

Administrative Claims Edits Guide

Summary of Updates

 **PRESBYTERIAN**



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The Administrative Claims Edits Guide Summary of Updates outlines the changes made to Presbyterian’s administrative claim payment edits. The table below identifies the following:

- The administrative claims edits name
- When updates became effective
- The administrative claims edits description
- The line of business to which the administrative claims edit applies

Appendix A

To access and view all Laboratory Benefit Management (LBM) policies, please view [Appendix A](#) at the end of this guide.

Questions

Should providers have any questions regarding the following updates, then they should contact the Presbyterian Provider Line at (505) 923-5757.

2024 Summary of Updates

Claims Edit Name	Effective Date	Claims Edit Description	Affected Lines of Business (LOB)
Three Laboratory Benefit Management policies have been added to the program	8-1-2024	Therapeutic Drug Monitoring for 5-Fluorouracil RTM Testing of Homocysteine Metabolism-Related Conditions Testing for Autism Spectrum Disorders and Developmental Delay	ALL
Venipuncture Billing	8-1-2024	Enforcement of correct coding guidelines for Venipuncture Billing. When a venipuncture procedure (CPT code 36410 or 36415) is performed on a patient and billed for a place of service other than those listed here (office, home, assisted living facility, mobile unit, urgent care facility, inpatient hospital, outpatient hospital, emergency	ALL

2024 Summary of Updates

Claims Edit Name	Effective Date	Claims Edit Description	Affected Lines of Business (LOB)
		room, skilled nursing facility, nursing facility, clinic), the venipuncture will be denied.	
Bilateral Breast Sonography	8-1-2024	Enforcement of correct coding guidelines for Bilateral Breast Sonography. When a breast sonography procedure is performed on both breasts on the same day on the same patient, the procedure must be billed as a bilateral procedure using CPT code 76641 or 76642 with a 50 modifier. Failure to code correctly will result in denial of the claim.	ALL
Units Billed Do Not Match the Dates of Service	7-15-2024	Enforcement of correct coding guidelines for Units Billed Do Not Match the Dates of Service. If a claim received has several billed units that do not match the number of days a patient received service (billed units must match the exact number of days the patient received service by date, not based on a 24-hour period), the claim will be denied.	Medicare and Commercial
Injection or Infusion Procedures	6-1-2024	Enforcement of correct coding guidelines regarding injection or infusion procedures. When an injection or infusion procedure is reported in the physician's office or the patient's home and the drug or substance administered was not reported, the claim will be denied.	ALL
Multiple Ultrasound Claims	6-1-2024	Enforcement of correct coding guidelines regarding multiple ultrasound claims. For example, when multiple diagnostic imaging services are provided by multiple physicians in the same group practice (same-	ALL

2024 Summary of Updates

Claims Edit Name	Effective Date	Claims Edit Description	Affected Lines of Business (LOB)
		group National Provider Identifiers (NPI) to the same beneficiary on the same day), the additional imaging services are subject to a 50% reduction. Failure to code correctly will result in denial of the claim.	
Procedures Performed on Patients Outside the Standard Age Group	6-1-2024	Enforcement of correct coding guidelines regarding procedures performed on patients outside the standard age group. When a procedure is performed on a patient who is normally outside the standard age group for that procedure, the (4563) code should be used. Failure to code correctly will result in denial of the claim.	ALL
Split Night Sleep Studies	6-1-2024	Enforcement of correct coding guidelines for split night sleep studies. The American Academy of Sleep Medicine states that the diagnostic portion and titration portion of a sleep study is not to be billed separately. CPT code 95811 is the appropriate code for a split night study and a PAP titration study. By billing these codes separately, providers essentially are billing for two procedures when only one was performed. Billing procedures separately will result in denial of the claim.	ALL
Emergency Department Claims Analyzer	5-1-2024	Emergency department visit level codes will be evaluated in the context of other claim data to ensure that they reasonably relate to the intensity of hospital resource utilization as required per Centers for Medicare & Medicaid Services (CMS)	ALL

2024 Summary of Updates

Claims Edit Name	Effective Date	Claims Edit Description	Affected Lines of Business (LOB)
		guidelines. Claims with improper coding will be denied.	
High-Level Evaluation and Management (E&M) with Preventive Medicine	5-1-2024	Professional claims with high-level problem-oriented E&M codes will be denied when billed by the same provider on the same date of service as a preventive E&M code.	ALL
R Codes as a Primary Diagnosis (Dx) for Pathology Claims	5-1-2024	Defined diagnosis should be provided in the first position as opposed to a symptom-based diagnosis (R Code). Claims with an R diagnosis code in the primary position for professional and outpatient pathology will be denied.	ALL
Surgical Procedure Anatomical Modifier	3-1-2024	Enforcement of correct coding guidelines regarding anatomical modifiers. Without the proper anatomical modifier applied to the procedure code, there is risk of duplicate claims payment, incorrect procedure to procedure bundling, incorrect frequency limitations and unnecessary medical record review.	ALL
Critical Care in the Emergency Room (ER), Patient Discharged to Home in Same Encounter	3-1-2024	The patient is discharged from the ER to home, and the patient is not critically ill as defined by the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS) guidelines.	ALL

2023 Summary of Updates

Claims Edit Name	Effective Date	Claims Edit Description	Affected Lines of Business (LOB)
Unacceptable Principal Diagnosis ICD-10	7-1-2023	There is an unacceptable principal discharge status, which applies to all LOBs for inpatient (I/P) claims only, and the ICD10 principal diagnosis is not equal to Z5189.	ALL
Hospice Value Code 61	7-1-2023	The type of bill that is in system list is identified as "DDR Hospice Type of Bills" and does not have code 0651 or 0652 associated with the claim and there is a condition code 61.	Medicare Only
Patient Discharge Status Missing	7-1-2023	The patient discharge status field is empty, and the current claim is denying due to missing state from date (i.e, "FTDf").	ALL

Appendix A

Effective July 1, 2024, Presbyterian implemented a new Laboratory Benefit Management (LBM) program with the goal of providing high-quality healthcare at the most affordable costs. All policies are directed at enforcing correct billing guidelines. The risk of billing for labs that do not meet indications of coverage criteria is denial of the claim. For more information about the LBM program, please view [this FAQ](#).

To access and view all policies that are included in the LBM program, click the links in the table below. Policies are listed alphabetically by column and continue on the next page.

Laboratory Benefit Management Program Policies

LBM Policy Name (A-FI)	LBM Policy Name (Fo-Ped)	LBM Policy Name (Pre-Z)
Allergen Testing	Folate Testing	Prenatal Screening (Nongenetic)
Avalon Laboratory Procedures Reimbursement Policy*	Gamma-glutamyl Transferase	Prescription Medication and Illicit Drug Testing in the Outpatient Setting
B-Hemolytic Streptococcus Testing	General Inflammation Testing	Prostate Biopsy Specimen Analysis
Biochemical Markers of Alzheimer Disease and Dementia	Helicobacter pylori Testing	Prostate Specific Antigen (PSA) Testing
Biomarkers for Myocardial Infarction and Chronic Heart Failure	Hepatitis Testing	RTM Testing of Homocysteine Metabolism-Related Conditions[^]
Biomarker Testing for Autoimmune Rheumatic Disease	Human Immunodeficiency Virus (HIV)	Serum Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases
Bone Turnover Markers Testing	Identification Of Microorganisms Using Nucleic Acid Probes	Salivary Hormone Testing
Cardiovascular Disease Risk Assessment	Immune Cell Function Assay	Serum Testing for Evidence of Mild Traumatic Brain Injury
Celiac Disease Testing	Immunohistochemistry	Serum Testing for Hepatic Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease

Laboratory Benefit Management Program Policies

LBM Policy Name (A-FI)	LBM Policy Name (Fo-Ped)	LBM Policy Name (Pre-Z)
Cervical Cancer Screening	Immunopharmacologic Monitoring of Therapeutic Serum Antibodies	Serum Tumor Markers for Malignancies
Colorectal Cancer Screening	Intracellular Micronutrient Analysis	Testing for Alpha-1 Antitrypsin Deficiency
Coronavirus Testing in the Outpatient Setting	In Vitro Chemoresistance and Chemosensitivity Assays	Testing for Autism Spectrum Disorder and Developmental Delay[^]
Diabetes Mellitus Testing	Laboratory Testing for the Diagnosis of Inflammatory Bowel Disease	Testing for Diagnosis of Active or Latent Tuberculosis
Diagnosis of Idiopathic Environmental Intolerance	Lyme Disease Testing	Testing for Vector-Borne Infections
Diagnosis of Vaginitis	Measurement of Thromboxane Metabolites for ASA Resistance	Testosterone
Diagnostic Testing of Common Sexually Transmitted Infections	Metabolite Markers for Thiopurines Testing	Therapeutic Drug Monitoring for 5-Fluorouracil[^]
Diagnostic Testing of Influenza	Nerve Fiber Density	Thyroid Disease Testing
Diagnostic Testing of Iron Homeostasis & Metabolism	Onychomycosis Testing	Urinary Tumor Markers for Bladder Cancer
Epithelial Cell Cytology in Breast Cancer Risk Assessment	Oral Cancer Screening and Testing	Urine Culture Testing for Bacteria
Evaluation of Dry Eyes	Pancreatic Enzyme Testing for Acute Pancreatitis	Venous and Arterial Thrombosis Risk Testing
Fecal Analysis in The Diagnosis of Intestinal Dysbiosis and Fecal Microbiota Transplant Testing	Parathyroid Hormone, Phosphorus, Calcium and Magnesium Testing	Vitamin B12 and Methylmalonic Acid Testing
Fecal Calprotectin Testing	Pathogen Panel Testing	Vitamin D Testing
Flow Cytometry	Pediatric Preventive Screening	

*Indicates a financial policy.

[^]Indicates a policy with an effective date later than July 1, 2024.