IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201521 MAY 26, 2015

Claims denied for EOBs 2042 and 2043 have been reprocessed

The Indiana Health Coverage Programs (IHCP) has identified that between April 1 and April 28, 2015, claims for **members who were not enrolled** with HIP or Hoosier Care Connect inappropriately denied with the following explanation of benefits (EOBs):

- EOB 2042 – *The member is enrolled in the Healthy Indiana Plan or Hoosier Care Connect risk based managed care program. The recipient must seek care from the appropriate managed care entity.*
- EOB 2043 – *The member is enrolled in the Healthy Indiana Plan or Hoosier Care Connect risk based managed care program. The recipient must seek care from the appropriate managed care entity*.

Denied claims included professional, institutional, and dental claims. Claims during this time frame that inappropriately denied for EOB code 2042 or EOB code 2043 have been mass reprocessed. Providers should have seen the reprocessed claims on the Remittance Advice (RA) dated May 12, 2015, with internal control numbers (ICNs) that begin with region code 80 (mass reprocessed).

Providers may resubmit claims for dialysis-related lab services that denied incorrectly

The Indiana Health Coverage Programs (IHCP) has identified that for dates of service (DOS) on or after January 1, 2013, claims billed by freestanding renal dialysis clinics for laboratory services provided to dialysis patients may have inappropriately denied with explanation of benefits (EOB) 4208 – *Invalid CLIA certification/procedure code combination*.

Beginning July 1, 2015, claims for dialysis-related laboratory services that previously denied for EOB 4208, may be resubmitted by freestanding renal dialysis clinics for reimbursement consideration. This applies to claims with DOS on or after **January 1, 2013**. Claims resubmitted 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.

MORE IN THIS ISSUE

HCPCS codes C9136 and Q9975 are now billable with NDC 64406080401

The Indiana Health Coverage Programs (IHCP) has identified that for dates of service (DOS) between January 1, 2015 and March 31, 2015, claims for Healthcare Common Procedure Coding System (HCPCS) code C9136 – *Injection, factor VIII, FC fusion protein, (recombinant), per IU* billed with National Drug Code (NDC) 64406080401 may have inappropriately denied with explanation of benefits (EOB) 4300 – *Invalid NDC to procedure code combination*.

Beginning July 1, 2015, claims for C9136 billed with NDC 64406080401 that previously denied for EOB 4300 may be resubmitted for reimbursement consideration. This applies to claims with DOS between January 1, 2015 and March 31, 2015. Claims resubmitted 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.

Effective March 31, 2015, HCPCS code C9136 was end-dated and replaced with HCPCS code Q9975 – *Injection, factor VIII, FC fusion protein, (recombinant), per IU.* Consequently, for DOS on or after April 1, 2015, claims for Q9975 billed with NDC 64406080401 may have also inappropriately denied for EOB 4300.

Beginning July 1, 2015, claims for Q9975 billed with NDC 64406080401 that previously denied for EOB 4300 may be resubmitted for reimbursement consideration. This applies to claims with DOS on or after **April 1, 2015**. Claims resubmitted 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 code 86480 linked to revenue code 302

Effective July 1, 2015, the Indiana Health Coverage Programs (IHCP) will link Current Procedural Terminology (CPT®[1]) code 86480 – *Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon* to revenue code 302 - *Laboratory-Immunology.* This linkage applies retroactively to fee-for-service claims with dates of service (DOS) on or after **July 1, 2014**.

Beginning July 1, 2015, providers may bill CPT code 86480 and revenue code 302 together as appropriate, for reimbursement consideration. Claims submitted 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.

Claims with DOS on or after **July 1, 2014**, that previously denied for explanation of benefits (EOB) 520 – *Invalid revenue code and procedure code combination* will be mass-reprocessed. Providers will see the reprocessed claims on the Remittance Advice (RA) statements dated July 1, 2015, with internal control numbers (ICNs) that begin with region code 80 (mass-reprocessed).

ICD-10 test plan updates

As the Indiana Health Coverage Programs (IHCP) approaches the ICD-10 implementation on October 1, 2015, hospitals are asking about the IHCP's plans for ICD-10 testing. The Centers for Medicare & Medicaid Services (CMS) and the Workgroup for Electronic Data Interchange (WEDI) have created a group of test cases to test possible shifts in diagnosis-related group (DRG) processing. The test cases will help identify how shifts in the coding translations will have an impact on the DRGs. The CMS has stated that the DRG payment calculation under ICD-10 will be similar to the current ICD-9 system (that is, revenue neutral). IHCP is suggesting hospitals use these test cases to identify possible shifts in DRG processing.

Watch indianamedicaid.com and upcoming IHCP publications for more information about ICD-10 preparation and testing. If you have questions about ICD-10 implementation, send them to the IHCP's ICD-10 Questions Mailbox at INXIX.ICD10Questions@HP.com.

Time frame for enrolling in HIP dental provider network extended to June 30, 2015

In Indiana Health Coverage Programs (IHCP) Provider Bulletin *BT201508*, dated February 5, 2015, currently enrolled IHCP dental providers were given until April 30, 2015 to complete the provider enrollment and credentialing process with DentaQuest in order to participate in the Healthy Indiana Plan (HIP) dental provider network. The IHCP is extending that grace period through June 30, 2015.

DentaQuest will continue to pay claims from current IHCP providers for services rendered to HIP members, regardless of the provider's DentaQuest credentialing status, for dates of service (DOS) through June 30, 2015. Effective for DOS on or after July 1, 2015, only DentaQuest-credentialed providers participating in the HIP network will be paid for covered services.

For information about the provider credentialing and contracting process, contact DentaQuest Provider Services at 1-855-453-5286.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-577-1278.

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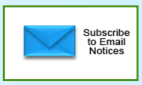

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