



ClaimCheck® Upgrade Is Here!

The new edits associated with the ClaimCheck® 8.5 upgrade are effective with claims processed on and after June 12, 2009.

These edits evaluate procedures billed with multiple units of service, modified and unmodified services billed by multiple providers, invalid procedure code/modifier combinations.

ClaimCheck® 8.5 New Edits

Procedures Billed with > 1 Unit:

- Edit 464 – Line Added for Multi-Unit Procedure Code

When a procedure code is billed with > 1 unit and ClaimCheck® determines the procedure meets unit expansion rules, EOB 464 is assigned to the added, replacement lines. The added lines allow ClaimCheck® to determine the total number of units to reimburse and the appropriate denial reason for those units which exceed reimbursement limits. The original line is denied with Edit 474 (below).

- Edit 474 – Procedure with Multiple Units for Same DOS

When a procedure code is billed with > 1 unit and it meets the criteria for the ClaimCheck® unit expansion rule, it is denied for Edit 474. It is replaced with the appropriate number of added lines (see EOB 464) which account for the billed units. Each line is then evaluated to determine the total number of units payable.

- Edit 475 – Adjustments Not Allowed on Lines with EOB 464

Adjustments cannot be made to lines which have received EOB 464 (line added for multi-unit procedure code). If an adjustment is submitted, it will deny for Edit 475. Please see edit 464 for additional information. Providers must void all lines assigned EOB 464 and rebill as appropriate.

- Edit 494 – Multiple Unit Procedure Code Voided

When a previously paid multiple unit procedure code is evaluated by ClaimCheck® as a result of processing a current claim line, the paid line will be voided. Single unit claim lines will be added by ClaimCheck® to replace the voided service. This allows each unit to be evaluated (see edit 474) to determine the total number of units payable.

Procedures Billed with Modifier -26 or -TC

- Edit 466 – Multiple Components Billed

The procedure code or procedure code + modifier have already paid for the same patient and date of service (multiple component billing). This occurs when an unmodified procedure has paid and the same procedure code + modifier -26 or -TC is subsequently billed. If the



procedure code + modifier -26 or -TC has already paid, a claim line for the unmodified procedure will deny with this edit.

- Edit 468 – Duplicate Global, -TC or -26 Billed

When a procedure code or procedure code + modifier TC or 26 has already paid to another provider for the same recipient and date of service (duplicate component billing), the current claim line is denied with this edit.

Other Modifiers

- Edit 471 – Invalid Procedure Code/Modifier Combination

If a procedure code and modifier combination is considered invalid according to ClaimCheck® criteria, this edit will set and the service will be denied.

- Edit 469 – Invalid Procedure/Modifier Combination Voided

When a previously paid invalid procedure code/modifier combination is evaluated by ClaimCheck® as a result of processing a current claim line, the paid claim line will be voided.

A more detailed training tool, including examples of these edits is available on the ACS Website at <http://medicaidalaska.com/providers/provupdates.shtml>. Choose **PROVIDERS** -> **UPDATES** -> **ClaimCheck® 8.5 Training Tool and Flyer**.

If you have any questions please call the ACS Provider Inquiry Unit at (907) 644-6800, option 1, or (800) 770-5650 (toll-free in state).