

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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HCPCS codes added to the Medicare and TPL bypass tables

Effective June 1, 2015, the Indiana Health Coverage Programs (IHCP) will add the Healthcare Common Procedure Coding System (HCPCS) codes in Table 1 to the Medicare and Third Party Liability (TPL) bypass tables. Claims for these codes may be submitted to the IHCP as the primary payer. This change applies to fee-for-service (FFS) claims with dates of service (DOS) on or after June 1, 2015.

Table 1 – HCPCS codes added to the Medicare and TPL bypass tables for DOS on or after June 1, 2015

HCPCS Code	Description
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress
E0373	Nonpowered advanced pressure reducing mattress
J1055	Injection, medroxyprogesterone acetate, 1 mg
S4993	Contraceptive pills for birth control

The IHCP to allow separate reimbursement for LARC devices implanted during delivery stay

Effective June 1, 2015, the Indiana Health Coverage Programs (IHCP) will allow separate reimbursement for long-acting reversible contraception (LARC) devices implanted during an inpatient hospital or birthing center stay for a delivery. This reimbursement change applies to fee-for-service claims for dates of service on or after June 1, 2015.

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LARC devices are defined as implantable devices that remain effective for several years to prevent pregnancies. Devices include intrauterine devices (IUDs) and birth control implants. Separate reimburse-



continued

ment applies to the LARC device only. Reimbursement for all other related services, procedures, supplies, and devices continue to be included in the inpatient hospital diagnosis-related group (DRG) or the birthing center all-inclusive reimbursement amount.

To receive separate reimbursement for LARC devices implanted during inpatient hospital or birthing center stays for delivery, the appropriate Healthcare Common Procedure Coding System (HCPCS) code should be billed on a CMS-1500 claim form. Providers will be reimbursed according to the [Fee Schedule](#) at indianamedicaid.com. The outpatient reimbursement methodology for covered LARC implantations remains unchanged.

Separate reimbursement for these devices is subject to IHCP coverage policies. Currently covered LARC devices eligible for separate reimbursement are listed in Table 2. Other forms of contraception will not be eligible for separate reimbursement when provided in the inpatient setting. Claims for separate reimbursement are subject to post-payment review.

Table 2 – LARC devices eligible for separate reimbursement during inpatient hospital or birthing center stays for delivery for DOS on or after June 1, 2015

HCPCS Code	Description
J7300	Intrauterine copper contraceptive
J7301	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies

Providers may resubmit *UB-04* outpatient claims with revenue code 614 that denied incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claims processing system issue. Providers billing revenue code 614 – *Magnetic Resonance Technology-MRI-Other* on *UB-04* outpatient claim forms may have received inappropriate denials with explanation of benefits (EOB) code 4107 – *Revenue code is not appropriate/covered for service. Revenue group invalid*.

The claims processing system error is being corrected. Beginning June 1, 2015, *UB-04* outpatient claims submitted with revenue code 614 and denied for EOB code 4107 may be resubmitted for reimbursement consideration.

This applies retroactively to claims with dates of service (DOS) on or after

July 1, 2014. Claims resubmitted beyond the original one-year filing limit must include a copy of this banner page as an attachment and must be filed within one year of the publication date.



Providers may resubmit claims for HCPCS code J2274 and NDC 00409113502 that denied incorrectly

The Indiana Health Coverage Programs (IHCP) has identified an issue with its claims processing system. Claims for Healthcare Common Procedure Coding System (HCPCS) code J2274 – *Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10mg* billed with National Drug Code (NDC) 00409113502 may have been denied incorrectly with explanation of benefits (EOB) code 4300 – *Invalid NDC to procedure code combination*.

The claims processing system error is being corrected. Beginning June 15, 2015, providers may resubmit these previously denied claims for reimbursement consideration. This change applies retroactively to fee-for-service claims with dates of service (DOS) on or after **January 1, 2015**. Claims resubmitted beyond the original one-year filing limit must include a copy of this banner page as an attachment and must be filed within one year of the publication date.

Check out the IHCP provider workshops that are coming soon!

Whether you are brand-new to the Indiana Health Coverage Programs (IHCP) or are a long-time provider, you will find a variety of worthwhile offerings in workshops scheduled beginning in May.

Second-quarter provider workshops

The IHCP is offering the following sessions at workshops scheduled throughout the state during May and June:

- **Benefit Packages:** This presentation provides an overview of the various IHCP benefit packages, including brief descriptions of packages, covered services, and delivery systems.
- **Billing Medicaid Secondary:** This session details how to correctly submit claims for members who have other resources, including Traditional Medicare, Medicare Replacement Plans, and commercial insurance plans, available to help pay the cost of medical care. It also outlines how to report changes in a members' primary insurance.
- **MCE Updates and Roundtable:** Anthem, MDwise, and Managed Health Services (MHS) will provide brief updates about Hoosier Care Connect and the Healthy Indiana Plan (HIP), followed by a roundtable to address questions from attendees.

Dental specialty workshop – Dental FFS and DentaQuest

In this session, you will learn valuable information about dental services provided under the fee-for-service (FFS) delivery system. This session, scheduled for dates during May and June, covers Web interChange eligibility inquiry, including how to determine aid categories, delivery systems, third-party liability (TPL) resources, and benefit limitations. Presenters will discuss dental coverage guidelines, as well as common billing issues such as claim filing, check/RA inquiry, claim inquiry, and the copy/void/replacements. DentaQuest, the HIP dental benefits administrator, will provide an overview of its program, including information about creating user accounts, accessing and using the company's web portal, and a general Q&A.

continued



IHCP 101 Workshop

This virtual training session will be offered every third Monday beginning in May 2015 and will cover the basics about providing services under the IHCP. Attendees will learn about the Healthy Indiana Plan (HIP), Hoosier Healthwise, Hoosier Care Connect, and Traditional Medicaid, including the contractors administering these programs, filing claims, obtaining and reading Remittance Advices (RAs), and more. Even better, providers can attend this class from the convenience of their home or office (telephone and computer are required).

For workshop dates and to register, visit the [Provider Education](#) page at indianamedicaid.com.

QUESTIONS?

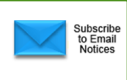
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