Best practices for electronic claim notes

by the HP Claims Unit

If you are submitting claim notes with 837 transactions or via Web interChange, please be aware that the Indiana Health Coverage Programs (IHCP) does not accept all types of claim notes as documentation; in fact, you should submit claim notes to Indiana Medicaid ONLY if the notes relate to these situations:

- *Third-party payer fails to respond (90-Day Rule)* – 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

  – The phrase, "no response after 90 days"

  – The member's identification (RID) number

  – Your IHCP provider number

> Please submit claim notes to Indiana Medicaid **ONLY** if the notes relate to the situations outlined in this "best practices" article. Submitting claim notes for other situations actually **SLOWS** claims processing.

- *Consultations billed 15 days before or after another consultation* – In the claim note, you can indicate the medical reason for a second opinion during the 15 days before or after the billed consultation.

- *Joint injections (four per month)* – In the claim note, you can document that the injections are performed on different joints and indicate the injection sites.

- *Pacemaker analysis (two within six months)* – Use the claim note to document the medical reason for the second analysis in the six-month time frame,

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such as a dysfunctional pacemaker.

■ *Assistant surgeon not payable when co-surgeon is paid* – In the claim note, the IHCP accepts information that documents the medical reason for the assistant surgeon, such as the problem requiring assistance.

■ *Excessive nursing home visits or more than one per 27 days* – In the claim note, the IHCP accepts documentation supporting the treatment of emergent, urgent, or acute conditions or symptoms with the new diagnosis code.

■ *Retroactive eligibility* – Use claim notes when billing a claim that is past the filing limit and the member was awarded retroactive eligibility. In the case of retroactive member eligibility, claims must be submitted within one year of the eligibility determination date. Complete the claim as you would normally using Web interChange. Click "Notes" and enter information stating, "Member has retroactive eligibility. Please waive timely filing."

■ **HE/HO modifier and Edit 2503 –** *Provider not approved to bill Medicare* – Mental health providers that submit claims with procedure codes and append modifier HE or HO when the member is dually eligible for Medicare and Medicaid may now utilize claim notes for billing purposes to indicate that the provider that performed the service is not approved to bill services to Medicare. Previously, providers were required to submit this documentation as a paper attachment. Therefore, with this change, providers can submit these types of claims electronically in an effort to expedite claim payment. Claims submitted with the appropriate claim notes must indicate in the claim notes the following text: "Provider not approved to bill services to Medicare." When claim notes are used, this will allow the claim to suspend for review of the claim note and adjudicate the claim appropriately.

Claim notes – surgery

In the four surgery situations below, the IHCP accepts specific claim note information:

■ Surgery payable at reduced amount when related post-operative care is paid

■ Post-operative care within 0-90 days of surgery

■ Pre-operative care on the day of surgery

■ Surgery payable at reduced amount when pre-operative care is paid on the same date of service

In these situations, the IHCP accepts the following claim note information:

– Information that documents the medical reason and unusual circumstances for the separate evaluation and management (E/M) visit

– Information that supports that the medical visit occurred due to a complication, such as cardiovascular complications, comatose conditions, elevated temperature for two or more consecutive days, medical complications other than nausea and vomiting due to anesthesia, post-operative wound infection requiring specialized treatment, or renal failure

For more claim information

■ For more information about claim notes, please see BT200511, dated June 1, 2005.

■ For more detailed information about submitting claims, see *Chapters 10-12* in the *IHCP Provider Manual*.

Web site search tips

Finding information you need on the IHCP provider Web site is easier if you:

■ Use site search – For better luck with the site search in the upper-right corner of each page:

– Search using single words or using phrases.

– Be as specific as possible.

– Put quotation marks around a search phrase to narrow your search. Example: *Health Care Provider* returns all entries that contain the words *Health*, *Care*, and *Provider* in any order. "*Health Care Provider*" returns only entries with the words Health Care Provider in that exact order.

– Mix a phrase with one or more words to narrow the search results. Example: *"Health Care Provider" agreement* returns all items containing the phrase *Health Care Provider* and also containing the word *agreement*.

■ Search bulletins, banner pages, and newsletters using keywords – Bulletins, banner pages, and newsletters are included in the site search. However, you can also search for a specific bulletin, banner page, or newsletter using the Keyword Search option. The advantage of the keyword search is that it returns only results for the specific publication you select. To perform a keyword search:

– From the IHCP Home Page, select **News, Bulletins, and Banners**.

– Select **Bulletins**, **Banner Pages**, or **Newsletters**.

– In the Keyword field, type the word or phrase you're searching for. If you know the document number, you can type it in the field.

– Click **Submit**.

– If you don't see the document you're looking for in the results, type a different keyword.

■ Use your browser to search – After locating the page you're looking for, you can use the "Find" option built into your Web browser to locate specific information on the page. Each browser operates slightly differently – your browser's

Have you downloaded the latest version of Adobe Reader?

Downloading the latest version of Adobe Acrobat® Reader (now version 9.3.4) makes accessing Portable Document Format (PDF) files on the IHCP Web site (and other sites) easier and faster. The Web Toolkit page on the IHCP Web site contains a link to the Adobe site, where you can download the latest version.

Web site search tips

Help option provides more information about your browser's Find feature.

■ Search with Adobe Reader, available on the Web Toolkit on the IHCP Web site – Adobe Reader opens and reads Portable Document Format (PDF) files. A Find option is built into Adobe Reader so that, after opening a file, you can search within the document. For more information, see Adobe Reader Help.

■ Search Archived News – You can search the news archive for articles "retired" from the News and Announcements section of the Web site.

Long-term care questions?

Contact the LTC Help Desk

HP Enterprise Services has a Long-Term Care (LTC) Help Desk that provides assistance to LTC providers that have experienced claim denial for EOB 2008 – *Recipient not eligible for this Level of Care.* Please call (317) 488-5094 and leave a detailed message that includes the following information:

■ Provider name ■ National Provider Identifier (NPI) or Legacy Provider Identifier (LPI) ■ Member name and identification number (RID) ■ Date of service for denied claim ■ Patient status code information and internal control number (ICN) of the claim billed using incorrect patient status code, when applicable ■ Provider contact name and phone number

An HP Provider Relations field consultant will contact you in the order calls are received. For more information, please see BT200903, dated February 10, 2009.

Upcoming provider education opportunities

Register online now for:

■ National Correct Coding Initiative (NCCI) virtual (online) workshop – October 8.

■ Annual IHCP Provider Seminar – October 19-21, Indianapolis. For more information about the annual seminar, please see BT201033.

HIPAA 5010/NCPDP D.O updates for providers and software vendors

by EDI Solutions Analyst Marcia Reed

The mandatory compliance date for Health Insurance Portability and Accountability Act (HIPAA) ANSI version 5010 and National Council for Prescription Drug Programs (NCPDP) version D.0 for all covered entities is January 1, 2012.

Project timeline

- IHCP 5010 Companion Guides will be available during fourth-quarter 2010.

- Vendor testing begins first-quarter 2011.

- 5010/D.0 compliance date is January 1, 2012.

The IHCP and HP will test transactions and trading partners on a scheduled basis. Specific transaction testing dates will be provided at a future date.

New compliance and translation software

The software used by the IHCP and HP for compliance checking and translation will change when the 5010 version is implemented. The IHCP and HP will use Edifecs for compliance checking and translation. All testing of the X12 transactions for version 5010 will go through the Edifecs product.

New reporting

The current Biller Summary Report that is returned to trading partners for each 837 claim submission will be replaced by a new electronic data interchange (EDI) Submission Summary Report. The new report will contain additional error definition and location information when HIPAA compliance edits are encountered.

Testing information

All clearinghouses and vendors that supply transaction software products currently approved to submit 4010 and NCPDP 5.1 versions will be required to test and be approved for 5010 and D.0 transaction compliance. Providers that exchange data with the IHCP using an IHCP-approved software vendor will not be required to test. Because the software product is tested and approved, providers using that software will be approved.

Trading partner agreements

Each trading partner will be required to submit a new Trading Partner Agreement prior to going into production with HIPAA 5010 or NCPDP D.0.

For more information about HIPAA 5010 and NCPDP D.0, see the HIPAA 5010/NCPDP D.0 FAQs posted on the IHCP provider Web site. Providers and EDI software vendors should monitor the IHCP provider Web site for updates. Direct any questions regarding this initiative to INXIX.TradingPartner@hp.com or call the Electronic Solutions Service Desk at 1-877-877-5182 or (317) 488-5160.

RECENTLY PUBLISHED TO THE IHCP WEB SITE

BULLETINS

- BT201034 – Updates to the 2010 Healthcare Common Procedure Coding System

- BT201035 – New Fields on Provider Profile Require Updates by Dental Providers

- BT201036 – National Correct Coding Initiative

- BT201037 – Revised: Cost Invoices for DME, Supplies, and Hearing Aids

- BT201038 – Important News Regarding Procurement of Hoosier Healthwise and Healthy Indiana Plan Managed Care Entity Contracts

- BT201039 – Time-Weighted Case Mix Index Guidelines Are Posted to the IHCP Web Site

IHCP PROVIDER MANUAL

The following chapters of the *IHCP Provider Manual* have been updated:

- Chapter 10 – Claims Processing Procedures

- Chapter 11 – Paid Claim Adjustment Procedures

509 PROGRAM PROVIDER MANUAL

LOOKING FOR MORE INFORMATION ABOUT PROVIDER MANUAL UPDATES?

- Subscribe to IHCP E-mail Notifications.

- The Revision History at the front of each section of the *IHCP Provider Manual* provides more detailed information about each revision.

NEWS FROM RECENT BANNER PAGES

- The IHCP Covers HCPCS Codes E0770/E0441/E0442/E0443/E0444

- Dates on prior authorization notification letters

- National Correct Coding Initiative (NCCI) Workshop

- Correction to BR201032 regarding Supartz injection J7321

- Drug Enforcement Administration Nationwide Prescription Drug Take-Back Day is September 25

- Annual Update of the International Classification of Diseases

- Auditing Claims for Bitewing Radiographs

- Denied MRO Claims to Be Reprocessed

FOR MORE INFORMATION

- Contact your Provider Relations Field Consultant

- IHCP Provider Quick Reference – a complete list of addresses, telephone numbers, and fax numbers for the IHCP and IHCP vendors