Medical Coverage Policy

Clean Claim Criteria for Commercial

☐ Device/Equipment ☐ Drug ☐ Medical ☐ Surgery ☐ Test ☒ Other

Effective Date:	12/1/2011	Policy Last Updated:	11/15/2011

☐ **Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

☒ **Prospective review is not required.**

NOTE:
The effective date of this policy reflects the date that BCBSRI documented a long-standing reimbursement policy. The information is this policy does not indicate a change in the way that BCBSRI covers/reimburses the services/procedures described in this policy.

For information about timely filing requirements, please see the Timely Filing policy.

Description:

This is an administrative policy.

Fee-for-service and encounter claims (claims that are considered paid but have no actual dollars paid, for example a claim paid by capitation) will be processed in accordance with contractual and regulatory requirements.

Turnaround time for adjudicating claims is counted from the first day a claim is received to the date the claim payment or denial is mailed to the provider and/or member.

A. Definitions

"Clean" Claim vs. "Non-Clean" Claim:

A claim for payment of health care services that is submitted via an acceptable claim form or electronic format with all required fields completed with accurate and complete information in accordance with the insurer's requirements, is considered "clean" if the following conditions are met:

a. the services must be eligible, provided by an eligible provider and provided to a person covered by the insurer;

b. the claim has no material defect or impropriety, including, but not limited to any lack of required substantiating documentation or incorrect coding;

c. there is no dispute regarding the amount claimed;

d. the payer has no reason to believe that the claim was submitted fraudulently or there is no material misrepresentation;

e. the claim does not require special treatment or review that would prevent the timely payment of the claim;

f. the claim does not require coordination of benefits, subrogation, or other third party liability;

g. services must be incurred during a time where the premium is not delinquent (this condition does not apply to BlueCHiP for Medicare members).

If additional documentation (e.g., medical records) involves a source outside Blue Cross & Blue Shield of Rhode Island (BCBSRI), the claim is not considered clean.

Note: Claims Management uses these criteria to insure that all claims, from both contracted and non-contracted providers, are paid within expected timeframes as outlined by contracts and regulatory agencies.