



999 Oakmont Plaza Drive
Suite 400
Westmont, IL 60559

September 9, 2015

First A. Lastname
Company Name
123 Address Line
City, State ZIP

Dear Provider,

IlliniCare Health is implementing Payment & Coverage Policies that will guide how claims for certain services are adjudicated and paid. We will be instituting these policies in conjunction with our Corporate Office, Centene Corporation, to provide clinically based rule content to evaluate claims against payment and coverage policies to ensure accurate reimbursement. This is in addition to all other reimbursement processes that IlliniCare Health currently employs.

Once these policies have been implemented, some providers will observe claims processing edits that assure only accurately and appropriately coded and billed services are reimbursed. The nature of these policies addresses coding inaccuracies such as unbundling, fragmentation, upcoding, duplication, invalid codes and mutually exclusive procedures as well as statements of plan coverage of items and services. The policies that dictate the coding and billing rules applied are based on industry standards and guidelines as published and defined in the Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), and public domain specialty society edits, unless specifically addressed in the fee-for-service provider manual published by the state of Illinois or regulations.

Determinations for non-payment or reduced payments are based upon CPT coding and reimbursement protocols and guidelines for which the provider is liable, and do not represent opportunities for providers to balance bill patients. The American Medical Association (AMA) in conjunction with multiple specialty societies, CMS and representatives from multiple health care insurers maintain and update the codes, and establish the rules for the proper use of the CPT and other procedure codes. Guidelines governing the use of the codes and modifiers are clearly delineated in the CPT annual publications as well as other supporting documents published by the AMA. CMS further clarifies and defines the proper use of codes, combinations of codes as well as the combinations of codes and modifiers in multiple publications and databases. Coverage provisions are adopted from specialty society guidelines, the published peer reviewed medical literature, Medicare policy, and local standards of medical care.

IlliniCare Health takes the responsibility of detecting fraudulent, wasteful and inaccurately or inappropriately billed claims very seriously. These improvements to our detection activities will enable us to more effectively prevent incorrect payment of claims and provide equitable reimbursement to all providers. We are aware that these improved procedures will impact some claims payments for providers, and there will be a period of adjusting to the implementation of these policies. We are committed to being fair and consistent to providers, patients, and our clients as we pursue our goal of ensuring correct payment of healthcare claims.

The effective date for the below policies is **October 12, 2015**.

866-329-4701
TDD/TTY 866-811-2452

IlliniCare.com

Protein Bound Paclitaxel

- Description: This policy is intended to specify the on-label and off-label coverage indications for protein-bound paclitaxel. By matching HCPCS or CPT codes with the diagnosis codes on the claim, the edit will identify when the indication did, or did not, warrant the provision of the procedure or treatment method.
- Rationale: The intent of this policy is to address inappropriate billing practices and limit coverage of certain HCPCS and CPT codes for indications where medical effectiveness has not been established.

Category III CPT Codes

- Description: The policy outlines which Category III CPT codes are considered to be investigational and which have been established as medically effective and should therefore be covered.
- Rationale: Many Category III CPT codes represent experimental or investigational items and services for which medical effectiveness has not yet been established. The intent of this policy is to limit coverage of certain Category III CPT codes where medical effectiveness has not yet been established.

If you have any questions or concerns about these policies, please contact IlliniCare Health Provider Relations at 866-329-4701.

Sincerely,



Angela Perry, M.D.
Chief Medical Director