

Payment Policy: Enhanced Code Editing

Reference Number: TX.PP.011-A

Product Types: ALL

Effective Date: October 2021

Last Review Date: February 2022

[Coding Implications](#)
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Policy Overview

The purpose of this policy is to define coding and reimbursement guidelines for practitioners in the same group practice who are in the same specialty, providing services for the same member and condition.

Application

This policy applies to professional claims.

Policy Description

Practitioners in the same group practice who are in the same specialty must bill and be paid as though they were a single practitioner, when multiple practitioners are providing health care services for the same member and condition.

The enhanced coding edits applicable to practitioners in the same group practice billing for the same health care service, procedure or visit for the same member include, but may not be limited to: medically unlikely edits (MUE), unbundling of code pairs, global surgical period editing, incidental procedures, and procedure to procedure (PTP) edits.

For example, if more than one evaluation and management (face-to-face) service is provided on the same day to the same patient by the same practitioner or more than one practitioner in the same specialty in the same group, only one evaluation and management service may be reported unless the evaluation and management services are for unrelated problems.

Related Policies

CC.PP.011 - Code Editing Overview

Related Documents or Resources

Medicare Claims Processing Manual, Pub. 100-04, Chapter 12.

Revision History	
02/16/2022	Updated policy to be applicable to all Products

Important Reminder

For the purposes of this payment policy, “Health Plan” means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan’s affiliates, as applicable.

PAYMENT POLICY CODE EDITING

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

This payment policy is the property of Centene Corporation. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

PAYMENT POLICY CODE EDITING



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