

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201849 DECEMBER 4, 2018

IHCP to revise rates for select clinical laboratory services based on 2019 Medicare rates

Pursuant to *Section 1903(i)(7) of the Social Security Act*, Medicaid reimbursement for individual clinical laboratory procedures cannot exceed the Medicare rate of reimbursement. Therefore, in accordance with the clinical laboratory reimbursement methodology set out in *405 IAC 5-18-1* and in the approved Indiana Medicaid State Plan (Attachment 4.19B, page 1c), the Indiana Health Coverage Programs (IHCP) will adopt the 2019 Medicare rates for any clinical laboratory procedure code for which the IHCP's current reimbursement rate exceeds the 2019 Medicare rate. These rate changes will be effective for dates of service (DOS) on or after January 1, 2019, and will be reflected on both the IHCP [Professional Fee Schedule](#) and IHCP [Outpatient Fee Schedule](#) at in.gov/medicaid/providers.



The 2019 Medicare Clinical Laboratory Fee Schedule will be available on the Centers for Medicare & Medicaid Services (CMS) website at cms.gov.

IHCP corrects rate for HCPCS code C9031

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects fee-for-service (FFS) claims for Healthcare Common Procedure Coding System (HCPCS) code C9031 – *Lutetium Lu 177, dotatate, therapeutic, 1 mCi* with dates of service (DOS) on or after July 1, 2018. Due to a rate miscalculation, claims for this code may have overpaid in error.

The claim-processing system was corrected to reflect the proper rate as of November 21, 2018. Providers must adjust claims for code C9031 with DOS on or after July 1, 2018 that were processed through November 20, 2018. Beginning immediately, providers with claims for C9031 that were processed and paid during the affected timeframe must void the original claim and submit a replacement claim for reimbursement consideration. The replacement claim must include the same attachments as were submitted with the original claim. Replacement claims submitted beyond the original 1-year filing limit must include a copy of this banner page as an attachment and must be filed within 1 year of the publication date. If a claim was overpaid, the net difference appears as an accounts receivable on the Remittance Advice (RA). The accounts receivable will be recouped at 100% from future claims paid to the respective provider number.

The correct rate will be reflected in the next regular update to both the [Professional Fee Schedule](#) and [Outpatient Fee Schedule](#) at in.gov/medicaid/providers.

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IHCP reminds dental providers that transition to the ADA 2012 claim form will be fully implemented January 1, 2019

As announced in *Indiana Health Coverage Programs (IHCP) Bulletin* [BT201850](#), the IHCP will fully transition from the *American Dental Association (ADA) 2006 Dental Claim Form* to the *ADA 2012 Dental Claim Form* for all fee-for-service (FFS) dental services, effective January 1, 2019, regardless of the method of transmission. The IHCP Provider Healthcare Portal and 837D electronic transactions were updated with the ADA 2012 claim format as of October 28, 2018. The IHCP will continue to accept claims submitted via paper on either claim form – *ADA 2006* or *ADA 2012* – through December 31, 2018. After December 31, 2018, claims submitted on the *ADA 2006* paper claim form will not be accepted and will be returned to the provider.



The *ADA 2012* claim form has additional required fields that providers must complete. For information about required claim fields, providers can refer to [BT201850](#) or to the [Dental Billing: Using the ADA 2012 Claim Form](#) training presentation posted on the [Provider Education Opportunities](#) page at [in.gov/medicaid/providers](#).

IHCP requests providers submit enrollment transactions via the Portal

The Indiana Health Coverage Programs (IHCP) is requesting that providers submit all provider enrollment transactions electronically using the IHCP Provider Healthcare Portal (Portal), rather than mailing paper applications and forms. Transactions that can be submitted via the Portal include enrollment applications, changes of ownership applications, revalidation applications, recertifications, rendering linkages, and Provider Profile updates.

In particular, providers that receive notice that their IHCP enrollment is due for revalidation are strongly encouraged to use the Portal to submit the revalidation application along with all required supporting documentation and the signed agreement. A *complete* revalidation application (including all required attachments) must be submitted in advance of the provider's revalidation due date to prevent a provider's enrollment from being end dated. Federal regulations do not permit the IHCP to reimburse for services rendered once a provider's enrollment is end dated due to failure to revalidate by the specified date.

Advantages to completing enrollment transactions in the Portal versus on paper include:

- Transactions are received same day, resulting in shorter processing times for submissions that are complete and accurate.
- There are no postage costs associated with electronic submissions.
- Supporting documentation can be uploaded electronically, reducing the need to make hard copies of enrollment documents.
- Systematic checks verify the accuracy of certain information as it is entered, reducing the number of errors that delay processing.
- Revalidation applications are prepopulated with much of the provider's existing information, reducing completion time.

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- Communication with providers regarding missing or invalid information is retained in the Portal for tracking purposes.

Providers who apply through the Portal may still submit supporting documentation via the mail. However, all documents mailed must be received within 30 calendar days of the application being submitted and must be accompanied by the automated tracking number (ATN) coversheet associated with the electronic submission.

Please note: In accordance with the provider agreement, all providers must notify the IHCP of any changes that will affect the Provider Profile within 30 business days of the change.

QUESTIONS?

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

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