Prospective Claims Editing

Reimbursement Policy ID: RPC.0137.5400

Recent review date: 06/2026

Next review date: 01/2028

AmeriHealth Caritas District of Columbia reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas District of Columbia may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

AmeriHealth Caritas will apply nationally recognized industry standards as the authoritative source for claims editing. These industry standards are applied consistently and in good faith to promote accurate claims, adjudication, regulatory compliance, operational consistency, and payment integrity.

Exceptions

N/A

Reimbursement Guidelines

AmeriHealth Caritas District of Columbia reimbursement policies, and the resulting edits, are based on guidelines from established industry sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state regulatory agencies, and medical specialty professional societies. In making claim payment determinations, the Health Plan uses coding terminology and methodologies that are based on accepted industry standards, including the Healthcare Common Procedure Coding System (HCPCS) Manual, the Current Procedural Terminology (CPT®) Codebook, the International Statistical Classification of Diseases and Related Health Problems (ICD®) Manual and the National Uniform Billing Code (NUBC™).

Reimbursement policy edits will be configured within the claim adjudication system. ACFC may, at its discretion, engage a vendor(s) to facilitate the identification and maintenance of policies as well as to systematically and prospectively apply all policies that have been previously approved by the Markets Provider Network Operations department and/or Chief Medical Officer.

Routine Policy Management and Application
Examples include but are not limited to:

- National Correct Coding Initiative (NCCI)
- Procedure Code Guidelines
- Diagnosis Code Guidelines
- Global Surgery Policy
- Cosmetic Procedures
- Experimental Procedure
- Multiple Procedure Payment Reduction (MPPR)
- Modifier Pricing and Validity
- HAC Validation (Hospital Acquired Condition)
- Validation of Other Provider Preventable Conditions (OPPC)
- POA Validation (Present on Admission)
- Clinical Laboratory Improvement Amendments (CLIA) Procedure Code/Wavier Levels
- Other Pricing Related Policies

Definitions

Centers for Medicare & Medicaid Services (CMS)
The federal agency that runs the Medicare, Medicaid, and Children's Health Insurance Programs, and the federally facilitated Marketplace.

Current Procedural Terminology (CPT)
A uniform language for coding medical services and procedures to streamline reporting, increasing accuracy and efficiency. In addition, the codes are used to track utilization, measure quality of care and payer reimbursement.

Global Surgical Package
Payment for a surgical procedure includes preoperative, intra-operative, and post-operative services routinely performed by the surgeon or by members of the same group with the same specialty. Physicians in the same group practice who are in the same specialty must bill and be paid as though they were a single

physician. Claims for services considered to be directly related to pre-procedure, intra-procedure, and post-procedure work are included in the global reimbursement and will not be paid separately.

Hospital Acquired Conditions
Section 5001(c) of Deficit Reduction Act of 2005 requires the Secretary to identify conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a DRG that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines.

International Classification of Diseases, 10th Revision, Procedure Codes (ICD-10-PCS)
The ICD-10-PCS is a procedure classification published by the United States for classifying procedures performed in hospital inpatient health care settings.

Modifier
A modifier is a 2-digit indicator used in conjunction with a CPT code to denote that a service or procedure that has been performed has been altered by a circumstance without changing the definition of the CPT code.

Multiple Procedure Reduction
Multiple procedures performed by the same physician or other qualified health care professional on the same date of service during the same patient encounter may be subject to multiple procedure reduction for secondary and subsequent procedures.

NCCI Edits
The purpose of the NCCI Procedure to Procedure (PTP) edits is to prevent improper payment when incorrect code combinations are reported. The NCCI contains one table of edits for physicians or practitioners and one table of edits for outpatient hospital services.

Vendor
Entity contracted by ACFC to present, manage, and systematically apply claim payment policies that have been previously approved by the affiliated Health Plans and/or Medical Director (i.e., Licensed physician responsible for defining, documenting, modifying, and ensuring consistent application of claim payment and/or clinical policy within the enterprise).

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI).
VI. Coding guidelines from Specialty Societies (e.g., American Society for Radiation Oncology (ASTRO), American Academy of Pediatrics (AAP), American Congress of Obstetricians and Gynecologists (ACOG), American Academy of Family Practitioners (AAFP), etc.).
VII. Corresponding AmeriHealth Caritas District of Columbia Clinical Policies.
VIII. Applicable AmeriHealth Caritas District of Columbia provider manual.
IX. Applicable District of Columbia guidance.
X. Applicable District of Columbia Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

06/2026	Reimbursement Policy Committee Approval
04/2025	Revised preamble
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas District of Columbia from Policy History section
01/2023	Template Revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section