

CLAIM CODING EDIT ENHANCEMENTS

Since its inception, Allegiance has conducted an ongoing review to examine medical claims for consistency and accuracy in billing processes. The goal has always been to be fair and equitable in this endeavor. Allegiance continues to utilize globally accepted guidelines including CPT regulations as documented by the AMA, Correct Coding Initiatives (CCI) and Post-Operative Period Guidelines as outlined by the Center for Medicare and Medicaid Services (CMS).

In our ongoing efforts to improve performance in claims processing and payment, we are implementing a new claims processing program that will enhance our current platform. This will ensure a more thorough and comprehensive review of all claims. We have also conducted an assessment on previously paid claims to ensure coding compliancy. Several areas of our review are based on the following globally accepted coding principles:

- 1) **Global Surgical Principles:** CMS has defined specific time periods when the Evaluation and Management (E/M) services related to a surgical procedure, furnished by the physician who performed the surgery, are to be included in the payment of the surgical procedure code. These procedure codes are evaluated based on major and minor service categories with different defined global day allocations for each.
- 2) **Add-On Principles:** Both CPT and CMS define codes that require the presence of a primary procedure code for appropriate coding. These rules follow the direction set forth in the CPT manual that describes Add-on codes as “procedures/services that are always performed, by the same physician” and “are always performed in addition to the primary service/procedure, and must never be reported as stand-alone codes.”
- 3) **Multiple Surgeon Principles:** CMS rules based on the need for an assistant surgeon, co-surgeons and team surgeons for all surgical procedures. CMS is the only governing body that continues to evaluate the need for this type of service.
- 4) **CCI- National Correct Coding Initiative:** As defined by CMS:
 - a) **Comprehensive:** These procedure codes have been identified as inappropriate unbundling of comprehensive procedure codes into its component parts (codes).
 - b) **Mutually Exclusive:** These procedures codes are not to be reported together because they are mutually exclusive of each other and cannot occur during the same operative session.
- 5) **Duplicates:** For the following areas:
 - a. Radiology, Date Range Duplicates, Lifetime Duplicates and E/M Service Range.
- 6) **Evaluation and Management Crosswalk Principles:** Multiple submissions of E/M codes within the same category and/or two different categories, by the same provider on the same date of service.

7) **Incidental Procedures**: The Incidental Procedures category of edits identifies procedure codes classified as not payable due to a status of B (bundled) or P (bundled/excluded) in the CMS National Physician Fee Schedule Relative Value File.

Allegiance is confident that with your help the improved claims review process will ensure that appropriate services are delivered and paid correctly. By working together, we can all keep costs reasonable for our customers and make the most efficient use of limited health care dollars.