

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201421

MAY 27, 2014



## Clarification and billing information for the IHCP's early elective delivery policy

In *IHCP Bulletin* [BT201421](#), dated May 5, 2014, the Indiana Health Coverage Programs (IHCP) announced implementation of a new early elective delivery (EED) policy, effective July 1, 2014. Under this new policy, EEDs before 39 weeks of gestation will not be covered, unless such a delivery is deemed medically necessary. Certain medically indicated early deliveries will remain covered. This bulletin provides additional clarification regarding implementation of this policy.

### Clarification regarding use of condition codes

As instructed in *BT201421*, providers are to use condition codes when billing fee-for-service (FFS) obstetric delivery services on a *UB-04* claim form. Deliveries that occur due to spontaneous labor **do not** require condition codes on the *UB-04* claim form. Deliveries resulting from C-sections or inductions will require condition codes on the *UB-04* claim form, as outlined in *BT201421*, and must adhere to the early elective delivery policy.

### Explanation of benefit codes related to EED policy

As a result of the EED policy, providers may see the explanations of benefits (EOBs) codes in [Table 1](#) (following page) on Remittance Advices (RAs) for FFS medical and medical crossover claims.

*continued*

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- [IHCP to adopt Type of Bill code 32X](#)
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Table 1 – EOB codes related to EED policy for dates of service on or after July 1, 2014

EOB Code	EOB Code Description
0531	The modifier identifying the trimester being billed for antepartum care is missing; or the modifier identifying a mother's weeks of gestation for delivery service is missing.
4277	The IHCP does not cover elective deliveries before 39 weeks of gestation without medical necessity.

## The IHCP to adopt Type of Bill code 32X for home health services

The [National Uniform Billing Committee \(NUBC\)](#) maintains the Type of Bill (TOB) code set that healthcare organizations use on institutional claims. In 2012, the NUBC voted to simplify the TOB codes used for home health claims by using a single TOB code for all home health services provided under a home health plan of care. Previously, that single TOB code for home health services was TOB 33X; however, Medicare now accepts only TOB 32X for home health services.

Effective July 1, 2014, the Indiana Health Coverage Programs (IHCP) will adopt the NUBC's decision to discontinue using TOB 33X and will use TOB 32X instead to bill home health services. For dates of service on or after July 1, 2014, providers should use TOB 32X for claims for home health episodes when billing home health services to the IHCP. The TOB 32X will be billable in the same manner as the TOB 33X for all home health services. For complete billing instructions, see [Chapter 8](#) of the *IHCP Provider Manual*.



## Pricing updated for HCPCS codes A9604 and J1560

Effective July 1, 2014, the Indiana Health Coverage Programs (IHCP) will update the pricing for the Healthcare Common Procedure Coding System (HCPCS) codes in Table 2. The pricing for these procedure codes is changing from manual pricing to maximum-fee pricing. This change applies to dates of service (DOS) on or after July 1, 2014. For reimbursement consideration, a National Drug Code (NDC) will be required for DOS on or after July 1, 2014. These changes will be reflected in the next monthly update to the [Fee Schedule](#) at indianamedicaid.com.

Table 2 – HCPCS codes changing to maximum-fee pricing for DOS on or after July 1, 2014

Procedure Code	Procedure Code Description
A9604	Samarium SM 153 Lexidronam, therapeutic, per treatment dose, up to 150 millicuries
J1560	Injection, gamma globulin, intramuscular, over 10 cc

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