

Date: 07/17/08

Web Announcement 202

New Clinical Claim Editor Will Provide Consistent, Faster Claims Adjudication

When the Division of Health Care Financing and Policy (DHCFP) and First Health Services add a state-of-the-art clinical claim editor to the Medicaid Management Information System (MMIS) in December 2008, providers will experience the benefits of consistent claims adjudication for all providers and increased claims payment turnaround time.

The claim editor software uses clinical logic based on CPT, HCPCS, ICD-9-CM, AMA and CMS guidelines to process claims. For example, if two or more CPT codes were used to bill a service when a single comprehensive CPT code should have been used instead, the clinical claim editor will deny the two or more inappropriate lines on the claim and will add a line showing payment for the comprehensive code.



By reviewing the denied and paid portions of their remittance advices (RAs), providers will be assisted in using consistent, standard billing practices when they submit their next claims. Claims submitted with correct coding will reduce the number of pended claims, which means faster claims payment.

Watch future web announcements for additional details regarding the clinical claim editor enhancement.