

ISSUE DATE October 20, 2008	EFFECTIVE DATE November 3, 2008	NUMBER 99-08-17
SUBJECT Implementation of ClaimCheck®	BY  Michael Nardone, Deputy Secretary Office of Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to inform providers that the Department of Public Welfare (Department) will implement ClaimCheck®, a claims editing and auditing software program, effective November 3, 2008.

SCOPE:

This bulletin applies to providers enrolled in the Medical Assistance (MA) Program who submit professional and outpatient claims as indicated in Attachment A, for services rendered to MA recipients in the Fee-for-Service (FFS) delivery system, including ACCESS Plus. This bulletin does not apply to providers who render services to MA recipients in either the HealthChoices or voluntary managed care delivery system.

BACKGROUND:

ClaimCheck® is an editing and auditing software program developed by the McKesson Corporation in 1989 that is currently used by Medicaid Programs in 16 states and by commercial insurers nationwide.

ClaimCheck® evaluates claims to ensure that the appropriate procedure code for the service provided has been used; thereby providing for accurate payment and decreased administrative costs for the MA Program.

DISCUSSION:

ClaimCheck® has been integrated into, and will operate in conjunction with, the existing PROMISE™ claims processing system to detect billing errors and inconsistencies. ClaimCheck® is based on nationally recognized clinical guidelines and industry standards

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs Web site at www.dpw.state.pa.us/omap

from the American Medical Association (AMA), Centers for Medicare and Medicaid Services (CMS) and specialty society coding guidelines for Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS) and the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) coding systems.

ClaimCheck® has been customized for Pennsylvania to assure that it is consistent with current MA payment policy and the MA fee schedule. Please refer to Attachment A for a list of the categories of claims included and excluded from the ClaimCheck® editing and auditing process.

As part of the ClaimCheck® implementation, several new edits have been introduced which may result in claim denials. They include the following:

Rebundling Edits – These edits are returned when a provider submits a claim with two or more procedure codes when a single, comprehensive procedure code exists that more accurately represents the service performed.

Example:

A recipient presents to the hospital with both bones in the lower leg broken and surgery is performed. The provider submits a claim for MA payment with procedure codes 27826 and 27827.

- 27826 – Open treatment of fibula only.
- 27827 – Open treatment of tibia only.

Procedure code 27828 (Open treatment of both tibia and fibula) is the comprehensive code that covers the procedure. In this scenario, ClaimCheck® will result in the denial of the claim for procedure codes 27826 and 27827. The provider may resubmit the claim using the comprehensive procedure code.

Incidental Edits – The edits are returned when a commonly performed procedure is performed in conjunction with other procedures as a component of the overall service provided. An incidental procedure is one that is performed at the same time as a more complex primary procedure.

Example:

A recipient presents to the operating room for surgery to repair a torn meniscus in the knee. The provider submits a claim for MA payment with procedure codes 29882 and 29870.

- 29882 – Arthroscopy, knee, surgical; with meniscus repair (medial or lateral).
- 29870 – Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure).

The diagnostic arthroscopy (29870) is incidental to the repair (29882) since the approach via the arthroscopy is incidental to the surgery. In this scenario, ClaimCheck® will result in the denial of the claim for procedure code 29870.

Mutually Exclusive Edits – These edits are returned when a provider submits a claim with two procedures that differ in technique or approach but lead to the same clinical outcome and represent an overlapping of services.

Example:

A recipient presents to the short procedure unit for scheduled laparoscopic gall bladder removal. During the procedure, the physician experiences difficulty removing the gall bladder laparoscopically and must do an open procedure to remove the gall bladder. The provider submits a claim for MA payment with procedure codes 47563 and 47605.

- 47563 – Laparoscopy, surgical; cholecystectomy with cholangiography.
- 47605 – Cholecystectomy; with cholangiography.

Procedure code 47563 is mutually exclusive to 47605 because the recipient has only one gall bladder. The procedure performed is the removal of the gall bladder, whether the surgery is open or laparoscopic. In this scenario, ClaimCheck® will result in the denial of the claim for procedure code 47563.

ClaimCheck® also reinforces existing PROMISe™ editing using the following supplementary edits:

Duplicate Procedure Edits – These edits avoid payment of claims for the same procedure on the same date of service.

Example:

A provider submits separate claims for procedure code 55041 for a single date of service for the same patient.

- 55041 – Excision of hydrocele: bilateral

Procedure code 55041 can be performed only once on a single date of service because it is a “bilateral” procedure. In this scenario, ClaimCheck® will result in the denial of the duplicate claim.

Assistant Surgeon Edits – These edits identify when a surgical procedure does not require the surgical expertise of an assistant surgeon.

Example:

A provider submits a claim for procedure code 52240 with modifier 80 (assistant surgeon).

- 52240 - Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; large bladder tumor(s).

MA payment policy at 55 Pa.Code § 1150.54(a)(3) states that an assistant surgeon may bill only for the surgical procedures designated in the MA Program fee schedule with the assistant surgeon indicator. The MA Program fee schedule does not include modifier 80 for this procedure code. In this scenario, ClaimCheck® will result in the denial of the claim for procedure code 52240 with modifier 80.

Pre-operative and Post-operative Edits – These edits avoid payment of pre-operative and post-operative visits that are included as part of a surgical procedure.

- Pre-operative edit will only set for visits related to **inpatient** surgical procedures when the visit occurs on the day of or the day prior to the surgical service as set forth in MA payment policy at 55 Pa.Code § 1150.54(a)(4)(i).
- Post-operative edits will set for visits pertaining to both inpatient and outpatient surgical procedures as set forth in 55 Pa.Code §§ 1101.54(a)(4)(ii) and 1101.54(b)(1)(i).

Example:

A provider submits a claim for procedure codes 21935 performed on April 3rd and 99213 performed 30 days later.

- 21935 – Radical resection of tumor (e.g., malignant neoplasm), soft tissue of back or flank.
- 99213 – Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

The post-operative period for procedure code 21935 is 90 days. Therefore procedure code 99213 is not eligible for separate reimbursement because the post-operative visit occurred within 90 days of the associated surgical procedure. In this scenario, ClaimCheck® will result in denial of the claim for procedure code 99213.

Evaluation and Management (E&M) Edits – These edits avoid payment of an E&M visit when a therapeutic procedure is performed on the same date of service.

Example:

A provider submits a claim for procedure codes 12011 and 99203 for the same date of service.

- 12011 – Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less.
- 99203 – Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.

MA payment policy at 55 Pa.Code § 1150.56(b)(3) provides that on any given day, a practitioner may bill for only one of a list of services per recipient. Procedure code 99203 should not have been billed in addition to procedure code 12011 on the same date of service. In this scenario, ClaimCheck® will result in the denial of the claim for procedure code 99203.

Age Edits – These edits enforce age limits for certain procedures.

Example:

A provider submits a claim for procedure code 42825 for a 16 year-old patient.

- 42825 – Tonsillectomy, primary or secondary; under age 12.
- 42826 – Tonsillectomy, primary or secondary: age 12 or over.

Procedure code 42825 should not be used for a 16 year old patient. In this scenario, ClaimCheck® will result in the denial of the claim. The provider may resubmit the claim using the appropriate procedure code.

Gender Edits – These edits enforce gender limits for certain procedures.

Example:

A provider submits a claim for procedure code 52275 for a female patient.

- 52275 – Cystourethroscopy, with internal urethrotomy; male.
- 52270 - Cystourethroscopy, with internal urethrotomy; female.

Procedure code 52275 should not be billed for a female patient. In this scenario, ClaimCheck® will result in the denial of the claim. The provider may resubmit the claim using the appropriate procedure code.

Cosmetic Procedures – These edits identify procedure codes that are often used for cosmetic procedures.

Example:

A provider submits a claim for procedure code 15876.

- 15876 – Suction assisted lipectomy; head and neck.

In this scenario, ClaimCheck® will flag procedure code 15876 as potentially constituting a cosmetic procedure. The claim will be suspended and subjected to medical review.

Note: For each of the edits identified above, PROMISE™ will return an Error Status Code (ESC) message. The ESC and description will be displayed to the provider on a Remittance Advice (RA). A list of all PROMISE™ ESCs and their descriptions, as well as those related to ClaimCheck®, is available on the Department's website at:

http://www.dpw.state.pa.us/ucmprd/groups/public/documents/document/s_001987.pdf

PROCEDURE:

Effective November 3, 2008, the Department will implement ClaimCheck® for professional and outpatient claims as identified in Attachment A, for services provided in the FFS delivery system, including ACCESS Plus. All affected claims received on or after November 3, 2008, will be subject to ClaimCheck® editing and auditing, including claims submitted for dates of service prior to November 3, 2008.

Providers are urged to consult the MA Program Fee Schedule, as well as appropriate coding manuals and clinical guidelines, to ensure that claims are submitted with the correct procedure codes and modifiers for the service provided and to reduce unnecessary claim denials.

Please note: Current MA payment procedures will remain the same. There will be no impact to current billing guidelines and claims processing time frames will not be affected as a result of the implementation of ClaimCheck®.

Attachment: Attachment A, ClaimCheck® Claims Criteria