

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201914

APRIL 2, 2019

## IHCP reminds providers that certain paper claims require the TPL/Medicare special attachment form

Paper claims for the following claim types must be submitted with a special attachment form that contains required third-party liability (TPL) and Medicare information at the detail-level:

- Dental claims (*ADA 2012*)
- Medical claims and medical crossover claims (*CMS-1500*)
- Home Health claims and home health crossover claims (*UB-04*)
- Outpatient claims and outpatient crossover claims (*UB-04*)
- Hospice claims (*UB-04*)



The ***IHCP TPL/Medicare Special Attachment Form*** is required **ONLY** if a paper claim form is submitted, as previously explained in Indiana Health Coverage Programs (IHCP) *Banner Page* [BR201735](#). The form and instructions for completing the form are available under Claim Forms (Nonpharmacy) (also under TPL Forms) on the [Forms](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers). Instructions for completing the form can also be found in the Quick Reference Guide (QRG) on the [Billing and Remittance](#) page.

*Note: Providers are strongly encouraged to file claims electronically. Standard electronic data interchange (EDI) claim transactions (837P, 837I, and 837D) and IHCP Provider Healthcare Portal (Portal) claim transactions (professional, institutional, and dental) allow providers to include the necessary detail-level information, and do not require the separate paper special attachment form. Electronic submissions are processed more efficiently than paper claim submissions.*

### Dental (*ADA 2012*) claims

The other insurance total payment continues to be required in field 35 of the *ADA 2012* dental claim form. Detail-level third-party payments must be entered on the *IHCP TPL/Medicare Special Attachment Form* and attributed to the appropriate claim detail lines.

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**Professional (CMS-1500) claims**

There are three ways this claim form can be filled out, depending on the payer:

- Medicare primary
- Commercial insurance primary
- Both Medicare and commercial insurance

Medicare primary

When Medicare is the primary payer:

- The total Medicare paid amount and coinsurance, deductible, and other similar amounts should continue to be entered in field 22 on the *CMS-1500* claim form.
  - The total Medicare paid amount goes in the Original Ref. No. box.
  - The coinsurance, deductible, and other similar amounts are entered in the Resubmission Code box.
- Detail-level Medicare payments and coinsurance, deductible, and any additional amounts must be entered on the *IHCP TPL/Medicare Special Attachment Form* and attributed to the appropriate claim detail lines.

Commercial insurance primary

When commercial insurance is the primary payer:

- The commercial insurance payment amount should continue to be entered in field 29 on the *CMS-1500* claim form.
- Detail-level commercial insurance payments must be entered on the *IHCP TPL/Medicare Special Attachment Form* and attributed to the appropriate detail lines.

Both Medicare and commercial insurance

When both Medicare and commercial insurance are payers:

- The total Medicare payment amount and coinsurance, deductible, and similar amounts should continue to be entered in field 22.
  - The total Medicare paid amount goes in the Original Ref. No. box.
  - The coinsurance, deductible, and other similar amounts (combined) are entered in the Resubmission Code box.
- The commercial insurance payment amount should continue to be entered in field 29.
- Detail-level Medicare and commercial payment amounts must be entered on the *IHCP TPL/Medicare Special Attachment Form* and attributed to the appropriate detail lines.



*continued*

### Institutional (UB-04) claims

There are three ways this claim form can be filled out, depending on the payer:

- Medicare primary
- Commercial insurance primary
- Both Medicare and commercial insurance

#### Medicare primary

When Medicare is the primary payer:

- The total Medicare paid amount should continue to be entered in field 54A for payer A (see Figure 1).

Figure 1 – UB-04 form, field 54

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST.
A	Medicare	999999999			350.00	
B						
C						

- Total coinsurance, deductible, and similar amounts should continue to be entered as Value Codes Amounts in fields 39-41.
- Detail-level Medicare payments and coinsurance, deductible and similar amounts must be entered on the *IHCP TPL/Medicare Special Attachment Form* and attributed to the appropriate claim detail lines.

#### Commercial insurance primary

When commercial insurance is the primary payer:

- The commercial insurance payment amount should continue to be entered in field 54B for payer B.
- Detail-level commercial insurance payments must be entered on the *IHCP TPL/Medicare Special Attachment Form* and attributed to the appropriate detail lines.

#### Both Medicare and commercial insurance

When both Medicare and commercial insurance are payers:

- The total Medicare payment amount should continue to be entered in field 54A for payer A.
- The total coinsurance, deductible, and similar amounts should continue to be entered as Value Codes Amounts in fields 39-41.
- The commercial insurance payment amount should continue to be entered in field 54B for payer B.
- Detail-level Medicare and commercial amounts must be entered on the *IHCP TPL/Medicare Special Attachment Form* and attributed to the appropriate detail lines.

## CMS awards new contractor for National Correct Coding Initiative Medicare and Medicaid program

The Centers for Medicare & Medicaid Services (CMS), on February 1, 2019, awarded the National Correct Coding Initiative (NCCI) Medicare and Medicaid program contract to a new contractor, Capitol Bridge LLC. The transition to the new contractor is complete.

Correspondence regarding NCCI inquiries should no longer be sent to the previous contractor, Correct Coding Solutions. Instead, all correspondence should now go to Capitol Bridge LLC, at the following address:

Capitol Bridge LLC  
2300 9th Street, South  
Suite PH3  
Arlington, VA 22204

For more information about NCCI, visit [The National Correct Coding Initiative in Medicaid](#) web page at [medicaid.gov](http://medicaid.gov).

## IHCP to present live webinar for diabetes educators, April 18, 2019

The Indiana Health Coverage Programs (IHCP) will present an IHCP Live webinar for providers who provide diabetes self-management education. The presentation will cover billing guidance for diabetes self-management education, with discussion led by members of the Office of Medicaid Policy and Planning (OMPP) and the Indiana State Department of Health (ISDH). Providers will be able to ask questions via a chat feature.

- **Date:** April 18, 2019
- **Time:** 1 p.m. Eastern Daylight Time (EDT)
- **Online webinar at:** <https://indiana.adobeconnect.com/ompp>

Before the webinar, participants will need to do the following:

- Connect speakers or headphones to hear the presentation.
- Test the connection by clicking this [link](#). The test will prompt for any necessary updates or add-ins, such as Adobe Connect.

## IHCP corrects reimbursement for certain crisis intervention services published in *Banner Page BR201908*

The Indiana Health Coverage Programs (IHCP) has identified errors published in *IHCP Banner Page BR201908*. The article, *IHCP clarifies basic instructions for SUD billing of certain services*, contains errors in the reimbursement indicated for certain codes billed for crisis intervention services. The corrections are:

- Table 4 – For procedure code 90839, the reimbursement rate for a mid-level practitioner is \$78.83 (not \$73.83).
- Table 5 – For revenue code 916 (billed with procedure code 90839 or 90840), the reimbursement rate is \$20.40 per day (not \$40.80 per day).
- Table 5 – Revenue code 919 is noncovered and should not be billed with procedure code H2011. (Omit revenue code 919 from the table.)

*continued*

*Note: Procedure code H2011 is for a carved-out service and should be billed under the fee-for-service (FFS) delivery system for all members, regardless of the member's managed care entity (MCE) assignment.*

The other instructions in the article for billing substance use disorder (SUD) treatment services are accurate, with the exceptions previously announced in *IHCP Banner Page* [BR201909](#).

#### QUESTIONS?

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

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