

## Cotiviti Coding Validation (CV) Review Process

### Overview:

The Claim Editing Payment Policy is located on the Provider Policies page of our website:

<https://www.bluecrossvt.org/providers/provider-policies> under Provider Payment Policies, Claim Editing (CPP\_32). The policy defines those edits where an initial CV review has been completed. When a claim is denied to a Provider Voucher for a CV edit, a provider can request a second review for reconsideration of benefits.

Currently, most CV denials are not easy to identify through your 835 or provider voucher. If you have questions about a denial, please contact the appropriate service team for confirmation. If you find your denial is a result of a CV edit and it is eligible for review, follow the instructions below.

Note: The most frequent CV denial which is easily identifiable is the use of a modifier -25 or a modifier -59. These modifiers do not provide an automatic bypass of system. The use of the modifier(s) must be validated and/or supported by medical notes.

Below is a list of CV denials for modifier -25 and modifier -59 reported to the Provider Voucher:

*“This service is not paid separately. This service is incidental to a procedure that has already been processed for this date of service – CO97.”*

*“This service is not paid. The allowance for this service is included in the global rate for another procedure performed on the same or different date of service. Payment for that procedure was made under this or another claim – CO97, N525.”*

*“This service is not paid separately. Payment was included in the global service payment – CO96, N525.”*

When you have a CV denial for modifier -25 or modifier -59 with one of the denials above, review the medical notes for the denied service(s). If the reporting of the modifier -25 or modifier -59 is supported by the medical notes you can initiate a review process following the instructions below. You do not need to verify the denial through the appropriate customer service team first.

### Instructions:

Submission options:

- Send a secure email to: [Paymentintegrityexternal@bcbsvt.com](mailto:Paymentintegrityexternal@bcbsvt.com) or
- Send a fax to Attention CV Review: (866) 728-2631
- MoveIt Site – Allows transfer of documents via a Secure FTP Client. If you are interested, please contact your provider relations consultant. If you are not sure who that is, please email [providerrelations@bcbsvt.com](mailto:providerrelations@bcbsvt.com) or (888) 449-0443 option 1 to be directed.

If submitted by email or fax only one email or fax per claim is allowed. The following information must be included:

- If you are faxing – you MUST include a valid email address, we use this for correspondence
- Blue Cross VT claim number (this can be obtained from the Provider Voucher)
- Member Name
- Member Identification Number – including prefix
- Date of Service
- Reason for submission
- Medical notes for the visit – please note for modifier -25 reviews, we only need the clinical notes from the date of service, including the evaluation and management and procedural notes.

Emails or faxes containing incomplete or missing information will be returned to the sender for correction and resubmission.

If submitting through the MoveIt site:

- Multiple requests can be submitted but must be contained in a folder
- Each medical record in the folder should be titled as the claim number you are looking to have reviewed
- There must be a cover letter for each medical record that provides the following information:
  - A valid email address, we use this for correspondence
  - Blue Cross VT claim number (this can be obtained from the Provider Voucher)
  - Member Name
  - Member Identification Number – including prefix
  - Date of Service
  - Reason for submission
- Please note – the MoveIt site is only an area to transfer records, Blue Cross VT does not follow up on request through this site or post responses on this site. After the drop off of records, all correspondence will be through secure email.

Note: Claims under CV review should not have corrected claim initiated until after the CV review has been completed.

#### **Confirmation of Receipt:**

Regardless of method of submission (email, fax or MoveIt site), confirmation of receipt will be sent out by secure email to the email address indicated on the documentation.

If you do not receive confirmation of your submission within 5 business days of submitting, please email [Paymentintegrityexternal@bcbsvt.com](mailto:Paymentintegrityexternal@bcbsvt.com) requesting a status.

#### **Decision and Timeframes:**

If the decision is to overturn the denial, you will not receive a notification. The claim will be adjusted and reported to a future provider voucher. If applicable, the reprocessing of the claim will include an interest payment. For Blue Cross VT and FEP member, the entire process takes approximately 30 days to complete. For BlueCard members, the entire process can take up to 60 days to complete as the other Blue Plan must review and approve the adjustment.

If the decision is to uphold the denial, you will receive notification by secure email. The email is sent to the email address indicated on the documentation. The denial notification includes supporting information as to why the denial is upheld. This process takes approximately 30 days to complete for all member types (Blue Cross VT, FEP and BlueCard)

If you receive a denial and are not in agreement, a second review can be initiated within 60 days of the denial notice. The second request needs to include an overview of why you believe the denial is not correct. Please include supporting documentation, such as medical records not supplied in the first review, and/or highlighted areas of the original medical notes that support how the claim was coded, and/or industry standard documentation (such as CPT® or ICD-10-CM) that support the way the claim was coded. Follow the same process as above noting it is a second review request.

All decisions are final and are not appealable.

Please note: You should avoid submitting corrected claims after a request for review has been initiated. However, if a corrected claim is submitted, the adjustment cannot be processed until the corrected claim processing is final. This will increase the timelines for adjustment.

### **Status of a review:**

Please do not inquire as to status of review within the 60-day review time period.

If after the 60-day time period you do not have receipt of a response, you can send a status request to the [Paymentintegrityexternal@bcbsvt.com](mailto:Paymentintegrityexternal@bcbsvt.com) email or a fax (866) 728-2631 requesting status.

### **Timely Filing:**

The CV Review process follows the standard timely filing guidelines. Review requests must be submitted within 180 days from the date of original claim processing for consideration.

Second level CV reviews must be submitted within 60 days of the date on the denial letter.

### **Future Audits on Claims:**

All claims review for CV edits can be subject to future audits for reason other than the Cotiviti CV review edits.