

# CoreMMIS *bulletin*

Core benefits – Core enhancements – Core communications

INDIANA HEALTH COVERAGE PROGRAMS

BT201687

DECEMBER 1, 2016

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## **ABA therapy claims may deny for NCCI MUE edits in CoreMMIS**

The Indiana Health Coverage Programs (IHCP) will soon replace its current information system, IndianaAIM, with the new CoreMMIS, which stands for Core Medicaid Management Information System. Along with CoreMMIS, a new provider interface called the Provider Healthcare Portal (Portal) will replace Web interChange.

The new claims processing system will comply with existing state policies as well as state and national billing guidelines. Currently, however, there is a conflict between state and national billing guidelines regarding the National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUE) for Current Procedural Terminology (CPT®<sup>1</sup>) codes 96150-96155. These CPT codes are billed for Applied Behavior Analysis (ABA) therapy services.

The IHCP is currently seeking approval from the Centers for Medicare & Medicaid Services (CMS) to deactivate the NCCI MUE edits for these procedure codes. Until IHCP receives approval, CoreMMIS will deny fee-for-service (FFS) claims for ABA therapy services billed with these codes in excess of the MUE with EOB 4183 – *Units of service on the claim exceed the medically unlikely edit (MUE) allowed*. *Note:* Claims for members enrolled in managed care programs will not be affected as they are not processed in CoreMMIS.

To allow claims for CPT codes 96150-96155 to pay, providers are instructed to request an official administrative review of any claims for the affected procedure codes processed in CoreMMIS that deny for EOB 4183. Requests for administrative review should be made using the [\*Indiana Health Coverage Programs Administrative Review Request\*](#) form, found on the *Forms* page at indianamedicaid.com. A copy of the Remittance Advice (RA) identifying the original claim denial as well as a copy of this bulletin must be attached to the request form. The administrative review request must be submitted within 60 days of the date of the claim denial. The request along with the supporting documentation may be submitted via the Secure Correspondence feature on the Portal or via mail to:

Written Correspondence

P.O. Box 7263

Indianapolis, IN 46207-7263

Providers that do not submit an administrative review request will have their claims mass reprocessed if approval is received from the CMS. The IHCP will announce the CMS's decision when it is received.

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**QUESTIONS?**

For additional questions about *CoreMMIS*, email [incoremmis2015im@hpe.com](mailto:incoremmis2015im@hpe.com) or contact Customer Assistance at 1-800-577-1278.

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