Administrative Claims Edits Guide

Summary of Updates

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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

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)
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
Lab Specimen Collection	6-1-2024	Enforcement of correct coding guidelines regarding lab specimen collection. When a lab procedure requiring a blood specimen is performed but the collection procedure code was not reported, the claim will be denied.	Medicaid
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-group National Provider Identifiers (NPI) to the same beneficiary on the	ALL

2024 Summary of Updates

Claims Edit Name	Effective Date	Claims Edit Description	Affected Lines of Business (LOB)
		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) guidelines. Claims with improper coding will be denied.	ALL

2024 Summary of Updates

Claims Edit Name	Effective Date	Claims Edit Description	Affected Lines of Business (LOB)
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