

# Edit Best Practices

## Alpha II Edits for Office Practicum Clients



Stacey LaCotti  
Alpha II



# ALPHA II

Alpha II delivers revenue integrity across the full continuum of care by enabling proactive denial intervention throughout the RCM workflow, eliminating revenue loss, and delivering positive cash flow.



**400+ Million**

transactions  
processed  
annually



**97%**

client retention  
rate



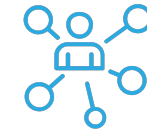
**12 Years**

average client  
tenure



**40+ Years**

of providing  
Revenue Integrity  
solutions



**30+ Channel  
Partners**

PM, EMR, RCM,  
Clearinghouse



## Stacey LaCotti

Stacey has worked in healthcare for over 22 years. Her prior experience in Provider Education for both a large Medicare payer and the Veteran's Administration provides a unique perspective on ever-changing healthcare policies, with a specialized focus on quality reporting. Stacey uses her knowledge of Alpha II's coding, claims editing, quality reporting, and revenue cycle solutions to design, educate, and further improve the customer experience.

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# Webinar Objectives

- ✓ Acknowledging and quantifying the “denial dilemma”
- ✓ Identify top edits experienced by OP clients
- ✓ Identify common causes for edits
- ✓ Discuss best practices for resolving edits



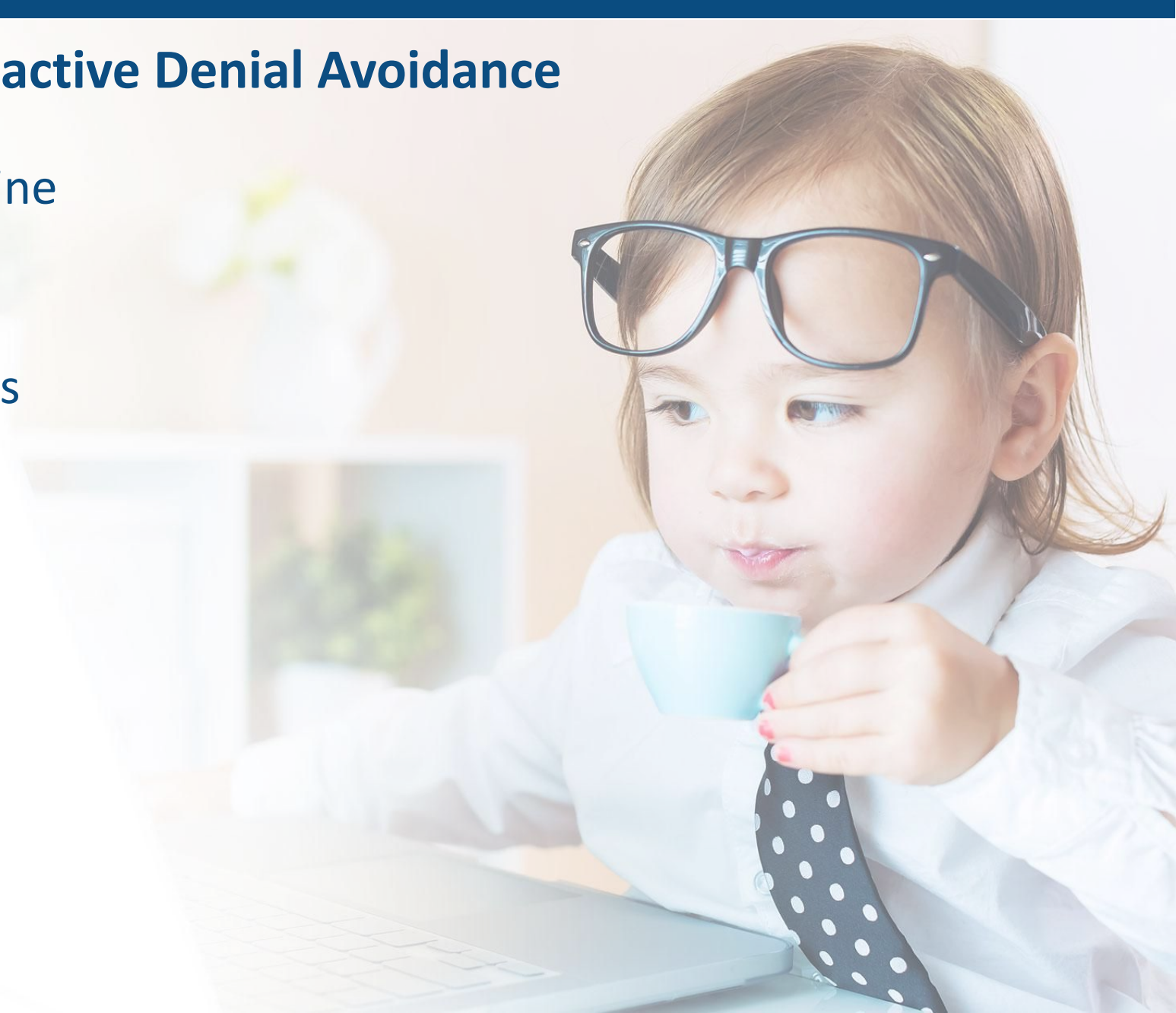
# The Impact of Denials (and What you can Do about It!)

- Average denials volume & the associated financial impact
- Improving denial rates
- Client success using OP Claim Scrubber
  - 7% increase in collections
  - 75% reduction in denial volume that save enormous amounts of time



# Alpha II Edits – Engaging in Proactive Denial Avoidance

- Robust content and rules engine
- Seamlessly integrated
- Clinical coding and billing edits
- Improve claim payment rate
- Deliver positive cash flow
- Improve staff productivity



# Edit 1572: Vaccine/Toxoid and Immunization Administration Codes Mismatch by AMA Guidelines

- Edit Messages:

- A vaccine/toxoid code has been coded without an immunization administration code. This issue must be corrected before further analysis to determine the appropriate number of vaccine/toxoid codes and immunization administration codes that can be performed.
- The number of immunization administrations and the number of vaccines/toxoids coded do not agree.
- An immunization administration add-on code has been coded without a parent code. This issue must be corrected before further analysis to determine the appropriate number of vaccine/toxoid codes and immunization administration codes that can be performed.
- This immunization administration code is not valid for patients over age 18. This issue must be corrected before further analysis to determine the appropriate number of vaccine/toxoid codes and immunization codes that can be performed.

# Edit 1572: Vaccine/Toxoid and Immunization Administration Codes Mismatch by AMA Guidelines

- Edit Messages:
  - When counseling is provided, AMA guidelines do not allow for the use of more than one immunization administration parent code for each vaccine or toxoid administered per date of service. Instead, use one parent code for each vaccine/toxoid administered with additional immunization administration add-on codes for the appropriate delivery method(s) to equal the total number of vaccine/toxoid components.
  - Only one immunization administration parent code is allowed per date of service. Use one parent code with additional immunization administration add-on codes for the appropriate delivery method(s) so that they equal the total number of vaccines/toxoids.
  - An immunization administration code has been billed without billing a vaccine/toxoid.
  - The number of immunization administrations and the number of vaccines/toxoids billed do not agree.



# Edit 1573: Vaccine/Toxoid and Immunization Administration Codes Mismatch by Non-AMA Guidelines

- Edit Messages:

- A vaccine/toxoid code has been coded without an immunization administration code. This issue must be corrected before further analysis to determine the appropriate number of vaccine/toxoid codes and immunization administration codes that can be performed.
- The number of immunization administrations and the number of vaccines/toxoids coded do not agree.
- An immunization administration add-on code has been coded without a parent code. This issue must be corrected before further analysis to determine the appropriate number of vaccine/toxoid codes and immunization administration codes that can be performed.
- This immunization administration code is not valid for patients over age 18. This issue must be corrected before further analysis to determine the appropriate number of vaccine/toxoid codes and immunization codes that can be performed.



# Edit 1573: Vaccine/Toxoid and Immunization Administration Codes Mismatch by Non-AMA Guidelines

- Edit Messages:
  - Non-AMA guidelines that allow for the use of multiple parent codes, the number of immunization administrations and the number of vaccines/toxoids billed do not agree.
  - Only one immunization administration parent code is allowed per date of service. Use one parent code with additional immunization administration add-on codes for the appropriate delivery method(s) so that they equal the total number of vaccines/toxoids.
  - An immunization administration code has been billed without billing a vaccine/toxoid administered
  - The number of immunization administrations and the number of vaccines/toxoids billed do not agree.

# Vaccine/Toxoid and Immunization Administration Codes Mismatch

- Common edit triggers
  - Knowing which set of administration guidelines your payer prefers
    - AMA or non-AMA
  - Missing administration code
  - Quantity billing the parent code instead of using add-on codes
  - No add-on code billed or add-on code without parent code
  - Incorrect units billed for vaccines or toxoids with multiple components



# Edit 3008: Diagnosis Code Excludes1 Identification

- Edit Message:
  - Based on Excludes1 notes, these two diagnosis codes (Code1 and Code2) normally should not be reported together unless the diagnostic conditions they represent are unrelated to each other.
- Common edit triggers
  - Introduced with ICD-10 and recently started causing denials with major payers
  - Denial message often mentions “mutually exclusive”
  - ICD-10 codes that cannot occur together (e.x. congenital vs acquired version of condition)
  - Found in the Tabular List in the ICD-10 codebook
  - Coding signs and symptoms associated with the principal diagnosis
  - Not coding to ultimate specificity
  - Using “filler” codes to describe the condition further
  - Can be appealed with documentation if the two conditions are truly unrelated

## Edit 3014: Manifestation Diagnosis “Code First” Validation

- Edit Message:
  - This manifestation diagnosis code has a "code first" note. The ICD-10-CM has a coding convention that requires the underlying etiology to be sequenced first, if one is present, followed by the manifestation. Confirm whether an underlying etiology is present in the medical record and sequence accordingly.

## Edit 3015: Etiology Diagnosis “Use Additional Code” Validation

- Edit Message:
  - This etiology diagnosis code has a "use additional code" note. The ICD-10-CM has a coding convention that requires the manifestation diagnosis, if one is present, to be sequenced after the etiology diagnosis. Confirm whether a manifestation diagnosis is present in the medical record and sequence accordingly.



# Edit 3023: Etiology Diagnosis Sequencing Validation

- Edit Message:
  - This etiology diagnosis code is sequenced as the last diagnosis and has a "use additional code" note indicating it should be sequenced prior to any manifestation diagnosis. If another diagnosis code is a manifestation diagnosis, sequence the etiology diagnosis prior to the manifestation diagnosis

# ICD-10-CM Coding Definitions and Instructional Notations

- Code First/Use Additional Code notes
  - Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology
  - ICD-10-CM coding convention requires the underlying condition be sequenced first followed by the manifestation
  - When such combinations exist, there are instructional notes indicating proper sequencing – etiology followed by manifestation
    - **'Use additional code'** note at the etiology code
    - **'Code first'** note at the manifestation code
  - Manifestation codes will have in the code title **'in diseases classified elsewhere'**
    - Never permitted to be used as first listed or principal diagnosis codes
    - Must be used in conjunction with and listed following an underlying condition code
  - Resources:
    - <https://www.aapc.com/codes/coding-newsletters/my-pediatric-coding-alert/icd-10-coding-submit-clean-claims-with-proper-sequencing-173261-article>
    - <https://www.cms.gov/files/document/fy-2023-icd-10-cm-coding-guidelines-updated-01/11/2023.pdf>

# Edit 1002: CCI Unbundled Code Pairs – Modifier Allowed

- Edit Messages:
  - This column 2 CPT/HCPCS code has been billed with the same date of service as a column 1 CPT/HCPCS code; therefore, billing this column 2 code is considered to be unbundling of services. An NCCI modifier may be used if the column 2 procedure was a distinct and separate (i.e., separate site or separate specimen) from the column 1 procedure with the same date of service.
- Common edit triggers
  - Procedure-to-Procedure rules commonly known as bundling edits
    - Prevents improper payments for services performed by same provider on same patient for same DOS
    - Two different sets of edits – Practitioner and Hospital
    - Identify column 1 code (comprehensive code) and column 2 code (component) code
    - Some code pairs can be unbundled with appropriate modifier
      - Modifier -59
      - “X” modifiers (XE, XS, XP, XU)
      - Procedural modifiers
      - Anatomical modifiers
    - Other code pairs are “mutually exclusive” and cannot be unbundled
      - Separate edit for this – edit 1008

# Edit 2019: Invalid Modifier Identification

- Edit Message:
  - This modifier may not be appropriate for use with this CPT/HCPCS code
- Common edit triggers
  - CLIA-waived tests
    - Per CDC some tests do not need –QW modifier to be recognized as waived: CPTs **81002**, 81025, 82270, 82272, 82962, 83026, 84830, 85013, and 85651 **and** PPMP Microscopic Procedures Q0111-Q0115, 81015, 81000, 81001, 81020, 89055, G0027, 89190
    - Resource: <https://www.cdc.gov/clia/docs/tests-granted-waived-status-under-clia.pdf>
  - E&M-only modifiers
    - Modifiers 24, 25, 27, 57 can only be used on E&M codes
  - Use of conflicting modifiers
  - POS mismatches





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OP account manager at [solutions@officepracticum.com](mailto:solutions@officepracticum.com).