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То	All Network Providers
From	Provider Experience
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As a valued member of our provider community, we want to inform you of some upcoming enhancements to claims processing. In July 2022, Aetna Better Health of KY, will migrate from Change HealthCare's ClaimCheck to Change HealthCare's ClaimsXten.

ClaimsXten is an auditing software product from Change HealthCare that in combination with claims processing systems:

- Reinforces compliance with standard code edits and rules
- Ensures correct coding and billing practices are being followed

Providers will continue to see similar edits as under ClaimCheck. ClaimsXten has enhanced audit logic and is able to expand many functions within the edits that were previously limited.

The migration will only include editing that is already existing in the current ClaimCheck platform. As an enhancement to ClaimsXten, Coding Validation will be added.

Coding Validation is a front end edit that finds and manages incorrectly billed modifiers that override correct coding guidelines:

- Modifier Review Based on NCCI procedure-to-procedure edits. Procedures that should not be billed together will receive an edit.
- E&M Modifier Review The provider can report 1 E&M per day for same patient/provider.
- Global Services Used in conjunction with procedures performed within the global period of another
 procedure such as an Evaluation and Management (E&M) services on the same day as a medical or
 surgical service.

Registered Nurses, who are also Certified Coders will review procedures billed with 25, 59 and X series (XE, XS, XP, and XU) modifiers to determine the correct coding.

This is a coding review. It is not a clinical medical necessity review. It ensures that we pay providers accurately according to the services performed by enforcing coding content based on industry guidelines.

Questions?

Simply contact your Network Relations Manager. Our most current listing is attached, the listing can also be found on our website.