

## ClaimCheck® by McKesson Corporation

ClaimCheck® is a comprehensive code auditing solution that assist payors with proper reimbursement, automatically evaluating physician and outpatient facility claims via sophisticated clinical logic before reimbursement.

ClaimCheck® identifies coding errors in the following categories:

- Procedure unbundling
- Mutually exclusive procedures
- Incidental procedures
- Medical visits, same date of service
- Bilateral and duplicate procedures
- Pre and Post operative care
- Assistant Surgeon
- Cosmetic procedures
- Unlisted Procedures
- Investigational procedures
- Obsolete procedures
- Modifier Auditing

### Definitions:

- **Incidental:** Procedures that require little additional physician resources and/or are integral to the primary procedure performed. The incidental procedure will not be reimbursed separately.
- **Mutually Exclusive Procedures:** Two or more procedures usually not performed during the same session for the same patient on the same day. This includes different procedure code descriptions for the same types of procedures where only one code should be billed.

For example: Provider billing for both routine delivery and C-Section for same mother, single birth

- **Primary Procedure:** The procedure with the greatest clinical intensity is considered to be the primary procedure regardless of billed amounts.
- **Unbundling:** Two or more CPT codes are used to describe a procedure when a single, more comprehensive code, exists that describes the entire procedure performed. ClaimCheck will rebundle these procedures to the appropriate code.
- **Rebundling** – Combining two or more procedure codes into a single procedure code which includes all aspects of the multiple codes is called rebundling. ClaimCheck will delete any extra (unbundled) codes and replace them with the proper single code (rebundle).
- **Assistant surgeon** - Only certain procedures include routine use of an assistant surgeon. ClaimCheck will screen claims for assistant surgeon

charges and determine if the procedure normally requires an assistant surgeon's services.

- **Cosmetic procedures** – Procedures, which are performed to enhance the beneficiary's appearance, are considered cosmetic procedures. ClaimCheck will edit claims for medical necessity review if the service is generally considered to be cosmetic.
- **Bilateral/Unilateral procedures** – A unilateral CPT code is used to identify a procedure performed on a single anatomical part. A bilateral code identifies a set of procedures performed on similar anatomical parts. If both bilateral and related unilateral codes are submitted on the same date of service, ClaimCheck will rebundle or deny procedures where appropriate.
- **Experimental, Obsolete and Unlisted Procedures** – This category includes procedure codes which are outdated, not listed in the CPT or HCPCS Manuals, or which are not considered standard medical practice. ClaimCheck will identify claims containing experimental, obsolete, and/or unlisted procedure codes. These codes are either automatically rejected or edit for medical necessity review.
- **Pre-operative and Post-operative Care** – Medical visits during the pre- and post-operative time frame that are related to the surgical procedure and are considered to be components of the total surgical package are pre-operative or post-operative care. ClaimCheck identifies visits that are related to the procedure [and are considered to be components of the total surgical package] and denies these charges.  
For example:
  - Pre-op = 1 day prior to a major procedure
  - Post-op = 90 days after a major procedure.
- **Duplicates** – Services are being submitted which have been previously processed or which are currently in progress. ClaimCheck will search for duplicate services in the patient's history.
- **Modifiers** - TRICARE ClaimCheck recognizes all CPT and HCPCS modifiers. However, TRICARE ClaimCheck actually audits a limited number of modifiers.