
Q. What are some examples of Clinical Edits?

A. **Some of the more common edits include, but are not limited to:**
Inclusive, Rebundled, Mutually Exclusive, Incidental, Duplicate, Modifier 51 placement, Invalid procedure Code. Invalid modifier for procedure code.

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Q. What are some examples that **would not** apply to Clinical Editing denials?

A. **Not a covered benefit, no membership found, requests for Operative Reports, Pre-existing, Medical Necessity.**

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Q. What if I cannot determine if it's a Clinical Editing denial or not?

A. **Please contact the Provider Services Department at 1-866-265-5983 to verify the edit.**

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Q. How long does the provider have to request a review of the denial?

A. **The provider has 12 months from the date of the Remittance to request a Clinical Editing Review.**

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Q. How long does the 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).**

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

A. **The form is found on the Univera Healthcare website. www.univerahealthcare.com. Click on "Provider" link, then choose the "Coding and Billing" tab on the menu bar, and in the Clinical Editing box choose the "Request for Clinical Editing Review" form.**

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Q. Where should the Provider submit a Clinical Editing Review Request Form?

A. **Please send your request for review to: Univera Healthcare
Attn: Clinical Editing Coordinator
P.O. Box 211256
Eagan, MN 55121**

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Q. How will I know what the outcome of the review is?

A. **After your services have been reviewed, if the edit that was applied on the original processing is upheld, a letter will be sent advising why. If the edit is overturned, we direct the claim to the appropriate department for adjustment and will be reflected on your remittance.**