

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201822

MAY 29, 2018

## **IHCP to mass adjust or mass reprocess certain institutional claims that denied incorrectly for revenue code-to-procedure code combinations**

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affected certain fee-for-service (FFS) institutional claims. Claims or claim details may have denied incorrectly for revenue code-to-procedure code combinations with an explanation of benefits (EOB) 0520 – *Invalid revenue code and procedure code combination. Please verify and resubmit.* Affected claims were those with dates of service (DOS) from October 1, 2017, through November 1, 2017, that were processed during the same timeframe.



The issue has been corrected. Affected claims will be mass adjusted or mass reprocessed. Providers should see the adjusted and reprocessed claims on Remittance Advices (RAs) beginning July 11, 2018, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacement non-check related) or 80 (reprocessed denied claim). For claims that were underpaid, the net difference will be paid and reflected on the RAs.

## **IHCP to apply CMS billing guidelines for professional claims with certain surgical modifiers**

Effective July 1, 2018, the Indiana Health Coverage Programs (IHCP) will apply Centers for Medicare & Medicaid Services (CMS) guidelines when processing professional claims with the following modifiers:

- 62 – *Two surgeons*
- 66 – *Surgical team*
- 80 – *Assistant surgeon*
- 81 – *Minimum assistant surgeon*
- 82 – *Assistant surgeon (when qualified resident surgeon not available)*
- AS – *Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery*

The procedure code-modifier combination allowance is based on the CMS National [Physician Fee Schedule](#) (NPFS) Relative Value File status indicators shown in [Table 1](#), [Table 2](#), and [Table 3](#). Claims submitted with inappropriate procedure code-modifier combinations will deny with explanation of benefits (EOB) 4011 – *Invalid modifier combination*. The reimbursement methodology for these modifiers remains unchanged.

### **MORE IN THIS ISSUE**

- [Transition to single Customer Assistance telephone number to be finalized](#)
- [IHCP enhances IHCP fee schedule references on the provider website](#)

*continued*

*Table 1 – Modifier 62 NPFS Relative Value File status indicators*

Indicator	Description
0	Modifier <u>not</u> allowed
1	Modifier allowed
2	Modifier allowed
9	Modifier <u>not</u> allowed

*Table 2 – Modifier 66 NPFS Relative Value File status indicators*

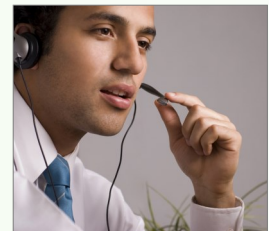
Indicator	Description
0	Modifier <u>not</u> allowed
1	Modifier allowed
2	Modifier allowed
9	Modifier <u>not</u> allowed

*Table 3 – Modifiers 80, 81, 82, and AS NPFS Relative Value File status indicators*

Indicator	Description
0	Modifier allowed
1	Modifier <u>not</u> allowed
2	Modifier allowed
9	Modifier <u>not</u> allowed

## Transition to single Customer Assistance telephone number to be finalized

With the implementation of the CoreMMIS system, the Indiana Health Coverage Programs (IHCP) instituted a single Customer Assistance telephone number 1-800-457-4584 to eliminate confusion about which telephone number to call for support and assistance. Since implementation, previously published telephone numbers have been programmed to route to this single number allowing time for callers to transition.



Effective July 1, 2018, the IHCP will move forward with the transition by removing the roll-over functionality for the old phone numbers. The 1-800-457-4584 telephone number (as well as a local number: 317-713-9627) is the number providers must call to reach customer assistance lines and the Interactive Voice Response (IVR) system. Discontinued telephone numbers will offer an automated message directing callers to the proper customer assistance number through September 30, 2019, when the numbers will be disconnected permanently.

## IHCP enhances IHCP fee schedule references on the provider website

The Indiana Health Coverage Programs (IHCP) has enhanced the IHCP fee schedule resources available on the provider website at indianamedicaid.com.

- *Professional Fee Schedule* – The IHCP is now posting a Microsoft Excel version of the IHCP [Professional Fee Schedule](#) on the website. This allows providers to easily download the fee schedule to a local drive where the data can be configured by applying the usual Excel functions such as sorting or filtering. Instructions for importing the *Professional Fee Schedule* into other applications continue to be available.

**Providers are reminded that the published IHCP *Professional Fee Schedule* is updated each Tuesday after 4 p.m. with information current as of the previous Sunday.** The posted Excel file will be updated at the same time. Therefore, providers must download the fee schedule file each week to have the most current information regarding procedure codes recognized by the IHCP.

- *Outpatient Fee Schedule* – The IHCP is now posting archived versions of *Outpatient Fee Schedule* on the website. Archived versions date back six months. This allows providers to easily reference fee schedule information for earlier dates of service.

Providers will find links to the *Professional Fee Schedule* Excel file and to the *Outpatient Fee Schedule* on the IHCP Fee Schedules page (see Figure 1).

Figure 1 – IHCP Fee Schedules page

### IHCP Fee Schedules

The Indiana Health Coverage Programs (IHCP) publishes reimbursement information regarding all Common Procedural Terminology (CPT<sup>®1</sup>), Healthcare Common Procedure Coding System (HCPCS), and Current Dental Terminology (CDT<sup>®2</sup>) codes, as well as NUBC Official UB-04 Specifications<sup>3</sup>, recognized by the IHCP through the following fee schedules.

[Go to Outpatient Fee Schedule](#)

**Professional Fee Schedule - Last Updated 05-26-2018**

The [Professional Fee Schedule](#) is intended for use by providers that bill services using professional claims (CMS-1500 claim form or electronic equivalent) or dental claims (ADA 2006 claim form or electronic equivalent) reimbursed under the fee-for-service (FFS) delivery system. Managed care entities (MCEs) may negotiate rates for services rendered to members who are enrolled in the MCEs' health plans. MCEs may have additional or different prior authorization (PA) requirements or criteria for some services.

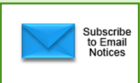
- The Professional Fee Schedule is published on Tuesday after 4 p.m. with information current as of the previous Sunday. Therefore, it is highly recommended that you access the schedule online for the most current information regarding procedure codes recognized by the IHCP.
- The current Professional Fee Schedule is available in a prepopulated Excel format: [IHCP Professional Fee Schedule – Excel](#).
- Providers may import the Professional Fee Schedule into other popular applications. For the import options, please see the [IHCP Professional Fee Schedule - Download Instructions](#).

**QUESTIONS?**

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

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