

INGENIX[®]

Claims Editing System for Facility Claims

Facility claims comprise up to 45% of the typical payers' claims stream, but most are currently not edited for accuracy and appropriateness utilizing rules that are specific to facilities. With the Ingenix Claims Editing System, payers can automatically review and catch errors, omissions and questionable coding relationships and save up to 1-3% of facility claims payout.

Key Features

- Powerful claims editing platform for inpatient and outpatient facility claims
- Unique Rules Creation Manager enables customization of the software's editing logic to support user-defined rules and contractual reimbursement policies and methodologies
- Integrates with published CMS regulations and guidelines to provide transparency into edit rationale
- Customize the application by facility, employer and payment methodology
- Catch potential overpayments before an APC or DRG is assigned and payment is rendered

The Ingenix Claims Editing System for Facility Claims automatically reviews and edits inpatient and outpatient facility claims to streamline claims processing workflows, reduce reimbursement errors, and improve payment integrity.

Commercial and Medicare Facility Claims Editing

The Ingenix Claims Editing System automatically checks each claim for errors, omissions, and questionable coding relationships by testing the data against an expansive database containing millions of government and industry rules, regulations, and policies governing health care claims. The system automatically detects coding errors related to unbundling, modifier appropriateness, diagnoses, and duplicate claims. Medical necessity edits are also provided to help payers detect procedures billed without supporting diagnoses or not medically necessary based on National and Local Coverage Determinations.

Edit Rationale Disclosure

The Ingenix Claims Editing System for Facility Claims offers an expanded database containing millions of facility-based rules sourced from Medicare Outpatient Code Editor (OCE), Medicare Code Editor (MCE), National Correct Coding Initiative (NCCI) and Local and National Coverage Determination (LCD/NCD) guidelines. In addition to rule sets for commercial populations, rule sets are also available to support various Medicare reimbursement methodologies such as Medicare Advantage. The Ingenix Claims Editing System makes system rule sources and disclosure statements available to users to improve communication with facilities and to minimize the impact of potential inquiries and appeals.

Rules Creation Manager

The Ingenix Claims Editing System features a unique Rules Creation Manager that allows health plans to customize the software's editing logic to support user-defined rules and reimbursement policies for facility claims. Users can create auditing logic, create new code relationships, and turn rules and edits off and on, as necessary. All edits are applied using date-sensitive auditing to ensure that appropriate edits are applied based on the date the service was rendered. Users can also define the sequence in which rules are applied and can define the level of automation for denials, profiling, and claims requiring additional review.

OUTPATIENT EDIT EXAMPLES:

Data Validity Edits

- Invalid diagnosis
- Diagnosis code requires additional digits
- Diagnosis to age or gender conflict
- E-code as reason for visit
- Invalid CPT/HCPCS code
- HCPCS to gender conflict
- Invalid modifier, service date, age, gender, units, revenue code

Medical Necessity Edits

- No supporting diagnosis
- Not medically necessary for this age or gender
- Missing appropriate secondary diagnosis
- Missing appropriate associated procedures

Coding Issues

- Inappropriate coding of bilateral services
- Evaluation & management with surgery without modifier 25
- Claim contains only incidental services
- Terminated procedure with units >1
- Multiple evaluation & management services with same revenue code on same date
- Revenue center requires HCPCS
- Implantable device without surgery

INPATIENT EDIT EXAMPLES:

- Invalid diagnosis code
- Diagnosis code requires 3rd or 4th digit
- Invalid procedure code
- Secondary diagnosis duplicates the principal diagnosis
- Diagnosis/procedure conflicts with patient age or sex
- Invalid principal diagnosis
 - Manifestation
 - Non-specific
 - V-codes
 - E-code
- Invalid age, sex, discharge status or birth weight

More than 165 health plans use the Ingenix Claims Editing System to streamline claims processing workflows, reduce reimbursement errors and improve payment integrity. Contact Ingenix for a demonstration of this new powerful integrated claims editing functionality for facilities and the benefits that it can deliver for you.

Ingenix | Intelligence for Health Care | www.ingenix.com

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