

Feb. 8, 2019

**Subject:** Accurately Billing Reduces the Risk of Claims Denial

Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian) are committed to keeping providers informed about changes that affect their practice. We would like to take this opportunity to discuss correct billing practices.

To ensure that claims are processed in a timely manner, we are reminding providers to use the appropriate Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) codes and modifiers when they submit a claim. In addition, please bill the correct taxonomy code to ensure that claims are processed appropriately.

Presbyterian will no longer modify claims. It is important that providers bill with the correct codes and modifiers to reduce the risk of denial. Presbyterian identified the following codes and modifiers that are most often billed incorrectly:

- Surgical procedures including bilateral and multiple surgery
- Age restrictions
- Modifier 26 Professional Component

When submitting claims with these codes and modifiers, please ensure that the codes and modifiers are correct and accurate for the services provided.

**Note:** When a provider bills on a Universal Billing (UB) and Type of Bill (TOB) 131, he or she will need to bill the procedure or HCPCS code or the claim will deny.

We want to thank our providers for their cooperation and prompt attention to this request. If providers have any questions, they are encouraged to use the information on the back of this page to contact their Provider Network Management relationship executive.

## Provider Network Management



**Hours:** Monday through Friday, 8 a.m. to 5 p.m.



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**Contact Guide:** [www.phs.org/ContactGuide](http://www.phs.org/ContactGuide)



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