

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201444 NOVEMBER 4, 2014

Claims processing problem fixed – mass adjustment update

The Indiana Health Coverage Programs (IHCP) has fixed the system issue identified in the October 24, 2014, *News and Announcements* article at indianamedicaid.com. The issue caused some claims to pay or deny in error with the following National Correct Coding Initiative (NCCI)-related explanation of benefits (EOB) codes:

- 4181 – *Service denied due to a National Correct Coding (NCCI) edit*
- 4183 – *Units of service on the claim exceed the medically unlikely edit (MUE) allowed per date of service*
- 4186 – *This is a component of a more comprehensive service. Please resubmit the claim with the procedure code that most comprehensively describes the services performed*
- 9999 – *Paid as billed*

The issue affected claims submitted on or after October 16, 2014. Providers may have received inappropriate denials or incorrect payments on their Remittance Advice (RA) statements dated October 21, 2014, and October 28, 2014. To prevent any additional inappropriate claim denials or incorrect payments, HP held claims submitted on or after Tuesday, October 28, 2014. These claims were released for processing, and providers can expect to see these claims appear on the Remittance Advice (RA) dated November 4, 2014. Claims previously denied with the preceding EOBs have also been reprocessed and will appear on the November 4, 2014, RA.

On Monday, November 3, 2014, HP began mass adjusting claims that were previously processed and paid incorrectly. Providers will begin seeing the mass adjustments appear on their November 11, 2014, RAs. The mass adjustments for all affected claims should be completed by November 24, 2014.

CPT codes 86788 and 86789 linked to revenue code 302

Effective December 4, 2014, the Indiana Health Coverage Programs (IHCP) will link the following Current Procedural Terminology (CPT^{®1}) codes to revenue code 302 – *Laboratory – Immunology*.

- 86788 – *Antibody; West Nile virus, IgM*
- 86789 – *Antibody; West Nile virus*

These linkages apply retroactively to FFS claims with dates of service (DOS) on or after **July 1, 2014**.

continued

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Beginning December 4, 2014, for reimbursement consideration, providers may bill CPT codes 86788 and 86789 with revenue code 302 together, as appropriate. Claims with DOS on or after July 1, 2014, that previously denied for explanation of benefits (EOB) 520 – *Invalid revenue code/procedure code combination* may be resubmitted for processing. Claims beyond the original one-year filing limit must include a copy of this banner page as an attachment and must be filed within one year of the publication date.

CPT codes in 7XXXX series linked to revenue codes

Effective December 4, 2014, the Indiana Health Coverage Programs (IHCP) will link covered Current Procedural Terminology (CPT) codes in the 7XXXX series to one or more of the revenue codes in Table 1, as appropriate per national coding guidelines. These linkages will apply retroactively to fee-for-service (FFS) claims with dates of service (DOS) on or after **July 1, 2014**.

Table 1 – Revenue codes linked to covered 7XXXX series CPT codes per national coding guidelines effective for DOS on or after July 1, 2014

Revenue Code	Description
333	Radiology-Therapeutic and/or Chemotherapy Administration-Radiation Therapy
359	CT Scan-Other CT Scans
400	Other Imaging Services-General
401	Other Imaging Services-Diagnostic Mammography
402	Other Imaging Services-Ultrasound
403	Other Imaging Services-Screening Mammography
614	Magnetic Resonance Technology-MRI-Other
619	Magnetic Resonance Technology-Other MRT

Beginning December 4, 2014, for reimbursement consideration, providers may bill series 7XXXX CPT codes and the revenue codes in Table 1 together as appropriate, following national coding guidelines. Claims with DOS on or after July 1, 2014, that previously denied for explanation of benefits (EOB) 520 – *Invalid revenue code/procedure code combination* may be resubmitted for processing. Claims beyond the original one-year filing limit must include a copy of this banner page as an attachment and must be filed within one year of the publication date.

Prior authorization is no longer required for CPT code 96110

Effective December 4, 2014, the Indiana Health Coverage Programs (IHCP) will no longer require prior authorization (PA) for Current Procedural Terminology (CPT) code 96110 – *Developmental screening, with interpretation and report, per standardized instrument form*. This change applies to dates of service on or after December 4, 2014.

This PA requirement change applies to services delivered under the fee-for-service (FFS) delivery system. Questions regarding FFS PA should be directed to ADVANTAGE Health SolutionsSM at 1-800-269-5720. Individual managed care

continued

entities (MCEs) establish and publish PA criteria within the risk-based managed care (RBMC) delivery system. Questions regarding RBMC PA should be directed to the MCE under which the member is enrolled.

This change will be reflected in the next monthly update to the [Fee Schedule](#) at indianamedicaid.com.

Time to update your IHCP provider information for 2014 taxes!

In preparation for generating and mailing tax filing documents, the Indiana Health Coverage Programs (IHCP) must receive any updates to “mail to,” “pay to,” or “home office” addresses, or to your 2014 taxpayer identification information, by

December 14, 2014.

- Verify your provider profile information on Web interChange – You can review and verify your “mail to,” “pay to,” and “home office” addresses on [Web interChange](#). Go to your provider profile on Web interChange via indianamedicaid.com.
- Update your “mail to” or “pay to” address information – If your “mail to” or “pay to” address has changed, you can update it online or by mail. If you want to update your “mail to” or “pay to” addresses online via Web interChange, choose **Provider Profile** and the **Edit/View** option. (You must have Web interChange administrative access to view this page.) You can also request updates by submitting an *IHCP Name and Address Maintenance Form*, available on the [Update Your Provider Profile page](#) at indianamedicaid.com.
- Update your “home office” address – Changes to your “home office” address, which is your legal address, must be submitted by mail and must be accompanied by a revised *W-9*. You can request updates by submitting an *IHCP Name and Address Maintenance Form*, available on the [Update Your Provider Profile page](#) at indianamedicaid.com, along with a revised [W-9 form](#).
- Corrections to your taxpayer identification information – If your taxpayer identification information, including the name, address, or identification number, on the [W-9 form](#) on file with the IHCP needs to be updated, you must submit your update by mail using the *IHCP Tax Identification Maintenance Form*, available on the [Update Your Provider Profile page](#) at indianamedicaid.com. A revised *W-9* form must be submitted with the form.

QUESTIONS?

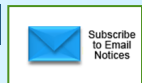
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