

Claims Review Policy

Effective June 15, 2015

Policy

It is NSM policy to submit accurate claims to the appropriate payers for items and services provided. Prior to submission, claims will be reviewed by NSM billing personnel to confirm completeness, accuracy, and compliance with federal and state regulations, with Medicare and other payer guidelines, and with NSM policies and procedures. A periodic review of submitted claims will also be performed by qualified individuals to confirm compliance.

Why do we have this policy?

A review process helps NSM identify any deficiencies in the claim development and submission process that may result in inaccurate claims or other violations of law or policies. It can also serve to strengthen the controls necessary for the maintenance of high-quality fiscal and clinical data.

Procedure

Pre-Submission Review. All claims filed by NSM are reviewed by billing employees, independent of the branch or processing employees who obtained any required documentation and provided the equipment or services. NSM billing personnel will review the claim and any supporting documentation to confirm that the items or services to be billed have been provided to the client. Reviews may also focus on the following areas:

- Proper Coding
- Duplicate Billing
- Unbundling
- Evidence of complete documentation

Any claims that do not have proper supporting documentation will not be filed until any deficiencies are addressed, per the NSM MIR policy. Any work orders that appear to willfully violate law or policy will be referred to the Director of Compliance for review.

Medicare Beneficiaries. When a patient is enrolled in Medicare, NSM personnel must determine whether the patient is insured by any other payers. Depending on the patient's insurance, Medicare may be the primary payer or secondary payer. Appropriate NSM personnel will be familiar with guidance issued by the Centers for Medicare and Medicaid Services regarding Medicare as the primary or secondary payer.

Before billing the secondary payer, NSM billing personnel will bill the primary payer(s). After NSM receives remittance notification indicating the primary payer's payment or rejection of the claim, NSM billing personnel will bill the secondary payer.

Claims Review Policy – Procedure (cont'd)

Post-Submission Review. Once NSM receives notice regarding a payer's payment or rejection of a claim, NSM billing personnel will review the notice to ensure NSM received the funds to which NSM is entitled. NSM billing personnel will compare the patient's file to the reasons given for the payer's determination.

If NSM billing personnel identify an underpayment, an NSM billing supervisor will determine whether NSM will challenge the payer's determination through the applicable process. If an overpayment is identified, NSM billing supervisors will review the payment and direct the appropriate personnel regarding any refund due to the payer, in accordance with the NSM Credit Balance Policy

Medicare overpayments will be refunded to the applicable DME MAC within sixty (60) days of identification through the voluntary refund process described on the applicable DME MAC's website. Overpayments received from any other payer will be refunded in accordance with the payer's refund policy.

Post-Payment Review. Additionally, representative claims from NSM's payers shall be periodically reviewed for accuracy. NSM will conduct audits in accordance with a schedule developed and maintained by the Director of Compliance. These audits may include those performed as part of NSM's Performance Improvement process.