

Claims Edit System: National and state Medicaid rules



The Claims Edit System (CES) from Optum[™] maximizes your claims accuracy, administration and clinical information workflows by delivering Medicaid-specific editing. Optum experts maintain Medicaid claim editing rules issued by the Centers for Medicare and Medicaid Services (CMS), as well as those issued by individual states or territories. This integral add-on to the proven Claims Edit System provides timely updates so you can maintain compliance and realize the benefit of proactive Medicaid rules editing.

Leverage the Claims Edit System to manage Medicaid rules editing

Keeping abreast of CMS and state-level Medicaid rules is a time- and labor-intensive process. The Optum Claims Edit System does the work for you. Our Medicaid experts utilize our proprietary technology to research and rapidly build the appropriate rules. Optum delivers these rules through scheduled quarterly content updates to ensure regulatory compliance and accurate claim editing. Updates can be issued more frequently as needed to support high-priority regulatory updates.

National Medicaid rules

National Medicaid editing rules are based on CMS guidelines and are applicable to all Medicaid claims. Examples of these national rules include:

- Medicaid National Correct Coding Initiative (NCCI)
- Medically Unlikely Edits (MUE)
- National Physician Fee Schedule
- Medicaid national policies and guidelines issued by CMS
- Validation edits

Our Medicaid experts continually monitor CMS for quarterly and special regulatory updates to national rules, which we consolidate and deliver to validate your claims using the Claims Edit System.

These national and state-specific rules allow you to:

- Keep up with rapid regulatory changes.
- Maintain transparency with supporting documentation.
- Free up resources to focus on key business initiatives

State-level Medicaid rules

State Medicaid editing rules are based on guidelines published by each state or territory (jurisdiction). Each state defines how guidelines are organized, communicated and published. Keeping up with rapid regulatory changes can be challenging and labor intensive as each state is different. Our team of Medicaid experts continuously monitor states for regulatory updates. Optum then consolidates and delivers state-level rules and ongoing updates to validate your claims in the Claims Edit System.

State-level Medicaid rules are based on:

- State-specific policies and guidelines
- State-specific fee schedule
- State-specific code sets

The system also includes supporting documentation from states regarding applicable rules and coding relationships. When a rule fires on a claim, you can easily find the appropriate rules source.

California Medi-Cal

California Medi-Cal illustrates the challenge in maintaining state-level Medicaid rules. Optum has developed more than 1,500 professional rules for California alone, based on research and development of Medi-Cal manuals and bulletins. These rules include:

- Bill for wheelchairs and wheelchair accessories
- Bulletin 469
- Chemodenervation and ischemic muscle testing
- Chemotherapy drugs A-D, E-O and P-Z
- Durable medical equipment (DME) rules including:
 - Bill for oxygen and respiratory equipment
 - Billing codes and reimbursement rates
 - Frequency limits for orthotics
 - DME and medical supplies
 - DME overview
- Family PACT policies, procedure and billing instruction manual
- Family planning
- Genetic counseling and screening
- Immunizations
- Integumentary surgery
- Laboratory services
- Medicaid online manual
- Medical and incontinence supplies HCPCS Code Guide
- Obstetrics
- Surgery: musculoskeletal system
- Ophthalmology and ophthalmology diagnosis
- Orthotics and prosthetics: frequency limits for prosthetics
- Pathology: chemistry
- Prescription referrals
- Psychiatry
- Vaccines for Children program

Process Medicaid claims more efficiently, improve workflow and increase payment integrity.

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