

Moda Health Clinical Edit Update Bulletin: March 2023

New		
Clinical Edit	Texas Effective Date of Service	Clinical Edit Source & Summary
DMEPOS Date of Service	5/1/2023	<ul style="list-style-type: none"> This edit will deny all non-rental DMEPOS codes when the ‘from’ date of service is not equal to the ‘to’ date of service. A single date of service equal to the delivery date (or discharge date, when appropriate) must be billed. This edit will not deny Diabetic supply codes listed on the DMEPOS. This edit will not deny rented items listed on the DMEPOS when billed with modifier RR. <p><u>Sources:</u></p> <ul style="list-style-type: none"> Medicare Claims Processing Manual; Chapter 20, Section 110.3.2 Medicare Program Integrity Manual; Chapter 5, Section 5.2.4, 5.15 and 5.13 LCD Article ID A55426, “Standard Documentation Requirements for All Claims Submitted to DME MACs”
Critical Access Hospital (CAH), Rural Health Center (RHC) and Federally Qualified Health Center (FQHC) Type of Bill (TOB)	5/1/2023	<ul style="list-style-type: none"> This edit will deny CAH, RHC and FQHC claims when billed with a TOB code that is not approved for this provider type by CMS. <p><u>Source:</u></p> <ul style="list-style-type: none"> Medicare Claims Processing Manual; Chapter 1, Section 80.3.2.2 <p><u>Related Reimbursement Policy:</u></p> <p>“Facility Guidelines, General Overview,” RPM065, Section P.</p>
Duplicate Billing of Professional Services, Facility to Professional Claims	5/1/2023	<ul style="list-style-type: none"> This group of edits will review lines billed on Facility claims with professional revenue codes and compare against lines billed on Professional claims by individual providers for the same member and same date of service. When duplicate line item(s) are identified, the second processed claim will deny. <p><u>Related Reimbursement Policy:</u></p> <ul style="list-style-type: none"> “Facility Guidelines, General Overview,” RPM065, Section C.2.e.ii.4) and C.3.b.