

Bulletin

Audience: Providers of Peach State Health Plan

Peach State Health Plan introducing Availity Editing Services

In a continuous effort to make it easier to do business with us, Peach State Health Plan is introducing Availity Editing Services (AES). Starting September 1, 2026, Centene is partnering with Availity to return rejection messages on its behalf via AES messages. These messages will be shown in your existing workflows. AES will give you an option, but not a requirement, to edit a claim.

AES can identify a claim error upfront and return a message to you for correction before sending the claim on to the plan to be adjudicated. You should review edit messages for potential corrections to the suggested claim line(s). If you make updates to the claim, this may help the claim process correctly the first time, preventing errors, improving payment accuracy, and claims adjudication turnaround time. If, after reviewing the message, you find it does not apply, please resubmit the claim as-is, and this will allow a bypass of the edit in cases where it may not be applicable.

This is not intended as a new method to deny a claim, nor does it bypass or replace downstream edits. If you choose to bypass an edit, it is possible that other downstream edits will still function as normal in our claims systems. Remember to “submit” your claim regardless of your choice to edit or bypass. This action is required for the claim to be processed in our systems.

If you have a Practice Management System (PMS), you can locate your edits report within your claims workbasket or queue reporting. If you submit claims via the Availity portal, these rejections will appear in your standard reports. Examples of what this reporting may look like are included below and may vary based on your practice management system.

Availity Edit	Availity Edit Message
NPT	This patient received care by provider <1> of specialty <6> on Clam ID <2>, Line ID <3> on Date of Service <4> and is within three years of Procedure Code <5> on current line. An established patient E/M code should be used.
sUN	Per Medicaid CCI Guidelines, procedure code<1> has an unbundle relationship with history procedure code <2> online ID <4> and Claim ID <3>.
sIM	Per Medicaid guidelines, modifier <1> is not appropriate for procedure code <2>.

PB Workqueue
189 – Pre-
Submission Edits

PB Workqueue 189 – Pre-Submission Edits
Claim #: 10293477
Patient: Jane Doe
Department: BES PRACTICE

⚠ Soft Edit Detected – Action Recommended
Edit ID: EXCU – Inappropriate Primary Diagnosis
Severity: (Soft Edit – Not Blocking)

Message: The diagnosis code submitted in the primary Z9999 may not be appropriate for procedure 99213. Review coding to ensure the primary diagnosis supports the billed service.

This edit will not stop submission. You may update the diagnosis or proceed with the claim.

Accept & Continue Correct & Resave View Claim

If you submit claims via Availity, learn how to gather your reporting by joining one of Availity's free webinars to learn additional tips for streamlining your workflow:

- [Send and Receive EDI Files – Training Demo](#)
- This demo shows users where/how they can access reports in Availity Essentials. These reports are where they would see edits. Please note: this demo does not say/call it AES however, this is the demo that would show the user how to locate the reports.
- [EDI Reporting Preferences – Training Demo](#)
 - This demo shows users how to setup their EDI Reporting Preferences which needs to be done *first* by the user's organization's Availity Administrator to access the reports in the Send and Receive EDI Files application.

If you need assistance with registering for Availity Essentials, please call Availity Client Services at 1-800-AVAILITY (282-4548). Assistance is available Monday through Friday, 8 a.m. – 8 p.m. ET. For general questions, please reach out to your Peach State Health Plan Provider Engagement Representative.