

IHCP *banner page*

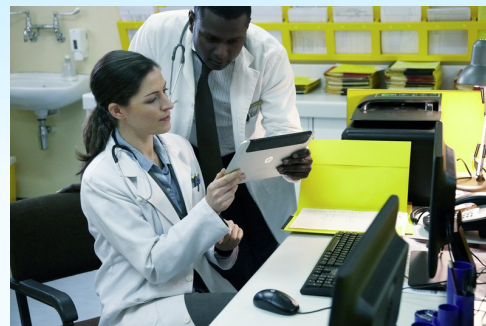
INDIANA HEALTH COVERAGE PROGRAMS

BR201626

JUNE 28, 2016

IHCP identifies claims processing error

A claims processing error that affected claims submitted for payment the week of June 20, 2016, has been identified. A system error prevented claim payments from processing and subsequent posting to Web interChange and 835 Remittance Advices (RAs). The error has been corrected. Claims submitted June 20, 2016, to June 28, 2016, will be processed during the next financial cycle. Providers should begin to see the processed claims on RAs beginning July 5, 2016.



IHCP issues additional billing guidance for applied behavioral analysis services

The Indiana Health Coverage Programs (IHCP) has identified a claims processing system issue affecting claims billed with two or more applied behavioral analysis (ABA) procedure codes for a member for the same date of service (DOS) on the same claim. Claims are being denied with explanation of benefits (EOB) 4181 – *Service denied due to National Correct Coding (NCCI) Edit*.

Denials are occurring based on the NCCI procedure-to-procedure (PTP) edit, regardless of whether the services rendered are legitimately distinct and separate. A common example is when the following two procedure codes are billed together:

- 96151 U1 – *Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment; ABA Therapy Re-assessment provided by BCBA, BCBA-D, or HSPP*
- 96152 U3 – *Health and behavior intervention, each 15 minutes, face-to-face; individual; ABA Therapy provided by RBT.*

As appropriate, in instances where two or more distinct and separate ABA services are rendered to a member on the same DOS, providers should bill one of the modifiers in [Table 1](#) with the procedure codes to indicate such. As a reminder, modifiers U1, U2, and U3 must be in the first modifier position for ABA services. Please see [BT201606](#) for related billing guidance.

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- [IHCP issues correct list of nonreimbursable revenue codes](#)

Table 1 – Modifiers used to indicate separate and distinct services were rendered

Modifier	Description
Modifier XE – <i>Separate Encounter</i>	This modifier should be used if the two services take place as two separate encounters on the same DOS.
Modifier XP – <i>Separate Practitioner</i>	This modifier should be used if the two services are performed by two separate individuals.
Modifier XU – <i>Unusual Separate Service</i>	This modifier should be used when the components of each service do not overlap with one another.

Providers may resubmit claims for ABA services with DOS on or after February 6, 2016, that previously denied for EOB 4181 for reimbursement consideration. 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.

For information regarding NCCI, including PTP edits, please visit the [NCCI](#) web page on the Centers for Medicare & Medicaid Services (CMS) website at cms.gov. IHCP billing guidance and information can be found in the [National Correct Coding Initiative](#) provider reference module.

IHCP issues correct list of nonreimbursable revenue codes

The revenue codes considered nonreimbursable by the Indiana Health Coverage Programs (IHCP) are listed in [Table 2](#). This list does not reflect a change in policy; rather, it corrects a previously published table that was incomplete and thus not in alignment with IHCP policy. This correction will have no impact on the way outpatient claims, including crossover claims, are processed.

As a reminder, the revenue codes in Table 2 are nonreimbursable for one or more of the following reasons:

- A more specific revenue code exists
- IHCP policy requires noncoverage of the revenue code
- Federal policy requires noncoverage of the revenue code
- No covered codes are linked to the revenue code
- The procedure codes identified as billable with the revenue code per national coding guidelines are not reimbursable in the outpatient setting
- The IHCP has never used or reimbursed the revenue code

See the [Claim Submission and Processing](#) provider reference module at indianamedicaid.com for more information. The *Revenue Codes* table on the [Code Sets](#) page at indianamedicaid.com will be updated to reflect this correction.

Table 2 – Revenue codes nonreimbursable by IHCP

Revenue Code	Description
253	Pharmacy-take-home drugs
254	Pharmacy-drugs incident to other diagnostic services
256	Pharmacy-experimental drugs
269	IV therapy-other IV therapy
293	Durable medical equipment (other than renal)-purchase of used DME
299	Durable medical equipment (other than renal)-other equipment
371	Anesthesia-anesthesia incident to radiology
372	Anesthesia-anesthesia incident to other diagnostic services
374	Anesthesia-acupuncture
379	Anesthesia-other anesthesia
380	Blood and blood components-general
381	Blood and blood components-packed red cells
382	Blood and blood components-whole blood
385	Blood and blood components-leukocytes
389	Blood and blood components-other blood and blood components
392	Administration, processing and storage for blood and blood components-processing and storage
399	Administration, processing and storage for blood and blood components-other processing and storage
452	Emergency room-ER beyond EMTALA
500	Outpatient services-general
509	Outpatient services-other outpatient services
522	Freestanding clinic-home visit by RHC/FQHC practitioner
524	Freestanding clinic-visit by RHC/FQHC practitioner to a member in a SNF or skilled swing bed in a covered Part A stay
525	Freestanding clinic-visit by RHC/FQHC practitioner to a member in a SNF (not in a covered Part A stay) or NF or ICF MR or other residential facility
526	Freestanding clinic-urgent care clinic
527	Freestanding clinic-visiting nurse service (s) to a member's home when in a home health shortage area
528	Freestanding clinic-visit by RHC/FQHC practitioner to other non-RHC/FQHC site (e.g. scene of accident)
531	Osteopathic services-osteopathic therapy

continued

Table 2 – Revenue codes nonreimbursable by IHCP (continued)

Revenue Code	Description
539	Osteopathic services-other osteopathic services
550	Visits-Skilled nursing-general
560	Home health (HH)-medical social services-general
562	Home health (HH)-medical social services-hourly charge
569	Home health (HH)-medical social services-other medical social services
570	Home health (HH) aide-general
571	Home health (HH) aide-visit charge
579	Home health (HH) aide-other home health aide
580	Home health (HH)-other visits-general
581	Home health (HH)-other visits-visit charge
582	Home health (HH)-other visits-hourly charge
583	Home health (HH)-other visits-assessment
589	Home health (HH)-other visits-other home health visits
590	Home health (HH) units of service-general
600	Home health (HH)-oxygen-general
601	Home health (HH)-oxygen-stat equip/supply/contents
602	Home health (HH)-oxygen-stat equip/supply<1 LPM
603	Home health (HH)-oxygen-stat equip/supply>4 LPM
604	Home health (HH)-oxygen-oxygen port add-on
609	Home health (HH)-oxygen-oxygen-other
623	Medical/surgical supplies-extension of 027X-surgical dressings
624	Medical/surgical supplies-extension of 027X-FDA investigational devices
631	Pharmacy-extension of 025X-single source drug
632	Pharmacy-extension of 025X-multiple source drug
633	Pharmacy-extension of 025X-restrictive prescription

continued

Table 2 – Revenue codes nonreimbursable by IHCP (continued)

Revenue Code	Description
637	Pharmacy-extension of 025X-self-administrable drugs
640	Home IV therapy services-general
641	Home IV therapy services-nonroutine nursing, central line
642	Home IV therapy services-IV site care, central line
643	Home IV therapy services-IV start/change, peripheral line
644	Home IV therapy services-nonroutine nursing, peripheral line
645	Home IV therapy services-training patient/caregiver, central line
646	Home IV therapy services-training, disabled patient, central line
647	Home IV therapy services-training, patient/caregiver, peripheral line
648	Home IV therapy services-training, disabled patient, peripheral line
649	Home IV therapy services-other IV therapy services
650	Hospice service-general
658	Hospice service-hospice room & board-nursing facility
660	Respite care-general
661	Respite care-hourly charge-nursing
662	Respite care-hourly charge/aide/homemaker/companion
663	Respite care-daily respite charge
669	Respite care-other respite care
670	Outpatient special residence charges-general
671	Outpatient special residence charges-hospital owned
672	Outpatient special residence charges-contracted
679	Outpatient special residence charges-other special residence charges
681	Trauma response-Level I
682	Trauma response-Level II
683	Trauma response-Level III
684	Trauma response-Level IV
689	Trauma response-other trauma response
722	Labor room/delivery-delivery

continued

Table 2 – Revenue codes nonreimbursable by IHCP (continued)

Revenue Code	Description
723	Labor room/delivery-circumcision
729	Labor room/delivery-other labor room/delivery
769	Specialty services-other specialty services
770	Preventive care services-general
771	Preventive care services-vaccine administration
810	Acquisition of body components-general
811	Acquisition of body components-living donor
812	Acquisition of body components-cadaver donor
813	Acquisition of body components-unknown donor
814	Acquisition of body components-unsuccessful organ search-donor bank charges
819	Acquisition of body components-other donor
822	Sessions hemodialysis-outpatient or home-home supplies
824	Sessions hemodialysis-outpatient or home-maintenance-100%
832	Sessions peritoneal dialysis-outpatient or home-home supplies
833	Sessions peritoneal dialysis-outpatient or home-home equipment
834	Sessions peritoneal dialysis-outpatient or home-maintenance-100%
835	Sessions peritoneal dialysis-outpatient or home-support services
839	Sessions peritoneal dialysis-outpatient or home-other outpatient peritoneal dialysis
843	Continuous ambulatory peritoneal dialysis (CAPD)-outpatient or home-home equipment
852	Continuous cycling peritoneal dialysis (CCPD)-outpatient or home-home supplies
853	Continuous cycling peritoneal dialysis (CCPD)-outpatient or home-home equipment
854	Continuous cycling peritoneal dialysis (CCPD)-outpatient or home-maintenance-100%
859	Continuous cycling peritoneal dialysis (CCPD)-outpatient or home-other outpatient CCPD
880	Miscellaneous dialysis-general
882	Miscellaneous dialysis-home dialysis aid visit
889	Miscellaneous dialysis-other miscellaneous dialysis

continued

Table 2 – Revenue codes nonreimbursable by IHCP (continued)

Revenue Code	Description
900	Behavioral health treatments/services (also see 091X, an extension of 090X)-general
901	Behavioral health treatments/services (also see 091X, an extension of 090X)-electroshock treatment
902	Behavioral health treatments/services (also see 091X, an extension of 090X)-milieu therapy
903	Behavioral health treatments/services (also see 091X, an extension of 090X)-play therapy
904	Behavioral health treatments/services (also see 091X, an extension of 090X)-activity therapy
905	Behavioral health treatments/services (also see 091X, an extension of 090X)-intensive outpatient services-psychiatric
906	Behavioral health treatments/services (also see 091X, an extension of 090X)-intensive outpatient services-chemical dependency
907	Behavioral health treatments/services (also see 091X, an extension of 090X)-community behavioral health program (day treatment)
911	Behavioral health treatments/services-extension of 090X-rehabilitation
912	Behavioral health treatments/services-extension of 090X-partial hospitalization-less intensive
913	Behavioral health treatments/services-extension of 090X-partial hospitalization-intensive
914	Behavioral health treatments/services-extension of 090X-individual therapy
915	Behavioral health treatments/services-extension of 090X-group therapy
916	Behavioral health treatments/services-extension of 090X-family therapy
917	Behavioral health treatments/services-extension of 090X-bio feedback
918	Behavioral health treatments/services-extension of 090X-testing
919	Behavioral health treatments/services-extension of 090X-other behavioral health treatments/services
941	Other therapeutic services (see also 095X, an extension of 094X)-recreational therapy
942	Other therapeutic services (see also 095X, an extension of 094X)-education/training
943	Other therapeutic services (see also 095X, an extension of 094X)-cardiac rehabilitation
944	Other therapeutic services (see also 095X, an extension of 094X)-drug rehabilitation
945	Other therapeutic services (see also 095X, an extension of 094X)-alcohol rehabilitation
946	Other therapeutic services (see also 095X, an extension of 094X)-complex medical equipment-routine
947	Other therapeutic services (see also 095X, an extension of 094X)-complex medical equipment-ancillary

continued

Table 2 – Revenue codes nonreimbursable by IHCP (continued)

Revenue Code	Description
948	Other therapeutic services (see also 095X, an extension of 094X)-pulmonary rehabilitation
949	Other therapeutic services (see also 095X, an extension of 094X)-other therapeutic services
951	Other therapeutic services (extension of 094X)-athletic training
952	Other therapeutic services (extension of 094X)-kinesiotherapy
960	Professional fees (see also 097X and 098X)-general
962	Professional fees (see also 097X and 098X)-ophthalmology
963	Professional fees (see also 097X and 098X)-anesthesiologist (MD)
964	Professional fees (see also 097X and 098X)-anesthetist (CRNA)
969	Professional fees (see also 097X and 098X)-other professional fees
971	Professional fees (extension of 096X)-laboratory
972	Professional fees (extension of 096X)-radiology-diagnostic
973	Professional fees (extension of 096X)-radiology-therapeutic
974	Professional fees (extension of 096X)-radiology-nuclear
975	Professional fees (extension of 096X)-operating room
977	Professional fees (extension of 096X)-physical therapy
978	Professional fees (extension of 096X)-occupational therapy
981	Professional fees (extension of 096X and 097X)-emergency room
982	Professional fees (extension of 096X and 097X)-outpatient services
983	Professional fees (extension of 096X and 097X)-clinic
985	Professional fees (extension of 096X and 097X)-EKG
987	Professional fees (extension of 096X and 097X)-hospital visit
988	Professional fees (extension of 096X and 097X)-consultation
989	Professional fees (extension of 096X and 097X)-private-duty nurse
990	Patient convenience items-general
991	Patient convenience items-cafeteria/guest tray
992	Patient convenience items-private linen service
993	Patient convenience items-telephone/telecom

continued

Table 2 – Revenue codes nonreimbursable by IHCP (continued)

Revenue Code	Description
994	Patient convenience items-TV/radio
995	Patient convenience items-nonpatient room rentals
996	Patient convenience items-late discharge
997	Patient convenience items-admission kits
998	Patient convenience items-beauty shop/barber
999	Patient convenience items-other convenience items

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