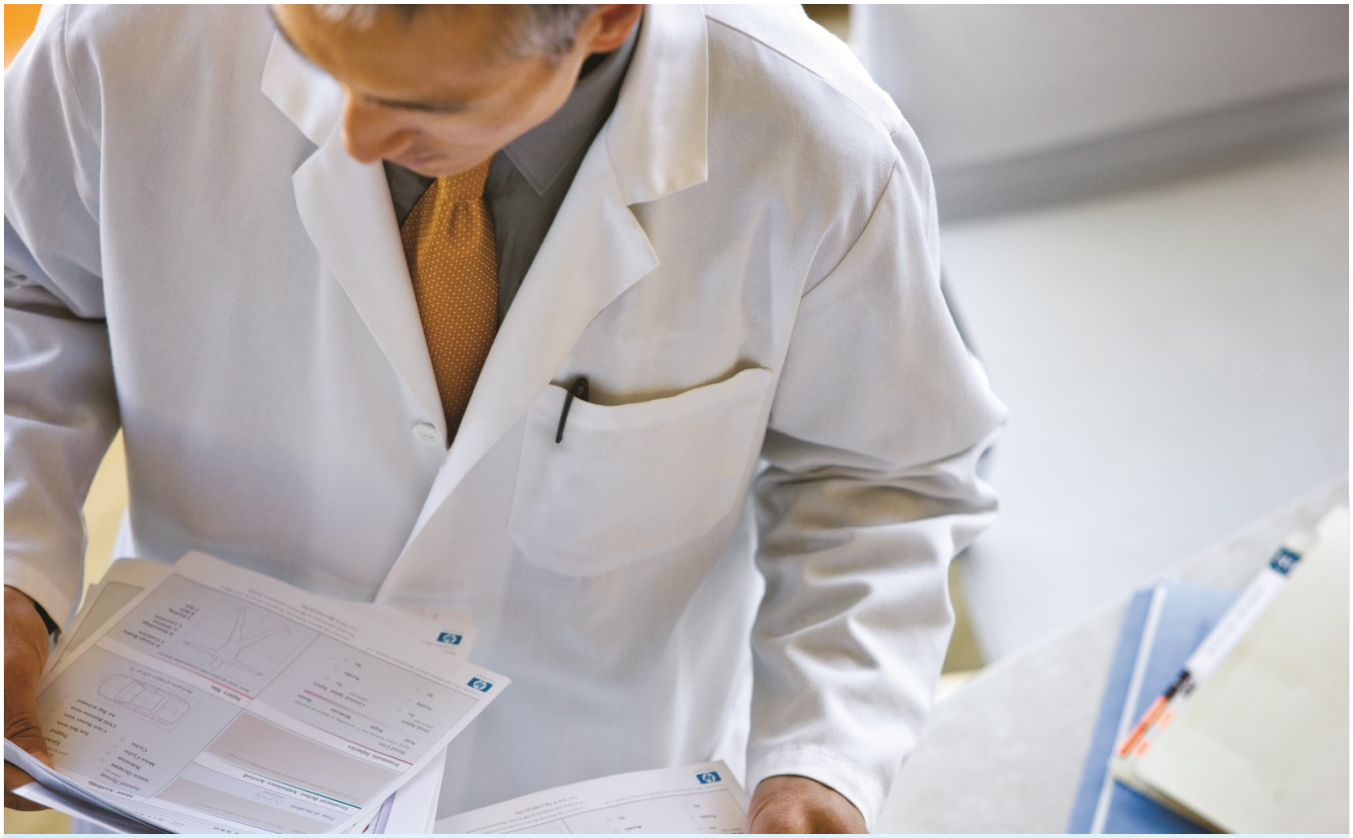
PROVIDER *news*

INDIANA HEALTH COVERAGE PROGRAMS NL201208 AUGUST 2012



Recovery Audit Contractor (RAC) news

Complex RAC audits approved for acute care hospitals

The Office of Medicaid Policy and Planning (OMPP) has authorized Health Management Systems (HMS) to perform diagnosis-related group (DRG) validation audits. The purpose of the DRG validation audits is to ensure that diagnostic and procedural information and the discharge status of the member, as coded and reported by the hospital on its claim, matches both the attending physician's description and the information contained in the member's medical record. The DRG validation audits will require review of medical records and will be conducted as desk reviews.

Medical record limits established for hospital RAC audits

In response to the requirement established in the *Patient Protection and Affordable Care Act* (42 U.S.C. § 1320a-7k(d)) and the *Final Rule (*42 CFR 455, Subpart F), the Office of Medicaid Policy and Planning (OMPP) has

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determined medical record limits for Recovery Audit Contractor (RAC) audits of hospitals. Medical record request limits for Provider Type 01 – Hospital will follow these guidelines:

- The maximum limit is set per Legacy Provider Identifier (LPI).
- The RAC may request no more than 300 medical records per individual audit and no more than 600 medical records per calendar year per LPI.
- The RAC may not make requests more frequently than every 90 days.
- The OMPP may authorize the RAC to exceed the established limit. Affected providers will be notified in writing.

These limits apply exclusively to Medicaid RAC audits of hospitals. As additional Medicaid RAC audits are identified and approved for other provider types, limits appropriate to each respective area will be determined by the OMPP and shared with providers and stakeholders.

To further meet the *Patient Protection and Affordable Care Act* (PPACA) requirements, Peter J. Gurk, M.D., C.P.E, who has been licensed in Indiana since 2006, will support the Indiana RAC Team in his capacity as medical director.

IHCP system upgrade reflects Medicare Payer ID update

The Indiana Health Coverage Programs (IHCP) has performed a system upgrade to reflect the updated Medicare Payer IDs, which include new payer IDs for Indiana.

Indiana Medicare Payer ID updates

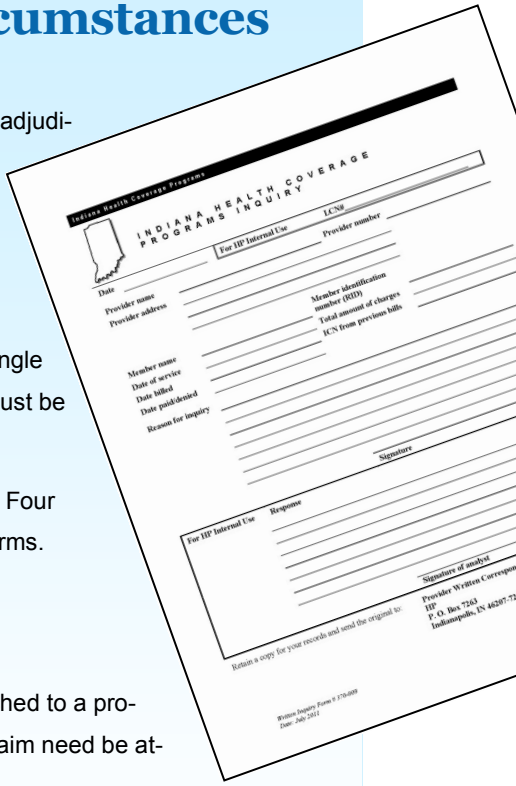
- **Part A** – Effective for claims submitted on or after July 23, 2012, Payer ID 08101 – Wisconsin Physician Service (WPS) will replace Payer ID 00130 – National Government Services (NGS). In transition, Payer ID 00130 will continue to be accepted on electronic institutional claim submissions through August 22, 2012. Claims submitted with payer ID 00130 on or after August 23, 2012, will be rejected.
- **Part B** – Effective for claims submitted on or after August 20, 2012, Payer ID 08102 – Wisconsin Physician Service (WPS) will replace Payer ID 00630 – National Government Services (NGS). Electronic professional claims submitted with payer ID 00630 on or after August 21, 2012, will be rejected.

Please direct questions regarding the updates to the EDI Solutions Help Desk at (317) 488-5160 or 877-877-5182.

Tell us how it's going with ICD-10 with the latest ICD-10 provider survey!

The Indiana Health Coverage Programs (IHCP) is preparing for ICD-10 implementation and knows the provider community is preparing as well. The fourth ICD-10 IHCP Provider Readiness Survey is now available. We encourage all providers to please take a few minutes to let us know how their preparations for ICD-10 are progressing. Complete the survey now through Tuesday, August 21.

Submit paper claims to Written Correspondence and Provider Enrollment only in limited circumstances



Written Correspondence

Submit paper claims to the HP Written Correspondence Unit only if you feel claims did not adjudicate properly, and you would like the claims reconsidered for payment.

In these instances, questions or issues requiring claim research should be directed to the Written Correspondence Unit using the Indiana Health Coverage Programs (IHCP) Inquiry form submitted along with the claims.

You may submit multiple claims to Written Correspondence for the same member with a single IHCP Inquiry form. If you are inquiring about multiple members, claims for each member must be submitted with a separate inquiry form.

> **Example**: Four claims for one member can be submitted with a single inquiry form. Four claims for four different members require the submission of four separate inquiry forms.

You can find the IHCP Inquiry form on the Forms page of indianamedicaid.com.

Provider Enrollment

The HP Provider Enrollment Unit should receive a paper claim only when the claim is attached to a provider enrollment application requesting retroactive enrollment. In that case, only a single claim need be attached to the IHCP Inquiry form to document a service date for provider enrollment.

Submitting claims for adjudication

If you are submitting a paper claim for adjudication, submit the claim to the appropriate claims processing P.O. box – see the IHCP Quick Reference Guide on indianamedicaid.com for correct P.O. boxes. Please do not include letters of explanation with claims submitted for adjudication – it will delay the adjudication process.

Attestation for EHR meaningful use began in July

Indiana Medicaid's Electronic Health Records (EHR) Registration and Attestation Portal was enhanced in July to allow Medicaid-eligible providers to attest for Year 2 Meaningful Use (MU) payment incentives (90-day attestation).

The Electronic Health Record Incentive Program User Guide For Eligible Professionals, a new user manual on the EHR Incentive Program page of indianamedicaid.com, details this new feature for Medicaid-eligible professionals.

Since May 2011, Indiana has distributed more than $69 million to more than 1,200 eligible professionals and hospitals that have successfully demonstrated that they met program requirements.

Top 10 reasons Medicaid claims deny – more than 1.5 million total denials in July 2012

In July 2012, the Indiana Health Coverage Programs (IHCP) processed more than 6.5 million Medicaid claims. Of that number, more than 1.5 million claims denied. The following table shows the top 10 reasons (beginning with the most frequent) Medicaid claims were denied in the month of July 2012. To help prevent denials and speed claims processing, make sure your submissions do not contain the following errors:

Top 10 reasons claims were denied – July 2012

Error code edit	Description	Number of claims	Percent of total claims denied
EOB Edit 5001	Exact duplicate	128,655	8.47
EOB Edit 2510	Member eligible for Medicare B/D	89,899	5.92
EOB Edit 7003	ProDur alert requires PA	77,575	5.11
EOB Edit 4002	NDC/HRI/UPC indicates a non-reimbursable item on date of service	65,393	4.31
EOB Edit 7000	Denied for ProDur alert	57,863	3.81
EOB Edit 2002	Recipient not eligible for medical assistance	52,140	3.43
EOB Edit 7002	Claim denied for DUR reasons	50,742	3.34
EOB Edit 4095	A non-surgical service is not reimbursed individually if performed in conjunction with an outpatient surgery	47,294	3.11
EOB Edit 4021	Procedure code vs. program indicator	46,713	3.08
EOB Edit 558	Coinsurance and deductible amount missing	46,679	3.07

Provider education

Sign up for IHCP third-quarter workshops

Don't miss out! The Indiana Health Coverage Programs (IHCP) is offering valuable sessions on a variety of exciting topics. Presenters include HP, managed care entities (MCEs), and care management organizations (CMOs). Once again, you can attend online training workshops, allowing you to take advantage of this excellent training from the comfort and convenience of your own office. Session topics include:

- Hoosier Healthwise Roundtable Discussion – Presented by the MCEs, Anthem, MDwise, and MHS
- Healthy Indiana Plan Roundtable Discussion – Presented by the MCEs, Anthem, MDwise, and MHS
- Indiana *Care Select* Prior Authorization Overview and Program Updates – Presented by representatives from ADVANTAGE Health Solutions[SM], Inc., and MDwise Inc.
- Behavioral Health Roundtable
- Provider Enrollment
- IHCP Updates
- Avenues of Resolution (resolving billing issues)

For more information and to register, visit the Provider Education page on indianamedicaid.com.

Learn from the convenience of your office with online workshops!

Online training has been so popular, we've added an additional virtual workshop! The virtual third-quarter provider workshops on **August 23, September 20, and September 25** include all the sessions on-site workshops do. Best of all, your staff doesn't need to leave the office! Be sure to register early, as participants are limited to 125 per session. For information about how to register and attend virtual training, see How to Access Virtual Training on indianamedicaid.com.

2012 IHCP Annual Provider Seminar

October 23, 24, 25

Caribbean Cove Hotel & Water Park, Indianapolis

RECENTLY PUBLISHED TO THE IHCP WEBSITE

BULLETINS

- BT201224 – Coverage and Billing Information for the July Quarterly HCPCS Code Updates
- BT201225 – IHCP Changes Submission Policy for Medicare Replacement Plan Claims
- BT201226 – HMS to Review Pharmacy Claims through Desk and On-Site Audits
- BT201227 – Home Health Rates for State Fiscal Year 2013 Are Effective July 1, 2012
- BT201228 – Changes to the Preferred Drug List
- BT201229 – Coverage of Medically Necessary Hysterectomies Requires Proper Documentation

PROVIDER MANUAL UPDATES

IHCP Provider Manual – the following chapter of the manual has been updated:

- *Chapter 9* – *IHCP Pharmacy Services Benefit*

Medicaid Rehabilitation Option (MRO) Provider Manual

LOOKING FOR MORE INFORMATION ABOUT PROVIDER MANUAL UPDATES?

- Subscribe to IHCP E-mail Notifications.
- The Revision History at the front of each manual (or chapter) provides detailed information about the updates made in the most recent revision.

NEWS FROM RECENT BANNER PAGES

- New Coverage and Reimbursement for CPT Code 95012
- CPT Code 52344 Linked to Revenue Code 490
- IHCP Establishes Maximum Reimbursement for CPT Code 96523 in the Facility Setting
- IHCP System Upgrade Reflects Medicare Payer ID Update
- CPT Code 31899 Ambulatory Surgical Center Pricing Indicator Assigned
- Correction: IHCP System Upgrade Reflects Medicare Payer ID Update
- HCPCS Codes J3470 and J9151 Are Noncovered by the IHCP
- ASC Pricing Indicator Assigned for CPT Codes 11981, 11982, and 11983
- IHCP Third-Quarter Workshops
- Complex RAC Audits Approved for Acute Care Hospitals
- Maximum Reimbursement for DME/Medical Supplies
- Medical Record Limits for RAC Audits
- Elimination of Reimbursement for Salivary Estriol Test
- CPT Code 46288 Linked to Revenue Code 490
- ICD-10 IHCP Provider Survey

FOR MORE INFORMATION

- Contact your Provider Relations Field Consultant.
- IHCP Provider Quick Reference – This reference contains a complete list of addresses, telephone numbers, and fax numbers for the IHCP and IHCP vendors.