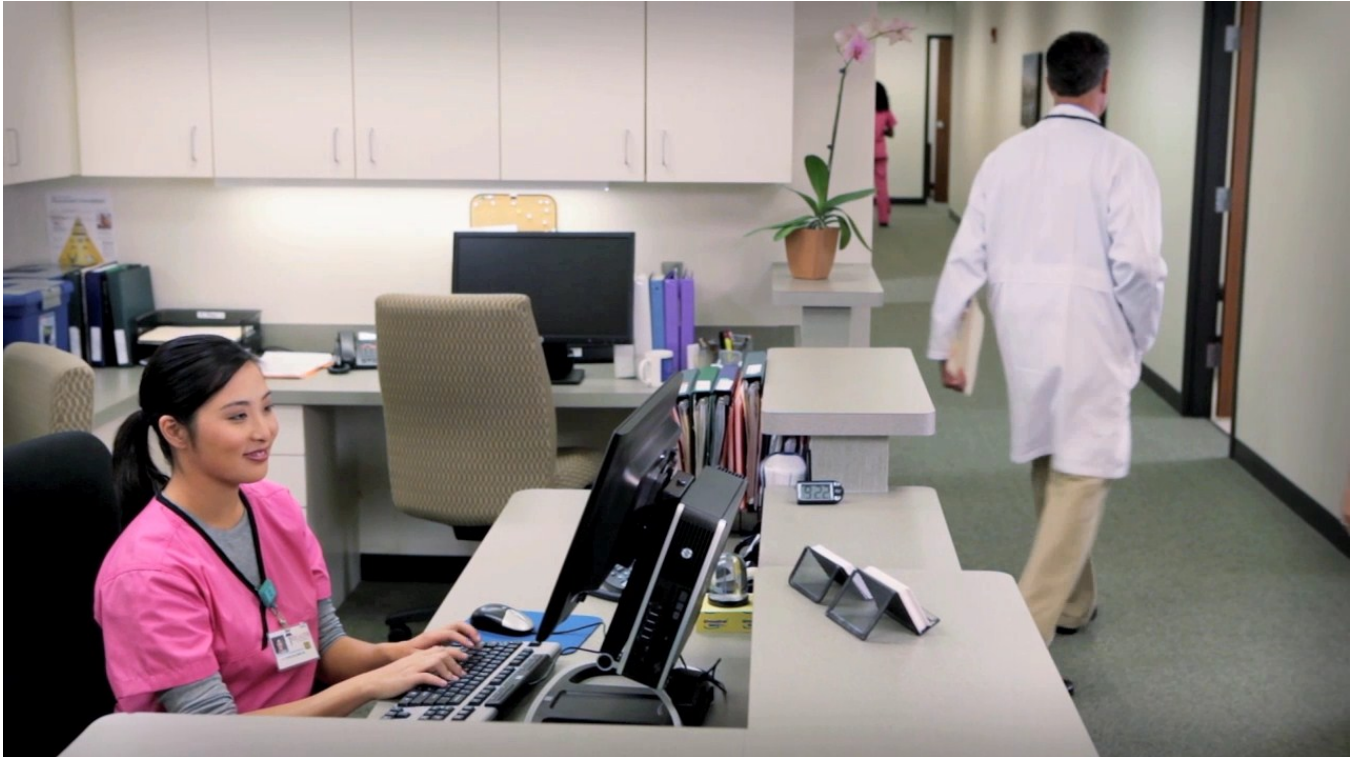


IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201309

MARCH 5, 2013



Some Family Planning Eligibility Program claims to be adjusted

Some claims for members covered under the fee-for-service Family Planning Eligibility Program, with dates of service from January 15, 2013, through February 5, 2013, were paid in error. These claims will be adjusted. Adjustments will begin appearing on the provider Remittance Advice (RA) dated March 12, 2013, and will be identified with internal control numbers (ICNs) that begin with region code 50. Overpayments will appear as accounts receivable and will be recouped at 100% from claims paid to the respective provider number. The billing guidelines for members covered under the Family Planning Eligibility Program are outlined in [BT201301](#) and [BT201303](#).

CPT 36595 ASC pricing indicator assigned

The Indiana Health Coverage Programs (IHCP) has assigned Current Procedural Terminology (CPT®) code 36595 – *Mechanical removal of pericatheter obstructive material (e.g., fibrin sheath) from central venous device via separate venous access* an ambulatory surgical center (ASC) pricing indicator of “8”. Effective for dates of service on or after April 1, 2013, the IHCP will reimburse providers billing claims with CPT code 36595 as an outpatient service. The [Fee Schedule](#) on [indianamedicaid.com](#) will be updated to reflect this change. The ASC rate can be found on the Fee Schedule under “ASC Codes.”

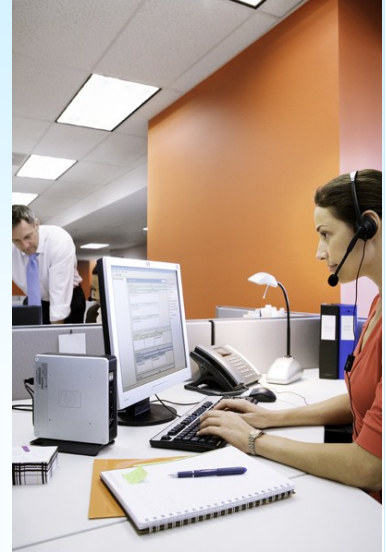
MORE IN THIS ISSUE

- [Age restriction correction for procedure codes 99478, 99479, and 99480](#)

Age restriction correction for procedure codes 99478, 99479, and 99480

Effective September 26, 2012, changes were made to the system logic regarding age restrictions to begin adjudicating claims based on days, months, and years of age. This change was announced in [BR201233](#), dated August 14, 2012. The Indiana Health Coverage Programs (IHCP) has determined that the age restriction for procedure codes 99478, 99479, and 99480 was redefined incorrectly at that time. The age restriction for these codes has been corrected in the system to reflect: Members age 00-365 days.

Claims for these procedures, with dates of service from September 26, 2012, through March 5, 2013, that denied for explanation of benefits (EOB) 4034 – *Procedure code billed not compatible with recipient's age; please verify and resubmit*, will be mass adjusted and reprocessed. Adjustments will begin appearing on the provider Remittance Advice (RA) dated March 26, 2013, with internal control numbers (ICNs) that begin with region code 56 (mass adjusted) or 80 (mass reprocessed). If the adjustment finds a claim was underpaid, the net difference is paid and reflected on the RA.



QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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