Special Bulletin

For facility providers **December 8, 2023**

Acute Care Facilities: Itemized Bills Required for Local and Host Claims Starting at $50,000

Providers will be required to submit itemized bills for high-dollar, inpatient care (costing $50,000 or more) at acute care facilities, **effective February 6, 2024**, for both local and host (out of area) claims. This new requirement — the previous threshold was $100,000 — is part of an initiative by Highmark to reduce billing and/or payment errors on high-dollar claims that occur both in-network (IN) and out-of-network (OON) .

How the Process Will Work

Facilities should only send the itemized bill when requested from Highmark Payment Integrity. The request will come via email and/or fax. Providers will have three days to submit the itemized bill. The request will come from HighmarkHostHighDollarReview@highmark.com.

If Highmark doesn't receive an itemized bill within three days after outreach, the high-dollar claim will be rejected with code E1224 – *"In order to process the claim, additional information is required."* As a result, payment will be delayed.

To prevent delay in claims processing and payment, please follow these instructions:

- Work directly with Highmark Payment Integrity and/or your Provider Relations Representative to ensure Highmark has the correct email address and fax number for your facility.
- The itemized bill must match the claim submission.
- Revenue codes — along with complete, detailed description of all services — are both required to ensure accuracy when auditing the itemized bill.

If any discrepancies are found during the Itemized Bill Audit, the lines that are not eligible will be denied E5027: "*The service is considered to be an integral part of another service, separate payment cannot be made for this service."*

Highmark will advise what the discrepancies are via our discrepancy sheet. The facility will not be responsible for refiling a corrected claim.

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