

March 1, 2017

## **Important Update Clinical Editing Program Enhancement**

Beginning May 1, we will be enhancing our Clinical Editing Program to ensure correct coding on medical claims. The goal is to implement, to the extent possible, claim payment policies that are national in scope, simple to understand, and that come from highly reputable sources. We believe that this change will enable you and your billing staff to better understand our claims adjudication processes.

The enhancements will be based on our historical claims experience as well as important policy guidelines from the following sources:

- ✓ CMS's medical coding policies
- ✓ AMA CPT coding guidelines
- ✓ Local and regional Medicare policies

As always, our payment policies will focus on these areas and more:

- ✓ National bundling edits including the Correct Coding Initiative (CCI)
- ✓ Modifier usage
- ✓ Global Surgery period
- ✓ Add On code usage
- ✓ Age/Gender appropriateness
- ✓ CMS' National Coverage Determinations
- ✓ CMS MAC's Local Coverage Determinations

As a reminder, we expect providers to bill all Medicare-covered services in accordance with Medicare and CMS rules, standards and guidelines applicable to Medicare Parts A and B. Claims should be submitted using the same coding rules as original Medicare and using only Medicare-approved CPT codes and defined modifiers.

For more information about the upcoming change to our Clinical Editing Program, please see the Frequently Asked Questions (FAQ) document enclosed. If you have other questions about this change, or need guidance or support, please contact Provider Services at (866) 422-5009.

Sincerely,



Erin Page  
President, Medicare Advantage

TexanPlus® HMO, TexanPlus® HMO-POS, TexanPlus® HMO-SNP , Today's Options® PPO and Today's Options® PFFS are Medicare Advantage plans with a Medicare contract. TexanPlus® HMO-SNP is a Medicare Advantage plan with a Medicare contract and a contract with the State Medicaid Program. Enrollment in these plans depends on contract renewal.

## **Clinical Editing Program Process Enhancement FAQs**

### **1. What changes are being made?**

We are making enhancements to our provider clinical editing program that will follow national industry standards.

### **2. What are some examples of the national standards?**

Examples include AMA CPT coding guidelines, HCPCS coding guidelines, ICD-10 coding guidelines, and Medicare standards such as the National Correct Coding Initiative (NCCI), modifier usage, global surgery guidelines, and national and regional coverage policies.

### **3. Why are these changes being made?**

The implementation of the enhancements to our Clinical Editing Program will increase our ability to administer payment policies consistent with national standards established by CMS, AMA and specialty societies. We will keep our policies current with these respected sources as they make modifications. This change should have little or no impact on billing practices in accordance with these guidelines.

### **4. When will these updates take place?**

These updates will apply to professional claims and adjustments received starting May 1, 2017, and to outpatient facility claims and adjustments starting June 1, 2017.

### **5. How will these changes affect the claim system?**

These enhancements will facilitate claim auto adjudication and alignment with national industry coding standards.

### **6. Will all claims be affected?**

No, all claims will not be affected by the Clinical Editing Program. In fact, the vast majority of claims will pass through the system without detection of any coding issue.

### **7. Will this change affect the amount being paid?**

These changes do not affect or change our Maximum Allowable Fee for specific codes.

### **8. Can I expect claim delays due to the Clinical Editing Program?**

We will continue to meet and exceed claims processing timelines as required by applicable law.

### **9. Will there be changes to the Explanation of Benefits?**

The format of the Explanation of Benefits will not change.

For provider use only. Not intended for distribution to Medicare Advantage members or prospects.