

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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## Outpatient claims with laboratory services to be mass adjusted

An outpatient claims processing omission was identified that caused outpatient claims reported with laboratory services to incorrectly process without editing against code auditing rule 4186 – *Component rebundling*. This system error was corrected in the production environment October 12, 2011; therefore, claims that were adjudicated between June 27, 2011, and October 12, 2011, will be mass adjusted.

Mass-adjusted claims are identified on the Remittance Advice (RA) by internal control numbers (ICNs) that begin with region code 56. If, as a result of code auditing, an adjustment is made and a claim was overpaid, the net difference appears on the RA as an accounts receivable. The accounts receivable will be recouped at 100% from future claims paid to the respective provider number. If a claim was underpaid, the net difference is paid and reflected on the RA. The mass adjustment will begin the week of January 1, 2012.

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## Update: ACA provider screening and enrollment

Indiana Health Coverage Programs (IHCP) bulletin [BT201151](#), released October 18, 2011, introduced many of the new provider screening and enrollment requirements that will be effective January 1, 2012. Additional information appeared in an October 25 [News and Announcement article](#) on indianamedicaid.com and in the [November IHCP Provider Newsletter](#). Please take the time to review these publications to educate yourself about the new requirements and better understand how they will affect you and your business. Website links on indianamedicaid.com to the Provider Type Application Fee and Risk Assignment Matrix (for [Non-Waiver](#) and [Waiver](#) providers) and the [ACA Provider Screening and Enrollment FAQs](#) may be of particular benefit.

### 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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