

# **CLAIM PROCESSING UPDATES:**

**Claims Xten and NCCI Edits  
for Outpatient Facility Claims**



# WEBINAR DESCRIPTION

This webinar will cover the integration of ClaimsXten™ software into the MMIS claims processing system for outpatient facility claims in support of the National Correct Coding Initiative (NCCI).

**Note:** Topics involving claim submissions, claim denials or coding guidance will not be included.

**Recommended audience:** SoonerCare providers and staff that bill on a UB-04 institutional claim type.

# DISCLAIMER

- SoonerCare policy is subject to change.
- The information included in this presentation is current as of March 2022.
- Stay informed with current information found on the OHCA public website by visiting [www.oklahoma.gov/ohca](http://www.oklahoma.gov/ohca).

# AGENDA

- Claims Processing Updates
  - ClaimsXten™
  - NCCI Edits
- Modifier Tips
- Resources
- Questions

**CLAIMS  
PROCESSING  
UPDATES**

# CLAIMSXTEN™

- OHCA previously processed professional claims through Claim Check, an editing software system that evaluates provider claims for coding inaccuracies.
- Effective Sep. 1, 2021, OHCA began implementing processing professional and DME claims through a more robust system, ClaimsXten™.
- Effective May 2, 2022, OHCA will begin implementing processing outpatient facility claims through ClaimsXten™.

# CLAIMSXTEN™, *CONT.*

- Additional editing capabilities will allow OHCA to adjudicate claims more consistently and accurately.
- The software is guided by national correct coding and industry standards.
- The new system should result in fewer denied claims and reduce the need for providers to refile.

# NCCI EDITS

OHCA has updated the claims editing software system which incorporates national and industry coding standards, including NCCI edits, in order to fully comply with CMS requirements.

- The NCCI program promotes national correct coding methodologies, such as procedure to procedure (PTP) edits and medically unlikely edits (MUE), to help control improper coding that could potentially lead to inappropriate payment of Medicaid claims.
- Effective Jan. 1, 2022, professional and DME came into full compliance with processing NCCI edits.
- Effective May 2, 2022, outpatient facility claims will be in full compliance with processing NCCI edits.



# MODIFIER TIPS

# MODIFIER 25

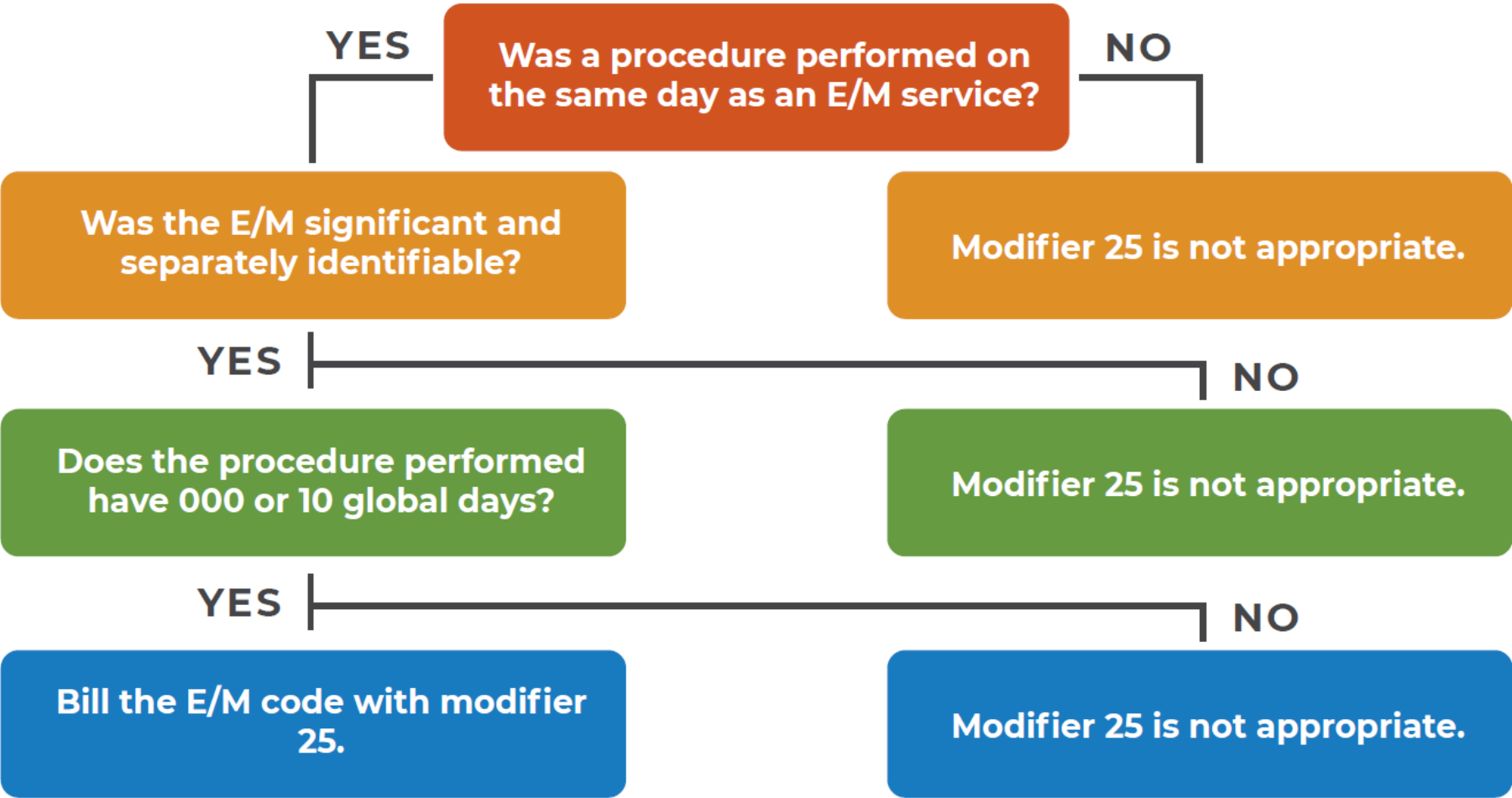
- Modifier 25 is defined as a significant, separately identifiable evaluation and management (E/M) service by the same physician or other qualified health care professional on the same day of a procedure or other service.
- Medicare defines same physician as physicians in the same group practice who are of the same specialty. In this instance they must bill and be paid as though they were a single physician.
- Modifier 25 indicates that on the day of a procedure, the patient's condition required a significant, separately identifiable E/M service, above and beyond the usual pre- and post-operative care associated with the procedure or service performed.

# MODIFIER 25

## Appropriate use of Modifier 25:

- Use Modifier 25 with the appropriate level of E/M service.
- An E/M service may occur on the same day as a procedure. Medicare allows payment when the documentation supports the 25 modifier.
- The procedure performed has a global period listed on the Medicare Fee Schedule Relative Value File.
- More information on Modifier 25 guidelines can be found on the [Novitas Website](#).

# MODIFIER 25 FLOW CHART



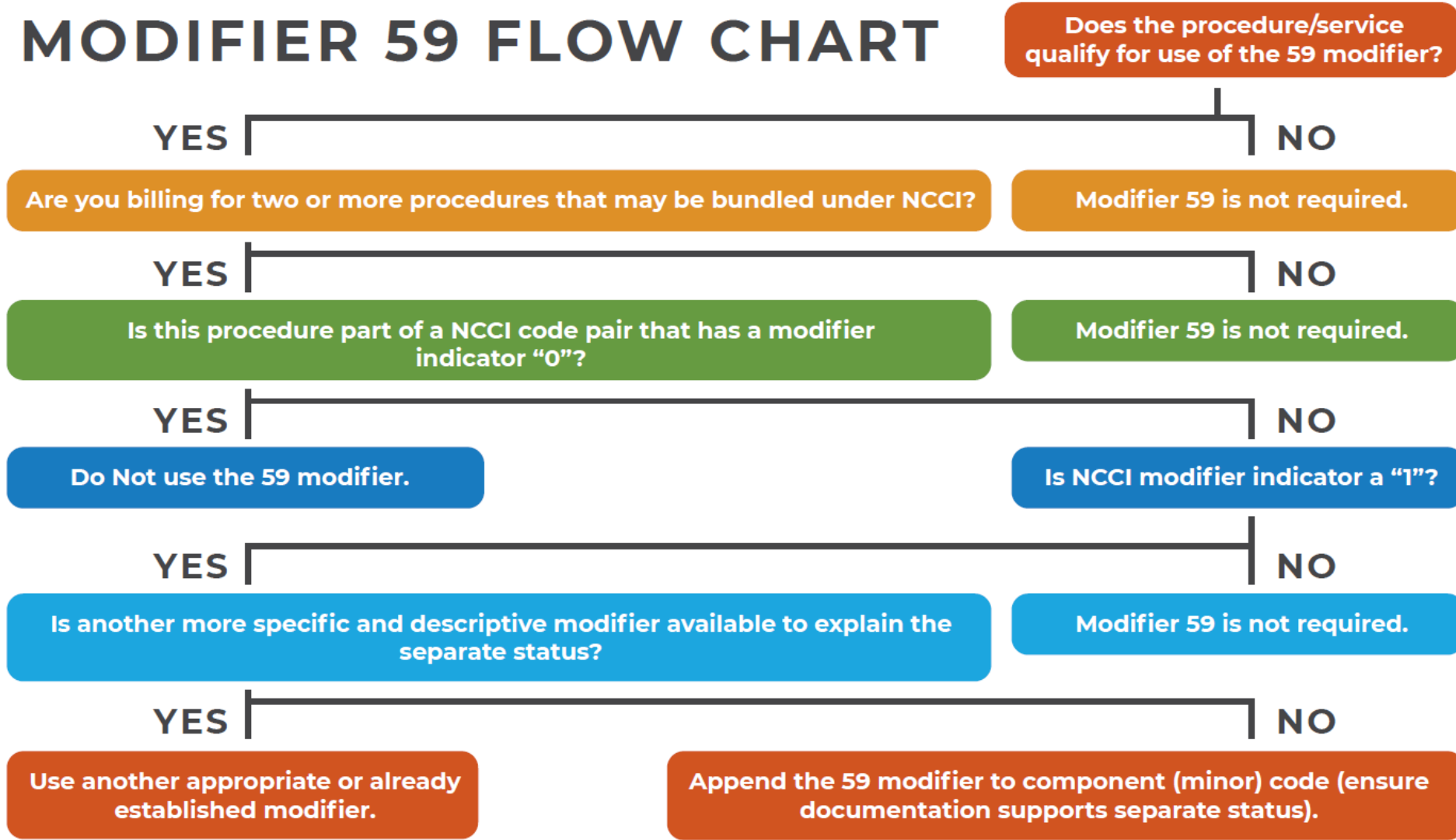
# MODIFIER 25 DOCUMENTATION

- Documentation must support how the E/M is significant and separately identifiable from the procedure being performed.
- Documentation will not be required to be attached to the outpatient facility claim for review of modifier 25; however, documentation must be available upon request.
- For more information, visit the OHCA NCCI webpage at <https://oklahoma.gov/ohca/providers/national-correct-coding-initiative.html>.

# MODIFIER 59

- Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances.
- Documentation must support:
  - a different session.
  - different procedure or surgery.
  - different site or organ system.
  - separate incision/excision.
  - separate lesion or separate injury not ordinarily encountered or performed on the same day by the same individual.

# MODIFIER 59 FLOW CHART



# MODIFIER 59 DOCUMENTATION

- Documentation must support how the procedure is significant and separately identifiable from the other procedure(s) being performed.
- Documentation will not be required to be attached for outpatient facility claims for review of modifier 59; however, documentation must be available when requested.
- More information on Modifier 59 guidelines can be found on the [Novitas website](#).



# RESOURCES

# OHCA RESOURCES

- OHCA call center
  - 800-522-0114 or 405-522-6205; option 1
- Provider Letters
  - [2021-10: Claims Processing System](#)
  - [2021-12: National Correct Coding Initiative Program](#)
  - [2021-15: National Correct Coding Initiative](#)
- [OHCA National Correct Coding Initiative](#)

# OTHER RESOURCES

- [CMS NCCI Edits](#)
- [Medicaid NCCI Edits](#)
- [Novitas Modifier 25 guidance](#)
- [Novitas Modifier 59 guidance](#)



**OKLAHOMA**  
Health Care Authority

## GET IN TOUCH

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105

[oklahoma.gov/ohca](http://oklahoma.gov/ohca)  
[mysoonercare.org](http://mysoonercare.org)

Agency: 405-522-7300  
Helpline: 800-987-7767

