

Clinical Editing – Frequently Asked Questions

Q. What are some examples of clinical editing edits/denials?

A. Clinical editing reviews are edits/denials made by our code editing software. Some of the more frequent edits include but are not limited to: inclusive; rebundled; mutually exclusive; multiple procedure payment reduction; incidental; duplicate; add modifier; invalid procedure code; invalid modifier for procedure code.

Q. What are some examples that would not apply to clinical editing denials?

A. Some common examples that do not apply to clinical editing denials include, but are not limited to: not a covered benefit; no membership found; request for op reports; pre-existing; medical necessity; denial codes 01A, FDD (both refer to duplicate, but are not clinical editing denials for duplicate code); 33A; timely filing (04A or 04); retractions.

Q. What if I cannot determine if it is a clinical editing denial?

A. Please contact Customer Care at 1-800-920-8889 to verify the edit.

Q. How long do I have to request a review of the denial?

A. Effective January 1, 2021, a health care provider has 365 calendar days from the date of the remittance advice to request clinical editing review. For clinical editing disputes received prior to January 1, 2021, a health care provider has 120 days.

Q. How long does the health plan have to respond to the inquiry?

A. All inquiries are to be reviewed and finalized within 45 business days from the day the inquiry was received (weekends and holidays are not counted).

Q. What if I do not receive a response within the time frame indicated?

A. Please call Customer Care at 1-800-920-8889. All inquiries we receive are documented.

Q. How do I submit my completed Clinical Editing Review Request form?

A. Mail to: Excellus BlueCross BlueShield Attn: Clinical Editing Coordinator P.O. Box 21146 Eagan, MN 55121

Q. How can I obtain a copy of the Clinical Editing Review Request form?

A. Go to Provider.ExcellusBCBS.com/resources/forms.

Q. How will I know the outcome of the clinical editing review?

A. After your request has been reviewed, if the edit on the original remittance is upheld, you will receive a letter which includes the rationale. The letter will also include how to file a grievance. If the edit is overturned, the adjustment will be reflected on your next remittance.