



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

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TO: All providers, Managed Care Organizations – **For Action**

SUBJECT: **Replacement of the ClaimCheck® Solution with New ClaimsXten® Software**

EFFECTIVE: Claims with payment dates on or after December 5, 2022

PURPOSE: To announce the replacement of the current ClaimCheck® solution, which applies National Correct Coding Initiative (NCCI) edits to fee-for-service (FFS) and managed care encounter claims processed by the Medicaid/NJ FamilyCare (NJFC) program.

BACKGROUND: The McKesson ClaimCheck® solution has been used by the NJFC program since 2007. ClaimCheck® is a comprehensive claims auditing software system that automatically audits and adjusts professional billing errors and detects common code manipulations to avoid claim overpayments.

ClaimsXten®, developed by Change Health Care, is replacing the McKesson ClaimCheck® solution. Like ClaimCheck®, ClaimsXten® will continue to provide two (2) claim auditing tools based on NCCI edits developed by the Centers for Medicare and Medicaid Services (CMS), including Medically Unlikely Edits (MUE) and NCCI Incidental Edits.

Medically Unlikely Edits (MUE) define, for certain healthcare service codes, the maximum units of service that a provider would report under most circumstances for a single member on a single date of service.

NCCI Incidental Edits are Procedure-to-Procedure (PTP) edits that define, for certain pairs of healthcare service codes, codes that should not be reported together for a variety of reasons. The purpose of these edits is to prevent improper payments when incorrect code combinations are reported.

ACTION: ClaimsXten® edits shall apply to certain healthcare service codes reported on claims with payment dates on or after December 5, 2022. In addition to three (3) new edits to be reported by ClaimsXten®, ClaimsXten® will also continue to report the same

edits and edit code values previously documented under ClaimCheck® based on CMS and State policies, including NCCI rules.

ClaimsXten® Edit Code Values*

FFS Edit Code Value	Managed Care Edit Code Value	Description
1804	920	Cosmetic procedure
1878	940	Medically unlikely procedure
1881	941	Procedure/age conflict
1882	942	Assistant surgeon denied
1884	944	New patient procedure edit
1885	945	CCI incidental procedure
1886	946	CCI mutually exclusive procedure
1887	947	Incidental procedure
1889	949	Mutually exclusive procedure
1890	950	Post operative procedure
1891	951	Pre-operative procedure
1892	952	Proc should be re-bundled
1895	955	Duplicate procedure
1896	956	Medical visit procedure
1819	959	Service days exceed limits
1823	960	Units exceed service days
1855 (New)	958	Add on edit
1856 (New)	968	Missing modifier 26
1860 (New)	969	Procedure to diagnosis coverage

*See <https://www.cms.gov/Medicare/Coding/NCCI-Coding-Edits#:~:text=The%20CMS%20developed%20the%20National,payment%20in%20Part%20B%20claims> for additional information regarding NCCI edit rules.

Modifier 59 and other NCCI-associated modifiers should not be used to bypass a PTP edit unless the proper criteria for the use of the modifier are met. Documentation in the medical record must satisfy the criteria required by the NCCI-associated modifier that is used. The State's intention is to monitor payment of these claims through a medical record review process.

If you have any questions concerning this Newsletter, please contact Gainwell Technologies Provider Services at 1-800-776-6334.

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