California

PROVIDER*Update*

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Send Medical Records If Requested for Emergency Claims to Avoid Delays

Policy and enhanced claims review process for emergency department claims are effective as of July 1, 2019

You can avoid claims processing delays by sending medical records for emergency department (ED) facility and professional claims when Health Net* requests them.

Reimbursement review policy

Health Net is implementing a policy that outlines an enhanced claims review process for ED facility and professional claims, pending regulatory approval. Refer to the information below to learn about the policy.

View the policy simply

You can access this policy via Health Net's provider operations manual online through the Health Net provider website at provider.healthnet.com under *Working with Health Net > Contractual > Policy Library > Go to the Provider Library.* Once in the Provider Library, go to *Operations Manuals > Claims Coding Policies > Payment Integrity Policies,* or search using keywords.

Policy chart

The following chart lists the policy number, policy name, a description of the policy, and applicable line of business.

Policy	Policy	Description of policy	Line of
number	name		business
HNCA.PP.053	Leveling of Emergency Room Services	This policy outlines enhancement of the claims review process for emergency department (ED) facility and professional claims. When a claim is submitted for payment with a Level 4 (99284) or Level 5 (99285) evaluation/management (E/M) service in conjunction with a primary diagnosis generally associated with a low level of complexity or severity, the provider may receive a written	Cal MediConnect



THIS UPDATE APPLIES TO CAL MEDICONNECT PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

provider_services@healthnet.com Los Angeles County – 1-855-464-3571 San Diego County – 1-855-464-3572

www.healthnet.com

PROVIDER COMMUNICATIONS provider.communications@ healthnet.com

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Policy	Policy	Description of policy, continued	Line of
number,	name,		business,
continued	continued		continued
		notice that Health Net will require additional information to determine reimbursement. When the provider submits medical records to support its ED coding, the records will be reviewed and the claim will be paid at the level of service that is documented. The provider will receive notice and rationale if payment is made for a code(s) other than that which was/were billed.	

Additional information

Relevant sections of Health Net's provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library, located on Health Net's provider website at provider.healthnet.com.

Providers are encouraged to access Health Net's provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center by county within 60 days at:

Line of Business	Telephone Number	Email Address	
Cal MediConnect – Los Angeles County	1-855-464-3571	provider_services@healthnet.com	
Cal MediConnect – San Diego County	1-855-464-3572		