

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201925

JUNE 18, 2019

IHCP to mass adjust or mass reprocess claims that denied for certain hospital services

The Indiana Health Coverage Programs (IHCP) announced in *Banner Page* [BR201922](#) that a claim-processing issue had been identified that affected certain claims for hospital services with dates of service (DOS) on or after January 1, 2019. Fee-for-service (FFS) claims for certain Current Procedural Terminology (CPT^{®1}) code-to-revenue code linkages denied incorrectly for explanation of benefits (EOB) 0520 – *Invalid revenue code and procedure code combination - please verify and resubmit*.

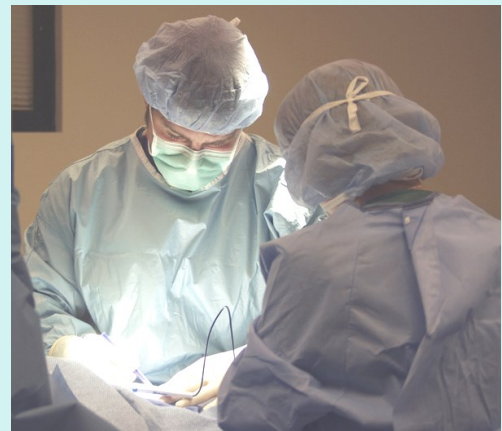
The claim-processing system has been corrected. Claims or claim details for hospital services with DOS on or after January 1, 2019, that denied for EOB 0520 will be mass adjusted or mass reprocessed as appropriate. Providers should see the adjusted or reprocessed claims on Remittance Advices (RAs) beginning July 24, 2019, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacement non-check related) or 80 (reprocessed denied claims). For claims that were underpaid, the net difference will be paid and reflected on the RA.

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IHCP to allow reimbursement for CPT code 58661 under the Family Planning Eligibility Program

Effective July 18, 2019, the Indiana Health Coverage Programs (IHCP) will include Current Procedural Terminology (CPT^{®1}) code 58661 – *Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)*, in the list of procedure codes that may be reimbursed under the Family Planning Eligibility Program. This allowance applies to services rendered under the fee-for-service (FFS) delivery system for dates of service (DOS) on or after July 18, 2019.

This change will be reflected in *Family Planning Eligibility Program Codes*, accessible from the [Code Sets](#) page at in.gov/medicaid/ providers.



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- [IHCP corrects published qualifications and supervision requirements for certain mental health providers](#)

IHCP corrects published qualifications and supervision requirements for certain mental health providers

The Indiana Health Coverage Programs (IHCP) previously announced, in *Bulletin [BT201929](#)*, plans to modify coverage of certain mental health services, effective July 1, 2019. The bulletin included partly incorrect information about the qualifications of mental health peer recovery services providers and the supervision they require while rendering services, as follows:

"Peer recovery services must be delivered by individuals certified in peer recovery services per the Department of Mental Health and Addiction (DMHA) training and competency standards for a certified recovery specialist (CRS). Individuals providing peer recovery services must be under the supervision of a licensed professional..."

Correction: Peer recovery services must be delivered by individuals certified in peer recovery services per the **Division** of Mental Health and Addiction (DMHA) standards, and must be performed under the supervision of a licensed professional **or a qualified behavioral health professional (QBHP)**.

The other information in *BT201929* remains unchanged.



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