

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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HCPCS code J3301 linked to provider specialty 180 – Optometrist

Effective March 9, 2017, the Indiana Health Coverage Programs (IHCP) will link Healthcare Common Procedure Coding System (HCPCS) J3301 – *Injection, Triamcinolone Acetonide, not otherwise classified, 10mg*, to provider specialty 180 – *Optometrist*. This linkage applies to fee-for-service (FFS) claims with dates of service (DOS) on or after March 9, 2017.

This change will be reflected in the next update to the Vision code table on the [Code Sets](#) web page at indianamedicaid.com. Providers should refer to the [Vision Services](#) module for billing instructions.



CPT code 99000 linked to provider specialty 150 – Chiropractic

Effective March 9, 2017, the Indiana Health Coverage Programs (IHCP) will link Current Procedural Terminology (CPT^{®1}) code 99000 – *Handling and/or conveyance of specimen for transfer from the office to a laboratory* to provider specialty 150 – *Chiropractic Services*. This linkage applies to fee-for-service (FFS) claims with dates of service (DOS) on or after March 9, 2017.

Effective March 9, 2017, the IHCP will remove CPT code 82270 – *Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces; consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)* from provider specialty 150 – *Chiropractic Services*, in accordance with *Indiana Code (IC) 25-10-1-1*. This change applies to FFS claims with DOS on or after March 9, 2017.

These changes will be reflected in the next update to the *Chiropractic Services Codes* table on the [Code Sets](#) web page at indianamedicaid.com. Providers should refer to the [Chiropractic Services](#) module for billing instructions.

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IHCP clarifies TPL detail reporting policy

Indiana Healthcare Coverage Programs (IHCP) *Provider Bulletin* [BT201667](#) offered billing guidance for reporting third-party liability (TPL) and Medicare information at the detail level on claims. Information is provided here to clarify IHCP reporting policies. Claims processed in the new CoreMMIS claim-processing system must comply with these requirements for proper adjudication.

The claim types that will require TPL at the detail level include:

- Medical
- Medical crossover (claim type B only)
- Dental
- Home health
- Outpatient

The claim types that require Medicare information (such as Medicare paid amount, deductible, coinsurance, copayment, blood deductible, and psych reductions, as applicable) at the detail level include:

- Medical crossover
- Outpatient crossover

All inpatient and long-term care claims will continue to process TPL and Medicare information at the header level.

MRO, MRT, and PASRR claims may have denied incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects claims submitted for Medical Review Team (MRT), Medicaid Rehabilitation Option (MRO), and Pre-Admission Screening and Resident Review (PASRR) services with dates of service (DOS) on or after February 1, 2015. Fee-for-service (FFS) claims for MRO, MRT, and PASRR services may have denied inappropriately for explanation of benefits (EOB) 2042 or 2043 – *HIP or HCC members are not eligible for services*.

The claim-processing system has been corrected. Claims or claim details for DOS on or after February 1, 2015, that previously denied for EOB 2042 or 2043 will be mass adjusted or mass reprocessed, as appropriate. These claims will be adjusted or reprocessed in the new CoreMMIS system. Providers should begin seeing the adjusted or reprocessed claims on Remittance Advices (RAs) starting the week of March 13, 2017, with internal control numbers (ICN) that begin with 52 (mass adjustment) or 80 (mass reprocessed). For claims that were underpaid, the net difference will be paid and reflected on the RA.

First-quarter 2017 IHCP provider workshops

The Indiana Health Coverage Programs (IHCP) is offering 11 one-day educational workshops from 9 a.m. to 3:30 p.m. to providers on the dates and at the locations in the following table.

Table 1 – Dates and locations for first-quarter 2017 provider workshops

Date	Location	Address
February 16, 2017	Indiana University Health Methodist Hospital Petticrew Auditorium	1701 North Senate Boulevard Indianapolis, Indiana (Parking is \$5)
February 23, 2017	Indiana University Health Methodist Hospital Petticrew Auditorium	1701 North Senate Boulevard Indianapolis, Indiana (Parking is \$5)
February 28, 2017	St. Joseph Regional Hospital Lower Level Conference Room	5215 Holy Cross Parkway Mishawaka, Indiana
March 2, 2017	St. Catherine Hospital Training Room	4321 Fir Street East Chicago, Indiana
March 7, 2017	Lutheran Hospital Kachmann Auditorium	7950 West Jefferson Boulevard Fort Wayne, Indiana
March 9, 2017	Union Hospital Landsbaum Auditorium	1433 North 6 1/2 Street Terre Haute, Indiana
March 16, 2017	Wabash Valley Alliance Medical Center Fourth Floor	415 North 26 th Street Lafayette, Indiana
March 21, 2017	Columbus Regional Hospital Kroot Auditorium	2400 East 17 th Street Columbus, Indiana
March 23, 2017	Deaconess Hospital Bernard Schnacke Auditorium	600 Mary Street Evansville, Indiana
March 28, 2017	Baptist Health Floyd Paris Health Education Center Rooms 1 and 2	1850 State Street New Albany, Indiana
March 30, 2017	Reid Hospital Lingle Auditorium	1100 Reid Parkway Richmond, Indiana

Workshop Registration

To register, visit the [Workshop Registration](#) page at indianamedicaid.com. The registration page provides instructions, including the Workshop Registration Tool Quick Reference. If you register online, you will receive immediate confirmation. **Be sure to register early, as workshops fill up quickly.**

Session descriptions

Each workshop will feature the following sessions:

- **Anthem – Medicaid 101 Managed Care in Indiana** (9 a.m.-9:30 a.m.) – Learn the various Indiana Medicaid managed care products and general scope of services available. Learn about multiple resources available to providers in support of Anthem IHCP members. Anthem will provide a high-level overview of Hoosier Healthwise, Healthy Indiana Plan (HIP), and Hoosier Care Connect, along with 2017 provider updates.
- **MDwise – MDwise Updates 2017** (9:30 a.m.-10 a.m.) – The MDwise Provider Relations team will review the history of MDwise and its updated delivery system model. Presenters will also discuss the new claims vendor Valence, give an in-depth look at claim submission and processing using the new vendor, and announce a new way to submit claim disputes. This presentation will also give attendees important pharmacy and prior authorization updates, as well as a look at MDwise's care management and behavioral health services.
- **Managed Health Services (MHS) – MHS Updates 2017** (10 a.m.-10:30 a.m.) – This session encompasses MHS provider updates including pharmacy benefits, transportation benefits, prior authorization updates for radiology and durable medical equipment (DME) services, claim reminders, and dental updates. This session will also include a general Personal Wellness and Responsibility (POWER) Account overview.
- **CareSource – Introducing CareSource** (10:45 a.m.-11:30 a.m.) – Join your local provider engagement specialist to learn how CareSource provides “Healthcare with Heart” to not only patients but providers too! Topics include CareSource's mission and pledge, covered and noncovered services, prior authorization requirements, sample ID cards, provider resources, and Provider Portal. CareSource looks forward to meeting you.
- **FSSA Program Integrity: A Quality-Based Approach to a Collaborative Future** (12:30 p.m.-1 p.m.) – The Family and Social Services Administration (FSSA) Program Integrity staff members discuss changes and restructuring of quality initiatives within the FSSA and introduce providers to vendors chosen to lead future program integrity efforts for the FSSA. Finally, the session includes updated lists of recent audit trends, proposed audit topics for 2017, and educational information.
- **Hewlett Packard Enterprise (HPE) – Provider Healthcare Portal Overview and CoreMMIS Billing Guidance** (1 p.m.-2:30 p.m.) – This session includes an overview and helpful tips for the new Provider Healthcare Portal Member Management and Care Management panels. Also included in this session will be a review of the Core Medicaid Management Information System (CoreMMIS) billing guidelines to clarify some of the changes providers will see as claims process through the CoreMMIS. The information will be based on [BT201667](#), [BT201669](#), and [BT201671](#), so it is recommended attendees review the bulletins prior to the workshop.
- **MCE and Hewlett Packard Enterprise (HPE) Roundtable** (2:45 p.m.-3:30 p.m.) – This session provides an open forum where providers can ask questions or discuss issues with managed care entities (MCEs) and HPE.

Presentations are posted on the [First-Quarter Provider Workshops](#) page at indianamedicaid.com. Providers should print copies of the presentations for reference, if desired. Paper copies of the presentations will not be provided at the workshops.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-577-1278.

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