

Clinical Edit Alert

Summary: Effective August 30, clinical edits will be implemented to approve or deny select services based on the Georgia Medicaid Services Manual.

What is the impact of this change?

Procedure codes for the below bulleted items will be configured to either approve the service based on the diagnosis billed or deny the service as not medically necessary, based on the Georgia Medicaid Services Manual:

- Anesthesia services when billed without an appropriate modifier
- Behavioral health services limitations based on place of service and modifier billed
- Behavioral health services when billed without the appropriate modifier
- Enteral nutrition supplies and equipment when billed without correct modifier
- Phototherapy light services based on age limitations
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services when billed outside of correct age range or without appropriate modifier
- EPSDT services based on frequency for age limitations
- Contraceptive services billed without the appropriate modifier
- Hearing aid services limitations based on age
- Hearing aid services based on frequency limitations or without appropriate modifier

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-800-454-3730**.