

February 28, 2023

Dear Billing/Office Manager,

Moda has recently identified several CMS guidelines and related billing errors. This will be addressed with the following new clinical edits that will take effect for all lines of business and for dates of service beginning May 1, 2023.

- A new edit will deny all non-rental DMEPOS codes when the 'from' date of service is not equal to the 'to'
 date of service. Per the Medicare Claims Processing Manual (Chapter 20, Section 110.3.2) and the
 Medicare Program Integrity Manual (Chapter 5, Section 5.2.4, 5.15 and 5.13) a single date of service equal
 to the delivery date (or discharge date, when appropriate) must be billed. Diabetic supply codes and rental
 items billed with modifier RR will not be impacted by this edit.
- 2. A new edit will deny Critical Access Hospital (CAH), Rural Health Center (RHC) and Federally Qualified Health Center (FQHC) Facility claims when billed with a Type of Bill (TOB) that is not approved for this provider type by CMS per the Medicare Claims Processing Manual (Chapter 1, Section 80.3.2.2).
- 3. A new group of edits will review lines billed on Facility claims with professional revenue codes and lines billed on Professional claims by individual providers. The duplicate line item(s) will deny on the second processed claim when identified.

For more information regarding CMS guidelines, please see the Medicare Claims Processing Manual and the Medicare Program Integrity Manual.

Questions?

We're here to help. Just email medical@modahealth.com or call us toll-free at 877-605-3229.

Sincerely,

Moda Health Medical Provider Relations team