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™[1], 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

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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.

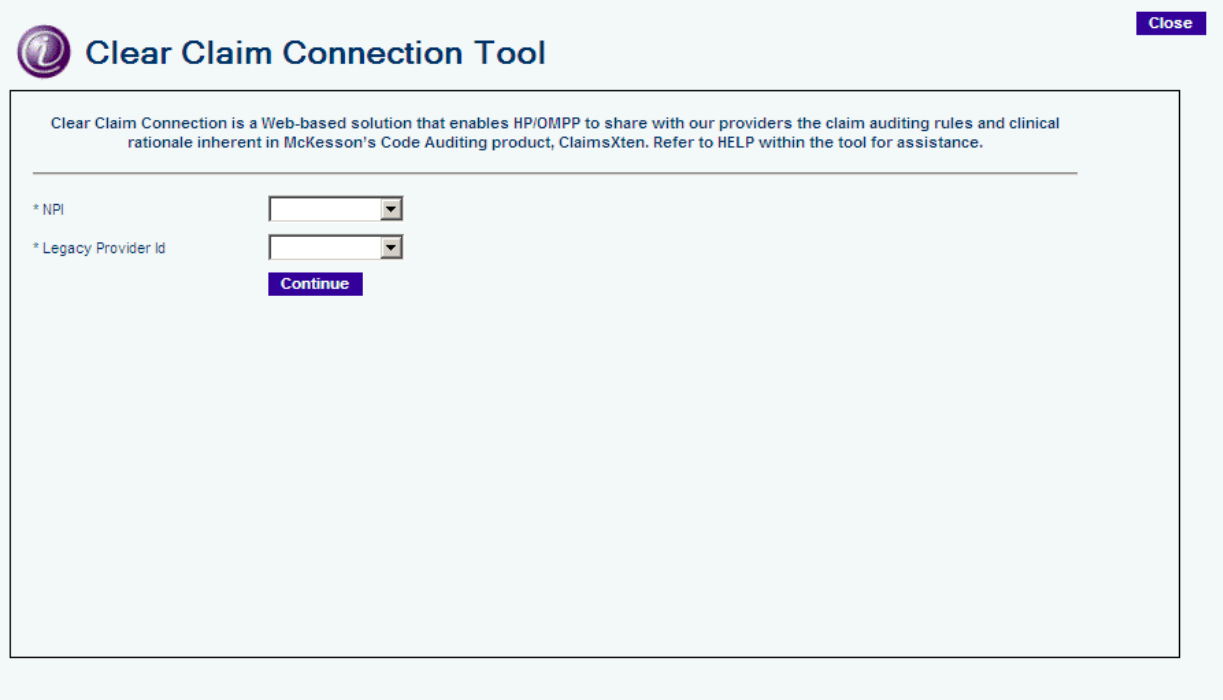
If you are an IHCP-enrolled provider who does not currently have access to Web interChange to submit claims, check member eligibility, update your provider profile, or perform other functions, you can request an ID and password using the following steps:

1. Go to indianamedicaid.com.
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



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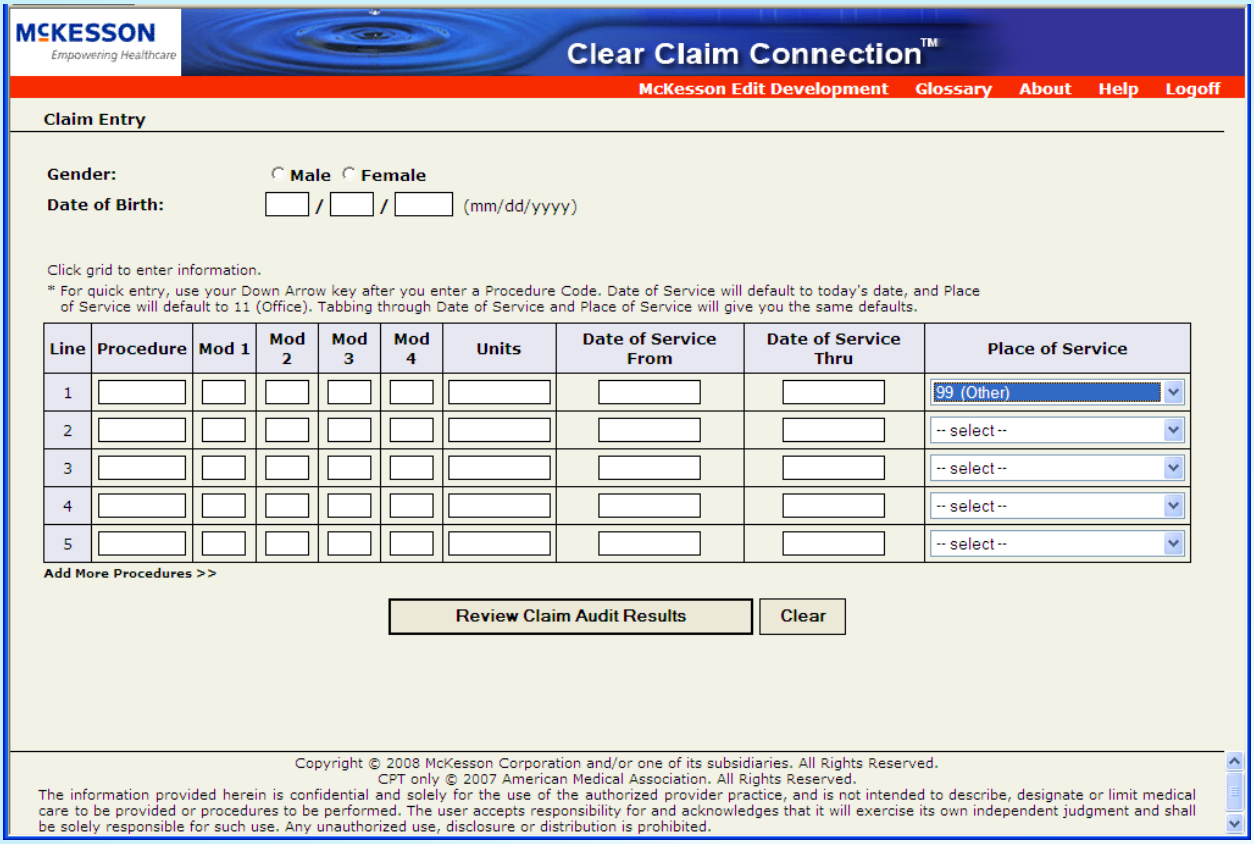
5. Click **Continue**. A *Terms and Conditions* window appears.
6. Review the terms and conditions statement provided, check the **Agree** box, and click the **Agree** button. The initial *Claim Entry* window appears.

Clear Claim Connection – Claim Entry window



7. Type the claims information in the fields. (The data entry fields are described in the table on page 6 of this bulletin.)
8. 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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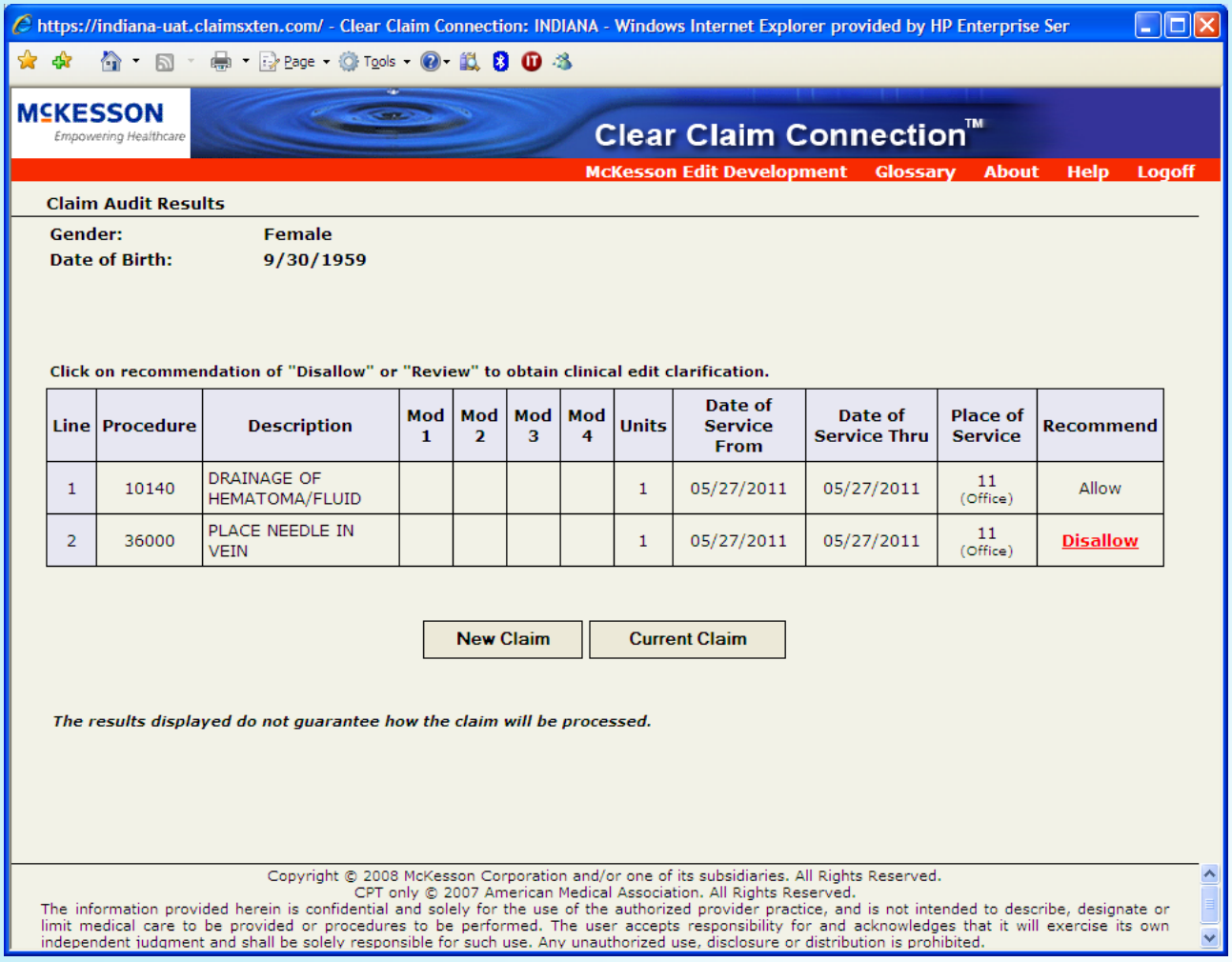
Clear Claim Connection – Results window



9. 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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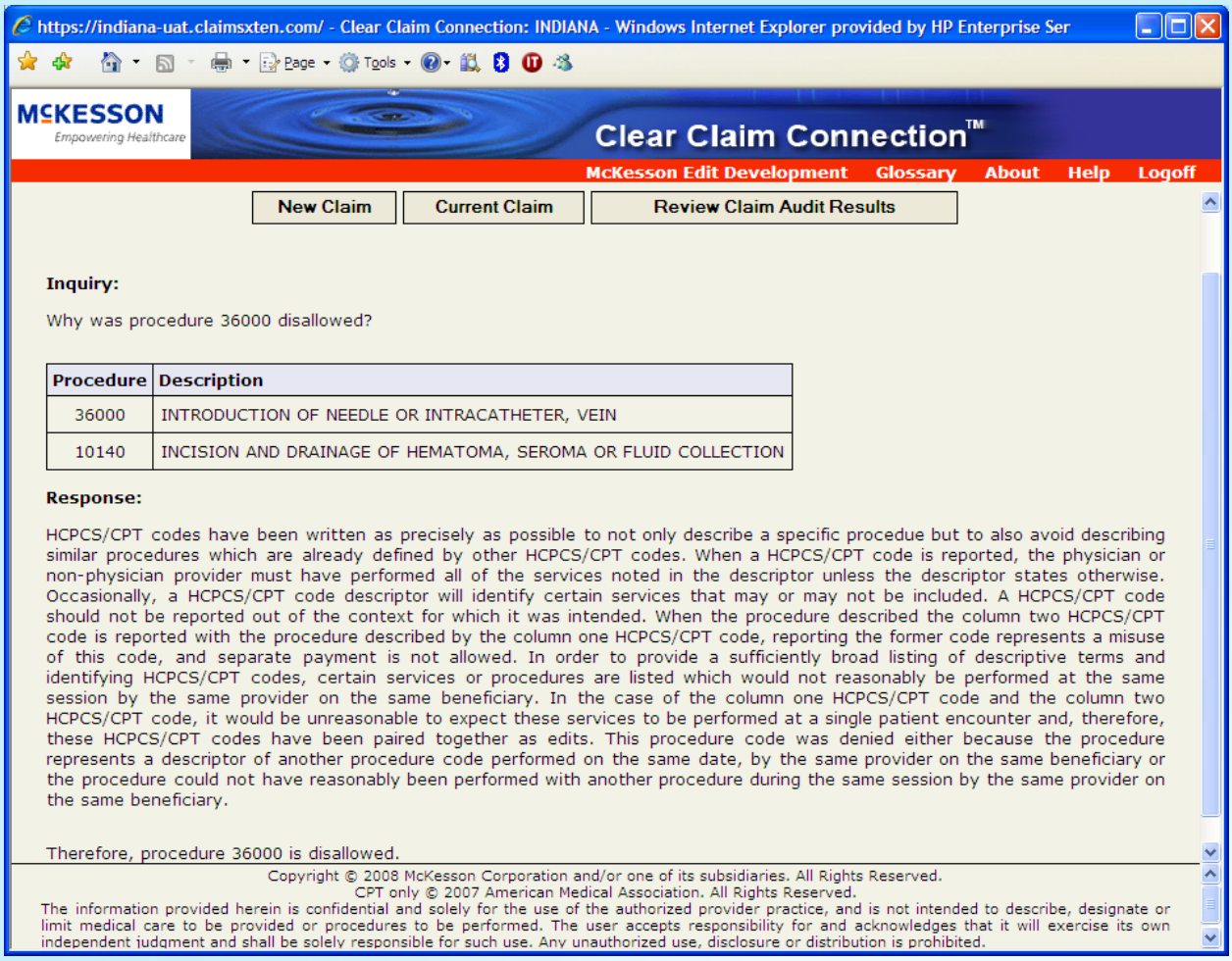
Clear Claim Connection – sample Clinical Edit Clarification Response



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

a. 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.

b. Click **Current Claim** to return to the *Claim Entry* window. The data previously typed in the window is not deleted.

c. Click **Review Claim Audit Results** to return to the *Claim Audit Results* window. This option enables you to review additional lines that were disallowed.

d. 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 **Male** or **Female.**	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 **11-Office**.

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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