

IHCP *banner page*

IHCP to mass adjust or mass reprocess certain claims that adjudicated incorrectly in CoreMMIS

The Indiana Health Coverage Programs (IHCP) continues to evaluate claims processed through the CoreMMIS system to make certain all claims have been adjudicated correctly. The IHCP has identified some claim-processing issues that affect a variety of Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes. The issues are described below. Further details are provided in Table 1 to help clarify each issue.

- Claims or claim detail lines for surgical CPT codes 27299, 31599, and 31899 processed from February 13, 2017, through March 1, 2017, may have been underpaid.
- Claims or claim detail lines for laboratory CPT code 82131 processed from February 13, 2017, through March 10, 2017, may have been overpaid.
- Claims or claim detail lines for durable medical equipment (DME) HCPCS codes E0780 and E1821 processed from February 13, 2017, through March 24, 2017, may have denied inappropriately with one of the following explanation of benefits (EOB):
 - EOB 4014 - *Claims being reviewed for pricing*
 - EOB 4218 - *Service billed is not allowed on this claim type*
- Claims or claim detail lines for physician administered drug HCPCS code J0490 processed from February 13, 2017, through March 10, 2017, may have denied inappropriately with EOB 4014 - *Claims being reviewed for pricing*. This issue affected claims for DOS on or after January 1, 2017.

These claim-processing issues have been corrected. Affected claims for these codes that may have processed incorrectly will be mass adjusted or mass reprocessed, as appropriate. Providers should begin to see the adjusted or reprocessed claims on Remittance Advices (RAs) beginning January 30, 2018. These claims will be identified by internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacement non-check related) or 80 (reprocessed denied claims). For claims that were underpaid, the net difference will be paid and reflected on the RA. If a claim was overpaid, the net difference appears as an accounts receivable. The accounts receivable will be recouped at 100% from future claims paid to the respective provider number.

Table 1 – Procedure codes for which claims may have adjudicated incorrectly in CoreMMIS

Type of Service	Procedure Code	Description	Possible Error	Correct reimbursement
Surgical	27299	Unlisted, pelvis or hip joint procedure	Underpaid	\$1,102.89
	31599	Unlisted, voice box procedure	Underpaid	\$124.21
	31899	Unlisted, windpipe or lung airway procedure	Underpaid	\$56.08

continued

Table 1 – Procedure codes for which claims may have adjudicated incorrectly in CoreMMIS (continued)

Type of Service	Procedure Code	Description	Possible Error	Correct reimbursement
Laboratory	82131	Amino acid analysis	Overpaid	\$22.95
DME	E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	Denied for EOB 4014 or 4218	N/A
	E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	Denied for EOB 4014 or 4218	N/A
Physician administered drug	J0490	Injection, belimumab, 10 mg	Denied for EOB 4014	N/A

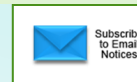
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