying Co-Surgeon (mod 62) codes not payable per Medicare guidelines
- Codes not payable with team surgeon modifier 66
- Denying drug admin codes without the drug billed
- New visit frequency editing