



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

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To: Advanced Practice Nurses, Chiropractors, Freestanding ESRDs, FQHCs, Home Health Providers, Hospice Providers, Hospitals (please forward to Billing staff), Independent Clinical Laboratories, Independent Clinics, Nurse Midwives, Physicians, Podiatrists, Psychologists, Residential Treatment Centers, Substance and Alcohol Abuse Treatment Centers and Vision Service Providers – **For Action**
Health Maintenance Organizations – **For Information Only**

Subject: Update to the McKesson ClaimCheck® Solution

Effective: February 1, 2011

Purpose: To introduce additional edits as a result of updates to the McKesson ClaimCheck® Solution.

Background: The McKesson ClaimCheck® Solution (ClaimCheck®) is designed to enhance the quality of claim payments to NJFC/Medicaid fee-for-service (FFS) providers. ClaimCheck® is a comprehensive claims auditing software system that automatically audits and adjusts professional billing errors and detects common code manipulations to avoid claim overpayments. ClaimCheck® has been used for code auditing purposes for more than nineteen years. The ClaimCheck® software has been used by New Jersey Medicaid since 2007.

Action: ClaimCheck® will be updated for all claims subject to its adjudication to include the implementation of the National Correct Coding Initiative (NCCI) in Medicaid.

The Centers for Medicare and Medicaid Services (CMS) developed the national Correct Coding Initiative (CCI) to promote national correct coding methodologies and to eliminate improper coding. The development of CCI edits by CMS is based on coding conventions defined in the American Medical Association's *Current Procedural Terminology Manual* (CPT), current standards of medical surgical coding practice, input from specialty societies, and analysis of current coding practices. The McKesson ClaimCheck® Solution provides CCI Incidental and CCI Mutually Exclusive auditing capability.

- Mutually Exclusive Edits: Avoiding payment for two procedures that differ in technique or approach but lead to the same clinical outcome and represent overlapping of services. This includes procedures which cannot reasonably be performed at the same anatomic site or same patient encounter;
- Incidental Edits: Avoiding payment for procedures that are clinically integral to a more complex procedure;

For questions about the CCI edits, see the CMS NCCI web site at <http://www.cms.gov/NationalCorrectCodInitEd>.

These CCI edits are in addition to the existing ClaimCheck® edits.

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