IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201819 MAY 8, 2018

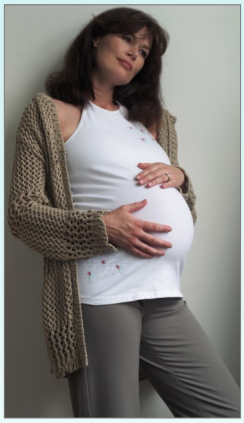
HCPCS code J7340 linked to revenue code 636

Effective June 8, 2018, the Indiana Health Coverage Programs (IHCP) will link Healthcare Common Procedure Coding System (HCPCS) code J7340 – *Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml,* to revenue code 636 – *Pharmacy-Extension of 025X-Drugs Requiring Detailed Coding*. This linkage applies **retroactively** to fee-for-service (FFS) claims with dates of service (DOS) on or after **January 1, 2017**.

For reimbursement consideration, beginning June 8, 2018, providers may bill procedure code J7340 and revenue code 636 together, as appropriate. Claims with DOS on or after January 1, 2017, that previously denied for explanation of benefits (EOB) 520 – *Invalid revenue code and procedure code combination,* may be resubmitted. Claims beyond the original one-year filing limit must include a copy of this banner page as an attachment and must be filed within one year of the publication date.

This change will be reflected in the *Revenue Codes Linked to Specific Procedure Codes* tables on the *Code Sets* web page, and the next regular update to the *Outpatient Fee Schedule* at indianamedicaid.com.

IHCP to mass reprocess MRO claims for maternity members that denied inappropriately



The Indiana Health Coverage Programs (IHCP) has identified a system issue affecting members eligible for Healthy Indiana Plan (HIP) maternity benefits. When HIP Maternity benefits were assigned in *Core*MMIS, the member's eligibility for Medicaid Rehabilitation Option (MRO) services was systematically removed in error. This error caused claims for MRO services rendered to these members to deny inappropriately. This issue affected MRO claims with dates of service (DOS) on or after February 1, 2018, when the HIP Maternity benefit category was established.

The system has been corrected and MRO services have been restored. Claims for MRO services rendered to affected members that denied for explanation of benefits (EOB) code 4013 – *This procedure code is not covered for this date of service*, will be mass reprocessed. Providers should see the reprocessed claims on Remittance Advices (RAs) beginning June 12, 2018, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocess denied claims).

MORE IN THIS ISSUE

IHCP to update pricing for HCPCS code J7178

Effective June 8, 2018, the Indiana Health Coverage Programs (IHCP) will update pricing for Healthcare Common Procedure Coding System (HCPCS) code J7178 – *Injection, human fibrinogen concentrate, 1 mg.* The pricing for this procedure code is changing from maximum fee pricing to manual pricing. This change applies to fee-for-service (FFS) claims with dates of service (DOS) on or after June 8, 2018. Procedure code J7178 is a physician-administered drug (PAD) carved out of managed care. All claims for this procedure code are processed by DXC Technology as FFS claims.

This pricing change will be reflected in the next regular update to the *Professional Fee Schedule* and to the *Outpatient Fee Schedule* at indianamedicaid.com.

IHCP clarifies billing guidance for blood factor HCPCS codes

As stated in Indiana Health Coverage Programs (IHCP) *Bulletin* BT201812, reimbursement for physician-administered blood factors are carved out of managed care, effective May 1, 2018. Claims for these Healthcare Common Procedure Coding System (HCPCS) codes are to be billed as fee-for-service (FFS) claims for all members, including members enrolled in managed care programs, for dates of service (DOS) on or after May 1, 2018.

The instructions regarding the proper claim type for billing blood factors published in *Bulletin BT201812*, as well as in *Banner Page* BR201818 for the newly covered blood factor HCPCS code J7186, were incorrect. A summary of the correct instructions follows:

- If administered in an inpatient setting, the blood factor **must** be billed separately on a *CMS-1500* claim form (or electronic equivalent). More detailed instructions can be found in the *Inpatient Hospital Services* provider reference module at indianamediciad.com.
- If administered in any other setting, the blood factor should be billed on the most appropriate claim type for the setting where the blood factor is administered – either on a *CMS-1500* or a *UB-04* claim form (or electronic equivalent).

All claims must be submitted to DXC Technology for processing following the standard FFS submission methods. See the *Claim Submission and Processing* provider reference module at indianamedicaid.com for additional information regarding the FFS claim submission process, including timely filing requirements.

IHCP reminds providers of *W-9* requirements for provider enrollment transactions

The Indiana Health Coverage Programs (IHCP) reminds providers of the following requirements regarding the provider's home office (also known as, legal) address reported to the IHCP and the submission of supporting *W-9* documentation.

- The home office (legal) address on the IHCP's provider profile and on any enrollment transaction submitted to the IHCP MUST MATCH EXACTLY the home office (legal) address reported to the Internal Revenue Service (IRS) on the *W-9* form.
- The home office (legal) address MUST BE THE SAME on the provider profiles for all IHCP service locations using the same taxpayer identification number (TIN). The TIN refers to a business' Federal Employer Identification Number (FEIN) or an individual's Social Security number (SSN).

continued

- If an existing provider moves the home office of record, the provider must update the home office (legal) address for EACH ENROLLED IHCP SERVICE LOCATION affected. Changes to the home office (legal) address MUST BE SUPPORTED by submission of a copy of the *W-9* also filed with the IRS.
- Anytime a *W-9* form is submitted to IHCP to support an enrollment transaction, the provider must use the MOST RECENT VERSION of the form as is currently posted on the IRS website. Providers should download the *W-9* form directly from the IRS website and SHOULD NOT simply copy previous versions of *W-9* forms for submission.

It is critical that providers follow these requirements with all provider enrollment transactions with the IHCP. Compliance is necessary to avoid the need for corrections and for transactions to process timely.

Incorrectly completed W-9 forms is the most common reason enrollment transactions are returned to providers for correction.

Another problem encountered with enrollment transactions related to the *W-9* is that of accurate reporting of disregarded entities. The most recent version of the *W-9* on the IRS website, dated November 2017, provides clarification for disregarded entity requirements. This language is copied below for reference.

> ***Disregarded entity.*** *For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.*

QUESTIONS?

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

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope here or on the pages of indianamedicaid.com.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from indianamedicaid.com.

TO PRINT

A printer-friendly version of this publication, in black and white and without graphics, is available for your convenience.