



Instructions To Complete The Highmark Blue Shield Billing Dispute Form For MDs and DOs

As of September 5, 2008, the Billing Dispute External Review Process is available to physicians who are class members of the Love Settlement Agreement (“the Settlement Agreement”) and the physician groups comprised of such physicians. The process is intended to resolve:

- Disputes arising from covered services provided to Highmark members regarding Highmark Blue Shield’s application of its coding and payment rules and methodologies for fee for service claims to patient specific factual circumstances.

Please be advised, physicians and physician’s groups must exhaust Highmark Blue Shield’s internal appeal process for billing disputes before submitting a dispute to the Billing Dispute External Review Board (BDERB). This requirement will be deemed to have been satisfied if Highmark Blue Shield has responded to your appeal, and their response indicates internal review has been exhausted **or** if there has been no response from Highmark Blue Shield’s decision within thirty (30) calendar days after you have supplied all documentation reasonably needed to complete the internal appeal/review. Physicians and physicians’ groups must submit their Billing Dispute request directly to IMEDECS. The dispute must be submitted to IMEDECS no later than ninety (90) calendar days after exhausting Highmark Blue Shield’s internal appeal process.

If an MD or DO who is a member of the Love settlement agreement disagrees with a decision to a billing dispute and has exhausted all of Highmark’s internal appeals, they may submit to the Billing Dispute External Review Board (BDERB).

Requirements To Dispute A Highmark Decision Using the BDERB

- You must be a class member of the Love Settlement Agreement
- You must have exhausted all internal Highmark dispute processes
- Billing dispute amount must exceed \$500 as a single dispute or multiple similar disputes within a 1-year period must exceed \$500 in the aggregate
- You must have initiated a provider billing dispute and received a written response that you wish to have reconsidered
- The internal Highmark dispute process must be concluded on or after September 5, 2008.
- The dispute must be filed within 90 calendar days of the date of the final Highmark denial notification letter
- You must complete the BDERB Dispute Resolution Agreement and the External Review Board Dispute Form located on the Provider Resource Center and return to IMEDECS with all required documentation including the original denial letter.
- You must submit the proper filing fee to IMEDECS.

A physician or physician group may submit a dispute with a disputed amount less than \$500 to IMEDECS if the physician or group intends to submit additional disputes involving similar issues within one year such that the aggregate amount in dispute will exceed \$500. IMEDECS will defer consideration of the dispute until and unless such additional disputes are submitted.

Filing Fees are as follows:

- If the amount in dispute is \$1,000 or less, the filing fee shall be equal to \$50.
- If the amount in dispute exceeds \$1,000, the filing fee shall be equal to \$50 plus 5% of the amount by which the amount in dispute exceeds \$1,000. The fee may not exceed \$75.00.

If the Physician prevails, the filing fee will be refunded.



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What to submit to the Billing Dispute External Review Board:

- Copy of Highmark Blue Shield's final appeal denial letter
- Highmark Blue Shield Billing Dispute Resolution Agreement For MDs and DOs and the Highmark Blue Shield Billing Dispute Form For MDs and DOs. Copies of these documents can be located by choosing the appropriate selection under Administrative Reference Materials on the Provider Resource Center.
- All supporting documentation that you would like to be considered by IMEDECS.
- Filing Fee

Please attach the above documents to the Billing Dispute External Review Form (which can be downloaded from the Provider Resource Center). Follow the instructions noted at the top of this Billing Dispute External Review form which includes the name and address of the BDERB:

IMEDECS
157 S. Broad Street
Lansdale, PA 19446
Phone: (215) 855-4633 Fax: (215) 855-5318

IMEDECS may request additional documentation from you. Any such additional documentation must be submitted within 30 calendar days of the request.



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EXAMPLES OF ELIGIBLE DISPUTES

The following list contains examples of the types of billing disputes eligible to be submitted for the Billing Dispute External Review Process. This is not an exhaustive list of every eligible dispute, but is provided to assist you in submitting your eligible disputes for External Review.

IMEDECS will make the determination whether the dispute is eligible to be reviewed.

- Modifier 82-Assistant Surgeons
- Modifier 22-Unusual Circumstances
- Modifier 23 Unusual anesthesia
- Modifier 24-Unrelated E/M service by the same Physician during a Postoperative Period
- Modifier 25-Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service
- Modifier 51-Multiple Procedures
- Modifier 59-Distinct Procedural Service
- Modifier 62-Two Surgeons
- Modifier 66-Surgical Team
- Therapies-Modalities per Date of Service
- Reduction of the intensity of an E/M code(s)
- Reduction of the intensity of a service (other than an E/M code)
- Integral procedures
- Multiple Surgery guidelines
- Anesthesia (unconscious sedation with surgery)
- Other bundling edits
- Assistant Surgeons (includes modifier 82) – Eligible/Non Eligible
- Consultation on X-ray Examination, Written Report (CPT Code 76140)



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EXAMPLES OF INELIGIBLE DISPUTES

The following list contains examples of the types of billing disputes that would be ineligible to be submitted for the Billing Dispute External Review Process. Please note; this is not an exhaustive list of every ineligible dispute.

IMEDECS will make the determination whether the dispute is eligible to be reviewed.

- Service denied for 'no documentation' in the records
- Service denied as not being medically necessary by a Professional Consultant
- Medical Policy Issues
- Deductibles, Co-pays
- In versus out of network payments
- Not Otherwise Classified Codes (NOC)



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Frequently Asked Questions

1. Q. Who is eligible for submissions to IMEDECS?
A. MD/DOs who are class members of the Love Settlement Agreement.
2. Q. Is the filing fee required?
A. Yes.
3. Q. Where do I send payment for the filing fee?
A. The filing fee which is sent to IMEDECS, is required when the billing dispute form is submitted.
4. Q. Can I have multiple claims for the same situation?
A. Yes, similar situations may be submitted as long as the total of the disputes collectively add up to more than \$500: The filing fee is required along with your first submission.
5. Q. What if the disputed amounts are \$500 or less?
A. If the disputes are \$500 or less, similar disputes can be submitted to IMEDECS within one year of the original billing dispute submission date if the sum of all of such disputes is in excess of \$500. Note: The filing fee is required along with your first submission.
6. Q. How long before a resolution is received from IMEDECS?
A. Once IMEDECS receives the billing dispute, they will determine that all eligibility requirements were met (e.g., internal appeals exhausted). IMEDECS then has 30 days to review the dispute.
7. Q. Is IMEDECS' decision binding?
A. IMEDECS' decision is binding on both the Provider and Highmark Blue Shield.