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| **Policy Reconsideration Process**  LifeWise Health Plan of Washington has a process for providers to request reconsideration of a policy regarding code edits. This process does not apply when a provider is requesting reconsideration of adjudication of payment or benefits for a specific claim. Typically policy reconsideration is requested after the provider has already submitted numerous requests for claim reconsiderations that are related to the health plan’s code editing policy. However, policy reconsideration may be requested prior to any claims being submitted. This policy reconsideration process does NOT apply to medical policies or benefit determinations. Policy reconsideration is applicable to such things as:   * Bundled services, incidental services * Mutually exclusive services * Pre/post op visits within the global period * Modifier validity * Assistant surgeon necessity.   Policy reconsideration will not be considered valid unless the request is submitted along with the supporting documentation from a nationally recognized industry standard source. Examples of recognized sources include, but are not limited to,   * The American Medical Association (AMA) CPT coding guidelines and conventions * Local and regional Medicare policies * Nationally recognized bundling edits, including CMS’s National Correct Coding Initiative (NCCI) * Nationally recognized physician academy and society guidelines |

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| **Mail the completed form**  **and supporting documentation to:**  LifeWise Health Plan of Washington  Policy Reconsideration  P.O. Box 327 MS432  Seattle, WA 98111  *This template may be updated periodically; do not print a large supply because it may become outdated* | **To save an electronic copy of the completed form:**  **If you complete the fields in the template form, you will be unable to save the document.** Instead, before completing this form use the ‘save as’ function, rename the document, and place the document in a folder or file on your computer. Locate the saved form in your folder or file, complete each field, save and print.   The next time you access the template form on our Web site, a box with the question “Do you want to open or save this file?” will appear. By choosing ‘save’ and following the same steps noted above, you can save an electronic copy of the completed form in your records. |

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| Policy Reconsideration Submission Form |

***This form should be used to request reconsideration of a coding policy. It should not be used for submitting specific claim requests such as complaints, appeals, corrected claims, duplicate claim denials, claim requests for additional information, coordination of benefits, or claims status inquiries. Use of this form for something other than its intent will result in a delayed response.***

Please complete each field and include a detailed explanation about your request:

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| **Date:**        **Contact name:**  **Phone number:**  **Provider address:**  **Description of the issue:**  (provide clear picture of your concern) |
| **Explanation of why you disagree with the current policy or interpretation including the supporting alternative information and the source where it can be found:**  **As appropriate, please provide:**   * **Relevant codes or code combinations or** * **Specifics about associated claims that have been denied** |
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| *Please enter additional comments in this section:* |