CLAIM PROCESSING UPDATES:

Claims Xten and NCCI Edits

WEBINAR DESCRIPTION

This webinar will cover the integration of Claims Xten software into the MMIS claims processing system in support of the National Correct Coding Initiative (NCCI).

Note: Topics involving claim submissions, claim denials or coding guidance will not be included.

Recommended audience: All Oklahoma Medicaid providers and staff.

DISCLAIMER

- SoonerCare policy is subject to change.
- The information included in this presentation is current as of November 2021.
- Stay informed with current information found on the OHCA public website by visiting www.oklahoma.gov/ohca.

AGENDA

- Claims Processing Updates
  - Claims Xten
  - NCCI Edits
- Modifier Tips
- Resources
- Questions

CLAIMS PROCESSING UPDATES

CLAIMS XTEN

- OHCA previously processed professional claims through Claim Check, an editing software system that evaluates provider claims for coding inaccuracies.

- Effective Sep. 1, 2021, OHCA began implementing processing professional and DME claims through a more robust system, Claims Xten™.

- Additional editing capabilities will allow OHCA to adjudicate claims more consistently and accurately.

CLAIMS XTEN, *CONT.*

- The software is guided by national correct coding and industry standards.

- The new system should result in fewer denied claims and reduce the need for providers to refile.

- Outpatient facility claims will begin processing through Claims Xten in a second phase next year.

CLAIMS XTEN, *CONT.*

- Providers may notice changes to the way claims are processed, based on the information received on the claim.

- If a provider has incorrectly billed a procedure code based on things like gender or age the system will react accordingly.
  - Deny the claim line and zero out the billed charges.
  - Add a new claim line with the more appropriate procedure code and previously billed charges.
  - The claim will then continue the adjudication process using the new claim line information.

CLAIMS XTEN, *CONT.*

- OHCA strongly suggests that providers review what has been billed and paid to make sure medical records substantiate the claim.

- If the procedure performed is not accurately represented by the replaced procedure code, the provider must void the claim and resubmit a corrected claim.

NCCI EDITS

- OHCA has updated the claims editing software system which incorporates national and industry coding standards, including NCCI edits, in order to fully comply with CMS requirements.
  - The NCCI program promotes national correct coding methodologies, such as Procedure to Procedure (PTP) edits and Medically Unlikely edits (MUE), to help control improper coding that could potentially lead to inappropriate payment of Medicaid claims.
  - Effective Jan. 1, 2022, Professional and DME claims will be in full compliance with processing NCCI edits.

MODIFIER TIPS

MODIFIER 25

- Modifier 25 is defined as a significant, separately identifiable Evaluation and Management (E/M) service by the same physician or other qualified health care professional on the same day of a procedure or other service.

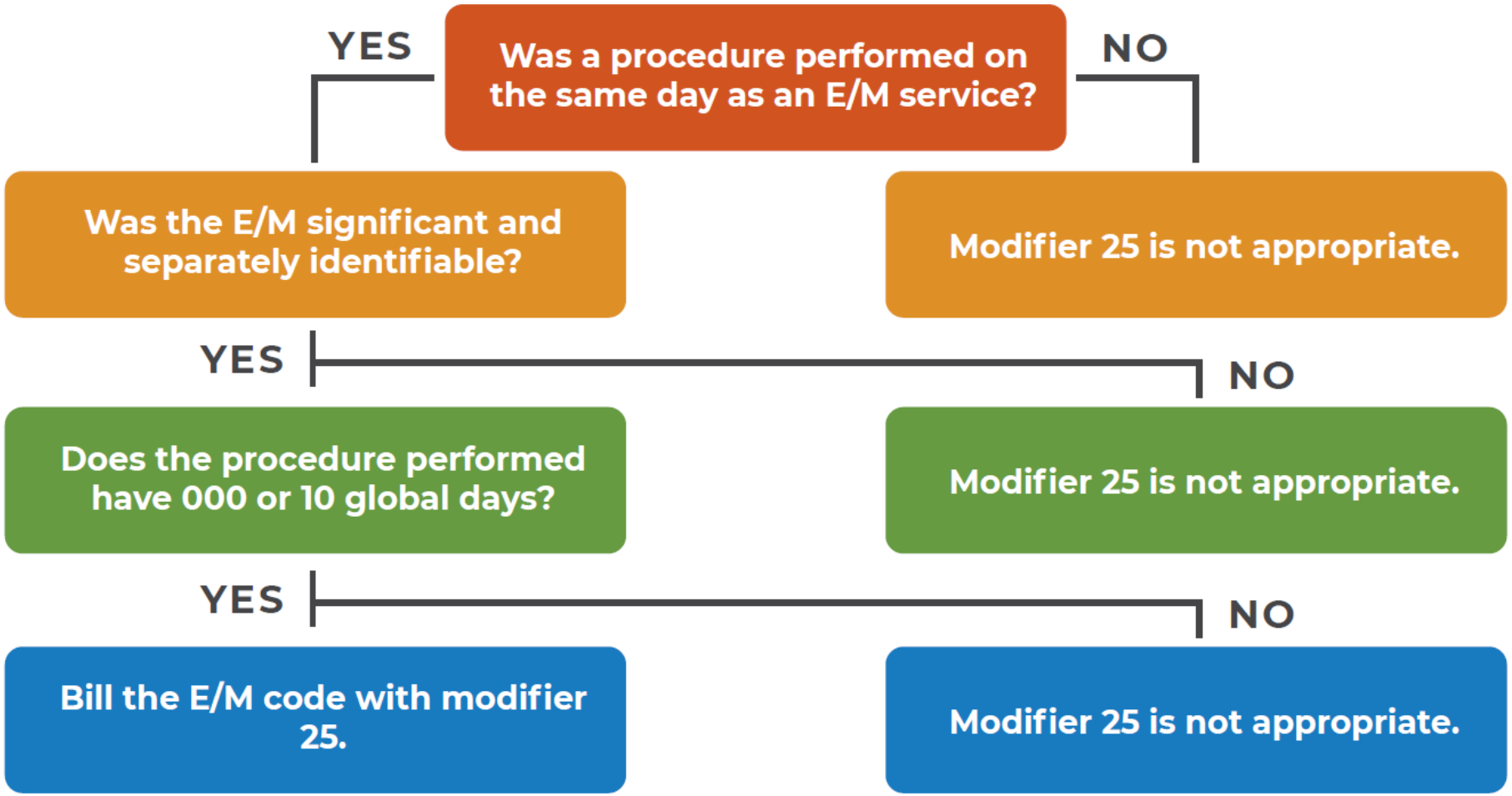
- Medicare defines same physician as physicians in the same group practice who are of the same specialty. In this instance they must bill and be paid as though they were a single physician.

- Modifier 25 indicates that on the day of a procedure, the patient's condition required a significant, separately identifiable E/M service, above and beyond the usual pre- and post-operative care associated with the procedure or service performed.

MODIFIER 25

- Appropriate use of Modifier 25:
  - Use Modifier 25 with the appropriate level of E/M service.
  - An E/M service may occur on the same day as a procedure. Medicare allows payment when the documentation supports the 25 modifier.
  - The procedure performed has a global period listed on the Medicare Fee Schedule Relative Value File.
  - More information on Modifier 25 guidelines can be found on the Novitas Website.

MODIFIER 25 FLOW CHART



MODIFIER 25 DOCUMENTATION

- Documentation must support how the E&M is significant and separately identifiable from the procedure being performed.

- Documentation required for review:
  - Office visit note
  - ER note
  - Inpatient/Outpatient progress note
  - OP report

COMMON CLAIM DENIALS FOR MODIFIER 25

- Missing documentation
  - Claim was originally billed with the modifier, but documentation was not attached to the claim.

- Incomplete documentation
  - Member name missing from all documentation.
  - Documentation must support how the E&M is significant and separately identifiable from the other procedure(s) being performed.
  - OP report or procedure notes not included.

MODIFIER 25 MEDICAL REVIEW BYPASS CODE LIST

- OHCA has provided a list of E&M codes that do not require documentation review when billed with modifier 25 in conjunction with certain procedure codes.

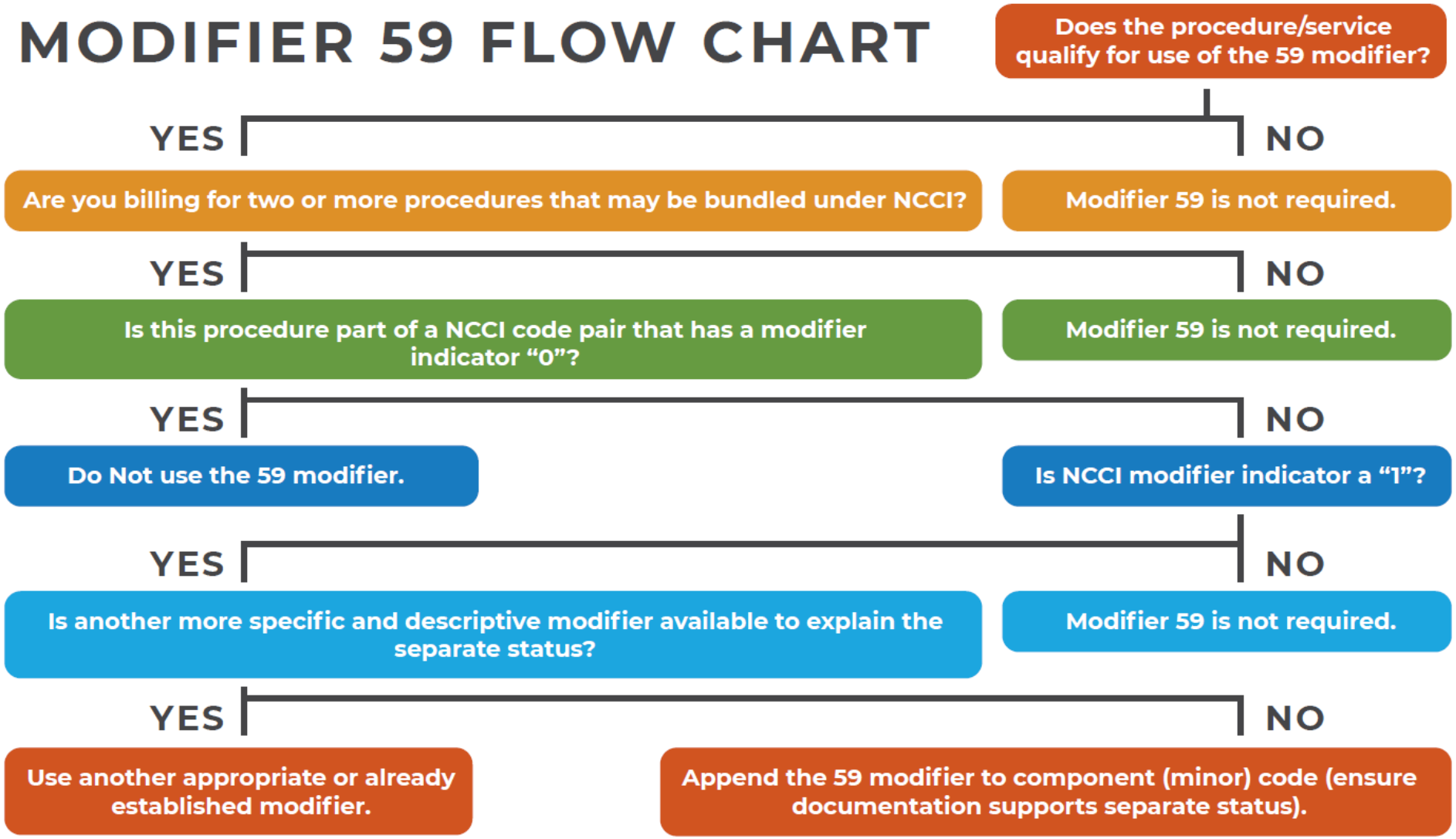
- For more information, visit the OHCA NCCI webpage at https://oklahoma.gov/ohca/providers/national-correct-coding-initiative.html.

MODIFIER 59

- Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances.

- Documentation must support:
  - a different session.
  - different procedure or surgery.
  - different site or organ system.
  - separate incision/excision.
  - separate lesion or separate injury not ordinarily encountered or performed on the same day by the same individual.

MODIFIER 59 FLOW CHART



MODIFIER 59 DOCUMENTATION

- Documentation must support how the procedure is significant and separately identifiable from the other procedure(s) being performed.

- Documentation required for review:
  - Procedure note
  - X-ray and lab reports
  - OP report

- More information on Modifier 59 guidelines can be found on the Novitas website.

COMMON CLAIM DENIALS FOR MODIFIER 59

- Missing documentation
  - Claim was originally billed with the modifier, but documentation was not attached to the claim.

- Incomplete documentation
  - Member name missing from all documentation.
  - Date and time missing on the x-ray report.
  - Reports not sent when multiple labs were performed.

RESOURCES

OHCA RESOURCES

- OHCA call center
  - 800-522-0114 or 405-522-6205; option 1
- Provider Letters
  - 2021-10: Claims Processing System
  - 2021-12: National Correct Coding Initiative Program
- OHCA National Correct Coding Initiative

OTHER RESOURCES

- CMS NCCI Edits
- Medicaid NCCI Edits
- Novitas Modifier 25 guidance
- Novitas Modifier 59 guidance

OKLAHOMA
Health Care Authority

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

oklahoma.gov/ohca
mysoonercare.org

Agency: 405-522-7300
Helpline: 800-987-7767