

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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Social Security numbers to be redacted on Web interChange

To protect Personally Identifiable Information (PII), effective September 23, 2013, all provider and member Social Security numbers (SSNs) displayed on Web interChange will be redacted to display only the last four digits of the numbers.

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On Web interChange, Indiana Health Coverage Programs (IHCP) provider and member SSNs are viewable to authorized users on the following Web interChange windows:

- Coordination of Benefits (claim submissions screens)
- Eligibility Inquiry
- Provider Maintenance
- Presumptive Eligibility (PE) Assignment
- Notification of Pregnancy (NOP)
- Right Choices Program

The Federal Employer Identification Numbers (FEINs) that display on the *Provider Profile* window will also be redacted to display only the last four digits.

Updated diagnosis codes allowed for routine foot care

Effective November 1, 2013, the diagnosis codes allowed when billing for routine foot care have been updated. The diagnosis codes listed in the following table will replace those listed in *Chapter 8, Section 4*, of the *Indiana Health Coverage Programs Provider Manual* for dates of service on or after November 1, 2013.

Diagnosis codes allowed for systemic conditions when billing for routine foot care for dates of service on or after November 1, 2013

Systemic Condition	ICD-9 Diagnosis Code
Diabetes mellitus	250.00 – 250.03, 250.10 – 250.13, 250.20 – 250.23, 250.30 – 250.33, 250.40 – 250.43, 250.50 – 250.53, 250.60 – 250.63, 250.70 – 250.73, 250.80 – 250.83, 250.90 – 250.93
Hereditary and idiopathic peripheral neuropathy	356.0 – 356.9
Polyneuropathy of the feet	357.0 – 357.7, 357.81 – 357.89, 357.9
Arteriosclerotic vascular disease of extremities	440.20 – 440.29
Thromboangitis obliterans	443.1
Post-phlebitis syndrome	459.10 – 459.19

Providers are reminded that routine foot care includes the following:

- Cutting or removal of corns, calluses, or warts, including plantar warts
- Trimming nails, including mycotic nails
- Treating fungal, mycotic infections of the toenail is routine foot care only when the following applies:
 - Clinical evidence of infection of the toenail is present.
 - Compelling medical evidence documents that the patient has a marked limitation of ambulation requiring active treatment of the foot or, in the case of a nonambulatory patient, has a condition that is likely to result in significant medical complications in the absence of such treatment.

Please see [Chapter 8](#) of the *IHCP Provider Manual* at indianamedicaid.com for additional information.



FQHCs and RHCs may resubmit claims for members assigned to the Family Planning Eligibility Program

Under existing Indiana Health Coverage Programs (IHCP) medical policy, family planning services and supplies are covered benefits under the Family Planning Eligibility Program. The IHCP announced this new program, the parameters associated with covered services, and billing information in *IHCP Bulletins* [BT201243](#), [BT201301](#), [BT201303](#), and [BT201318](#). Members eligible for the Family Planning Eligibility Program services are eligible under the Family Planning aid category (MA E).

A system error was identified that resulted in inappropriate denials of claims billed by Federally Qualified Health Centers (FQHCs) and rural health clinics (RHCs) for services rendered to members eligible under the Family Planning Eligibility Program. The system error has been corrected.

Effective November 1, 2013, FQHCs and RHCs may resubmit previously denied claims for qualifying services rendered to members eligible under the Family Planning aid category (MA E) for dates of service on or after January 1, 2013. Valid FQHC and RHC encounter codes are available on the [Health Clinics page](#) of the Myers and Stauffer website at in.mslc.com. All billing instructions and reimbursement policies for FQHCs and RHCs remain unchanged, as do coverage and billing instructions for the Family Planning Eligibility Program.

The IHCP plans ICD-10 interim implementation September 21, 2013

Reminder: On September 21, 2013, changes to the format, field length, and qualifiers and indicators for Indiana Health Coverage Programs (IHCP) claims transactions and processes will be updated to accommodate ICD-10 information. These preliminary changes are being made in anticipation of the future ICD-10 implementation on October 1, 2014. Entry of ICD-10 information on claims is not required until the official ICD-10 implementation date of October 1, 2014. See *Indiana Health Coverage Programs (IHCP) Bulletin* [BT201341](#) for complete details about the changes or visit the [ICD-10 Decisions page](#) at indianamedicaid.com.

Due to the September 21 updates, claims submitted before midnight Wednesday, September 18, will be processed and included on the Tuesday, September 24, Remittance Advice (RA). **Claims submitted after midnight on Wednesday, September 18, 2013, will not be processed until the following Monday, September 23.** These transactions will not be viewable on Claim Inquiry until 8 a.m. Monday, September 23, and will appear on the October 1, 2013, RA.

The following Web interChange functions will be unavailable beginning at 12:01 a.m. on Saturday, September 21, until the system updates are complete:

- Claim submission
- Claim inquiry
- Prior authorization submission
- Prior authorization inquiry

These Web interChange functions will be available no later than Monday, September 23, 2013, at 8 a.m. after the system updates are complete. Check the Web interChange website later during the weekend of Saturday, September 21, and Sunday, September 22, to see when full functionality is restored.



HCPCS code K0108 added to specialty group 250 – DME/Medical Supply Dealers

Effective November 1, 2013, the Indiana Health Coverage Programs (IHCP) will add Healthcare Common Procedure Coding System (HCPCS) code K0108 – *Wheelchair, other accessories* to the covered codes for provider specialty group 250 – *Durable Medical Equipment/Medical Supply Dealers*. Coverage applies to dates of service on or after November 1, 2013.

Providers should refer to the [Fee Schedule](#) at indianamedicaid.com for pricing and other billing information. Note that this procedure code does require prior authorization. Please see [Chapter 8](#) of the *IHCP Provider Manual* at indianamedicaid.com for additional billing guidance.

The DME provider [Code Set](#) will be updated at indianamedicaid.com to reflect this coverage and reimbursement information.

Update regarding revenue code 483 – Echocardiography

The Indiana Health Coverage Programs (IHCP) identified a system error that resulted in inappropriate denials for procedure codes billed with revenue code 483 – *Echocardiography* for claims submitted on or after January 1, 2013. The system error is being corrected.

Beginning November 1, 2013, claims for procedure codes billed with revenue code 483 that denied for EOB 520 – *Invalid revenue code/procedure code combination* may be resubmitted for reimbursement consideration.

CPT code 52287 linked to revenue code 490

Effective November 1, 2013, the Indiana Health Coverage Programs (IHCP) has linked Current Procedural Terminology (CPT®¹) code 52287 – *Cystourethroscopy, with injection(s) for chemodenervation of the bladder* to revenue code 490 – *Ambulatory surgical care*. For reimbursement consideration, providers may submit claims for the procedure code and revenue code together, as appropriate, for dates of service on or after November 1, 2013.

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