

Medicaid Information Bulletin Interim March 2016

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16-30 **New Professional, Outpatient, and Dental Claims Editing Modules** Released on April 1, 2016

Beginning April 1, 2016, Utah Medicaid, along with Verisk Health, will implement improved technology in software editing to assess and evaluate the coding of professional, outpatient, and dental claims. The new editing modules are intended to reduce and prevent fraud, waste, and abuse, as well as accurately track over-utilization of codes billed to Utah Medicaid.

Professional and Outpatient Claims Editing Modules

Based upon guidelines from authorities such as the American Medical Association (AMA), the Centers for Medicare and Medicaid Services (CMS), Utah State-specific Medicaid policies, and other specialty societies, professional and outpatient claims will be processed through a clinically robust and technically advanced claims editing software program.

Utah Medicaid's current claims editing system contains many customized edits, which over time have become NCCI edits. These edits will be carried over and programmed into the Verisk Health editing software program, along with other correct coding initiatives and state policies.

Medical billers and providers should be aware that claims processed on or after April 1, 2016, may adjudicate with new edits and messages in accordance with these standards, regardless if the date of service is before April 1, 2016.

Dental Claims Editing Module

Utah Medicaid will be enforcing industry standard rules and guidelines, as published and defined in CDT, and providing more consistent and logical dental claims processing. Payment of dental claims is based upon Utah Medicaid policy, CDT coding, and common reimbursement methodologies and guidelines.

Additional Medicaid Information

Salt Lake City Area: (801) 538-6155

Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona, Nevada: 1-800-662-9651

Other States: (801) 538-6155

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The improved software editing system will identify unbundled, fragmented, and global dental-related services and correctly deny payment.

Dental billers and providers should be aware that claims processed on or after April 1, 2016, may adjudicate with new edits and messages in accordance with these standards, regardless if the date of service is before April 1, 2016.

We are aware that these improvements may impact claims payments for providers on and after April 1, 2016. For questions regarding your claims, claims processing, or the new claims editing modules, please call Medicaid Customer Service at (801) 538-6155, or 1-800-662-9651, option 3, option 2.

16-31 Hospice Provider Manual Updates

The *Utah Medicaid Hospice Care Provider Manual* has been updated to reflect changes in the federal rules regarding reimbursement for hospice services. These changes include the provision of different rates for routine home care services based on whether the service is delivered within the first 60 days of the hospice episode, as well as the provision of a service intensity add-on payment.

The manual also contains updates that include the verbiage that is currently found in Utah Administrative Rule R414-14A. The updated manual can be accessed on the Utah Medicaid website at https://medicaid.utah.gov.