

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201119 MAY 10, 2011



## Update: NCCI claims processing

As previously communicated, recent healthcare legislation passed into law (*H.R. 3962*) requires Medicaid programs to incorporate compatible methodologies of the National Correct Coding Initiative (NCCI) into their claims processing systems. *Section 6507 – Mandatory State Use of National Correct Coding Initiative* – of *H.R.3962* mandates that NCCI methodologies must be effective for claims filed on or after October 1, 2010. To comply with this mandate, the Indiana Health Coverage Programs (IHCP) has implemented three basic coding concepts for practitioner and outpatient claim types in the IndianaAIM claims processing system:

- NCCI Column I and Column II edits
- Mutually Exclusive (ME) edits
- Medically Unlikely Edits (MUEs)

Initially, the IHCP implemented these correct coding methodologies using Medicare's NCCI public use files located on the [NCCI Medicare file](#) on the Center for Medicare & Medicaid Services' (CMS') Web site at [www.cms.gov](http://www.cms.gov). CMS has mandated that Medicaid programs must use specific NCCI files for Medicaid programs. Therefore, for general guidance on Medicaid NCCI coding methodology and associated files, refer to the

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[NCCI Medicaid File](#) on the CMS Web site at [www.cms.gov](http://www.cms.gov).

The IHCP will begin using the NCCI Medicaid files to edit claims with dates of service on or after October 1, 2010, that are received on or after May 27, 2011.

Please refer to provider bulletins [BT201036](#) and [BT201101](#), and banner pages [BR201027](#) and [BR201104](#) for additional information regarding NCCI coding methodologies.

### The IHCP covers HCPCS codes L2861 and L3891

Effective January 1, 2010, for dates of service on or after January 1, 2010, the Indiana Health Coverage Programs (IHCP) provides coverage for Healthcare Common Procedure Coding System (HCPCS) codes:

- L2861 – *Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each*
- L3891 – *Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each*



Providers that received denials for claims with dates of service on or after January 1, 2010, may resubmit those claims. For claims now past the timely filing deadline, submit claims with a copy of this banner article for proof of timely filing.

### Updates to FQHC and RHC encounter codes

Effective January 1, 2011, the Current Procedural Terminology (CPT<sup>®1</sup>) and Healthcare Common Procedure Coding System (HCPCS) codes in the following table were added as valid Federally Qualified Health Center (FQHC) and rural health clinic (RHC) encounter codes for dates of service on or after January 1, 2011. FQHC and RHC providers that have billed and received denials for these codes for claims with dates of service on or after January 1, 2011, should resubmit those claims.

*Encounter codes added*

11045	11046	11047	31295	31296	31297	31634	64611	65778
65779	74176	74177	74178	76816	76881	76882	92132	92133
92134	92227	92228	96446	99224	99225	99226	D1352	D3354
D5993	D7251							

Effective January 1, 2011, CPT codes 11040 and 11041 are no longer valid FQHC/RHC encounters and will be end-dated.

The valid FQHC/RHC encounter code list is reviewed periodically to account for new and end-dated CPT and HCPCS codes, and is available on the [Myers and Stauffer Web site](#) at <http://in.mslc.com/>. Please direct questions about this article to Tim Guerrant at Myers and Stauffer, LC at (317) 846-9521.

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## Diagnosis codes added to HIP pregnancy discovery period

The following diagnosis codes are being added to the pregnancy diagnoses that are allowed during the 90-day discovery period for Healthy Indiana Plan (HIP) recipients:

- 633.10 – *Tubal pregnancy without intrauterine pregnancy*
- 633.11 – *Tubal pregnancy with intrauterine pregnancy*

Please refer to bulletin [BT200803](#) for the complete billing requirements.

## IHCP to cover new modifier 33 – preventive service

The Centers for Medicare & Medicaid Services (CMS) has released a new CPT modifier 33 – preventive service. Modifier 33 is covered by the IHCP effective January 1, 2011. It is an informational-only modifier allowing providers to identify that the service rendered was preventive and that patient copays do not apply. Providers that have submitted claims with modifier 33 with dates of service on or after January 1, 2011, that have denied for an invalid modifier may resubmit their claims for reimbursement.

### 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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