IHCP *bulletin*

FQHC/RHC wraparound supplemental dental claim processing change

The Indiana Health Coverage Programs (IHCP) announces federally qualified health center (FQHC) and rural health clinic (RHC) dental wraparound (supplemental) payments will be systematically processed on a claim-by-claim basis by Gainwell Technologies. This change begins Sept. 29, 2021, retroactive to dates of service (DOS) on or after **July 1, 2021**.

New explanation of benefits (EOB), accounts receivable (A/R) codes, place-of-service (POS) codes and expenditure reason code will be added to support this change. A new field for the Sum of All Payors will be added to the Remittance Advice (RA) for dental claims.

Myers and Stauffer monthly settlement processes

This update replaces the monthly and year-end settlement process for services reported on dental claims. Providers will no longer submit to Myers and Stauffer to receive the difference between the managed care entity (MCE) payment and the FQHC/RHC encounter rate for dental claims effective on or after **July 1, 2021**. This update applies to the MCEs listed in Table 1.

Table 1 – MCEs affected by the new supplemental dental claim processing for FQHCs and RHCs

MCE program	MCE ID	MCE name
HCC-Hoosier Care Connect	499254630	Anthem
HCC-Hoosier Care Connect	399243310	Managed Health Services
HCC-Hoosier Care Connect	699842000	UnitedHealthcare Community Plan
HH-Hoosier Healthwise Managed Care	400752220	Anthem
HH-Hoosier Healthwise Managed Care	700410350	CareSource Indiana, Inc
HH-Hoosier Healthwise Managed Care	300119960	Managed Health Services
HH-Hoosier Healthwise Managed Care	500307680	MDwise
HIPMC-Healthy Indiana Plan Managed Care	455701400	Anthem
HIPMC-Healthy Indiana Plan Managed Care	755726440	CareSource Indiana, Inc
HIPMC-Healthy Indiana Plan Managed Care	355787430	Managed Health Services-HIP
HIPMC-Healthy Indiana Plan Managed Care	555763410	MDwise-HIP

Effective with this change, the Core Medicaid Management Information System (*Core*MMIS) will systematically process the wraparound payment and display the wraparound amounts on the weekly RA. Wraparound payments and adjustments are grouped separately on the RA listed for each claim with a wraparound payment or adjustment processed for the week (see Figure 1). Medical and dental claims will also be separated on the RA.

Figure 1 – Dental Remittance Advice Updates

Sum of all payers

Effective Sept. 29, 2021, the IHCP added a field for the Sum of All Payors to the provider RA for dental claims (see Figure 1). This field displays managed care payments and third-party liability (TPL) information on a claim-by-claim basis as well as a total of the sum of all payors for each claim type.

Unit restrictions

Effective Sept. 29, 2021, with DOS retroactive to **July 1, 2021**, the FQHC or RHC provider should bill for one unit of code D9999 – *Unspecified adjunctive procedure, by report* on the claim in the fee-for-service (FFS) delivery system. The IHCP allows reimbursement of only one encounter code D9999, per billing provider, per day. For claims in the managed care delivery system, such as claims for members in the Healthy Indiana Plan (HIP), Hoosier Care Connect or Hoosier Healthwise plan, the provider should bill the MCE for one unit of code D9999 on the claim. If a claim is submitted with more than one unit, the claim detail will be cut back to one unit and post EOB 9916 – *Pricing Adjustment – Usual and customary charge (UCC) rate pricing applied.*

Place of service codes

Effective Sept. 29, 2021, for DOS on or after July 1, 2021, POS codes 02, 03 and 04 were added to the list of allowable POS codes for valid FQHC and RHC encounter claims. The complete list of valid FQHC and RHC encounter (POS) codes include:

- 02 – Telehealth

- 03 – School

- 04 – Homeless Shelter

- 11 – Office

- 12 – Home (location, other than a hospital or other facility, where the patient receives care in a private residence)

- 31 – Skilled nursing facility

- 32 – Nursing facility

- 50 – Federally qualified health center

- 72 – Rural health clinic
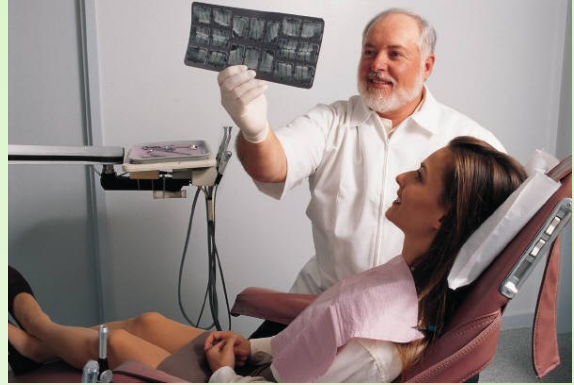
Explanation of benefits codes

Effective Sept. 29, 2021, for DOS on or after **July 1, 2021**, FFS dental claims for FQHC and RHC encounters will be subject to claim-processing system edits for claims with DOS on or after July 1, 2021. Claims that do not meet criteria will deny with one of the EOB codes in Table 2.

Table 2 – EOB codes for which FQHC/RHC services on dental claims may deny

EOB code	Description	Additional information
3370	Sum of all payors amount is zero for the COB field for the encounter claim. Please verify and resubmit.	EOB identifies denied FQHC/RHC encounter claims where the sum of all payers' amount is zero or blank in the Coordination of Benefits (COB) table segment.
3372	Calculated Wrap Around payment amount is zero	EOB identifies FQHC/RHC encounter claims where the difference between the provider-specific rate and the sum of all payers' amount.
4121	D9999 & T1015 must be billed with a valid CPT/ HCPCS code	EOB identifies FQHC/RHC encounter claims submitted without dental encounter code D9999.
4124	The CPT/HCPCS code billed is not a valid encounter	EOB identifies denied FQHC/RHC encounter claims reported without an allowable procedure code.
4173	The CPT/HCPCS code billed is not payable according to the PPS reimbursement methodology	EOB identifies denied FQHC/RHC encounter details reported without an allowable procedure code.
6096	The CPT/HCPCS code billed is not payable according to the PPS reimbursement methodology	EOB identifies denied FQHC/RHC encounter details reported without an allowable procedure code.
9916	Pricing Adjustment – Usual and customary charge (UCC) rate pricing applied	EOB identifies FQHC/RHC encounter claims systematically reduced to one unit.

New A/R reason codes

New accounts receivable (A/R) reason codes have been created for wraparound payments processed by Gainwell Technologies beginning Sept. 29, 2021, for DOS on or after **July 1, 2021**. The new A/R reason codes are listed in Table 3.

Table 3 – New A/R reason codes for FQHC/RHC dental services on dental claims

A/R reason code	Code description	Additional information
8683	A/R – Result of a wraparound payment adjustment	Identifies a wraparound payment adjustment deducted from future payments resulting from a void/replacement encounter claim.
8684	A/R – Manual setup (dental wraparound payment)	Identifies a manually setup wraparound payment adjustment deducted from future payments.

New expenditure reason code

A new expenditure reason code has been created for wraparound payments processed by Gainwell Technologies beginning Sept. 29, 2021, for DOS on or after **July 1, 2021**. The new expenditure reason code is listed in Table 4.

Table 4 – New expenditure reason code for FQHC/RHC services on dental claims

Expenditure reason code	Code description	Additional information
8951	E/R – FQHC RHC dental payment	Identifies an expenditure payment or adjustment made on a dental FQHC or RHC encounter claim.

Questions?

Claim questions should be directed to the MCE with which the member is enrolled. Questions regarding FFS claims can be directed to the IHCP Reimbursement mailbox at FSSA.IHCPReimbursement@fssa.IN.gov.

QUESTIONS?

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