KnowledgePacks

For CXT Customers

We are proud to offer Lyric KnowledgePacks specialized, sourced, and nationally adopted clinical content—that provide the foundation of rules and logic needed to execute payment policies and guidelines.

Our clinical experts support a rigorous, evidence-based content development approach to translate complex clinical content into codified rules that can be applied against individual claim lines and/or claims history. Our clinical content is continuously reviewed, with updates released each quarter.

Cross Claim Plus

The Cross Claims Plus
KnowledgePack identifies new
savings opportunities through a
combination of broadly applied,
sourced and non-sourced content
that is reviewed and monitored by
our clinical experts. Cross Claims
Plus can look across providers
and dates of service.

State Medicaid KnowledgePack and Consultation

The State Medicaid KnowledgePack supports managed Medicaid and/or state Medicaid lines of business. Our consultants monitor state Medicaid guidance to determine additional content needs and will review new content with you to determine if additional policies should be implemented.

Waste and Abuse

The Waste and Abuse KnowledgePack contains the rules needed to identify wasteful payments, billing errors, and abusive billing, such as inappropriate billing of durable medical equipment procedures, potential split claim billing of lab panels, and diagnosis mismatch on claims that attempt to avoid reduced payment via global procedure bundling.

Core and Code Auditing

This KnowledgePack focuses on basic claims administration and data validation, as well as millions of payment edits that are sourced to the American Medical Association (AMA) and numerous specialty societies. These rules address bundling, multiple procedure reduction, global payments, and more.

Code Auditing Premium

The Code Auditing Premium KnowledgePack contains rules developed to address industry trends, such as rules to edit the appropriate billing of new patient codes and global and component billing codes. These rules use historical claims data that cross dates of service and providers.



Centers for Medicare and Medicaid (CMS) Sourced

The CMS Sourced KnowledgePack supports CMS guidelines such as medically unlikely edits, durable medical equipment claims, and other coverage guidelines. This KnowledgePack can be applied to Medicare, Medicaid, and commercial business lines.

Facility

The Facility KnowledgePack delivers ready-to-use content designed to automate outpatient facility claims auditing. Rules include outpatient validation edits, bundling, and coverage guidelines using facility-based fields such as revenue codes, facility relative value units, and bill types that are unique to facility claims. These rules are sourced to AMA, CMS, and other standard practices.

National Coverage Determination (NCD)/Local Coverage Determination (LCD)

This set of rules helps implement specific CMS guidelines for national and local coverage determinations related to professional or facility claims and can be applied to commercial and Medicare lines of business based on payment policies. LCD guidelines can be applied by region based on geographic coverage areas. Because LCD policies change quickly, they are continuously monitored and updated monthly.

Let us help you with your payment accuracy program.

Our KnowledgePacks will:



Improve Clinical Quality and Lessen Administrative Burden:

Our experienced clinical team develops and maintains the KnowledgePacks, relieving your teams from the administrative cost of research and maintenance. In addition, our KnowledgePacks help to minimize provider appeals and the associated administrative burden of addressing them.



Optimize Claims Adjudication:

KnowledgePacks help you improve claims payment accuracy and consistency, helping reduce provider abrasion while increasing savings.



Increase Accuracy and Transparency:

All rules are date-sensitive, enabling accurate policy administration based on the applicable effective dates of the edits. Sourced edits provide robust clinical rationale that is fully transparent through the CXT user interface. You can also create and customize edit rationale notes to better describe reimbursement policies to meet the needs of your business.



Be Customized to Your Business Needs:

KnowledgePacks are defined by areas of interest, allowing you to select and implement only those rules applicable to your business needs.



