



PROVIDER *bulletin*

August 13, 2019

Dear Provider,

Claim Editing Updates

We anticipate claims processing system will apply new and updated edits in October of 2019. Some of the changes that our providers need to be aware of are as follows:

- 1) **Diagnosis:** Unspecified or Not Otherwise Specified (NOS) ICD-10-CM diagnosis codes will likely be denied to verify whether or not a more specific ICD-10-CM diagnosis code is appropriate.
- 2) **Medical Necessity:** Procedure and medication codes that are not billed with required medically necessary diagnosis codes will be denied.
- 3) **Age:** Procedure and/or diagnosis codes will be denied if the patient's age does not meet requirements for the code.
Example: Z68.1 – Z68.45 are the **Adult (21 years and older)** Body Mass Index (BMI) codes
 Z68.51 – Z68.54 are the **Pediatric (2-20 years)** Body Mass Index (BMI) codes
- 4) **Frequency:** Procedure codes that exceed frequency limits will be denied.

Sincerely,

Jake Hall
Supervisor of Provider Relations
Kern Health Systems

