

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

BT201147

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## Change in time frame for administrative review of claims

In accordance with *IAC 405 1-1-3(b)*, the Indiana Health Coverage Programs (IHCP) has changed the limitation for providers to submit an administrative review request from seven days to 60 calendar days. This change is effective immediately. The process for reconsideration of adjudicated claims follows.

### Claim administrative reviews

- Complete an [IHCP Inquiry Form](#) (available on the [Forms page](#) of indianamedicaid.com) or write a letter on letterhead stating the reason for disagreement with the denial or amount of reimbursement.
- **Clearly note** "Administrative Review" on the form or letter, and submit along with all pertinent documentation.
- File the formal administrative review request within **60 calendar days** of notification of claim payment or denial from HP.
- Send the package of information to the following address:  
Administrative Review  
HP Written Correspondence  
P.O. Box 7263  
Indianapolis, IN 46207-7263

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- An administrative review analyst responds to all administrative review requests within 90 business days of receipt. Each decision is specific, detailed, and fully outlined. If the administrative review response is unfavorable to the provider, the appeal rights and the time period during which appeal rights can be exercised are specified in the response.

### Claim appeals

Providers must exhaust the formal administrative review process before filing a request for appeal. Providers must comply with all requests to submit information or additional documentation, and must receive a final written review decision from the administrative review analyst. The appeal time line follows.

- An appeal request must be delivered to the following address within 15 business days after receipt of an adverse administrative review decision notice on which the appeal is premised:  
Hearings and Appeals Section, MS-04  
Indiana Family and Social Services Administration  
402 W. Washington St., Room E034  
Indianapolis, IN 46204-2773
- An administrative law judge's adverse decision can be appealed by filing objections with the ultimate authority for the agency within 15 business days of receipt of the decision.
- An appellant can file a petition for judicial review in accordance with *IC 4-21.5-5*, if the appellant is not satisfied with the agency review decision.

### National Correct Coding Initiative (NCCI) administrative reviews

- Providers are encouraged to access the [Centers for Medicare & Medicaid Services \(CMS\) website](http://cms.gov) at cms.gov for NCCI Columns I and II, Mutually Exclusive (ME), and Medically Unlikely Edit (MUE) edit files. These files contain specific code pairs for Column I/Column II and ME edits. If there are circumstances under which a provider believes a claim was coded correctly and would like reconsideration of the NCCI editing, the provider may submit a request for a formal administrative review.
- Providers must continue to follow the normal resolution process found in the *IHCP Provider Manual* when inquiring about claims activity.

For more information about administrative review and appeal processes, please refer to [Chapter 10](#), Section 6, of the *IHCP Provider Manual*.

#### 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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