ClaimCheck® and Clear Claim Connection™ News

ClaimCheck

As first announced in November 2009, Louisiana Medicaid continues toward the implementation of using the McKesson ClaimCheck® claims editing product and the provider reference tool known as Clear Claim Connection™.

ClaimCheck is an automated procedure code editing system that will supplement our current claims processing system for professional services in various settings. This product evaluates billing information and coding accuracy with edits based on widely accepted industry practices, coding guidelines and specialty society standards.

It is currently anticipated that the effective date of processing claims using the ClaimCheck product will be mid-May 2010. Claims processed after the implementation date, regardless of service date(s), will process through ClaimCheck edits in addition to current system edits. (This includes claims billed on the CMS-1500, 837P, KM-3, and the 837P with the K3 segment.) Any exceptions to date of processing editing will be identified.

Louisiana Medicaid will begin accepting additional nationally recognized modifiers as a result of the ClaimCheck implementation. These additional modifiers will be further discussed in detail in subsequent information published related to ClaimCheck. Their recognition and impact in claims processing will be an exception to the date of processing and will be effective with the date of service of the implementation.

Providers billing electronically should notify their billing vendors and clearinghouses of this transition should any changes to provider-specific systems be needed.

The following claims edits are examples of those that will become effective with the implementation of ClaimCheck and a brief description of the edit:

- Assistant Surgeon and Assistant at Surgery: ClaimCheck uses the American College of Surgeons (ACS) as its primary source for determining assistant surgeon designations. This rationale is based on the fact that the ACS determines these designations using clinical necessity guidelines versus statistical measures.
- Medical Visit Billing: Consistent with CMS Guidelines, ClaimCheck does not allow the separate reporting of most Evaluation and Management (E&M) services when a substantial diagnostic or therapeutic procedure is performed.
- Global Surgery- Pre and Post Op: Pre/post operative editing will deny E&M services that are reported with surgical procedures during their associated pre/post operative

periods. This editing is based on values designated in CMS's National Physician Fee Schedule.

- Rebundling: Procedure unbundling occurs when two or more procedure codes are used to report a service when a single, more comprehensive procedure code exists that more accurately represents the service performed by a provider. Occasionally, the correct procedure code that most accurately represents the service is not present on the claim. In these instances, ClaimCheck adds the procedure code(s) to the claim.

- Mutually Exclusive Procedures: Mutually exclusive edits consist of combinations of procedures that differ in technique or approach but lead to the same outcome. In some instances, the combination of procedures may be anatomically impossible. Procedures that represent overlapping services or accomplish the same result are considered mutually exclusive. Mutually exclusive edits are developed between procedures based on the following CPT description verbiage: limited/complete, partial/total, single/multiple, unilateral/bilateral, initial/subsequent, simple/complex, superficial/deep, and with/without.

- Incidental Procedures: An incidental procedure is one that is performed at the same time as a more complex primary procedure and is clinically integral to the successful outcome of the primary procedure. Certain procedures are commonly performed in conjunction with other procedures as a component of the overall service provided.

- Multiple Surgery Reduction: When more than one surgical procedure is performed on the same date of service, the 50/51 modifiers must be appended appropriately for claims to process correctly and prevent denials. Certain procedure codes are exempt due to their status as 'add-on' codes or 'modifier-51 exempt' codes.

- Modifiers: ClaimCheck performs procedure to modifier validity checks to determine if a procedure code is valid with a specific modifier.

Clear Claim Connection

'Clear Claim Connection' is the web-based reference tool that enables providers to access the editing rules and clinical rationale for some of the ClaimCheck edits. We anticipate that providers will have questions regarding the rationale for applying certain edits to claims being adjudicated and Clear Claim Connection will enable providers to review claims payment policies, rules, and edit rationale used in the processing of claims.

Provider Education

ClaimCheck and Clear Claim Connection educational webinars will be held for providers prior to the implementation date. **The anticipated dates for these on-line training sessions are the week of April 26-30, 2010**. Providers should monitor the Medicaid website and RA messages for further information on these sessions. Affected providers are strongly encouraged to attend one of the scheduled webinars.

Please continue to visit the Medicaid web site for the most current information on this implementation.