

Notice Date:	November 27, 2018
To:	Indiana Health Partners
From:	<b>Care Source</b> <sup>®</sup>
Subject:	Claim Coding Edit Updates

CareSource performs ongoing reviews of claim data to ensure claims are processed accurately and efficiently and to be consistent with the Indiana Medicaid Program as administered through the Family and Social Services Administration (FSSA), as well as national commercial standards regarding the acceptance, adjudication and payment of claims.

The additional claim coding edits below have been identified as necessary to comply with correct coding and industry standard guidelines. Please ensure that your claim submission are in compliance with these edits to avoid delays in claim processing.

Edit	Description	Source/Reference
Medically Necessary	Regarding antepartum care	Indiana Administrative Code
Diagnosis Required When	encounters within the first	(IAC), Obstetrical and
Billed with Encounter for	trimester, professional	Gynecological Services
Antepartum Care (First	services rendered should	Codes – Provider Code
Trimester)	indicate a pregnancy-related	Tables, Indiana Family &
	diagnosis code as the	social Services
	primary diagnosis.	Administration
Medically Necessary	Regarding antepartum care	Indiana Administrative Code
Diagnosis Required When	encounters within the second	(IAC), Obstetrical and
Billed with Encounter for	trimester, professional	Gynecological Services
Antepartum Care (Second	services rendered should	Codes – Provider Code
Trimester)	indicate a pregnancy-related	Tables, Indiana Family &
	diagnosis code as the	social Services
	primary diagnosis.	Administration
Medically Necessary	Regarding antepartum care	Indiana Administrative Code
Diagnosis Required When	encounters within the third	(IAC), Obstetrical and
Billed with Encounter for	trimester, professional	Gynecological Services
Antepartum Care (Third	services rendered should	Codes – Provider Code
Trimester)	indicate a pregnancy-related	Tables, Indiana Family &
	diagnosis code as the	social Services
	primary diagnosis.	Administration
Medically Unlikely Edit (MUE)	The Medically Unlikely Edit	Indiana Health Partner
– Medicaid Facility	(MUE) – Facility determines if	Manual Coding and Payment
	the procedure code indicates	Policy;
	the allowable number of units	CMS NCCI Index
	of service per the CMS MUE	
	standard. The claim line will	
	deny is the Units of service	

\*The following edits are applicable to Indiana Medicaid Professional claim types unless otherwise noted.

	are not billed within the maximum allowable number of units per CMS.	
Ineligible Primary Diagnosis (Not a Primary Diagnosis)	Certain ICD-10 Diagnoses are categorized as external causes for underlying conditions and these codes cannot be billed as the primary diagnosis. The claim line will deny if an ICD-10 diagnosis that is not categorized as 'primary' is billed.	AHA; CMS NCCI Index