IHCP *banner page*

IHCP corrects 2016 annual HCPCS update information and system issues

The Indiana Health Coverage Programs (IHCP) released coverage and billing information for the 2016 Healthcare Common Procedure Coding System (HCPCS) codes in *IHCP Provider Bulletin BT201588*. The IHCP identified necessary corrections to the information in the bulletin, as well as updates to the claims processing system.

Corrections are being made to the prior authorization (PA) requirements published for the new codes noted in Table 1. Coverage for these codes does not require PA. This correction applies retroactively to dates of service (DOS) on or after **January 1, 2016**.

Beginning immediately, providers who received denials with explanation of benefits (EOB) 3001 – *Dates of service not on the P.A. master file* for the codes in Table 1 may resubmit claims for reimbursement consideration. These corrections will be reflected in the next monthly update to the Fee Schedule at indianamedicaid.com.
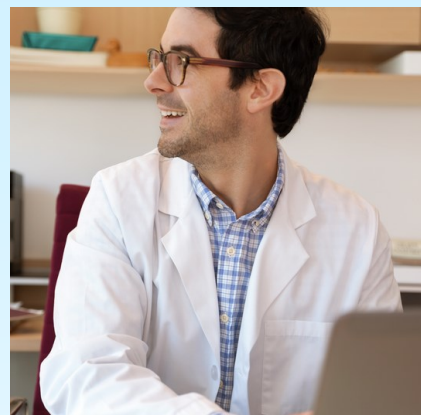
Table 1 – Corrected information for 2016 annual HCPCS codes for DOS on or after January 1, 2016

Procedure Code	Description	Correction
D9223	Deep sedation/general anesthesia – each 15 minute increment	PA not required
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension	PA not required
J7512	Prednisone, immediate release or delayed release, oral 1 mg	PA not required

The IHCP has also identified a claims processing issue that affects claims for HCPCS code D9243 – *Intravenous moderate (conscious) sedation/analgesia –each 15 minute increment*. D9243 is covered for all ages, and PA is necessary for individuals age 21 and over. Incorrect age and PA restrictions were applied to the claims processing system during the annual coverage updates, causing claims for members age 20 and younger to incorrectly deny with the following explanations of benefits (EOBs):

- EOB 3001 – *Dates of service not on the P.A. master file*

- EOB 4034 – *Procedure code billed not compatible with recipient's age. Please verify and resubmit.*

continued

MORE IN THIS ISSUE

- IHCP issues reminders to help minimize 837 claim rejections

The claims processing system has been corrected. Beginning immediately, providers may resubmit previously denied claims for reimbursement consideration.

Affected 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 banner page's publication date.

IHCP issues reminders to help minimize 837 claim rejections

The Indiana Health Coverage Programs (IHCP) has identified a large volume of rejections of 837 electronic claim submissions related to problems with the reported billing provider National Provider Identifier (NPI). These rejections apply to claims processed under the fee-for-service (FFS) delivery system.

When processing 837 transactions, the IHCP uses a system crosswalk to establish a one-to-one match between the reported billing provider NPI and an IHCP Legacy Provider Identifier (LPI) in Indiana*AIM*. A one-to-one match is required to identify the provider's unique service location and to adjudicate the claim properly.

The system crosswalk establishes a one-to-one match by comparing three data elements of the 837 transaction to the IHCP provider enrollment files — the billing provider's NPI, the billing provider's service location ZIP Code + 4, and the billing provider's service location taxonomy code. The billing provider's service location ZIP Code + 4 and taxonomy code are critical for determining a unique service location if the reported NPI is associated with more than one service location.

The following tables provide the correct field loops and segments for the NPI, ZIP Code + 4, and taxonomy code data elements on 837 transactions.

Field locators for billing provider NPI

837P	837I	837D
2010AA loop NM108=XX NM109=NPI	2010AA loop NM108=XX NM109=NPI	2010AA loop NM108=XX NM109=NPI

Field locators for billing provider ZIP Code + 4

837P	837I	837D
2010AA loop N403	2010AA loop N403	2010AA N403

Field locators for billing provider taxonomy code

837P	837I	837D
2000A loop PRV02=ZZ PRV03=taxonomy code	2000A loop PRV02=ZZ PRV03=taxonomy code	2000A loop PRV02=ZZ PRV03=taxonomy code

Providers should verify via Web interChange that these three data elements are correct in their Provider Profiles for all enrolled service locations. Updates to profiles should be made as warranted. In instances where a provider has more than one service location that shares the same NPI, the same ZIP Code + 4, and the same taxonomy, the provider should contact their Provider Relations Field Consultant for assistance. Locate your field consultant on the Provider Relations Field Consultant page at indianamedicaid.com.

Submission Summary Report

Providers who submit batch claims electronically receive a Submission Summary Report (SSR) that displays the results of pre-adjudication edits, also called front-end edits. When the crosswalk data elements for the reported billing provider's NPI do not achieve a one-to-one match to an LPI and alpha service location, the claim is not accepted for processing. Tables 1 and 2 describe common error codes and the corresponding resolutions.

Table 1 – SSR 258 Submission Summary Report error description

Description	Issue	Resolution
Billing NPI tied to multiple LPIs	A one-to-one match between the reported billing provider NPI and a unique LPI/alpha service location cannot be established.	Review your transaction to determine if the necessary data elements are accurate and in the correct field locations on the 837. Resubmit with the correct billing provider ZIP Code + 4 and taxonomy code on file to identify the unique billing provider service location. Providers should contact the EDI Solutions Help Desk for further assistance and clarification of fields and data requirements to resolve this error.

Table 2 – SSR 259 Submission Summary Report error descriptions

Description	Issue	Resolution
Billing NPI not tied to an LPI	The billing provider NPI has not been reported to the IHCP.	The NPI must be reported to the IHCP via the NPI Reporting Tool at indianamedicaid.com. If you are unable to access the NPI Reporting Tool because you no longer have your login credentials, contact your Provider Relations Field Consultant for assistance. Locate your field consultant on the Provider Relations Field Consultants page at indianamedicaid.com.
	The billing provider NPI reported does not match the NPI in the IHCP Provider Profile (for example, the NPI billed to Medicare is different than the NPI reported to IHCP).	Providers should review their Provider Profile via Web interChange to determine the data on file with the IHCP. If the NPI is incorrect or does not match the NPI used for Medicare, the provider should correct the information in the Provider Profile for the service location at issue. Providers can contact Provider Enrollment Customer Service at 1-800-577-1278 for assistance. Providers should contact their Provider Relations Field Consultant for assistance with other issues to determine the proper course of action. Locate your field consultant on the Provider Relations Field Consultants page at indianamedicaid.com.

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