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Comments Received :

1. General Reporting Sections:

Are initial determinations for coverage decisions and payment meant to be reported at the service/claim line level? For example, if a payment request includes more than 1 item, are plans required to submit each line item separately?

2. Initial Determinations - Subsection #2, Data Element T:

For claims that auto-adjudicate based on member eligibility, would "NA" be an appropriate response for Reviewer Qualifications?