

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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## IHCP will mass adjust outpatient claims for procedure/revenue code linkages that paid inappropriately



The Indiana Health Coverage Programs (IHCP) has identified a claims processing issue that affects certain fee-for-service (FFS) outpatient claims with dates of service (DOS) on or after January 1, 2017. Outpatient FFS claims billed with the Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology<sup>®1</sup> code and revenue code linkages listed in Table 1 may have paid inappropriately with explanation of benefits (EOB) 9914 – *Pricing Adjustment – Revenue Code flat rate pricing applied*. These procedure code/revenue code linkages are contrary to IHCP billing policy and were included in the claim processing system in error.

*Table 1 – Incorrect procedure code/revenue code linkages that paid inappropriately for DOS on or after January 1, 2017*

Revenue code	CPT/HCPCS code
250	J0570, J0883, J0884, J1942, J2182, J2786, J2840, J7175, J7179, J7202, J7207, J7209, J8670, J9034, J9145, J9176, J9205, J9295, J9325, J9352
270	A4467
271	A4467
279	A4467
329	92242
370	99151, 99152, 99153, 99155, 99156, 99157
379	99151, 99152, 99153, 99155, 99156, 99157
490	36907, 36908, 36909, 37246, 37248. 43284, 58674, 62380
515	36901

The claims processing system has been corrected. Claims for DOS on or after January 1, 2017, with the indicated procedure code/revenue code linkages that paid inappropriately will be mass recouped. Providers should begin to see the recoupments on Remittance Advices (RAs) beginning May 23, 2017, with internal control numbers (ICNs)/Claim IDs that begin with 56 – *Mass void request or single-claim void (paper or SUR full recoupments)*. For claims that were 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.

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### MORE IN THIS ISSUE

- [IHCP reminds transportation providers about correct use of HCPCS codes T2003/T2004](#)

## IHCP reminds transportation providers about correct use of HCPCS codes T2003/T2004

Transportation providers are reminded to follow the billing guidance outlined below when transporting a member as a single passenger in one trip and as one of multiple passengers in a second trip on the same date of service (DOS).

- Bill the single-passenger trip using Healthcare Common Procedure Coding System (HCPCS) code T2003 – *Non-emergency transport; encounter/trip*
- Bill the multiple-passenger trip using HCPCS code T2004 – *Non-emergency transport; commercial carrier, multi-passenger* **along with modifier XE** – *Separate encounter, a service that is distinct because it occurred during a separate encounter.*  
(Note: It is not appropriate to use modifier 59 – *Distinct procedural service* in this instance.)



Following this billing guidance allows the claim to accurately bypass National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) explanation of benefits (EOB) code 6396 – *This service is not payable with another service on the same date of service due to National Correct Coding Initiative.*

### QUESTIONS?

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