

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

BT201131

JUNE 14, 2011



## Introducing Clear Claim Connection™, available through Web interChange

The Indiana Health Coverage Programs (IHCP) is applying the National Correct Coding Initiative (NCCI) code auditing methodology to CMS-1500 and outpatient UB-04 claims with dates of service on or after October 1, 2010. In April 2011, the IHCP implemented additional code auditing methodologies applicable to both medical and outpatient claims. These methodologies, along with future code auditing enhancements, are critical to the IHCP to promote and enforce correct coding and accurate program reimbursement.

To offer the provider community transparency and disclosure of coding rules and editing rationales, the IHCP is introducing a Web-based tool, Clear Claim Connection™<sup>1</sup>, July 1, 2011. The benefits of this tool include the following:

- Provides the rationale for each edit
- Provides policy and editing logic to improve physician and outpatient hospital coding
- Reduces provider administrative costs associated with claim resubmissions
- Gives providers access to code auditing methodologies 24 hours a day, seven days a week

<sup>1</sup> Clear Claim Connection™, ClaimsXten™, CodeReview™, and the McKesson Health Solutions™ logo are registered trademarks of McKesson Health Solutions, Inc. All rights reserved.

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### Accessing Clear Claim Connection requires Web interChange

Clear Claim Connection is accessible through the secure IHCP Web interChange site. Providers who already have identifications (IDs) and passwords for Web interChange have access to Clear Claim Connection using their existing log-on information.

If you are an IHCP-enrolled provider who does not currently have access to Web interChange to submit claims, check member eligibility, update your provider profile, or perform other functions, you can request an ID and password using the following steps:

1. Go to [indianamedicaid.com](http://indianamedicaid.com).
2. Click **Web interChange**. The *Welcome to Web interChange* window appears.
3. Click **How to Obtain an ID**. The *How to Obtain an ID* window appears.
4. Follow the instructions and links for submitting the appropriate request form.

### Using the Clear Claim Connection Tool

1. Log into Web interChange and click **Claim Submission**.
2. In the Code Auditing section, click **Clear Claim Connection**.
3. Access a specific claim using the Claim Inquiry option, then click the **Clear Claim Connection** link. The Clear Claim Connection Tool window appears.
4. Type your National Provider Identifier (NPI) or, if you are an atypical provider, type your Legacy Provider Identifier (LPI).

*Entry from Web interChange to Clear Claim Connection*

[Close](#)

 **Clear Claim Connection Tool**

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Clear Claim Connection is a Web-based solution that enables HP/OMPP to share with our providers the claim auditing rules and clinical rationale inherent in McKesson's Code Auditing product, ClaimsXten. Refer to HELP within the tool for assistance.

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\* NPI

\* Legacy Provider Id

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- Click **Continue**. A *Terms and Conditions* window appears.
- Review the terms and conditions statement provided, check the **Agree** box, and click the **Agree** button. The initial *Claim Entry* window appears.

*Clear Claim Connection – Claim Entry window*

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**Claim Entry**

Gender:  Male  Female

Date of Birth:  /  /  (mm/dd/yyyy)

Click grid to enter information.  
\* For quick entry, use your Down Arrow key after you enter a Procedure Code. Date of Service will default to today's date, and Place of Service will default to 11 (Office). Tabbing through Date of Service and Place of Service will give you the same defaults.

Line	Procedure	Mod 1	Mod 2	Mod 3	Mod 4	Units	Date of Service From	Date of Service Thru	Place of Service
1	<input type="text"/>	99 (Other)							
2	<input type="text"/>	-- select --							
3	<input type="text"/>	-- select --							
4	<input type="text"/>	-- select --							
5	<input type="text"/>	-- select --							

Add More Procedures >>

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- Type the claims information in the fields. (The data entry fields are described in the [table on page 6 of this bulletin.](#))
- Click **Review Claim Audit Results**. The *Claim Audit Results* window appears. (Notice in the following example window, the recommendation for line 1 is *Allow* and the recommendation for line 2 is *Disallow*.)

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Clear Claim Connection – Results window

https://indiana-uat.claimsxten.com/ - Clear Claim Connection: INDIANA - Windows Internet Explorer provided by HP Enterprise Ser

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**Claim Audit Results**

Gender: Female  
Date of Birth: 9/30/1959

Click on recommendation of "Disallow" or "Review" to obtain clinical edit clarification.

Line	Procedure	Description	Mod 1	Mod 2	Mod 3	Mod 4	Units	Date of Service From	Date of Service Thru	Place of Service	Recommend
1	10140	DRAINAGE OF HEMATOMA/FLUID					1	05/27/2011	05/27/2011	11 (Office)	Allow
2	36000	PLACE NEEDLE IN VEIN					1	05/27/2011	05/27/2011	11 (Office)	<b>Disallow</b>

New Claim Current Claim

*The results displayed do not guarantee how the claim will be processed.*

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- To view additional information, click **Disallow**. The *Clinical Edit Clarification* window appears. The following *Clinical Edit Clarification* window shows a sample of the response you might receive.

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## Clear Claim Connection – sample Clinical Edit Clarification Response

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New Claim Current Claim Review Claim Audit Results

**Inquiry:**

Why was procedure 36000 disallowed?

Procedure	Description
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION

**Response:**

HCPCS/CPT codes have been written as precisely as possible to not only describe a specific procedure but to also avoid describing similar procedures which are already defined by other HCPCS/CPT codes. When a HCPCS/CPT code is reported, the physician or non-physician provider must have performed all of the services noted in the descriptor unless the descriptor states otherwise. Occasionally, a HCPCS/CPT code descriptor will identify certain services that may or may not be included. A HCPCS/CPT code should not be reported out of the context for which it was intended. When the procedure described the column two HCPCS/CPT code is reported with the procedure described by the column one HCPCS/CPT code, reporting the former code represents a misuse of this code, and separate payment is not allowed. In order to provide a sufficiently broad listing of descriptive terms and identifying HCPCS/CPT codes, certain services or procedures are listed which would not reasonably be performed at the same session by the same provider on the same beneficiary. In the case of the column one HCPCS/CPT code and the column two HCPCS/CPT code, it would be unreasonable to expect these services to be performed at a single patient encounter and, therefore, these HCPCS/CPT codes have been paired together as edits. This procedure code was denied either because the procedure represents a descriptor of another procedure code performed on the same date, by the same provider on the same beneficiary or the procedure could not have reasonably been performed with another procedure during the same session by the same provider on the same beneficiary.

Therefore, procedure 36000 is disallowed.

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10. After reviewing the information, do one of the following:

- Click **New Claim** to return to the *Claim Entry* window. All claim data entered in the window is deleted, so you can start with a new claim.
- Click **Current Claim** to return to the *Claim Entry* window. The data previously typed in the window is not deleted.
- Click **Review Claim Audit Results** to return to the *Claim Audit Results* window. This option enables you to review additional lines that were disallowed.
- Click **Logoff** to exit the Clear Claim Connection tool.

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**Data entry fields**

The following table describes the entry fields available on the *Claim Entry* window.

*Claim entry field descriptions*

Field Name	Description	Default Value
Gender	This is the member's gender; options are <b>Male</b> or <b>Female</b> .	There is no default. This is a required entry field.
Date of Birth	This is the member's date of birth; format = mm/dd/yyyy.	There is no default. This is a required entry field.
Procedure	This is the procedure code for the claim.	There is no default. This is a required entry field.
Mod 1, Mod 2, Mod 3, Mod 4	These are the modifiers for the claim.	There is no default. Entry of modifiers is optional.
Units	Enter the total number of units per line.	The default is one unit.
Date of Service From	Enter the "from date of service" from the claim.	The default is the current date.
Date of Service Thru	Enter the "to date of service" from the claim.	The default is the current date.
Place of Service	Select the appropriate Place of Service from the list.	The default is <b>11-Office</b> .

The OMPP appreciates your cooperation and your continued participation as providers in the IHCP.

**QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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