

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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Implementation of NCCI delayed

Provider bulletin BT201036, dated September 7, 2010, announced the upcoming implementation of National Correct Coding Initiative (NCCI) code auditing methodology for the Indiana Health Coverage Programs (IHCP). The implementation date has been delayed and will not occur October 28, 2010, as published in BT201036. The IHCP will send an update when the implementation date has been determined. Please monitor forthcoming publications for more information.

Claims with dates of service (DOS) on or after October 1, 2010, are subject to NCCI auditing methodologies, as directed by the Centers for Medicare & Medicaid Services. Therefore, the IHCP will apply NCCI code auditing to CMS-1500 claims details with DOS on or after October 1, 2010, via mass adjustment.

Submitting claims under the 90-Day Provision (third-party payer fails to respond)

When a third-party insurance carrier fails to respond within 90 days of the billing date, you can submit the claim to the IHCP for payment consideration. However, to substantiate attempts to bill the third party, the following must be documented in the claim note segment of the 837P transaction:

- Date of the filing attempt

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- The phrase, “no response after 90 days”
- The member’s identification (RID) number
- Your IHCP provider number
- Name of primary insurance carrier billed
- If you submit unpaid bills or statements, you should include the third-party insurance carrier’s name. Likewise, if you provide a written notification with billing dates, you need to include the name of the third-party insurance company.

If documentation to waive the filing limit is not clear, the claim will be denied.

QUESTIONS?

If you have questions about the articles published in this banner page, 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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