New Claim Edits Coming Soon

Effective November 1, 2022, we will implement some new claim edits. Here are the details.

The edits below apply to HAP Commercial and HAP Medicare plans.

- Oxygen and oxygen equipment E0424-E0447, E1390-E1392, E1405-E1406, K0738
  - Deny claims when submitted without modifier KX

- E0766 (Electrical stimulation device used for cancer treatment)
  - Deny claims when submitted without modifier:
    - KX (requirements specified in the medical policy have been met)
    - GA (Waiver of liability statement issued as required by payer policy)
    - GZ (Item or service expected to be denied as not reasonable and necessary)

The edits below apply to all HAP lines of business.

- National Drug Code (NDC) Numbers
  - Deny claim lines containing expired NDC numbers.
    - Note: According to CMS policy, providers are required to report valid NDC numbers for the given date of service. For example: the NDC number has surpassed the allowed obsolete period of 30 months (913 days) set in the standard NDC reference sources

- Q5112, Q5113, Q5114, Q5116, or Q5117
  - Deny when billed with units representing a multiple of an entire vial (42, 84, or 126 units) and another claim line for the same drug does not exist on the same claim for the same date of service.

- **Self-Administered Drug**
  - According to CMS policy, coverage for drugs that are furnished 'incident to' a physician's service is allowed provided that the drugs are not usually self-administered by the patients who take them. When these items are billed, they will be denied. An exception applies when drug J0129 (Injection, abatacept) or J2354 (Injection, octreotide) is reported with modifier JA (Administered intravenously).