

Policy Regarding the Best Practice Recommendation (BPR) for Reconsideration of a Health Plan's Policy Regarding Code Edits

Kaiser Foundation Health Plan of the Northwest (KFHPNW) has adopted the Washington Administrative Simplification best practice for "Reconsideration of a Health Plan's Policy Regarding Code Edits". The text of this best practice is available through the OneHealthPort website at the following link:
<http://www.onehealthport.com/worksmart/bproverview.php>

How to request reconsideration of a code edit

If you wish to request a reconsideration of a code edit, please provide us with a written request sent by U.S. Mail.

Requests should include the following information:

- a. Description of the issue that provides us with a clear picture of your concerns
- b. Explanation of why you do not agree with our current policy or interpretation. Include the supporting alternative policy information and the source where it can be found
- c. Contact information for the point of contact within your company. Please include the contact person's name, phone number, fax number, and e-mail address.
- d. As appropriate:
 - Relevant codes or code combination examples
 - Specifics about associated claims that have been denied, e.g. EOP showing line item denied, Member Record Number and/or dates of service.

Mailing address

Mail your request to:
Kaiser Foundation Health Plan of the Northwest
500 NE Multnomah St., Suite 100
Portland OR 97232-2099
Attention: Provider Appeals

What happens when we receive your request

When we receive the request, it will be dated, scanned, and sent to one of our retrospective reviewers. We will review the policy reconsideration request to ensure that it falls within scope of the BPR and that all necessary information is provided. Clean requests for policy reconsideration are completed within 60 calendar days of the date we receive your request. If we need additional information from you in order to consider your request, we will notify you. If you receive a request for more information, you must provide a response within 15 calendar days. Each day that it takes for you to respond will be added to the 60-day decision time period. If we do not receive the necessary information within 15 calendar days, the 60-day decision period will start over when we receive the information.

If we are actively communicating with you on an issue, and the deadline for a decision is approaching, we can discuss a mutually agreeable date in the future for the decision to be made.

Notice of decision

When we make a decision regarding your request, we will notify you whether the decision is in your favor or not. If we decide to make the code edit, we will notify you of this decision by adjusting the related claims. If we do not decide to make the code edit, we will include an explanation of the rationale for this decision in our decision notice. The decision notice will be sent to the contact person identified in your original request letter.

**Future requests**

Once your request for reconsideration of a specific policy has been submitted and a decision has been made by us, we will not process additional requests related to that same policy unless you provide us with supporting documentation that has significantly different information than was submitted with your initial request.

Questions?

If you have any questions, would like to confirm that we received your request, or would like a status update on your request, please contact our Provider Line at 1-866-441-1221 (toll-free), Monday through Friday, 8 a.m. to 5 p.m.