

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201121 MAY 24, 2011



The IHCP to mass adjust outpatient claims

Provider bulletin [BT201101](#), dated February 15, 2011, announced the implementation of the National Correct Coding Initiative (NCCI) code auditing methodology for the Indiana Health Coverage Programs (IHCP). On April 1, 2011, the IHCP began applying correct coding methodology to newly received outpatient claims with dates of service (DOS) on or after October 1, 2010, as directed by the Centers for Medicare & Medicaid Services. Beginning the week of July 5, 2011, the IHCP will initiate a mass adjustment for outpatient claims with DOS on or after October 1, 2010, through March 31, 2011, that were received prior to April 1, 2011.

Correction regarding claims denied with modifier 50

A system error caused claims billed with procedure codes from the following table when billed along with modifier 50 – *Bilateral procedure* to deny for EOB 4033 – *Invalid procedure code modifier combination*. This has been corrected in IndianaAIM.

Claims with service dates between October 1, 2010, and March 3, 2011, with paid dates between December 24, 2010, and March 3, 2011, are being mass adjusted (if paid) and mass reprocessed (if denied). The mass adjusted or reprocessed claims will start appearing on Remittance Advices (RAs) beginning May 24, 2011. The table on the following page shows procedure codes that were denied inappropriately for use with modifier 50.

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Procedure codes denied inappropriately when billed with modifier 50

| Procedure Code | Definition |
|-----------------------|--|
| 73030 | Radiologic examination, shoulder; complete, minimum of two views |
| 73070 | Radiologic examination, elbow; anteroposterior and lateral views |
| 73080 | Radiologic examination, elbow; complete, minimum of three views |
| 73090 | Radiologic examination, forearm; anteroposterior and lateral views |
| 73100 | Radiologic examination, wrist; anteroposterior and lateral views |
| 73110 | Radiologic examination, wrist; complete, minimum of three views |
| 73120 | Radiologic examination, hand; two views |
| 73130 | Radiologic examination, hand; minimum of three views |
| 73140 | Radiologic examination, finger or fingers; minimum of two views |
| 73221 | Magnetic resonance (e.g., proton) imaging, any joint of upper extremity |
| 73550 | Radiologic examination, femur; anteroposterior and lateral views |
| 73560 | Radiologic examination, knee; one or two views |
| 73562 | Radiologic examination, knee; three views |
| 73564 | Radiologic examination, knee; complete, four or more views |
| 73590 | Radiologic examination, tibia and fibula; anteroposterior and lateral views |
| 73610 | Radiologic examination, ankle; complete, minimum of three views |
| 73620 | Radiologic examination, foot; anteroposterior and lateral views |
| 73630 | Radiologic examination, foot; complete, minimum of three views |
| 73650 | Radiologic examination, calcaneus; minimum of two views |
| 73700 | Computed tomography, lower extremity; without contrast material |
| 73718 | Magnetic resonance (e.g., proton) imaging, lower extremity other than joint; without contrast material(s) |
| 73721 | Magnetic resonance (e.g., proton) imaging, any joint of lower extremity |
| 75685 | Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation |
| 76512 | Ophthalmic ultrasound, diagnostic, B-scan; with or without superimposed non-quantitative A-scan |
| 76519 | Ophthalmic biometry by ultrasound echography, A-mode; with intraocular lens power calculation |
| 92083 | Extended examination, quantitative perimetry |
| 92135 | Scanning computerized ophthalmic diagnostic imaging, posterior segment, (e.g., scanning laser), with interpretation and report; unilateral |

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Procedure codes denied inappropriately when billed with modifier 50

| Procedure Code | Definition |
|----------------|---|
| 92136 | Ophthalmic biometry by partial coherence interferometry; with intraocular lens power calculation |
| 92225 | Ophthalmoscopy, extended, with retinal drawing (e.g., for retinal detachment, melanoma), with interpretation and report; initial |
| 92226 | Ophthalmoscopy, extended, with retinal drawing (e.g., for retinal detachment, melanoma), with interpretation and report; subsequent |
| 92235 | Fluorescein angiography (includes multiframe imaging), with interpretation and report |
| 92250 | Ophthalmoscopy, with medical diagnostic evaluation; with fundus photography |
| 92286 | Special anterior segment photography, w/medical diagnostic eval.; w/specular endothelial microscopy |
| G0413 | Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring; unilateral or bilateral (includes ilium, sacroiliac joint and/or sacrum) |
| S2066 | Breast reconstruction with gluteal artery perforator (gap) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast; unilateral |
| S2067 | Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast; unilateral |
| S2068 | Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast; unilateral |
| S2070 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser treatment of ureteral calculi (includes ureteral catheterization) |
| S2117 | Arthroereisis, subtalar |
| S2325 | Hip core decompression |
| S2344 | Nasal/sinus endoscopy, surgical; with enlargement of sinus ostium opening using inflatable device (i.e., balloon sinuplasty) |

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