

CERIS PROGRAM OVERVIEW

CERIS performs pre-payment reviews and/or post-payment audits of Blue Cross Blue Shield of Texas claims. These reviews ensure payment accuracy and compliance with the provider's contract, BCBSTX's provider manual, BCBSTX's medical/surgical policies, BCBSTX's coding and payment policies and national billing/payment guidelines and standards. During the audit, CERIS will review medical records and/or itemized bills to identify billing errors and incorrect billing practices.

If you have questions about pre- and/or post-payment reviews, please contact your BCBSTX network representative.

CERIS SCOPE

- Diagnosis Related Group (DRG) review/audit
- Itemized Bill review/audit

CERIS FAQ

What does CERIS look for in a DRG review/audit, and what documents are required?

CERIS validates the billed/paid DRG with clinical review verifying that all diagnosis and procedure codes reported and utilized for DRG assignment are accurately assigned.

DRG Review/Audit Components (includes but not limited to):

- Orders from provider
- Preadmission testing – additional records requested if needed
- Present on admission (POA) indicators
- Transfer status (does not affect DRG; impacts reimbursement)

DRG Review/Audit Required Documents:

- Medical records

What does CERIS look for in an Itemized Bill review/audit, and what documents are required?

CERIS performs an accounting review of the itemized bill to identify duplicates, billing errors and charges considered not separately reimbursable in accordance with BCBSTX provider manual, coding and payment policies and/or national billing/payment guidelines and standards.

Itemized Bill Review/Audit Components:

- Apply BCBSTX unbundling policy (CPCP002)
- Duplicates, errors, time increment discrepancies
- Identify integral/routine services, supplies and equipment
- Charges related to preventable adverse events
- Never events

Itemized Bill Review/Audit Required Documents:

- Itemized Bill

What triggers a pre-pay review and/or post-payment audit?

Claims are selected for review/audit based on contract terms and defined criteria, including (but not limited to) claim billed/paid amount and reimbursement methodology.

What factors are used to determine the audit process for each claim audited?

Each review/audit has a defined process which may vary according to review/audit type. The variances in the process include (but are not limited to) the type of document procured, the review/audit process and the resulting work product. As an example, a DRG clinical validation review/audit requires review of medical records, whereas an itemized bill review/audit requires review of the itemized bill.

Does CERIS review/audit for medical necessity or utilization?

No. CERIS does not review/audit for medical necessity or utilization. BCBSTX will conduct any required medical necessity and/or utilization reviews.

Does a nurse or medical professional perform the review of the claim?

Yes. CERIS has medical professionals, including registered nurses, certified surgical technicians and professional medical coders, with varying backgrounds and specialties, who will review the itemized charges submitted by the provider.

What are the CERIS-proposed reductions based upon?

CERIS utilizes the provider's contract, BCBSTX's provider manual, BCBSTX's medical/surgical policies, BCBSTX's coding and payment policies and industry standards.

What is the process for filing a dispute?

If you would like to dispute this review determination, please refer to the corresponding Provider Claim Review Process section of the applicable [BCBSTX Provider Manual](#). Disputes regarding reviews performed by CERIS should be sent directly to CERIS via the following:



CERIS

Attn: Dispute Department
5128 Apache Plume Rd, Suite
400 Fort Worth, Texas 76109
Fax: 833-406-4290

Does CERIS issue any payments on the claim?

No. CERIS does not issue any payments on claims.

Does CERIS handle the recovery/offset process for post-payment audits?

Yes. CERIS handles recovery efforts on all audits performed. A provider may elect to submit a refund of the overpayment amount or elect to have the overpayment offset against future claim reimbursement. Should the overpayment not be satisfied within the prescribed recovery timeframe, CERIS will submit the claim to BCBSTX for offset against future HealthSelect claim reimbursement.

CERIS, a CorVel Health Corporation, is an independent company contracted with Blue Cross and Blue Shield of Texas to provide medical claim audits for members with coverage through BCBSTX.

BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.