
# New Claims Editing Software (Facility)

## Summer 2019

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

# Today's Presenter

## Mary Guy

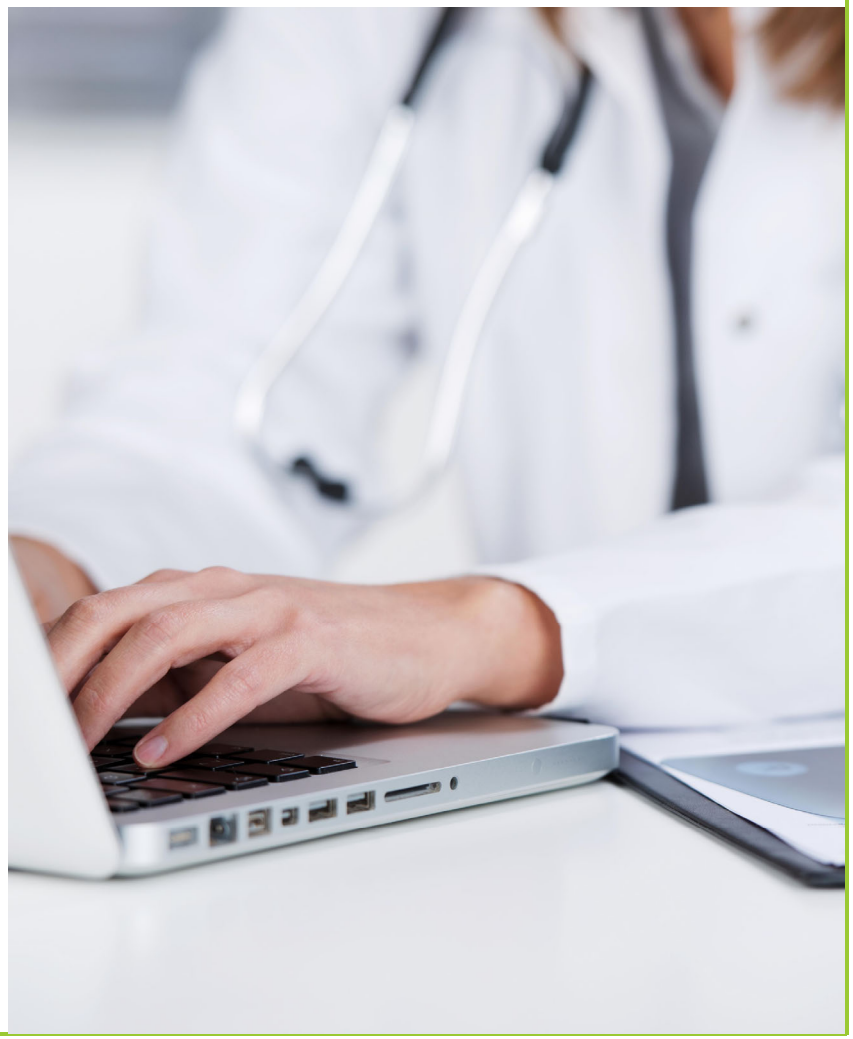
Provider Relations

# New Claims Editing Software

- We are updating to a new claims editing software (CES) system
- In this webinar, we will cover what you need to know about the new software and how it may affect your claims

# CES Features

- Enables us to effectively and consistently manage healthcare delivery and reimbursement by identifying potentially incorrect coding relationships on submitted claims
- Some policies have been updated based on industry-recognized rules and to be aligned closer to Medicare
- Changes will be based on a combination of national coding edits, CPT guidelines, specialty society guidelines, clinically-derived edits and federal regulations and policies governing healthcare claims



# What Is It?

Claims editing that is applied to incoming claims to ensure proper coding and billing based on:

- Reimbursement
- Medical Policy
- Benefits Rules
- Industry Standard Coding Guidelines

# What Does It Do?

- Promotes accurate and consistent payments
- Manages compliance with standard coding and billing practices between various types of services, such as:
  - Medical
  - Surgical
  - Lab and Radiology

# What Impact Will You Notice?

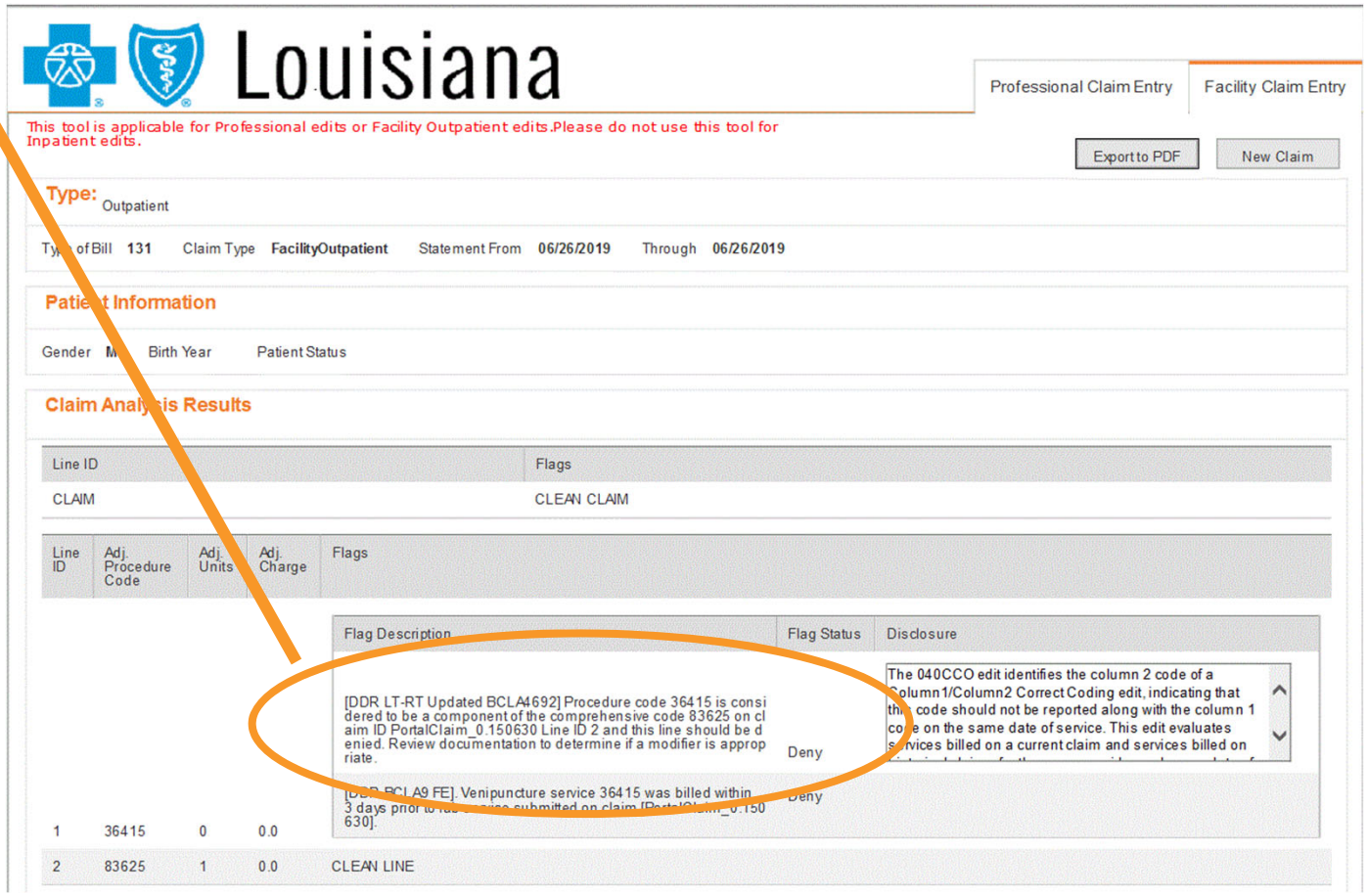
- Many of the existing edits will remain the same; however, there will be some differences to conform to changes in coding standards, updated reviews of existing code editing logic and enhanced functionality of the new system
- There may be changes in your payments due to how claims are properly processed and priced as a result of this update
- This may also change the look of your payment register

# When Does it Launch?

# Examples of Changes

# Bundling, Incidental & Mutually Exclusive Edits

**Example**: CPT Code 36415 is considered to be a component of the comprehensive code 83625



# Max Frequency

Updated list of codes and related number of units allowed on the same date of service

**Example**: an allowed daily frequency of 1 has been exceeded by 29

# Modifiers

Updated rules applied for modifiers to be consistent with industry-recognized rules. i.e., modifiers appropriate to use with evaluation and management (E&M) codes, modifiers appropriate to use with site-specific codes, etc.

# Modifier 50

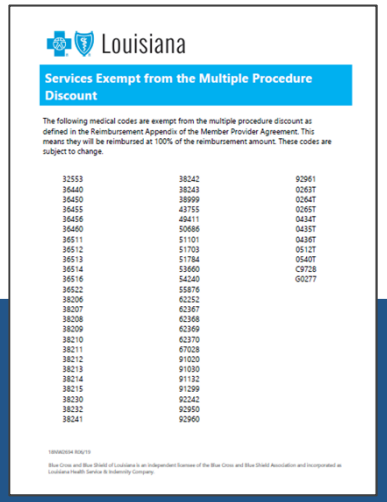
Codes that allow Modifier 50 has been updated. When billing with Modifier 50, only **one unit per line** should be billed. Additional units will be reduced to 1, and approved reimbursement will be for 1 unit only per each line.

**Note**: When billing multiple bilateral procedures, each would be identified and billed with Modifier 50 on separate lines, with a unit of 1 per each line

# Multiple Procedure Reduction

Codes exempt from Multiple Procedure Reduction have been updated

**Note**: This edit is based on date of service on and after August 1, 2019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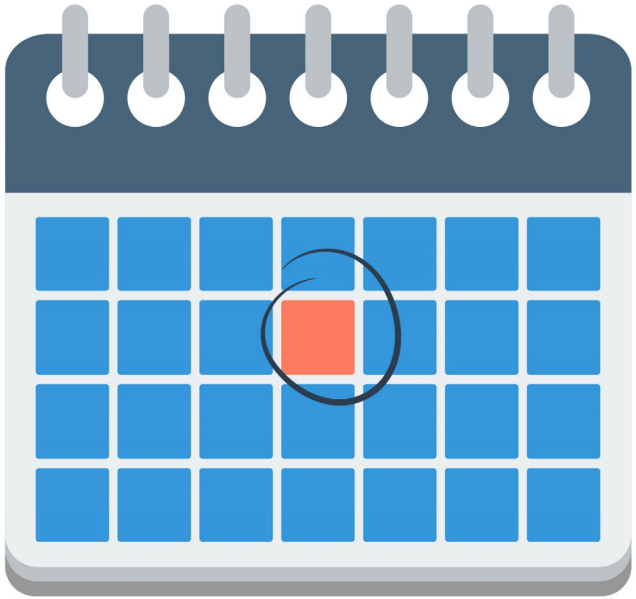
**Services Exempt from the Multiple Procedure Discount**

The following medical codes are exempt from the multiple procedure discount as defined in the Reimbursement Appendix of the Member Provider Agreement. This means they will be reimbursed at 100% of the reimbursement amount. These codes are subject to change.

| | | |
|---|---|---|
| 32553 | 38242 | 92961 |
| 36440 | 38243 | 0263T |
| 36450 | 38999 | 0264T |
| 36455 | 43755 | 0265T |
| 36456 | 49411 | 0434T |
| 36460 | 50686 | 0435T |
| 36511 | 51101 | 0436T |
| 36512 | 51703 | 0512T |
| 36513 | 51784 | 0540T |
| 36514 | 53660 | C9728 |
| 36516 | 54240 | G0277 |
| 36522 | 55876 | |
| 38206 | 62252 | |
| 38207 | 62367 | |
| 38208 | 62368 | |
| 38209 | 62369 | |
| 38210 | 62370 | |
| 38211 | 67028 | |
| 38212 | 91020 | |
| 38213 | 91030 | |
| 38214 | 91132 | |
| 38215 | 91299 | |
| 38230 | 92242 | |
| 38232 | 92950 | |
| 38241 | 92960 | |

A listing of the codes exempt from Multiple Procedure Reduction can be found on iLinkBlue (www.BCBSLA.com/ilinkblue) > Claims > Claims Editing System

# Not Separately Reimbursable



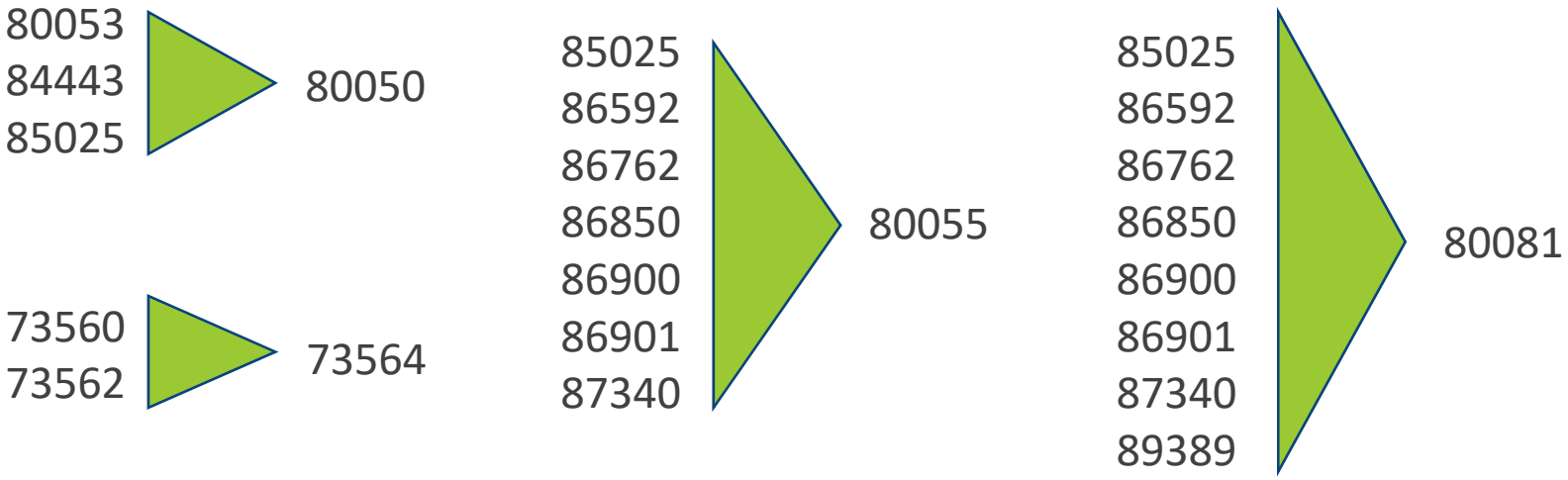
Certain codes will be denied because these services should be included with other services billed on the same day

**Examples**: Codes billed for general surgical supplies, quality measure codes (e.g., 0001F-9000F)

# Rebundles

Individual lines will be denied when two or more component codes are billed instead of a more appropriate, comprehensive code. The provider will need to refile the correct, comprehensive code.

**Examples:**



# Important Things to Remember

- Most edits are based on date processed, **not** date of service*
- Any claim adjustments processed **after the implementation date** of the new CES system will be subject to edits in the new system
- **Explanation codes and descriptions** on payment register may be different in the new system

*With the exception of Multiple Procedure Reductions and Max Frequency

# Troubleshooting

If you do not understand the way your claim was processed follow these steps to troubleshoot

# Troubleshooting

## Step 1

Check that you are following the proper billing guidelines. Refer to resources in your:

- Provider Manual
- Code Book
- Lists provided on iLinkBlue, etc.

## Step 2

Check the new CES provider portal tool to determine if the CES system is processing according to the new edits based on the rejection code. (CES edits will appear in lower case.)

# How to Inquire

## Step 3

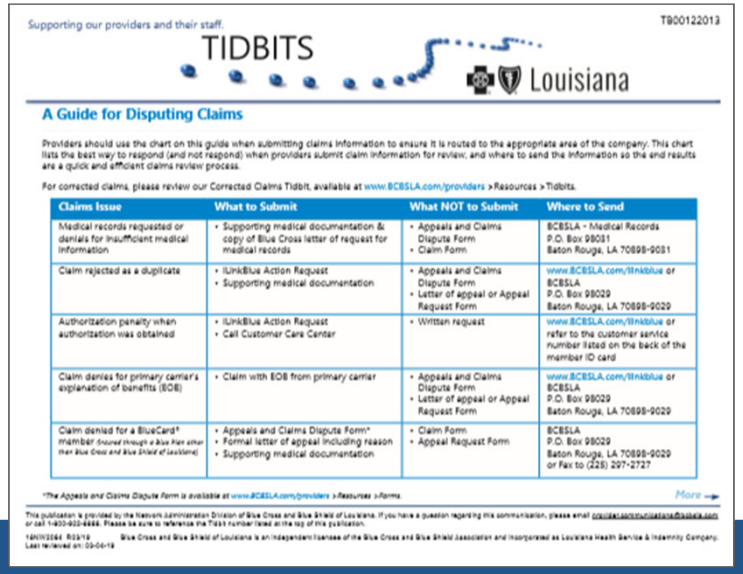
Submit an Action Request

- In order to properly route your inquiry please choose "**Code Editing Inquiry**" from the action drop down box when submitting your action request
- Please include your contact information
- Be specific and detailed
- Allow up to 15 working days for a response to each request
- Check in "Action Request Inquiry" for a response
- A second request may be submitted if there was no resolution

# How to Inquire

## Step 4

Review the "**A Guide for Disputing Claims**" tidbit for proper steps in order to dispute a claim



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**A Guide for Disputing Claims**

Providers should use the chart on this guide when submitting claims information to ensure it is routed to the appropriate area of the company. This chart lists the best way to respond (and not respond) when providers submit claim information for review, and where to send the information so the end results are a quick and efficient claims review process.

For corrected claims, please review our Corrected Claims Tidbit, available at www.BCBSLA.com/providers >Resources >Tidbits.

| Claims Issue | What to Submit | What NOT to Submit | Where to Send |
|---|---|---|---|
| Medical records requested or denials for insufficient medical information | • Supporting medical documentation & copy of Blue Cross letter of request for medical records | • Appeals and Claims Dispute Form<br>• Claim Form | BCBSLA - Medical Records<br>P.O. Box 98031<br>Baton Rouge, LA 70898-9031 |
| Claim rejected as a duplicate | • iLinkBlue Action Request<br>• Supporting medical documentation | • Appeals and Claims Dispute Form<br>• Letter of appeal or Appeal Request Form | www.BCBSLA.com/ilinkblue or<br>BCBSLA<br>P.O. Box 98029<br>Baton Rouge, LA 70898-9029 |
| Authorization penalty when authorization was obtained | • iLinkBlue Action Request<br>• Call Customer Care Center | • Written request | www.BCBSLA.com/ilinkblue or refer to the customer service number listed on the back of the member ID card |
| Claim denies for primary carrier's explanation of benefits (EOB) | • Claim with EOB from primary carrier | • Appeals and Claims Dispute Form<br>• Letter of appeal or Appeal Request Form | www.BCBSLA.com/ilinkblue or<br>BCBSLA<br>P.O. Box 98029<br>Baton Rouge, LA 70898-9029 |
| Claim denied for a BlueCard® member (Insured through a Blue Plan other than Blue Cross and Blue Shield of Louisiana) | • Appeals and Claims Dispute Form*<br>• Formal letter of appeal including reason<br>• Supporting medical documentation | • Claim Form<br>• Appeal Request Form | BCBSLA<br>P.O. Box 98029<br>Baton Rouge, LA 70898-9029<br>or Fax to (225) 297-2727 |

*The Appeals and Claims Dispute Form is available at www.BCBSLA.com/providers >Resources >Forms.

More

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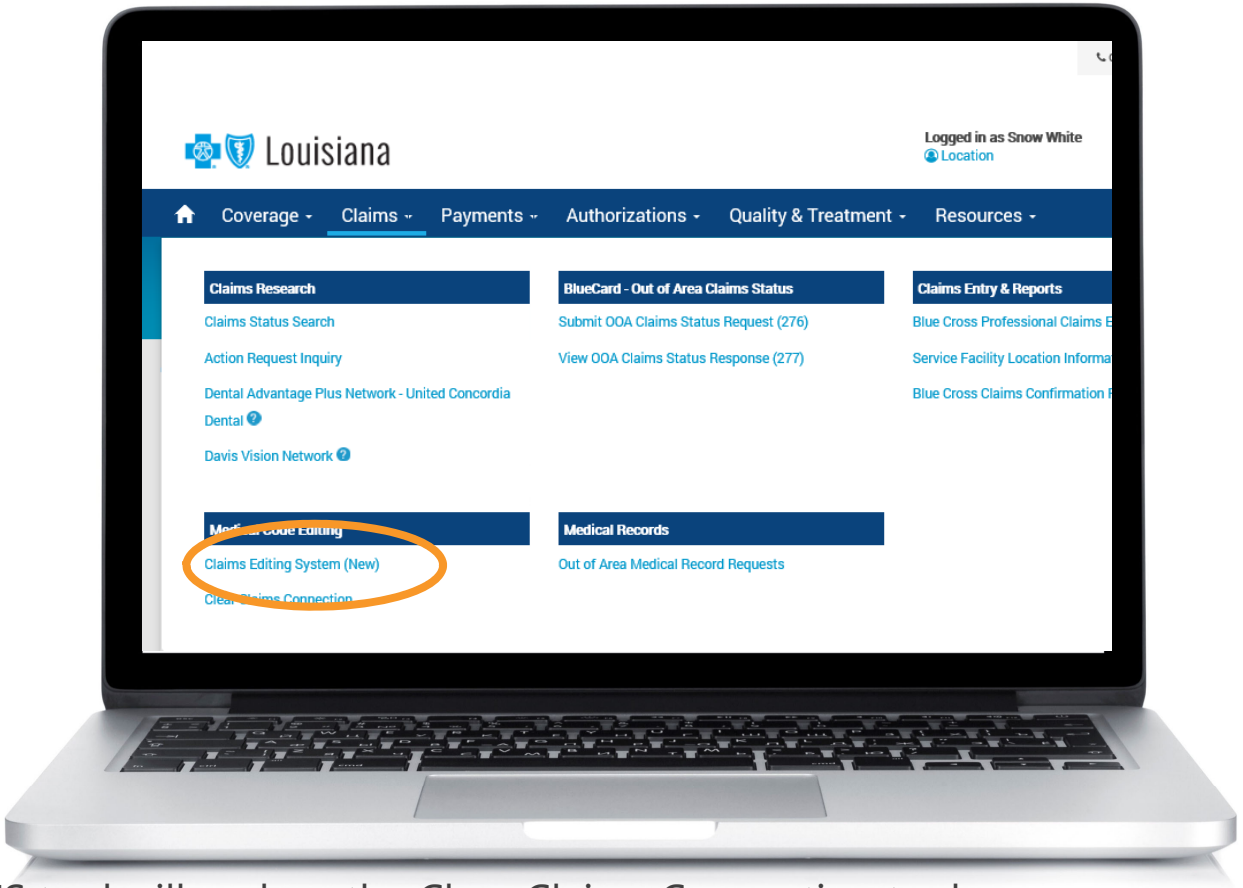
Last reviewed on: 03-04-19

**www.BCBSLA.com/providers >Resources >Tidbits**

# New CES Provider Portal Tool

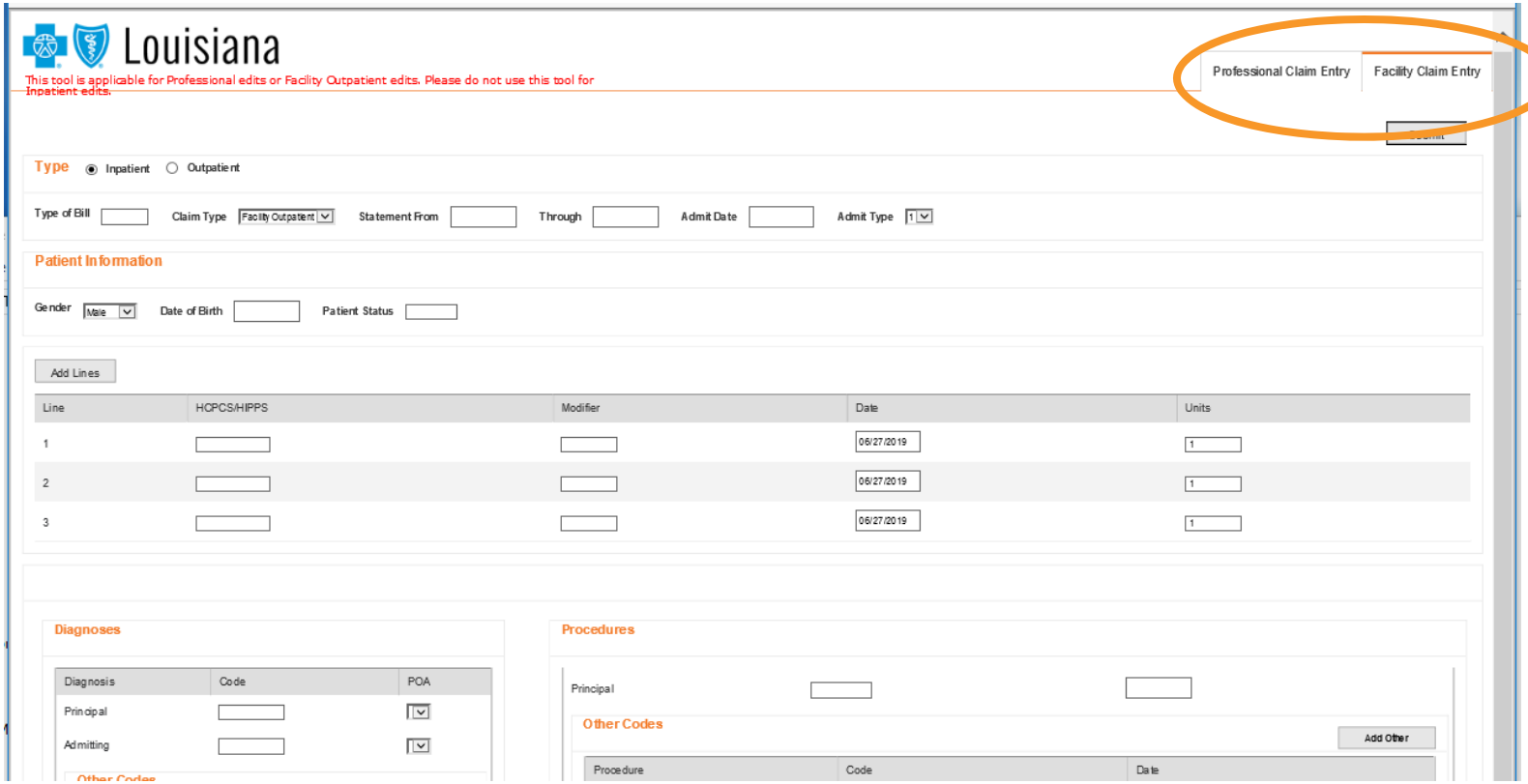
With the implementation of the new CES system, we have a new tool in iLinkBlue for providers to calculate claim edit outcomes




This new CES tool will replace the Clear Claims Connection tool

# CES Provider Portal Tool

The new CES tool is available for both **outpatient facility** and **professional** claims. Please make sure you select the correct tab as the edits and modifiers will not be the same.



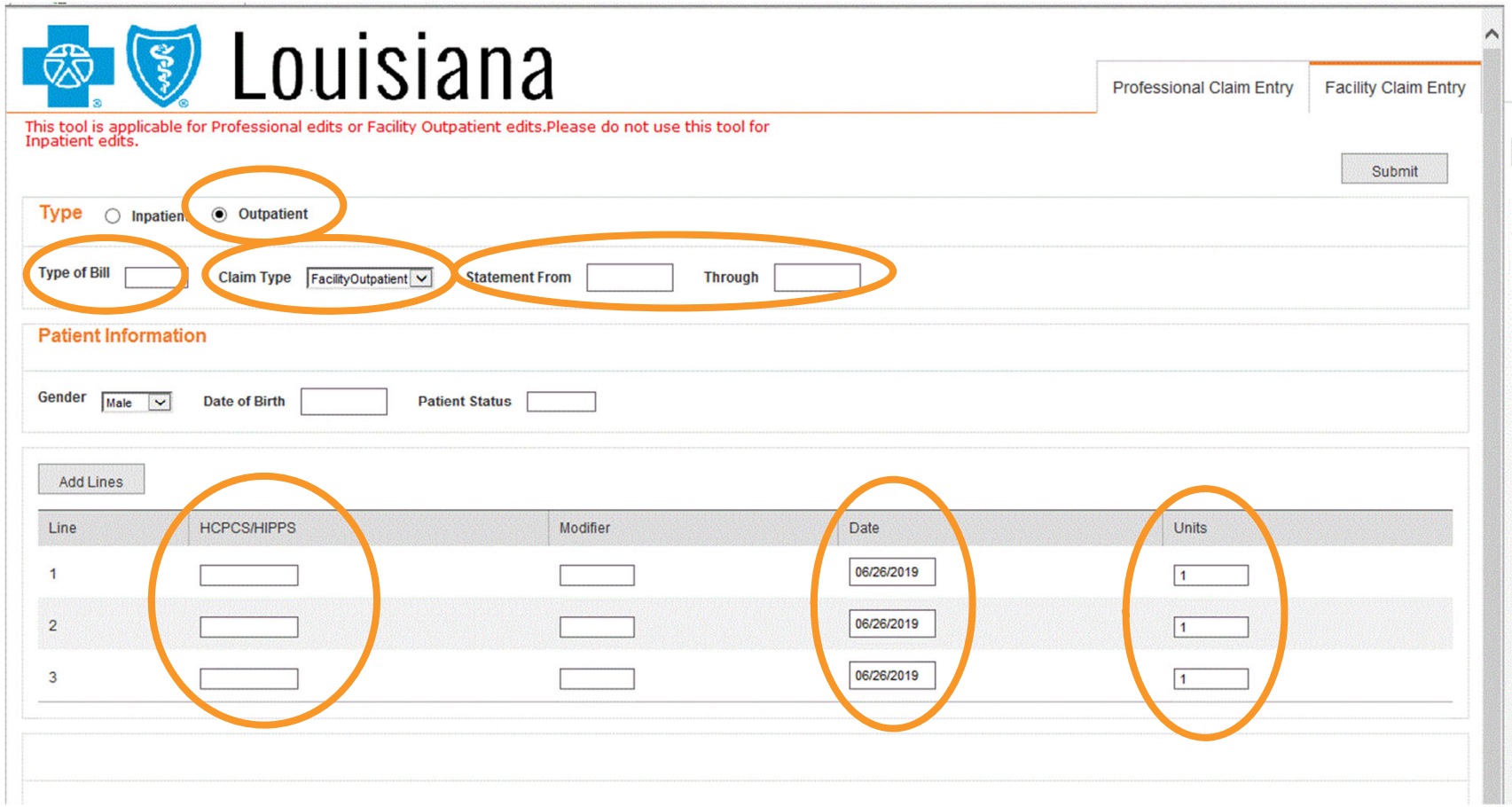
# CES Provider Portal Tool

This tool applies to **hospital outpatient & ambulatory surgery center claims only** and does not guarantee claims payment.

The results of the software do not consider all circumstances and factors that may affect payment including:

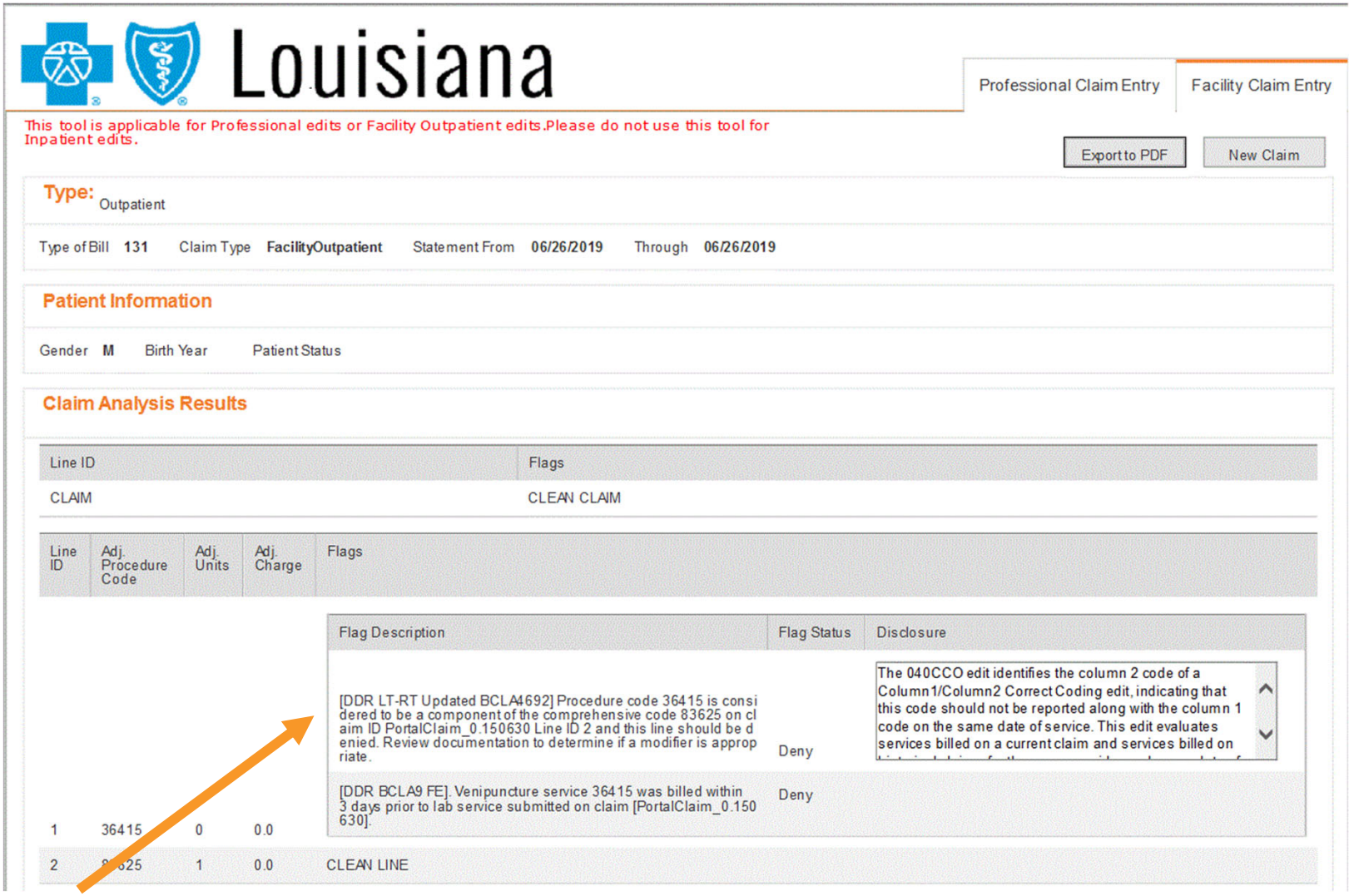
- Historical claims previously billed
- Multiple procedure reduction
- Member benefits and eligibility
- Provider contracts
- Modifiers that override edits
- Max frequency edits

# CES Provider Portal Tool Mandatory Fields




**NOTE**: If you do not enter the Statement From or Through dates, the system will process the request without error; however, no edits will be returned, so the dates are necessary

# CES Provider Portal Tool Outputs



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Professional Claim Entry | Facility Claim Entry

This tool is applicable for Professional edits or Facility Outpatient edits.Please do not use this tool for Inpatient edits.

Export to PDF | New Claim

**Type:** Outpatient

Type of Bill **131** Claim Type **FacilityOutpatient** Statement From **06/26/2019** Through **06/26/2019**

**Patient Information**

Gender **M** Birth Year Patient Status

**Claim Analysis Results**

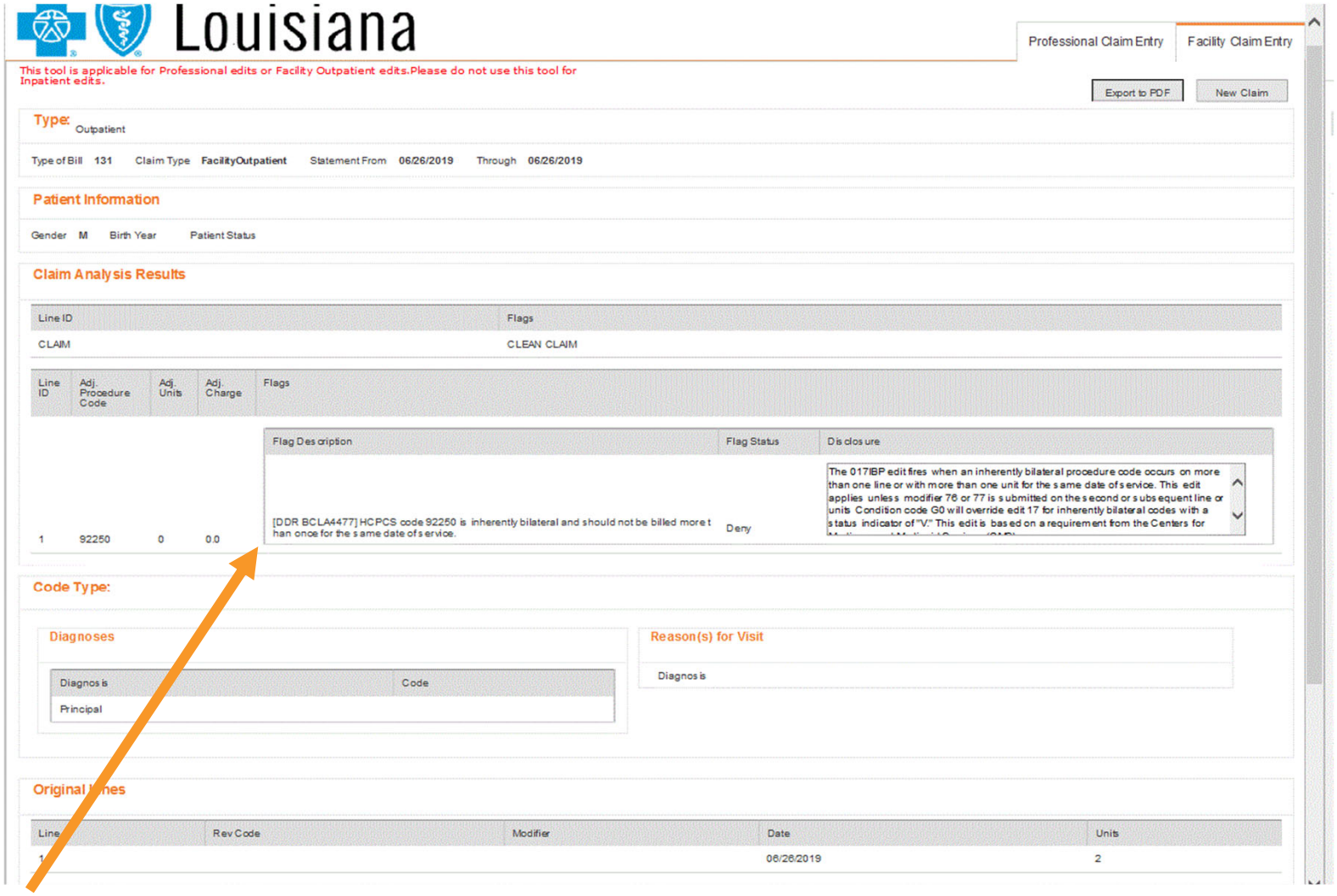
| Line ID | Flags |
|---|---|
| CLAIM | CLEAN CLAIM |

| Line ID | Adj. Procedure Code | Adj. Units | Adj. Charge | Flags |
|---|---|---|---|---|
| 1 | 36415 | 0 | 0.0 | |
| 2 | 83625 | 1 | 0.0 | CLEAN LINE |

| Flag Description | Flag Status | Disclosure |
|---|---|---|
| [DDR LT-RT Updated BCLA4692] Procedure code 36415 is considered to be a component of the comprehensive code 83625 on claim ID PortalClaim_0.150630 Line ID 2 and this line should be denied. Review documentation to determine if a modifier is appropriate. | Deny | The 040CCO edit identifies the column 2 code of a Column1/Column2 Correct Coding edit, indicating that this code should not be reported along with the column 1 code on the same date of service. This edit evaluates services billed on a current claim and services billed on |
| [DDR BCLA9 FE]. Venipuncture service 36415 was billed within 3 days prior to lab service submitted on claim [PortalClaim_0.150630]. | Deny | |

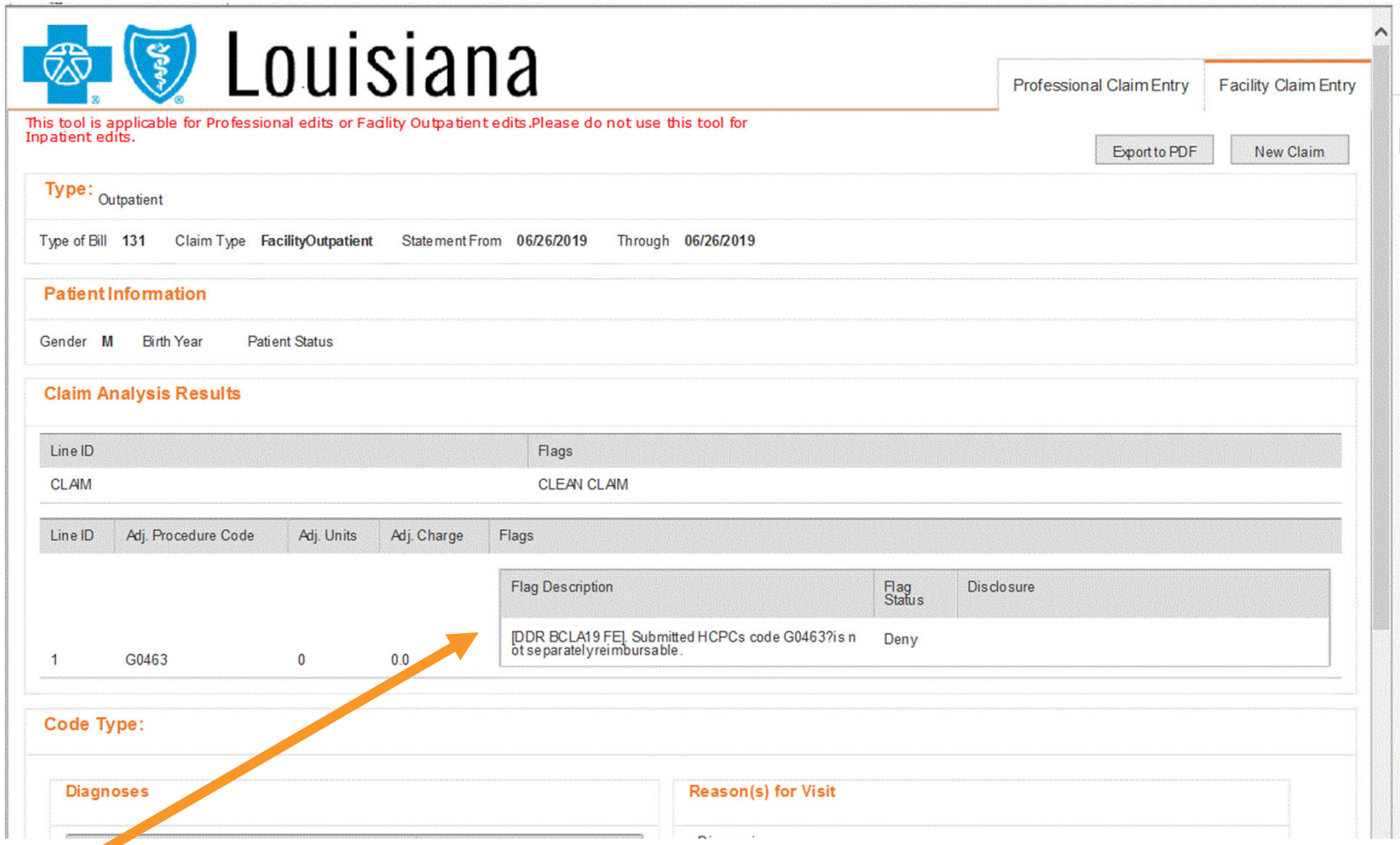
Bundle edit - 36415 denied because it was billed with lab code 83625

# CES Provider Portal Tool Outputs




Bilateral procedure (92250) billed with 2 units

# CES Provider Portal Tool Outputs




G0463 not separately reimbursable

# Questions?

If you have additional questions after this webinar, please email provider.relations@bcbsla.com.