Network Notification

WELL SENSE HEALTH PLAN

DATE: May 12, 2021 **Number:** 58

TO: All Well Sense Health Plan Providers

FROM: Well Sense Health Plan

SUBJECT: **Claims Editing Revisions**

Claims-editing Revisions

Well Sense Health Plan's claim editing software incorporates the most up-to date coding principles based on Medicare and Medicaid guidelines, professional medical society guidance, the National Correct Coding Initiative and the AMA CPT manual. We regularly adjust clinical payment and coding policies as part of an ongoing review process. **Effective July 15, 2021,** there will be a change in how our claim editing software edits professional and facility claims. As a result of this update providers may notice new claim denials related to the following types of edits:

- Primary diagnosis coding
- Inappropriate/invalid use of modifiers
- Global obstetric coding
- Professional/technical component coding
- New patient vs established patient coding
- Anesthesia modifiers
- Frequency of reporting time based codes
- Global surgery follow up

Any previously paid or denied claim a provider resubmits with changed or corrected information is considered a corrected claim. Providers should reference the Well Sense Provider Manual for guidelines related to submitting corrected claims. Claims submitted for reconsideration of clinical edit denials, or partial payment denials are considered appeals and must be submitted with appropriate documentation using the administrative appeals process outlined in the Provider Manual.

Providers can reference Well Sense Health Plan's reimbursement policy, General Clinical Editing and Payment Accuracy Review Guidelines, WS 4.18 for more information regarding claim editing.

Questions?

If you have any questions about this Network Notification, please contact your dedicated Provider Relations Consultant or call 877-957-1300, option 3. All Well Sense Health Plan Network Notifications and Reimbursement Policies are available at wellsense.org.