IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201712 MARCH 21, 2017

PE application currently inaccessible on the Portal for members with MRT and PASRR-only coverage

The Indiana Health Coverage Programs (IHCP) has identified a system issue in *Core*MMIS that inappropriately prevents presumptive eligibility (PE) qualified providers (QPs) from accessing a PE application on the Portal for members assigned to certain limited benefit plans. The Medical Review Team (MRT) and Pre-Admission Screening and Resident Review (PASRR) benefit plans cover examination and screening services only. Members assigned to the MRT or PASRR benefit plans are potentially eligible for other benefit plans that may provide coverage for additional services. Because of this, the presumptive eligibility process should be available to these members.

Pending a systematic resolution to this issue, PE QPs should submit applications for these members by email to PresumptiveEligibility@fssa.IN.gov for processing. An email to the preceding address requesting a presumptive eligibility determination for the applicant will be considered an official application submission. All submissions must include the qualified provider's Provider ID (formerly Legacy Provider Identifier). Answers to all required questions on the application – either the Presumptive Eligibility for Pregnant Women application or the Presumptive Eligibility application – must be provided.

IHCP adds prenatal care diagnosis code to bypass TPL

The Indiana Health Coverage Programs (IHCP) announced 2016 updates of the International Classification of Diseases, Tenth Revision (ICD-10), diagnosis and procedure codes in IHCP Bulletin *BT201653*. The IHCP is adding ICD-10 diagnosis code O16.2 – *Unspecified maternal hypertension, second trimester* to the list of prenatal diagnosis codes that bypass third-party liability (TPL) edits.

This addition is retroactive to claims with dates of service on or after **October 1, 2016**. The IHCP is in the process of updating the *Prenatal and Preventive Pediatric Care Diagnosis Codes That Bypass Cost Avoidance* (or TPL) code tables at indianamedicaid.com with this and other 2016 ICD-10 diagnosis codes. Until those updates are made, providers should refer to this banner and to *BT201653* for ICD-10 diagnosis codes effective on or after October 1, 2016. Providers may review the full list of new, revised, and discontinued codes at the Centers for Medicare & Medicaid Services (CMS) website at cms.gov.

MORE IN THIS ISSUE

IHCP to mass adjust claims paid in error for deleted codes G0477, G0478, and G0479

The Indiana Health Coverage Programs (IHCP) has identified a claim processing system issue affecting claims for the Healthcare Common Procedure Coding System (HCPCS) codes in Table 1. These codes were deleted by the Center for Medicare & Medicaid Services (CMS) effective December 31, 2016, but, in error, were not end-dated in *Core*MMIS. This error was corrected January 20, 2017.

Claims for HCPCS codes G0477, G0478, and G0479 with dates of service (DOS) from January 1, 2017, through January 20, 2017, that paid in error will be mass adjusted. Adjustments should begin appearing on the provider Remittance Advice (RA) beginning April 25, 2017, with Claim IDs (formerly Internal Control Numbers) that begin with 52 (mass replacements non-check related). If a claim was overpaid, the net difference appears as an accounts receivable. The accounts receivable will be recouped at 100% from future claims paid to the respective provider number.

Table 1 – Deleted procedure codes that paid in error for DOS from January 1, 2017, through January 20, 2017

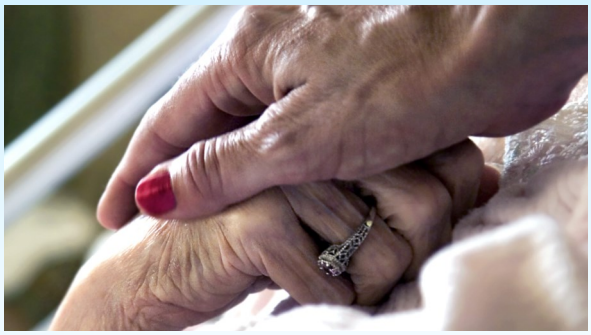
HCPCS Code	Description
G0477	*Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service*
G0478	*Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) read by instrument-assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service*
G0479	*Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers utilizing immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service*

Reminder: Paper claims with TPL or Medicare information must include the special attachment form

Providers submitting paper claims with third-party liability or Medicare information must include the *Third-Party Liability (TPL)/Medicare Special Attachment Form* with their claims. Failure to include this form will cause claims to deny. For additional information about using this form, see *BT201667*. The *Special Attachment Form*, as well as updated instructions for completing the attachment, are available on the *Forms* page at indianamedicaid.com. Claims submitted through the Portal or through the Electronic Data Interchange are not required to include this form; however, TPL and Medicare information must be provided at the detail level for certain claim types. Please see *Core*MMIS *Bulletin BT201667* and *Banner Page BR201706* for details and clarification.

Nursing home (LTC) patient liability reporting zero or missing

The Indiana Health Coverage Programs (IHCP) has identified a system issue that results in an incorrect reporting of nursing home patient liability amounts (known as personal resource contribution) for some members. The patient liability may show as $0.00 or may not show at all for a particular month when, in fact, the member does have a patient liability greater than $0.00.



Initial research shows this issue affects patient liability amounts for January through March and does not impact every member in a long-term care (LTC) facility. Research continues to determine the root cause of the issue.

Long-term care (LTC), hospice, and other claim payments that typically would be reduced by the member's liability amount will be overpaid until the issue is identified and corrected. Claims affected by this issue will be systematically reprocessed to correctly apply the patient liability reduction after this issue is resolved. Please watch upcoming IHCP publications for additional information.

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