IHCP *banner page*

Outpatient crossover claims denying for EOB 264 – *Date of Service Missing*

Providers are receiving denials on outpatient crossover claims for explanation of benefit (EOB) 264 – *Date of service missing*. These are claims received by the Indiana Health Coverage Programs (IHCP) directly from Medicare.

Effective July 2, 2012, based on 5010 requirements, Medicare no longer requires a date of service (DOS) at the detail level for outpatient claims when there is a single DOS identified at the header of the claim. When the claim crosses over electronically to the IHCP, the DOS is missing at the detail level, causing the claim to deny for EOB 264.

Effective August 22, 2012, system changes were made to prevent these outpatient crossover claim denials. Claims that were erroneously denied for this edit will be systematically reprocessed and begin appearing on Remittance Advice (RA) statements dated September 4, 2012. These claims can be identified with internal control numbers (ICNs) that begin with region code 80.

MORE IN THIS ISSUE

Do not send fingerprint samples with your provider enrollment packet

The *Affordable Care Act* (ACA), *42 CFR 455.434*, requires individuals with a 5% or more ownership interest in a high-risk provider entity to submit to criminal background checks. The criminal background check is based on a fingerprint sample.

The Indiana Health Coverage Programs (IHCP) has not yet incorporated criminal background checks into its provider enrollment process. At this time, providers do not need to submit fingerprint samples with their enrollment packets. The IHCP will provide information to affected entities about how to initiate fingerprinting and criminal background checks at a later date.

Updates to mental health utilization edits

Utilization edits for mental health medications, as recommended by the Mental Health Quality Advisory Committee (MHQAC), were first implemented June 19, 2007. See provider bulletin BT200709 for more information. The utilization edits are reviewed quarterly by the MHQAC. The updates to utilization edits noted on the following table are effective for dates of service (DOS) on and after October 2, 2012.

Updates to utilization edits effective for DOS on or after October 2, 2012

Name and strength of medication	Utilization edit
POTIGA 200 mg tablet	3/day
POTIGA 300 mg tablet	3/day
POTIGA 400 mg tablet	3/day
SEROQUEL XR 50 mg tablet	2/day
INTERMEZZO 1.75 mg tab sub	1/day
INTERMEZZO 3.5 mg tab sub	1/day

Reminder: HCPCS code D0340 limited to provider specialty 273 – Orthodontist

As outlined in BR200320 and *Chapter 8* of the *Indiana Health Coverage Programs (IHCP) Provider Manual*, Healthcare Common Procedure Coding System (HCPCS) code D0340 – *Cephalometric film* is covered only for orthodontic services and is limited to provider specialty 273 – Orthodontist. Billing by any other provider specialty is subject to recoupment.

Use the current version of provider enrollment forms

Ten percent of all provider enrollment and maintenance forms submitted are returned to providers due to errors. One common error is using outdated versions of enrollment forms. The enrollment forms are updated periodically and are available on the Complete an IHCP Provider Packet page at indianamedicaid.com. You can be certain you are using the most current version of a form by downloading it from indianamedicaid.com. Avoid re-using previously saved versions of the enrollment forms, which may be outdated.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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