Medical Bill Audit/Review

1. The process, policies, and procedures whereby decisions are made.
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2. The medical bill audit program shall assure that: (a) A statement or payment for medical goods and services and charges for a deposition, report, or photocopy complies with KRS Chapter 342 and 803 KAR Chapter 25.
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(b) A medical bill auditor has the education, training and experience necessary to evaluate clinical issues and services for medical necessity and appropriateness.
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(c) A statement for medical services is not disputed without reasonable grounds
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(d) Assurance that a treatment plan has been obtained for review and that a physician has been designated by the injured worker.
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3. A medical payment obligor who contracts with an approved vendor for utilization review or medical bill audit services shall notify the Commissioner of the contractual arrangement. The contractual arrangement may provide for separate utilization review and medical bill audit vendors.
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4. Assurance that during the term of an approved plan, the Commissioner shall be notified as soon as practicable, of a material change in the approved plan or a change in the selection of a vendor.
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5. An assurance that a database shall be maintained for a period no less than two (2) years, is subject to audit by the Commissioner, or the Commissioner's agent, and with the details required per KRS 342:035(5)(b)
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6. Each medical bill audit shall be initiated within five (5) business days of receipt.
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7. A medical bill audit shall not toll the thirty (30) day period for challenging or paying medical expenses pursuant to KRS 342.020(4).
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8. Personnel conducting a medical bill audit shall have the education, training, or experience necessary for evaluating medical bills and statements. <i>The MBA plan administrator is responsible for ensuring that all personnel reviewing Kentucky claims are educated, knowledgeable, and appropriately trained to apply Kentucky Fee Schedule's reimbursement rates. Please state what training they receive for implementing Kentucky Fee Schedule and see MBA attachment A; sign and date.</i>
Page and initial that attachment A was signed and dated
9. Payment for medical services shall not be denied on the basis of lack of information absent documentation of a good faith effort to obtain the necessary information.
Page a. A request for reconsideration of the medical bill audit decision shall be made by an aggrieved party within ten (10) business days of receipt of the decision
Page b. A written decision shall be rendered within seven (7) business days of receipt of a request for reconsideration. The written decision shall be clearly entitled "MEDICAL BILL AUDIT-RECONSIDERATION DECISION".
Page c. A request for reconsideration of the medical bill audit decision shall not toll the thirty (30) day period for challenging or paying medical expenses pursuant to KRS 342.020(1).
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10. Include a list of clients who contract you to perform MBA.
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11. Please submit an example letter of EOB/EOR and reconsideration letters. All must be on letterhead with the appropriate time frames for reconsideration.
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