

Division of Medicaid State of Mississippi Provider Policy Manual	New: X	Date: 08/01/08
	Revised:	Date:
	Current:	
Section: General Coding Information	Section: 81.03	
	Pages: 1	
Subject: Code Auditing	Cross Reference:	

The Division of Medicaid (DOM) utilizes the McKesson ClaimCheck claims auditing software program to manage coding complexities in accordance with DOM policies. ClaimCheck is a code auditing tool that works in conjunction with the DOM and fiscal agent's current claims processing system. The tool helps promote billing, accurate reimbursement, and efficiency in provider payments.

The knowledge base reflects AMA guidelines, some CMS Correct Coding Initiative edits, Specialty Society guidelines, and industry standards. The tool is kept up to date through periodic updates issued by McKesson. Although ClaimCheck is based on clinical criteria and industry standards, there may be differences due to DOM policy. To ensure application of DOM policy, DOM reviews all updates prior to implementation.

The following are specific ClaimCheck edits which are applied to CMS 1500 claims from physicians, physician assistants, nurse practitioners, other practitioners such as physical, occupational, or speech therapists, independent laboratories, radiology clinics, and ambulatory surgical clinics.

Edit	Description
3432	ClaimCheck: No Professional/Technical Component For This Code
3434	ClaimCheck: Code Replaced To Most Comprehensive Code
3435	ClaimCheck: Procedure Incidental/Integral To Another Procedure Code
3436	ClaimCheck: Medical Visit VS Procedure—Same Date Of Service
3437	ClaimCheck: Code Rebundled To Most Comprehensive Code
3442	ClaimCheck: Code Is Mutually Exclusive To Another Code
3443	ClaimCheck: Visit Is Within Pre/Post Operative Period
3444	ClaimCheck: Assistant Surgeon Is Not Allowed

If a provider has questions or wishes to submit a claim for reconsideration, the provider must complete the attached ClaimCheck Reconsideration Form, attach a paper copy of the claim in question, a copy of the remittance advice, and any other substantiating information to be considered. The form with relevant attachments must be mailed to the following address:

ACS
Attn: Medical Review
P. O. Box 23080
Jackson, MS 39225