Provider Update

Virginia Premier: Correct Coding Review

Date: March 8, 2019

Dear Provider:

As a requirement of the Affordable Care Act (Title VI, Subtitle F, Section 6507) Virginia Premier is reviewing claims for correct coding as defined by the National Correct Coding Initiative (NCCI). We have partnered with HealthCare Insight (HCI) in order to evaluate claims on a post adjudication/pre-payment basis. A list of edits being applied to claims and their general description is attached to this notification.

Effective April 8, 2019 these edits will be evaluated and implemented. This may mean that services that historically were reimbursed will not be in the future. All edits comply with NCCI standards and should be part of your normal billing practices.

If you have any questions, please contact Provider Services. We are available Monday through Friday from 8:00 am to 6:00 pm at 804-968-1529.

Sincerely,

Provider Services

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Provider Update

Flag	EOB Short Description	EOB Long Description
ACW	Incorrect Anesthesia Code	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo}, an anesthesia service, has been billed using a surgical procedure code. Procedure {EditSugProcCode} ({EditSugProcCodeDesc}) is a possible replacement code.
ADD	Add-on code denied as primary code was denied	Due to the associated primary procedure being disallowed, add-on procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} has also been disallowed.
AGE	Inappropriate for age	Based on the code description, procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} is inappropriate for the patient's age.
AGM	Routine ante partum services	This service {LineProcCode} ({LineProcCodeDesc}) is included in the reimbursement of routine antepartum care.
AOM	Add on Missing	The add-on procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} does not have an associated primary procedure on the same date of service.
ASM	Does not match surgeon	The assistant surgeon procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} does not match the procedure code billed by the primary surgeon. Codes billed by the assistant surgeon should typically match codes billed by the primary surgeon.
ASN	Assistant surgeon necessary	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} only allows a surgical assistant with supportive documentation.

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ASR	Reduction for assistant	The Suggested Paid amount on line {LineNo} for Procedure {LineProcCode} ({LineProcCodeDesc}) has been adjusted to reflect reductions for assistant surgeons.
BIL	Bilateral disallowed	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} cannot be billed more than once per day.
COS	Cosmetic procedure	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} is typically a cosmetic procedure and may not be covered.
CPD	Duplicate services	Procedure {LineProcCode} ({LineProcCodeDesc}) typically requires only one provider. Another provider has billed for this service on {TriggerClaim}.
CPR	Multiple Cardiology procedures reduction	Procedure {LineProcCode} ({LineProcCodeDesc}) on {LineNo} should have been reduced as multiple cardiology procedures were rendered at the same time. The suggested allowed reflects this reduction.
CPRC	The Multiple Cardiology Procedures Reduction Carrier Priced	Procedure {LineProcCode} ({LineProcCodeDesc}) on {LineNo} should have been reduced as multiple cardiology procedures were rendered at the same time.
CSA	Co-Surgeon Inappropriate	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} typically does not require co-surgeons.
CSN	Co-Surgeon Necessary	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} only allows a co-surgeon with supportive documentation.
CSR	Reduce, surgical team	The Suggested Paid amount on line {LineNo} for Procedure {LineProcCode} ({LineProcCodeDesc}) has been adjusted to reflect reductions for co-surgeons or teams of surgeons.

Provider Update

DEL	Deleted Code	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} is not effective for the date of service billed. Procedure was deleted {EditComments}.
DUP	Duplicate billing	This line is a duplicate of {TriggerClaim}.
EFR	Endoscopic Family Reduction	An endoscopic family reduction was applied to line {LineNo}. A reduction of {ReductionPct} was applied to procedure code {LineProcCode} ({LineProcCodeDesc}) which represents the value of the base procedure code. {BaseLineProcCode} ({BaseLineProcCodeDesc}).
ELG	Patient not eligible	Date of service for line {LineNo} is not within the eligibility period on record for the patient.
FLU	Florida Unbundling Revenue Codes (Florida Only)	Revenue {LineRevCode} ({LineRevCodeDesc}) on line {LineNo} is unbundled to revenue {TriggerLineRevCode} ({TriggerLineRevCodeDesc}) on claim {TriggerClaim} on line {TriggerLineNo}.
FOT	Frequency Over Time	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} is typically performed a limited number of times over a defined period based on code description, physiological limitations, claim data, or client guidelines. {EditSugUnits} units are recommended for this line. The suggested paid amount has been reduced to reflect the recommended number of units.
FRE	Frequency	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} is typically performed a limited number of times on the same day based on code description, physiological limitations, claim data, or client guidelines. {EditSugUnits}

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		units are recommended for this line. The suggested paid amount reflects the recommended number of units.
FUD	Part of global service	Procedure {LineProcCode} ({LineProcCodeDesc}) is within {EditComments} days of procedure {TriggerLineProcCode} ({TriggerLineProcCodeDesc}) on claim {TriggerClaim} on line {TriggerLineNo}, which is within the normal global follow-up period for that service.
GDR	Antepartum care included in global code	Global maternity procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} includes routine antepartum services that were previously reimbursed with procedure {TriggerLineProcCode} ({TriggerLineProcCodeDesc}) on line {TriggerLineNo} of claim {TriggerClaim}.
GEN	Incorrect patient gender	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} is inappropriate for the patient's gender.
GPA	Part of global service	Procedure {TriggerLineProcCode} ({TriggerLineProcCodeDesc}) on line {TriggerLineNo} of claim {TriggerClaim} is within {EditComments} days of global procedure {LineProcCode} ({LineProcCodeDesc}). Reimbursement is calculated accordingly.
HPRE	Outpatient service within preadmission window	The service on {LineNo} has been identified as an outpatient service performed during the preadmission window and is bundled with the inpatient services and therefore not allowed. See {TriggerClaim}{TriggerLineNo}.
IFR	Multiple radiological procedure reductions	Due to multiple radiological procedures within the same imaging family being performed, procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo},

		which is a secondary procedure to {TriggerLineProcCode} ({TriggerLineProcCodeDesc}), has been reduced.
INVC	Invalid CPT/HCPCS Code	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} is not a valid CPT or HCPCS code.
INVR	Invalid Revenue Code	Revenue {LineRevCode} ({LineRevCodeDesc}) on line {LineNo} is not a valid revenue code.
IOP	Inpatient Only Procedure	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} is considered to be an inpatient only procedure.
LIF	Service reported more than typical	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} has exceeded the number of times the procedure can typically be performed during a patient's lifetime for physiological or anatomical reasons.
M52	Modifier 52 reduction	The suggested paid amount on line {LineNo} for procedure {LineProcCode} ({LineProcCodeDesc}) is adjusted for reduced services as indicated by the presence of modifier 52.
M53	Modifier 53 reduction	The suggested paid amount on line {LineNo} for procedure {LineProcCode} ({LineProcCodeDesc}) is adjusted for discontinued services as indicated by the presence of modifier 53.
M73	Modifier 73 reduction	The suggested paid amount on line {LineNo} for procedure {LineProcCode} ({LineProcCodeDesc}) is adjusted for discontinued outpatient services prior to the administration of anesthesia as indicated by the presence of modifier 73.
M74	Modifier 74 reduction	The suggested paid amount on line {LineNo} for procedure {LineProcCode}

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		({LineProcCodeDesc}) is adjusted for discontinued outpatient services after the administration of anesthesia as indicated by the presence of modifier 74.
MAT	Part of global service	Procedure {LineProcCode} ({LineProcCodeDesc}) for maternity care was reimbursed with global maternity procedure code {TriggerLineProcCode} ({TriggerLineProcCodeDesc}) on claim {TriggerClaim} on line {TriggerLineNo}.
MAX	Exceeds daily limits	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} is not typically billed more than twice per day.
MEX	Unbundled to <code>	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} is mutually exclusive to procedure code {TriggerLineProcCode} ({TriggerLineProcCodeDesc}) on line {TriggerLineNo} of claim {TriggerClaim}.
MNR	Review for Medical Necessity	HCI's Clinical Director has determined procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} requires additional clinical review for medical necessity.
MOD	Inappropriate use of modifier 26	The professional modifier assigned to line {LineNo} is inappropriate for procedure {LineProcCode} ({LineProcCodeDesc}).
MPR	Multiple procedure reduction	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} is a secondary procedure to {TriggerLineProcCode} ({TriggerLineProcCodeDesc}) on claim {TriggerClaim} on line {TriggerLineNo} and should have been reduced as multiple procedures were rendered at the same time. The Suggested Allowance reflects this reduction.

MTC	Inappropriate use of TC modifier	The technical modifier assigned to line {LineNo} is inappropriate for procedure {LineProcCode} ({LineProcCodeDesc}).
MTR	Multiple Therapy Procedures Reduction	Procedure {LineProcCode} ({LineProcCodeDesc}) on {LineNo} is considered an always therapy code and should have been reduced as multiple always therapy procedures were rendered at the same time. The suggested allowed amount reflects this reduction.
NCD	National Coverage Determination	Code {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} was denied due to National Coverage Determination {RuleData1}.
NCDN	National Coverage Determination Necessary	Code <code number> <short description>on line <number> was denied due to National Coverage Determination <NCD Number>.
NCS	Not covered by plan	Services provided on line {LineNo} are not covered by the benefit plan.
NEV	Never paid events	Procedure {LineProcCode} ({LineProcCodeDesc}) has been denied as a never payable event.
NPR	New E&M not allowed	This patient previously received care by this provider. The new patient E&M code on line {LineNo} should be changed to an established patient E&M code. Procedure {EditSugProcCode} ({EditSugProcCodeDesc}) could be considered as a possible replacement code.
NPT	New E&M not allowed	This patient previously received care by this provider. The new patient E&M code on line {LineNo} should be rebilled with an established patient E&M code. See {TriggerClaim}, {TriggerLineNo} code {TriggerLineProcCode} ({TriggerLineProcCodeDesc}).

OPR	Multiple Ophthalmology Procedures Reduction	Procedure {LineProcCode} ({LineProcCodeDesc}) on {LineNo} should have been reduced as multiple ophthalmology procedures were rendered at the same time. The suggested allowed reflects this reduction.
OPRE	Outpatient service within preadmission window	The service on {LineNo} has been identified as an outpatient service performed during the preadmission window and is bundled with the inpatient services and therefore not allowed. See {TriggerClaim}{TriggerLineNo}.
PAY	Payment exceeds billed amount	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} has an adjusted paid amount that is greater than the amount billed.
PEDM	Procedure to Excluded Diagnosis Mismatch	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} was billed with diagnosis {EditComments} ({LineDXCodeDesc}) that does not support reimbursement.
PFUD	Procedure Follow Up days	Procedure {LineProcCode} ({LineProcCodeDesc}) was performed during the {EditComments} day global follow-up period for procedure {TriggerLineProcCode} ({TriggerLineProcCodeDesc}) reported on claim {TriggerClaim}, line {TriggerLineNo}. These services may be included in the value of the initial surgical procedure.
PGPA	Adjusted Global Procedure to Procedure	PGPA - Procedure {TriggerLineProcCode} ({TriggerLineProcCodeDesc}) on line {TriggerLineNo} of claim {TriggerClaim} was performed during the {EditComments} day global follow-up period for procedure {LineProcCode} ({LineProcCodeDesc}).

		Reimbursement has been adjusted accordingly.
PMM	Procedure Modifier Mismatch	Based on rules for appropriate use of modifiers, procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} has an inappropriate modifier appended to the procedure code.
PRD	PCI Reissued Duplicate	This line is a duplicate of {TriggerClaim}, {TriggerLineNo}.
PRDM	Procedure to Required Diagnosis Mismatch	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} was billed without a diagnosis code(s) that supports reimbursement.
PRM	Procedure to Revenue Code Mismatch	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} was inappropriately reported with revenue code {LineRevCode} ({LineRevCodeDesc}).
PSM	Place of Service Mismatch	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} is not allowed when reported in this place of service.
PST	Postpartum services included in the global code	Procedure {LineProcCode} ({LineProcCodeDesc}) for postpartum care was reimbursed with global maternity procedure code {TriggerLineProcCode} ({TriggerLineProcCodeDesc}) on claim {TriggerClaim} on line {TriggerLineNo}.
PSUS	Documentation needed for processing	Procedure <code> (<short description>) Physician Claim Suspect Provider.
RASM	Surgeon and Assistant do not match	The primary surgeon's procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} does not match the procedure code paid for the assistant surgeon on line {TriggerLineNo} on claim {TriggerClaim}. Codes billed by the assistant surgeon should typically match codes billed by the primary surgeon.

RBP	Rebundled to a suggested code	Procedure {LineProcCode} ({LineProcCodeDesc}) should be rebundled to procedure code {EditSugProcCode} ({EditSugProcCodeDesc}), which more accurately represents correct billing for the services provided. Reimbursement should be based on the corrected code.
RBPD	Rebundling Procedure Codes	Procedure {LineProcCode} ({LineProcCodeDesc}) should be reported as procedure {EditSugProcCode} ({EditSugProcCodeDesc}), which more accurately represents correct billing for the services provided. The suggested paid amount has been reduced to reflect the appropriate reimbursement for the correct code.
RDS	Duplicate services in same range of codes	Procedure {LineProcCode} ({LineProcCodeDesc}) typically requires only one provider and should not be reported more than once per day. A code representing the same service ({TriggerLineProcCode}) ({TriggerLineProcCodeDesc}) has been reported on claim {TriggerClaim} line {TriggerLineNo}.
REB	Rebundling	Procedure {LineProcCode} ({LineProcCodeDesc}) and the procedure on line {LineNo} are rebundled to the correct code {EditSugProcCode} ({EditSugProcCodeDesc}).
REBD	Rebundling Drug Toxicology Codes	Procedure {LineProcCode} ({LineProcCodeDesc}) and the procedure on line {TriggerLineNo} of claim {TriggerClaim} are rebundled to the correct code {EditSugProcCode} ({EditSugProcCodeDesc}).
RFLU	Reverse Florida Unbundling Revenue Code (Florida Only)	Revenue {LineRevCode} ({LineRevCodeDesc}) on line {LineNo}

		includes the unbundled services of revenue {TriggerLineRevCode} ({TriggerLineRevCodeDesc}) that were previously submitted and paid. Payment for this service has been reduced by the amount previously paid for the unbundled service. See {TriggerClaim} line {TriggerLineNo} revcode {TriggerLineRevCode} ({TriggerLineRevCodeDesc}).
RFRE	Revenue Code Frequency	Revenue code {LineRevCode} ({LineRevCodeDesc}) on line {LineNo} is typically performed a limited number of times on the same day based on code description, CMS or other industry sources, claim data, or client guidelines. {EditSugUnits} units are recommended for this line. The suggested paid amount has been reduced to reflect the recommended number of units.
RMEA	Unbundled to <code>	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} includes the mutually exclusive services of procedure {TriggerLineProcCode} ({TriggerLineProcCodeDesc}) that were previously submitted and paid on line {TriggerLineNo} of claim {TriggerClaim}. Payment for this service has been reduced by the amount previously paid for the unbundled service.
RPR	Review Prior to Reimbursement	Recommend review of line {LineNo} to determine if reimbursement is appropriate.
RUP		Services provided with this procedure, line {LineNo} include the unbundled or rolled-up services of Procedure {TriggerLineProcCode} ({TriggerLineProcCodeDesc}) on {TriggerClaim}.

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RUPA	Adjustment for reverse unbundled code	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} includes the unbundled services of procedure {TriggerLineProcCode} ({TriggerLineProcCodeDesc}) that were previously submitted and paid on line {TriggerLineNo} of claim {TriggerClaim}. Payment for this service has been reduced by the amount previously paid for the unbundled service.
SAS	Assistant Surgeon Inappropriate	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} typically does not require a surgical assistant.
TSA	Team Surgeon Inappropriate	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} typically does not require a team of surgeons.
TSN	Team Surgeon Necessary	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} only allows a team of surgeons with supportive documentation.
UNB	Unbundled to <code>	Procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo} is unbundled to procedure code {TriggerLineProcCode} ({TriggerLineProcCodeDesc}) on line {TriggerLineNo} of claim {TriggerClaim}.
UNL	Unlisted code	Additional documentation is required before reimbursement can be made for the unlisted procedure {LineProcCode} ({LineProcCodeDesc}) on line {LineNo}.

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