



MEDICAL COVERAGE POLICY

SERVICE: Claim Review Process

Policy Number: 247

Effective Date: 02/01/2025

Last Review: 01/13/2025

Next Review: 01/13/2026

Important note: Unless otherwise indicated, medical policies will apply to all lines of business.

Medical necessity as defined by this policy does not ensure the benefit is covered. This medical policy does not replace existing federal or state rules and regulations for the applicable service or supply. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan documents. See the member plan specific benefit plan document for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. In the event of a discrepancy, the plan document always supersedes the information in this policy.

SERVICE: Claim Review Process

PRIOR AUTHORIZATION: Not applicable

POLICY: BSWHP uses rule-based software applications to edit submitted claims for adherence to policies that reflect guidelines set forth by industry authorities. Our goal is to process claims consistently and in accordance with best practice standards. The edit policies are based on industry-standard coding practices and other resources such as:

- CMS's medical and diagnosis coding policies
- AMA CPT coding guidelines
- Local and Regional Medicare and Medicaid policies
- Recognized national medical societies
- NCCI (National Correct Coding Initiative)

The edits undergo careful review by clinicians before being implemented.

POLICY HISTORY:

Status	Date	Action
New	05/22/2018	New policy
Reviewed	10/17/2019	No changes
Reviewed	11/19/2020	No changes
Reviewed	12/23/2021	No changes
Reviewed	12/29/2022	No changes
Reviewed	03/11/2024	Formatting changes, beginning and ending note sections updated to align with CMS requirements and business entity changes.
Reviewed	01/13/2025	Ending note section updated to align with business entity changes.

Note:

Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.

RightCare STAR Medicaid is offered through Scott and White Health Plan in the Central Texas Medicaid Rural Service Area (MRSA); FirstCare STAR is offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSA's; and FirstCare CHIP is offered through FirstCare in the Lubbock Service Area.