

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201731

AUGUST 1, 2017

IHCP to cover HCPCS code S0073- Aztreonam, injection, 500 mg

Effective September 1, 2017, the Indiana Health Coverage Programs (IHCP) will cover Healthcare Common Procedure Coding System (HCPCS) S0073 – *Aztreonam, injection, 500mg*. Coverage applies to all IHCP programs, subject to limitations established for certain benefit plans. Coverage applies to dates of service on or after September 1, 2017. The following reimbursement information applies:

- Pricing: \$14.34
- Prior authorization (PA): None required
- Billing guidance: National Drug Code (NDC) required



These changes will be reflected in the [Procedure Codes That Require National Drug Codes \(NDCs\)](#) code table on the [Code Sets](#) web page, and in the next regular update to the [Professional Fee Schedule](#) at indianamedicaid.com. Reimbursement, PA, and billing information apply to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system.

IHCP to mass-adjust or mass-reprocess claims for crisis intervention services

Indiana Health Coverage Programs (IHCP) banner page [BR201641](#) notified providers that the IHCP would mass-adjust or mass-reprocess Healthy Indiana Plan (HIP) and Hoosier Care Connect claims for crisis intervention services (processed as fee-for-service claims) that denied inappropriately. This applied to claims for Healthcare Common Procedure Coding System (HCPCS) code H2011 HW – *Crisis intervention service, per 15 minutes*, with dates of service on or after February 1, 2015.

The IHCP has determined that not all claims which denied inappropriately were captured in the mass-adjustment and mass-reprocessing that previously occurred. As missed claims are identified, the IHCP continues to adjust or reprocess the claims, as appropriate.

Providers should see claims affected by this issue on Remittance Advices (RAs) beginning August 1, 2017. These claims will be identified by internal control numbers (ICNs)/ Claim IDs that begin with 52 (mass replacement non-check related) and 80 (reprocessed denied claims). For claims that were underpaid, the net difference will be paid and reflected on the RA.

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IHCP providers experiencing delays with provider enrollment transactions

The Indiana Health Coverage Programs (IHCP) currently has a backlog of inventory for provider enrollment transactions. System changes, in combination with the volume of provider enrollment applications, revalidations, and profile updates, have resulted in processing challenges and delays.

Enrollment transactions are being worked based upon the date received, with the oldest being worked first. Due to the increased time frame required to process requests, providers should plan to submit transactions as early as possible. In particular, applications for enrollment revalidation should be submitted as early as 90 days before the revalidation deadline.

Providers are strongly encouraged to use the Provider Healthcare Portal (Portal) for all submissions, if possible, as electronic transactions can be processed more efficiently than paper submissions. Not only is the Portal designed to reduce errors in initial submissions, but the Portal also provides an application tracking number (ATN) that is helpful in tracking subsequent submissions if follow-up is needed for missing information or documents.

The IHCP is making every effort to process enrollment paperwork and reduce inventory to normal levels as quickly as possible. Providers can use the ATN generated through the Portal to track the status of pending enrollment transactions.

IHCP extends deadline to update rendering provider linkages for proper claim adjudication to January 1, 2018

In numerous publications the Indiana Health Coverage Programs (IHCP) has reminded providers that correct rendering/group provider linkages are essential to the proper adjudication of rendering provider claims. Claims billed for services performed by rendering providers not linked to the **specific service location on the claim** deny for EOB 1010 – *Rendering provider is not an eligible member of billing group or the group provider number is reported as rendering provider. Please verify provider and resubmit.*

IHCP policy requires rendering providers to be linked to the specific locations where they render services for a group practice. Further, a rendering provider's services may not be billed for a service location to which he or she is not linked.

Group providers must ensure that the provider profile for each group location has the correct rendering providers linked with accurate effective and end dates.

In banner page [BR201719](#), the IHCP announced that EOB 1010 would temporarily be converted to a "post-and-pay" status to allow providers time to submit enrollment updates to appropriately link rendering providers to group locations. A "post-and-pay" status means the claim-processing system allows claims and claim details with this issue to pay, even though the EOB 1010 message continues to post on the Remittance Advice (RA). **This temporary conversion was originally scheduled to end as of August 31, 2017. The IHCP is extending this temporary workaround through December 31, 2017. Effective January 1, 2018 the EOB 1010 edit will revert to a denial status.**

Providers should review their RAs in detail, note any EOB 1010s, and update rendering providers in service location profiles as necessary. Providers are encouraged to submit these updates as soon as possible to allow for processing before January 1, 2018.

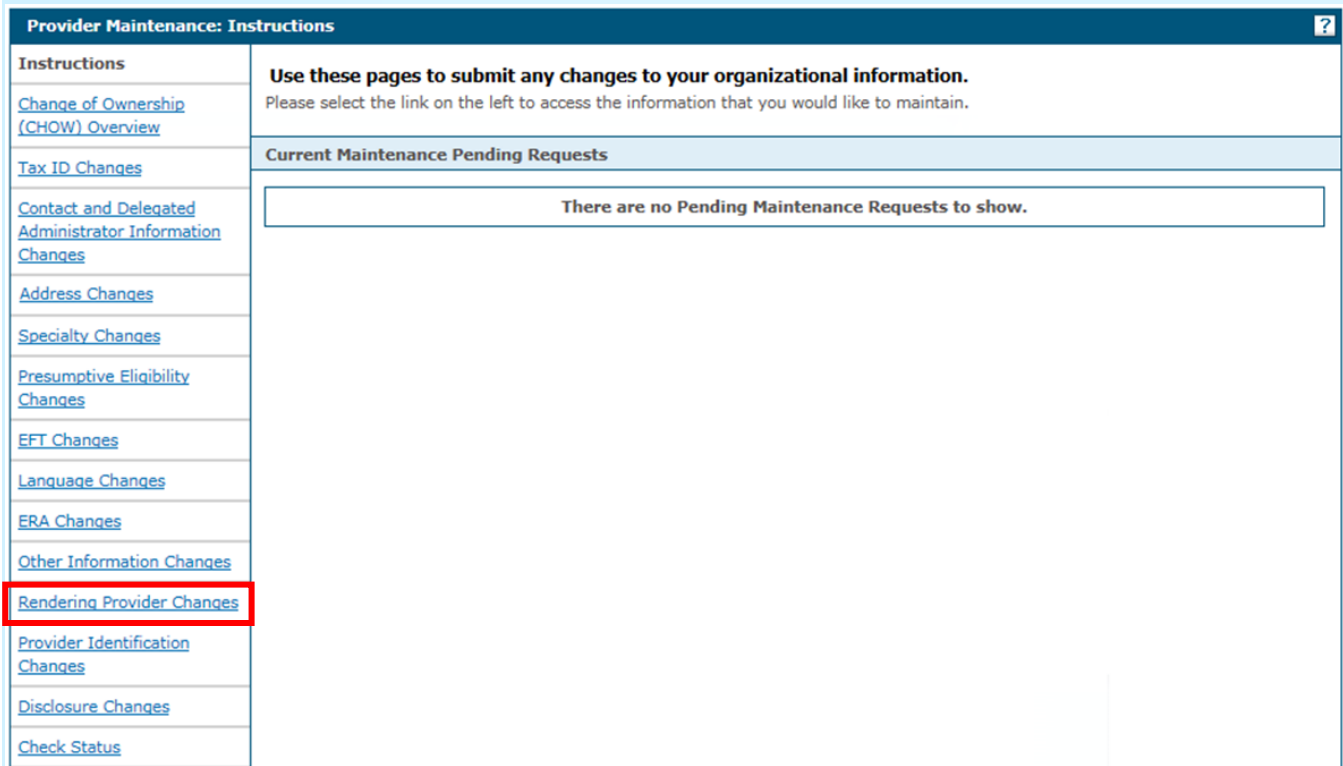
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Reviewing and updating rendering provider linkages in the Portal

Rendering providers must be linked to **each service location** where they render services for the group practice. Group providers must review and update the rendering provider linkages in the provider profile for each service location enrolled with the IHCP. After logging into a service location's *Provider* account on the Provider Healthcare Portal (Portal), group providers should follow these steps to update their profiles.

1. On the *My Home* page of the Portal, click **Provider Maintenance** in the left navigation panel to open the *Provider Maintenance Instructions* page (pictured in Figure 1).
2. Click **Rendering Provider Changes** in the left navigation panel.

Figure 1 – Provider Maintenance Instructions page



3. On the *Provider Maintenance: Rendering Providers* page, review the list of providers to confirm that all rendering providers are correctly linked (see [Figure 2](#)). From this page, group providers can remove rendering providers from the group service location or add active IHCP-enrolled rendering providers to the group service location. (**Note:** Only 10 rendering providers display on each page. Click the page numbers at the bottom right to move between pages.)
4. If a rendering provider is listed that no longer delivers services from that service location, click **Remove** under the Action column for that provider. This action removes the linkage to the location; it will not affect the rendering provider's linkages to other locations or their IHCP enrollment (see [Figure 2](#)).

continued

Figure 2 – The Provider Maintenance: Rendering Providers page

Provider Maintenance: Rendering Providers ?

Rendering Providers

If you are adding new rendering providers, you will be required to supply a Rendering Agreement and Attestation Form for each. You are allowed to upload up to **10** Rendering Agreement and Attestation Forms. Any additional forms must be sent by mail along with the ATN coversheet presented at the end of this process.

* Indicates a required field.

*Rendering Linkage Effective Date

*Either a Provider ID or NPI is required.

Only currently enrolled rendering providers can be added to this group provider

NPI Provider ID

*I accept

I attest that a signed Rendering Provider Agreement and Attestation Form will be sent by mail along with the coversheet furnished at the end of this application submission. Please use the link below to obtain a copy of the most current Rendering Provider Agreement and Attestation Form. Both the group's owner or authorized official and the rendering provider must sign this form.

[Rendering Provider Agreement and Attestation Form](#)

Click the **Remove** link to remove the row.

Total Records: 5				
NPI	Provider ID	Name	Rendering Linkage Effective Date	Action
1001001001	100100100	XXSMITH, JOHN X	02/06/2013	Remove
2002002002	200200200	XXGREEN, ADAM X	05/01/2017	Remove
3003003003	300300300	XXDOE, JANE X	02/05/2016	Remove
4004004004	400400400	XXBROWN, MARY X	09/06/2016	Remove
5005005005	500500500	XXJONES, SUE X	02/05/2016	Remove

5. If an **IHCP-enrolled** rendering provider that delivers services from that location is not listed, complete the requested information and click **Add**.
 - Enter an effective date in the Rendering Linkage Effective Date field.
 - Enter a Provider ID (formerly known as a Legacy Provider Identifier [LPI], plus the service location code) or a National Provider Identifier (NPI) in the appropriate field.
(Waiver and other atypical providers must enter a Provider ID.)
 - Select the **I Accept** check box. Click **Rendering Provider Agreement and Attestation Form** for this rendering provider and print the agreement for signature and mailing or uploading.

continued

- Click **Add** to save the information.

If there are more rendering providers to add to this group location, repeat step 5 to add another rendering provider. **Add all rendering providers BEFORE clicking Submit.** Clicking **Submit** ends the maintenance transaction session, and the changes submitted must be fully processed before further changes can be made to the provider profile for the location.

6. When you are finished removing and adding rendering providers for the location, click **Submit** to complete the task and follow the system prompts.
7. You can electronically attach up to 10 signed Rendering Provider Agreement and Attestation forms to the Portal submission. If you have more than 10 rendering provider forms to submit, the remaining must be sent by mail.
8. If you are sending any forms by mail, print a cover sheet with an application tracking number (ATN) to attach to the signed Rendering Provider Agreement and Attestation forms. Only one cover sheet is needed per mailing. Mail all forms and the cover sheet to the post office box noted on the cover sheet.

Note: The *Provider Maintenance* function of the Portal is used by group providers **only** when adding (linking) rendering providers that are **already actively enrolled in the IHCP**. If a group wants to add a rendering provider that is not yet enrolled in the IHCP, the group must first enroll the rendering provider through the *Provider Enrollment* function on the Portal – before completing a linkage request.

Providers may resubmit claims that denied inappropriately for EOB 2504

The Indiana Health Coverage Programs (IHCP) identified an issue in *CoreMMIS* that affected claims to which a member's primary insurance applied 100% of the allowed amount to the member's deductible. This issue caused some claims to be denied inappropriately for explanation of benefits (EOB) 2504 - *This member is covered by private insurance which must be billed prior to Medicaid*. Claims processed on or after February 13, 2017, when *CoreMMIS* was implemented, were affected by this issue.

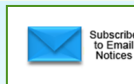
Effective immediately, providers with claims processed in *CoreMMIS* that denied incorrectly for EOB 2504 may resubmit the previously denied claims for reimbursement consideration. Claims resubmitted beyond the one-year filing limit must include a copy of this banner page as an attachment and must be resubmitted within one year of publication.

QUESTIONS?

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