

cmi\_127101

<b>Title</b>	<b>Claim Editing</b>		
<b>Number</b>	<b>CP.PP.373.v2.0</b>		
<b>Current Effective Date</b>	08/12/24	<b>Original Effective Date</b>	09/27/07
<b>Cross Reference</b>	None		

<b>Purpose</b>	To define the claim editing process, general categories of claim edits and claim editing exceptions.
<b>Scope</b>	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company, and Premera Blue Cross HMO lines of business and products.
<b>Definitions</b>	<b><u>Claim Editing</u></b> : a step within the claim adjudication process where a claim is being edited against correct coding principles, as established by healthcare industry sources such as the American Medical Association (AMA), Centers for Medicare and Medicaid Services (CMS), and industry specialty organizations. When a claim encounters a coding or billing error based on these correct coding principles, the claim will be subject to a denial of payment.
<b>Policy</b>	<p>The Plan utilizes multiple claim editors to analyze submitted claims against industry coding and billing standards and Plan Payment Policies. Each claim editor has an independent set of claim edits and claim exceptions that will be applied to claims separately and distinctly. As such, not every claim will be edited with the same claim edit(s) due to different edits in each editor, different information on each claim, and differences due to provider or employer group contract exceptions.</p> <p>The Plan primarily uses the following sources as the base for claim editing:</p> <ul style="list-style-type: none"> <li>• Plan Payment Policies</li> <li>• CMS coding policies</li> <li>• Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) procedure codes and coding guidelines</li> <li>• International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10 CM) diagnosis coding guidelines and ICD-10 Procedure Coding System (PCS) inpatient procedure codes</li> <li>• Local and National Medicare policies</li> <li>• Nationally recognized medical academies and society guidelines (coding and clinical)</li> </ul> <p>Some of the more common edits implemented include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• CMS National Correct Coding Initiative (NCCI) edits</li> <li>• Global surgery periods (90/10/0 global days)</li> <li>• Co-surgeon, team surgeons and assistant surgeon modifiers</li> <li>• Multiple procedure reductions</li> <li>• Modifier to procedure correct code usage</li> </ul>

	<ul style="list-style-type: none"> <li>• Add-on code usage</li> <li>• CMS Medically Unlikely Edits (MUEs) unit limitations as a base for these edits with some variations due to business needs</li> </ul> <p>Claim editors utilize a member's historical claims in order to perform complete and accurate editing. However, only claims that are in a <b>completed/final status at the time of editing</b> are considered. Claims in a <b>pending or closed status</b> are not utilized in claim editing.</p> <p>The Plan does not apply claim editing to the following claim types/claim categories:</p> <ul style="list-style-type: none"> <li>• Medicare Supplement claims</li> <li>• Pre-paid claims (e.g., Pharmacy Benefit Manager (PBM) claims)</li> <li>• Blue Card Home claims</li> <li>• Dental claims</li> </ul>	
<b>Violations of Policy</b>	<p>Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be determined in Plan's sole discretion.</p> <p>Violations of this policy may be grounds for corrective action, up to and including termination of employment.</p>	
<b>Exception Process</b>	Exceptions to the policy may be made where a provider or employer group contract dictates otherwise.	
<b>Laws, Regulations &amp; Standards</b>	None	
<b>Controls</b>	Configuration is tested and systems are compliant at time of testing.	
<b>Contact</b>	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
<b>Approval Dates</b>	08/12/24; 12/07/22; 01/07/22; 01/27/21; 02/10/20; 02/22/19; 02/27/18; 04/11/17; 05/23/16; 06/04/15; 06/09/14; 06/17/13; 06/20/12; 12/12/11; 08/01/11	
<b>Version History</b>	02/27/18	Modified policy to indicate facility claims are no longer an exception but are edited by CES
	02/22/19	Annual Review; no changes
	02/10/20	Added the individual line of business are no longer being submitted to the claim's editor for editing
	01/27/21	Clarified Purpose Statement
	01/07/22	Removed references to "CES" to accommodate multiple internal claim clinical editors established in the claims processing system Split the original second paragraph into two paragraphs. Deleted claim examples which are no longer valid.
	12/07/22	Added an exception to the policy in the Exception section for Self-funded groups.
	11/09/23	Policy title changed; Revised the Purpose statement, Definition, Policy statement and Exception sections of the policy to provide more details and clarity on claim editing.
	08/12/24	Annual review; no changes