IHCP *banner page*

IHCP to update CLIA certificate of waiver for code 87633

Procedure codes associated with laboratory testing are regulated under the Clinical Laboratory Improvement Amendment (CLIA). The Indiana Health Coverage Programs (IHCP) policy requires compliance with the Centers for Medicare & Medicaid Services (CMS) recommendations regarding CLIA regulations under all IHCP programs, whether managed care or fee-for-service (FFS).

Effective November 10, 2017, the *Core*MMIS claim-processing system will be updated for Current Procedural Terminology (CPT[1]) code 87633 - *Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets*.

Code 87633 was considered a CLIA-waived test as of October 7, 2016. Claims for code 87633 with dates of service (DOS) on or after that date will be billable by laboratories that qualify for the CLIA certificate of waiver. The FFS claim-processing system will be updated to classify CPT code 87663 as a CLIA-waived test. This change applies retroactively to DOS on or after **October 7, 2016**.

Beginning on November 10, 2017, providers may resubmit claims for code 87633 for DOS on or after October 7, 2016, that denied for explanation of benefits (EOB) 4208 – *Invalid CLIA certification/procedure code combination*, for reimbursement consideration. Claims resubmitted beyond the original one year filing limit must include this banner page as an attachment and must be filed within one year of the publication date.

[1]*CPT copyright 2016 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.*

IHCP to add attachment requirement when billing HCPCS code S8121

Effective November 10, 2017, the Indiana Health Coverage Program (IHCP) will add an attachment requirement when billing Healthcare Common Procedure Coding System (HCPCS) code S8121 – *Oxygen contents, liquid, 1 unit equals 1 pound*. This procedure code continues to be manually priced, however, claims for this code will require the manufacturer's suggested retail price (MSRP) or cost invoice be attached to the claim. This requirement applies to fee-for-service (FFS) claims with dates of service (DOS) on or after November 10, 2017.

MORE IN THIS ISSUE

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This change will be reflected in the *Procedure Codes That Require Attachments* code table on the Code Sets web page at indianamedicaid.com. Information will be reflected in the next regular update to the *Professional Fee Schedule* at indianamedicaid.com.

Billing information applies to services delivered under the FFS delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, prior authorization (PA), and billing criteria within the managed care delivery system. Questions about managed care billing should be directed to the MCE with which the member is enrolled.

IHCP clarifies IRS W-9 requirements for provider enrollment transactions

All provider enrollment transactions submitted to the Indiana Health Coverage Programs (IHCP) are reviewed for completeness, accuracy, and internal consistency. When problems are identified, the transactions must be corrected before they can be processed, causing delays with provider enrollments and profile updates.

One of the problem areas most frequently identified with enrollment transactions relates to a provider's W-9 form. The IHCP Provider Enrollment Unit offers the following tips to help providers meet IHCP requirements related to the W-9:

- The home office address on any enrollment transaction or on the provider's profile **must** match **exactly** the legal address reported to the Internal Revenue Service (IRS) on the W-9 form and the W-9 form must be on file with the IHCP.

- The home office address must be the same for all IHCP service locations using the same Taxpayer Identification Number (TIN) – meaning the same Federal Employer Identification Number (FEIN) or Social Security number (SSN) – as reported to the IRS on the W-9 form and on file with IHCP.

- Any change to the home office address reported to the IHCP must be supported by a copy of the W-9 form showing the same change was reported to the IRS.

- If an existing provider moves his or her home office, the provider must separately update the home office address for **each** affected enrolled service location and must update the W-9 form on file with the IHCP for each service location.

- Updated W-9 forms submitted to the IHCP **must** be on the version of the form **currently posted** on the [IRS website](#). Providers should go to the website each time a new W-9 form is needed to make sure the correct version is being used. The version posted as of this publication is dated December, 2014.

Providers will be notified if the above requirements are not met for any provider enrollment transaction – including a profile update, an enrollment application, or an enrollment revalidation – that requires the submission of a W-9. Transactions cannot be processed until the necessary corrections are submitted.

IHCP offers new provider education training—Non-emergency transportation training now posted

The Indiana Health Coverage Programs (IHCP) is making web-based **Program Integrity Provider Education Training** available to all providers. Each training will focus on specific IHCP services and/or provider specialties, and will cover topics such as documentation requirements, billing guidelines, and other program integrity-related and audit-related issues. These training presentations are intended to supplement the provider reference modules and other IHCP provider reference materials.

To access Program Integrity Provider Education Training, navigate to the *Provider Education Opportunities* web page at indianamedicaid.com and click on the link for "Program Integrity Provider Education Training".

The first Program Integrity Provider Education Training (now available!) is titled, *Non-Emergency Transportation Documentation Requirements and Billing Guidelines*. It is designed for fee-for-service (FFS) non-emergency transportation providers. In this course, providers or provider representatives will learn how to appropriately document and bill for medically necessary non-emergency transportation services. By the end of the course, providers should be able to achieve the following learning objectives:

- Determine what transportation service types can be billed for the level of services rendered
- Know when prior authorization is required and when it is exempted
- Properly document services for a claim
- Follow the transportation guidelines to properly bill for reimbursement

Other topics identified for upcoming training courses are listed below. Links on the web page will be added as the following courses are developed:

- Emergency Transportation Documentation Requirements and Billing Guidelines (under development)
- Dental Documentation Requirements (under development)
- Dental Billing Guidelines (under development)

IHCP revises date for viewing new Provider Profile information in the Portal

The Indiana Health Coverage Programs (IHCP) announced in *IHCP Banner Page* *BR201740* that providers would be able to view additional Provider Profile information in the IHCP Provider Healthcare Portal, effective November 1, 2017.

The date for this enhancement has been changed to November 30, 2017. All other information in the original article remains unchanged. Refer to *BR201740* for details about the new information that will be available.

Reminder: To view the new profile information in the Portal, registered delegates must have the appropriate permission as assigned by the authorized representative for the Provider account.

For information about managing delegates, as well as other training materials and resources, see the *Provider Healthcare Portal* module and the *Provider Healthcare Portal Training* page at indianamedicaid.com.

IHCP clarifies process for OPR providers to change their enrollment status

Providers who are already enrolled with Indiana Health Coverage Programs (IHCP) as a type 50–Ordering, Prescribing, Referring (OPR) provider may decide they want to change their enrollment status with IHCP so they can bill for services rendered to their patients who are Medicaid members. This would require the provider to enroll with IHCP as a rendering or a billing provider.

In order to make this change, practitioners must first disenroll from IHCP as an OPR provider (type 50) and then re-enroll under a different provider type, such as a type 31–Physician, type 09–Advance Practice Nurse, type 11–Mental Health Provider, etc. OPR providers can find definitions of IHCP provider classifications and the allowable provider types and specialties for IHCP enrollment under the Become a Provider section of the website at indianamedicaid.com.

Currently, using the IHCP Provider Healthcare Portal (Portal) to **switch** from an OPR provider to another provider type requires the provider to submit a disenroll transaction and then submit a new application as the new provider type. This process could result in an approximate 30-day gap between the two enrollments. However, if **paper forms** are used to disenroll as an OPR and to enroll as the new provider type and the two transactions are submitted **at the same time**, the new enrollment will start the day after the OPR enrollment is deactivated. Enhancements to the Portal are underway to avoid the enrollment gap when submitting these types of enrollment transactions through the Portal – watch upcoming IHCP publications for information.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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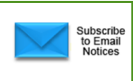
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