

Review for Correct Coding of Professional Provider Claims

The following information is provided in accordance with 28 CCR 1300.71(o)(2), regarding disclosure of detailed payment policies and rules and nonstandard coding methodologies used to adjudicate claims.

PCA utilizes a comprehensive approach in reviewing professional provider claims for possible coding and related billing errors. PCA accesses a comprehensive library of edit rules for professional claim review. The rules are based on AMA and CMS references. The following sources and publications are used in developing these rules:

AMA CPT, ICD-9, and HCPCS

Quarterly review and update of the Correct Coding Initiative

Review of Local Medicare Review Policies (LMRP) for Medicare carriers

The edit rules can be categorized into the following categories:

Bundling

Incorrect Billing

American Medical Association

CPT®

CMS

Medicare National Physician Fee Schedule

National Correct Coding Policy Manual

National Coverage Determinations

Incidental Logic

This edit identifies procedures that are commonly performed in conjunction with other procedures as a component of the overall service provided.

Rebundling/Replacement Logic

Rebundling editing primarily consists of comparison of exact CPT verbiage to the service description in the claim. Some deviation from CPT verbiage is allowed when necessary to accurately report the most likely clinical scenario.

Separate Procedure Logic

Applies definitions designated by CPT.

Mutually Exclusive Procedures

Mutually exclusive edits identify combinations of procedures that differ in technique or approach but lead to the same outcome. In some instances, the combination of procedures may be anatomically impossible. Procedures that represent overlapping services are also considered mutually exclusive.

Recognition of CPT Modifiers

PCA recognizes the Current Procedural Terminology (CPT) guidelines for CPT modifiers. Contracting practitioner and provider reimbursements will be in accordance with these guidelines.

Reimbursement for Multiple Procedures

Multiple Surgeries - If two or more surgeries in the same operative session are billed, then the primary procedure is paid at 100 percent of its allowable rate of reimbursement, and each additional procedure is paid at 50 percent of its allowable rate of reimbursement.

Bilateral Procedures - As identified by billing with the appropriate CPT Modifiers are reimbursed at 150% of the allowable rate of reimbursement for the primary procedure and 75% of the allowable reimbursement for all subsequent procedures performed during the same operative session.

Assistant Surgeons - As identified by billing with the appropriate CPT Modifiers are reimbursed at 20% of the allowable rate of reimbursement paid to the primary surgeon.