



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 20, 2013

Purpose: To introduce edit changes 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 NJFamilyCare (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 twenty years. The ClaimCheck® software has been used by the New Jersey Medicaid program since 2007.

Action: ClaimCheck® will be updated for all claims subject to its adjudication to move from Medicare National Correct Coding Initiative (NCCI) auditing to Medicaid NCCI auditing.

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 Medically Unlikely auditing capability for Medicaid claims.

- Medically Unlikely Edits (MUE): MUEs define for each code the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service.

- CCI Incidental Edits: NCCI procedure-to-procedure (PTP) edits define pairs of codes that should not be reported together for a variety of reasons. The purpose of these edits is to prevent improper payments when incorrect code combinations are reported.

For questions about the NCCI edits, see the CMS Medicaid NCCI web site at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html>

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

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