

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201109 MARCH 1, 2011



## Mass adjustment schedule for physician claims for NCCI edits

Provider banner page [BR201104](#), dated January 25, 2011, announced the implementation of the National Correct Coding Initiative (NCCI) code auditing methodology for the Indiana Health Coverage Programs (IHCP). This banner page also stated that a mass adjustment on claims previously processed with a date of service of October 1, 2010, and forward was scheduled to begin the week of March 21, 2011. This mass adjustment will now begin a week earlier on March 14, 2011.

Provider claims affected by the mass adjustment will appear on Remittance Advices (RAs) from March 15, 2011, through April 5, 2011. The internal control numbers (ICNs) for the claims included in the mass adjustment will begin with the region code of "56."

## NCCI denials and modifiers

The National Correct Coding Initiative (NCCI) was developed to promote national correct coding methodologies. Integral to the correct reporting and coding of healthcare services is an understanding of the proper use of modifiers. For instance, there are circumstances in which the use of modifiers will allow payment for multiple services in a procedure-to-procedure edit (Column 1/Column II). Claims submitted with service details that edit against the national correct coding edits will deny unless the provider identifies on the claim that the services warrant separate payment using, for example, modifier 59 or modifier 25. Providers must ensure that the use of the modifier is justifiable based on generally accepted coding guidance (for example, from the American Medical Association or the Centers for Medicare & Medicaid Services) that defines the appropriate use of modifiers.

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Please be aware that claim lines that deny by NCCI editing may not be adjusted by adding override modifiers to a claim in an effort to bypass NCCI editing. If providers append modifiers to a claim detail and subsequently resubmit on a paper Paid Claim

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Adjustment form or perform a replacement of a paid claim on Web interChange, the claim detail will be denied for edit 4187 – *A detail that denied for NCCI related edit is not allowed to be replaced and have override modifiers appended to a detail. Providers must request an Administrative Review.*

Providers that wish to correct a claim for a service denied through NCCI editing must submit an Administrative Review to the address listed below. Documentation to support the appropriateness of the claim correction modifier being appended must be included with the Administrative Review request.

HP Written Correspondence  
P. O. Box 7263  
Indianapolis, IN 46207-7263  
Attn: Health Care Administrative Review Specialist

Explanations of Benefits (EOBs) that require Administrative Review when appending modifiers that override NCCI edits are:

- 4181 – *Service denied due to a National Correct Coding (NCCI) edit. Go to <http://www.cms.gov/NationalCorrectCodInitEd/> for information regarding NCCI coding policies.*
- 4182 – *Service denied due to a National Correct Coding (NCCI) edit. Go to <http://www.cms.gov/NationalCorrectCodInitEd/> for information regarding NCCI coding policies.*
- 4183 – *Units of service on the claim exceed the Medically Unlikely Edit (MUE) allowed per date of service. Go to <http://www.cms.gov/NationalCorrectCodInitEd/> for information regarding maximum number of units of service allowed for the service billed.*

## MHQAC utilization edits

On June 19, 2007, the Indiana Health Coverage Programs (IHCP) implemented utilization edits for mental health medications as recommended by the Mental Health Quality Advisory Committee (MHQAC) and approved by the Drug Utilization Review (DUR) Board. (Refer to provider bulletin [BT200709](#), dated May 3, 2007.) Updates to these utilization edits were recommended at the 2011 first-quarter meeting of the MHQAC and approved at the February 2011 DUR Board meeting. These updates, listed in the table at right, are effective April 19, 2011.

### MHQAC utilization edits effective April 19, 2011

Name and strength of medication	Utilization edit
Fazaclo 150mg ODT	3/day
Fazaclo 200mg ODT	3/day
Silenor 3mg	1/day
Silenor 6mg	1/day

### 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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