

INDICATORS

Fall/Winter 2006

SelectCare

Faxing Claims to SelectCare

When faxing a claim needing immediate attention by SelectCare's service center, be sure to indicate on the cover sheet that it is an urgent matter. Also include a fax number to which the repricing sheet can be sent and a phone number in case of questions. The fax number for SelectCare's service center is 952-992-8667. Claims faxed to SelectCare that are not marked as "urgent" will be sent to our repricing vendor, DST, for normal processing. SelectCare is unable to process invoices, statements, receipts and/or EDI transaction forms, we can only accept original CMS 1500 (or the new 1500 HICF) or UB92 claim forms. Please keep in mind that the claims you're faxing to SelectCare must be legible; often, claims received at the TPA via fax and subsequently faxed to SelectCare have lost some of their clarity. If all of the information can't be scanned, the claim will need to be returned.

As a reminder, if an in-network provider submits a claim directly to the payer, it should be returned to the provider, instead of being forwarded to SelectCare. This will help educate the provider in the appropriate process of claim submission and improve overall turnaround times.

Provider Network Totals Updated

As of August 2006, the SelectCare provider network consisted of the following numbers of providers:

Primary Care Physicians (inc. OB/GYN)	18,781
Specialists	21,111
Hospitals	220

Chiropractic Claims

This is a reminder that our chiropractic network manager, Health Services Management, Inc. (HSM), is responsible for the repricing all chiropractic claims from their network of providers. SelectCare's repricing vendor does not handle any chiropractic claims. If you receive a claim from HSM, it has been repriced. HSM does not use repricing facesheets; the repricing information appears directly on the claim itself. The repriced amounts will appear in column K on the CMS 1500 claim form.

Team Anesthesia Charges

It has been brought to our attention that there are questions about appropriate billing and payment practices for charges related to anesthesia services, particularly those performed by more than one provider (team anesthesia). Anesthesia billing is based upon the use of modifiers to indicate the level of service provided, which thus dictates the charges applied. Providers of an anesthesia service will each submit their own charges. For example, an anesthesiologist working with a CRNA would submit charges using the QK modifier (medical direction of one qualified anesthesia provider) and the CRNA would submit a separate charge with the modifier QX (medically directed). These modifiers and the corresponding conversion factors are industry standards used by all payers, including Medicare and Medicaid. These charges are already at a reduced rate; therefore, no further reductions should be applied (other than those allowed by the appropriate fee schedule). If additional information is needed, please contact SelectCare's Payer Analyst.

SelectCare Payer Team

Earlier this year there were some organizational changes made to further improve the service given to our payers. You may have been introduced to some of these individuals already. There are some new faces as well as some familiar faces. Please see the back page of this newsletter for our contact information.

We are here to serve you, our customer!!