

IMPORTANT MEDICAID CLAIMS INFORMATION for Medicaid-participating School Corporations

To all Indiana Medicaid-participating School Corporations:

The Indiana Office of Medicaid Policy and Planning (“OMPP”) recently contacted the Indiana Department of Education concerning Medicaid’s January 27, 2011 implementation of National Correct Coding Initiative (“NCCI”) claims edits and resulting denials of approximately 50 claims for IEP-required individual and group speech therapy sessions provided on the same day. As you know, schools deliver IEP speech therapy services under unique circumstances that sometimes require provision of both individual and group therapy (which are separate and distinct services) to the same student on the same day, and the state Medicaid and Education agencies have collaborated to post a related IEP speech therapy coverage policy clarification online at http://www.doe.in.gov/exceptional/speced/docs/Medicaid_Speech_Therapy_Coverage_Policy.pdf.

To receive proper Medicaid reimbursements following the recent change in Indiana Medicaid’s automated claims processing procedures, it may be necessary to revise the manner in which schools’ speech therapy claims are coded from this time forward. Additionally, **immediate action is necessary** to resolve the aforementioned NCCI-related claims denials. NOTE: This information is also being shared with the three billing agent companies (ClaimAid, GoSolutions and MedBill) known to IDOE to file claims for Indiana Medicaid-participating school corporations. *If your district uses a different vendor or files its own Medicaid claims, please be certain to share this information with the person responsible for submitting your Medicaid claims for IEP health-related services.*

Please review carefully the following information received from the Medicaid agency as well as the additional information cited/available online (see Web links below) regarding NCCI claims editing.

The federal agency responsible for overseeing the Medicaid and Medicare programs (Centers for Medicare and Medicaid Services), “CMS” has issued fairly prescriptive guidelines requiring state Medicaid agencies to implement National Correct Coding Initiative (NCCI) claims editing. For example, on denied claims, CMS has advised that state Medicaid agencies cannot allow medical service providers to re-bill immediately (with correct coding) any NCCI-related claims denials. Rather, CMS insists that state Medicaid agencies require medical service providers to file administrative review requests for each NCCI claim denial so that the state can determine if the claim warrants payment. In Indiana, these reviews will be conducted by Medicaid’s contractor, HP (Hewlett Packard).

For the schools we have determined we can proceed as follows:

1. For claims that fall in the retroactive period (claims with dates of service 10/01/2010 through 1/27/2011), school corporations can void and re-bill the claim. [Important note: It will not be possible to adjust these denied claims by simply adding modifiers to an existing claim through the replacement/adjustment process.] This action (voiding and re-billing the entire claim) must be completed before the week of March 14, 2011. If an affected claim is not voided and re-billed by 03/14/2010, the claim will be subject to possible further NCCI editing when it reprocesses.
2. Correct coding for group and individual speech therapy sessions provided to the same student on the same day must be billed with Procedure Code Modifier 59, attesting that the individual and group therapy sessions were separate and distinct services. [Again, please refer to the Medicaid coverage policy clarification describing typical circumstances under which these two separate and distinct services, group and individual speech therapy, may be provided in a school classroom or other group *setting*.] School corporations should only re-bill with modifier 59 if they have documentation supporting that the group and individual speech therapy provided to the same student on the same day constitute separate and distinct services.

While AIM (Indiana Medicaid’s claim processing system) has not enforced this level of coding in the past, Medicaid-participating providers and their billing agents should be conversant with

correct coding policies and practices. The guidance (coverage in nature) previously given by OMPP was never intended to serve as a substitute for correct coding policies and practices.

Web Links to Medicaid Provider Bulletin and Banner Message regarding NCCI Claims Editing:

[Provider Bulletin # BT201036](#)

[Medicaid Banner Message # BR 201104](#)

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Additional information and resources are waiting for you at the Medicaid in Schools Community on IDOE's Learning Connection: <https://learningconnection.doe.in.gov/Login.aspx?ret=/default.aspx>.

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