IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201528 JULY 14, 2015

Correction regarding mass adjustment of Medical and Crossover Part B claims involving rate corrections

The Indiana Health Coverage Programs (IHCP) Banner Page *BR201527* incorrectly stated that a claims processing system issue affecting physician claims processed from February 1, 2015, through April 29, 2015, applied only to claims for Healthy Indiana Plan (HIP) members. In fact, the issue affected all fee-for-service (FFS) Medical and Crossover Part B claims with dates of service (DOS) from February 1, 2015, through April 29, 2015.

The article accurately stated that the claims processing system was corrected and affected claims mass adjusted. Providers should have begun seeing the mass adjustments on their Remittance Advice (RA) dated June 23, 2015, with internal control numbers (ICNs) that begin with 56 (mass adjusted). For claims that were underpaid, the net difference is paid and reflected on the RA. If a claim was overpaid, the net difference appears as an accounts receivable. The accounts receivable will be recouped at 100% from future claims paid to the respective provider number.

FSSA reminds providers that AMHH and MRO are mutually exclusive programs

The Indiana Family and Social Services Administration (FSSA) began implementation of the Adult Mental Health Habilitation (AMHH) program November 1, 2014. It was recently discovered that due to an error in the Indiana Health Coverage Program (IHCP) system, some members are being assigned a Medicaid Rehabilitation Option (MRO) service package when an AMHH service package is already approved and in place.

Efforts are underway to resolve this error. In the meantime, providers are reminded that they may not submit claims for MRO services and AMHH services simultaneously. Services under these two programs are mutually exclusive. Providers may bill only AMHH services during an AMHH program eligibility period even if an MRO service package is also noted as active. When the AMHH service eligibility and service authorization is end-dated, the member can utilize MRO services if there is an authorized service package in place.

Information on the AMHH program, including information on transitioning into and out of AMHH as needed, can be found in the draft AMHH Program Provider Manual posted on the Division of Mental Health and Addiction (DMHA) website at in.gov/fssa/dmha or by emailing questions to AMHHservices@fssa.in.gov.

MORE IN THIS ISSUE

IHCP to update pricing for some genetic testing codes and mass adjust claims

Effective August 15, 2015, the Indiana Health Coverage Programs (IHCP) will update the pricing for the genetic laboratory testing Current Procedural Terminology (CPT®[1]) codes in Table 1. Pursuant to *Section 1903(i)(7)* of the *Social Security Act*, Medicaid reimbursement for individual clinical laboratory procedures cannot exceed the Medicare rate of reimbursement. Therefore, in accordance with the clinical laboratory reimbursement methodology set out in *405 IAC 5-18-1* and the approved Indiana Medicaid State Plan, the IHCP will adopt the 2015 Medicare rates for these clinical laboratory procedure codes. The updated pricing will apply retroactively to dates of service on or after **January 1, 2015**. Pricing changes will be reflected in the next monthly update to the *Fee Schedule* at indianamedicaid.com.

Claims processed between January 1, 2015, and August 15, 2015, for the codes in Table 1 were overpaid. Beginning September 1, 2015, affected claims will be mass adjusted to correct the overpayment. Providers should begin to see the adjusted claims on Remittance Advices (RAs) dated September 8, 2015, with internal control numbers (ICNs) that begin with 56 (mass adjusted). Because claims were overpaid, the net difference appears as an accounts receivable. The accounts receivable will be recouped at 100% from future claims paid to the respective provider number.

Table 1 – Genetic laboratory testing codes with pricing updates effective for DOS on or after January 1, 2015

CPT Code	Description
81292	MLH1 (MutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary nonpolyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81293	MLH1 (MutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary nonpolyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
81294	MLH1 (MutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary nonpolyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
81295	MSH2 (MutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81296	MSH2 (MutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
81297	MSH2 (MutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
81298	MSH6 (MutS homolog 6) [e. colo]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81299	MSH6 (MutS homolog 6) [e. colo]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
81300	MSH6 (MutS homolog 6) [e. colo]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants

continued

Table 1 – Genetic laboratory testing codes with pricing updates effective for DOS on or after January 1, 2015 (continued)

CPT Code	Description
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed
81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants
81315	PML/RARalpha, (T(15;17)), promyelocytic leukemia/retinoic acid receptor alpha) eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative
81316	PML/RARalpha, (T(15;17)), promyelocytic leukemia/retinoic acid receptor alpha) eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative
81317	PMS2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non=polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81318	PMS2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary nonpolyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
81319	PMS2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary nonpolyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants

QUESTIONS?

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