

November 4, 2020

## CLAIMS PROCESSING UPDATES AND REMINDERS

Community Health Choice (Community) routinely reviews its internal processes to ensure that Provider claims adjudicate according to any NCCI edits, regulatory requirements and/or industry standards. Changes and reminders are applicable to programs listed below.

### KEY DETAILS

Provider Type	Program	Description	Changes/Reminders
Institutional	<ul style="list-style-type: none"> <li>Medicaid</li> <li>CHIP</li> <li>Marketplace</li> <li>HMO D-SNP</li> </ul>	<p><b>72-Hour Rule</b> All diagnostic or outpatient services rendered during the DRG payment window (the day of and three calendar days prior to the inpatient admission) should be bundled with the inpatient services.</p>	Community will adjudicate claims according to the 72-hour rule. In the event Community adjudicates the claim for outpatient services in error, Community will initiate the recoupment process accordingly; including when the outpatient claim has already been paid.
Professional	<ul style="list-style-type: none"> <li>Medicaid</li> <li>CHIP</li> <li>Marketplace</li> <li>HMO D-SNP</li> </ul>	<p><b>Modifier 50 (Bilateral Procedures)</b> Procedures performed on both sides (right and left) on the same day/session.</p>	Community will apply appropriate reductions and adjudicate claims accordingly.
Professional	<ul style="list-style-type: none"> <li>Medicaid</li> <li>CHIP</li> <li>Marketplace</li> <li>HMO D-SNP</li> </ul>	<p><b>Modifier 51 (Multiple Procedures)</b> If multiple procedures are performed on a patient the same day/session, the second and any subsequent procedures are subject to reduced reimbursement.</p>	Community will adjudicate claims accordingly. Appropriate discounts will apply even if the Provider fails to bill with modifier 51.
Professional	<ul style="list-style-type: none"> <li>Medicaid</li> <li>CHIP</li> <li>Marketplace</li> <li>HMO D-SNP</li> </ul>	<p><b>Modifier 62 (Co-Surgeon Services)</b> Co-Surgeon involved in the care of a patient at surgery. Each Co-Surgeon should submit the same CPT Code with modifier 62.</p>	Community will adjudicate claims accordingly. Co-surgeon claim with missing modifier 62 will be paid in full on initial claim received.
Professional	<ul style="list-style-type: none"> <li>Marketplace</li> <li>HMO D-SNP</li> </ul>	<p><b>Status Code Indicator B (Bundled codes)</b> Payment for covered services are always bundled into payment for other services not specified. There will be no RVUs or payment amounts for these codes and no separate payment is ever made. When these services are covered, payment for them is subsumed by the payment for the services to which they are incident (an example is a telephone call from a hospital nurse regarding care of a patient).</p>	Community will adjudicate claims accordingly.
Professional	<ul style="list-style-type: none"> <li>Marketplace</li> <li>HMO D-SNP</li> </ul>	<p><b>Status Code Indicator P</b> Bundled/Excluded codes for which there are no RVUs and no payment amounts for these services. No separate payment is made for them under the fee schedule. If the item or service is covered as incident to a physician service and is provided on the same day as a physician service, payment for it is bundled into the payment for the physician service to which it is incident (an example is an elastic bandage furnished by a physician incident to a physician service). If the item or service is covered as other than incident to a physician service, it is excluded from the fee schedule (for example, colostomy supplies) and is paid under the other payment provision.</p>	Community will adjudicate claims accordingly.

Should you have any questions, please contact our Provider Services line at 713-295-2295 (Medicaid/CHIP), 713-295-6704 (Marketplace) or 713-295-5007 (HMO D-SNP).