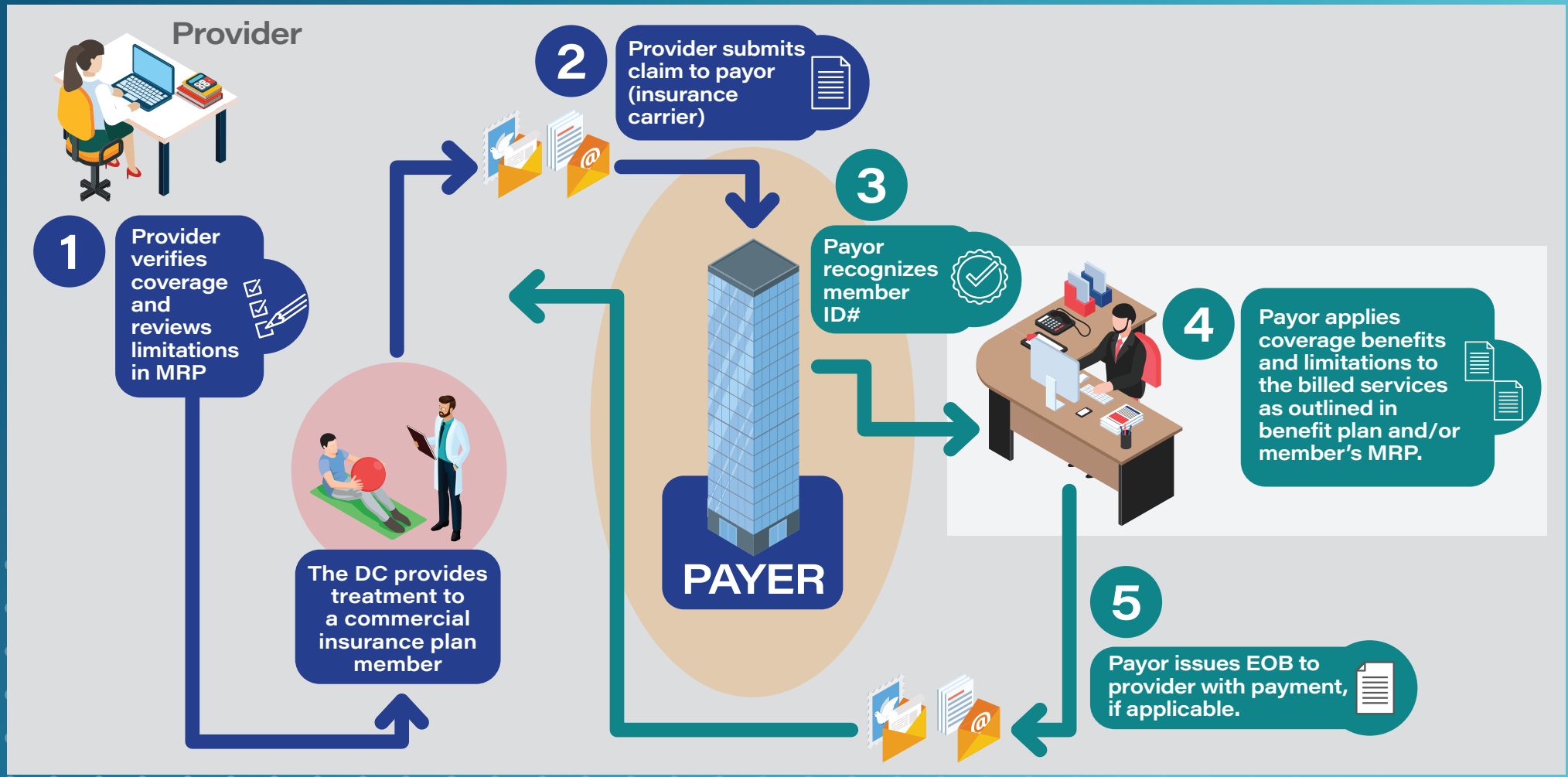
Commercial Insurance Claims & Medical Review Policy (MRP)

Medical review policies (MRP) are Plan documents used to support coverage decisions for specific healthcare procedures. Medical policies frequently address medical necessity or investigational status based on the contract definitions.

Once the clinic has 1 verified coverage, confirmed the provider's network status* and reviewed the Medical Review Policy (MRP), 2 the provider submits the claim. 3 The Payor recognizes the subscriber/member ID# and transmits the data in the format required to be processed by the assigned product/plan such as HMO/PPO etc. 4 The member's insurance carrier processes the claim according to the member's benefits as outlined in the MRP. 5 The Insurance carrier issues an EOB to the provider with payment, if applicable, and claim description codes.

Note, this would also apply if the doctor is out of network (OON) and has agreed to submit OON claims.



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