Orthonet focused claim review frequently asked questions (FAQ)

Purpose
This document provides important FAQ regarding the focused claim review (FCR) program performed by OrthoNet, LLC (OrthoNet).

Overview
Who is OrthoNet?
OrthoNet is a leading musculoskeletal management company located in White Plains, NY. OrthoNet has significant experience with billing practices associated with musculoskeletal services and procedures.
Review process

What is the role of OrthoNet in the review process?
OrthoNet will review selected musculoskeletal claims in accordance with current procedural terminology (CPT) and the Centers for Medicare & Medicaid Services (CMS) billing guidelines comparing the claim submitted to the services documented.

What type of documentation will be required for this review?
OrthoNet will request the operative report or office notes. These records must be provided to them directly prior to claim payment.
Note: If requested information is not submitted by the provider, the service will be denied as "records not received."

Which providers are included in this program?
This program includes, but is not limited to, the following provider specialties:

- Orthopedic surgery
- Neurosurgery
- Podiatry
- Hand surgery
- Neurology
- Pain management
- Sports medicine
- Plastic surgery
- General surgery
- Physiatrist/physical medicine and rehabilitation
- Dermatology
- Cardiology
- Urology
- Ears, nose and throat

Note: This program only applies to professional (CMS1500) claims. Facility (UB04) claims are excluded from this review.

How will I know if I need to submit the operative report or office notes to OrthoNet?
If the required operative or office note is not on file, OrthoNet will contact the provider and request that the required records be submitted to them directly. The claim will be suspended until this additional information is received.

Will operative reports or office notes be accepted after a claim has been denied as "records not received?"
Yes. Medical records can be submitted after denial directly to OrthoNet for review. OrthoNet will provide their determination on the claim to an Amerigroup Community Care claims examiner who will adjust the claim accordingly.

Notification of review results
How are providers notified of the results of the review?
An explanation of benefits will be issued to the member, and an explanation of payment will be sent to the provider advising them of the coding review determination.

Codes subject to review
Is there a list of the musculoskeletal procedure codes that will be subject to the coding review?
The codes subject to the FCR program can differ based on provider specialty. This program includes, but is not limited to, the following procedure code categories:

- Spine/back surgery
- Total knee/hip replacement
- Knee/foot arthroscopy
- Foot/hand/finger surgery
- Carpal tunnel
- Podiatry
- Nail/skin grafts
- Nerve conduction studies
- Injections/trigger points
- Anthrocentesis
- Nerve blocks
- Neurostimulators
- Neurolytic agents
- Skin/wound care
- Breast surgery
- Nose excision/repair
- Sinus endoscopy

Billing requirements

Are there any special billing requirements for this program?
Operative or office notes are required for review. OrthoNet will contact you to request the operative report or office notes and provide instructions for submission as needed.

Claim processing
Will Amerigroup continue to process these claims?
Yes. Amerigroup will process all claims related to musculoskeletal procedures and services, and provide member benefit and eligibility information.