



To: Providers
From: Meridian
Date: November 2021
Re: Change Healthcare Edits

Dear Provider,

Meridian is committed to continuously improving our claims review and payment processes. Beginning in November 2021, additional policy edits will be released based on industry standards. These standards, guidelines, and coding rules are maintained and published by several entities. Among them are the American Medical Association (AMA), which publishes the Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), which publishes the Medicare Claims Processing Manual, and the National Center for Health Statistics (NCHS), which governs ICD-10- CM coding guidelines. These same rules are used by most healthcare claims payers and enforced by CMS.

What does this mean for providers?

The categories of upcoming policy edits are, Duplicate Services Policy, Current Procedural Terminology, Evaluation and Management, and Place of Service. The table below contains general topic guidelines pertaining to policy edits. The examples below are not all-inclusive for the purpose of this notification.

Edit Category	Code Description	Guidelines
CPT	Per CPT, this session is included in the Global Surgical Package.	<i>Per CPT, when codes have the language “1 or more sessions” or “1 or more stages” any follow up session or stage is part of the global surgical package and should not be billed separately.</i>
CPT	Per CPT this code is not payable with place of service 23	<i>Per CPT and NCCI, elective cardioversions are a planned event</i>

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POS	Per Physician Fee Schedule, there are no physician RVUs assigned to this code.	<i>The Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule Relative Value File is used to determine whether a procedure code is eligible for separate professional and technical services reimbursement. CPT or HCPCS procedure codes with a CMS PC/TC indicator of 3 are technical component only codes. They are not considered eligible for reimbursement by a physician in a facility place of service since they have no physician work RVUs assigned. Services should be reported by the facility.</i>
POS	- Per CPT/CMS, this code is not payable with place of service code 02.	<i>CPT and the Centers for Medicare and Medicaid Services maintain a list of codes that are considered telehealth codes. Any code that is not part of this list should not be billed under the telehealth place of service.</i>
CPT/HCPCS	Per CPT/HCPCS, only one unit of presumptive drug screening may be billed per DOS	<i>Per CPT guidelines each presumptive drug screening code represents all drugs and drug classes performed by the respective methodology per date of service.</i>
Eval & Mgmt.	Per CPT, Transitional Care Management is not allowed w/o an inpatient service in previous 30 days.	<i>According to CPT and CMS, Transitional Care Management codes are billed within 30 days after a patient has been discharged from an inpatient hospital setting.</i>
Modifier	Per CMS, maintenance chiro therapy is not a reimbursable service	<i>Per CMS guidelines, maintenance chiropractic services are non-payable services. Maintenance therapy includes services that seek to prevent disease, promote health and prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment</i>

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		<i>becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy.</i>
Duplicate	This service/procedure appears to be a duplicate to another line on this UB claim.	<i>Duplicate edits look for simultaneous or potentially erroneous services submitted by the same provider for the same beneficiary.</i>

CMS establishes guidelines that identify whether some medical items, services, treatments, diagnostic services, or technologies can be paid under Medicaid. These rules evaluate diagnosis to procedure code combinations.

For questions, contact your Provider Network Management Representative or call Provider Services at **888-773-2647** (TTY: **711**) Monday through Saturday, 8 a.m. to 6:30 p.m. Eastern.

Sincerely,

Meridian

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