

CERIS PROGRAM OVERVIEW

The purpose of the CERIS **pre-payment** review of itemized bill review is to identify duplicates, billing errors and charges considered not separately reimbursable in accordance with Blue Cross and Blue Shield of Texas provider manual, reimbursement policies and/or national billing/payment guidelines and standards.

CERIS FAQ

Why is an itemized bill required?

As an agent of the insurer, network, and/or payor(s), CERIS is contracted and authorized by BCBSTX to perform a pre-payment itemization review. This is an accounting type review on the patient's charges billed by the provider for the services and supplies rendered to patient. Unfortunately, the UB form is not sufficient, and is just summary of the actual itemized charges for each patient. To accomplish the itemization review, the charge descriptions, unit counts, charge per unit and extended charge is required. This detail is located on the itemized bill.

How should I submit an itemized bill?

Providers should submit all itemized bills directly to the address listed on the CERIS request letter.

Does CERIS review for medical necessity?

No. CERIS does not review for medical necessity.

Does CERIS issue any payments on the claim or perform any recoupments?

No. CERIS does not issue any payments or handle any recoupments on any of the claims reviewed for the itemization review. Since this is a prepayment review, a recoupment does not occur. Upon completion of the review, BCBSTX will finalize the claim and issue payment.

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.

Is the CERIS review an audit?

No. The CERIS itemization review is not an audit. We are not reviewing the charges against the medical records, but rather, we are simply performing an accounting type review to ensure the claim is paid correctly.

What are the CERIS proposed reductions based upon?

CERIS utilizes BCBSTX policies / payment guidelines and industry standards dependent on the line of business.

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 prepayment 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