

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201547

NOVEMBER 24, 2015

## IHCP will mass reprocess/mass adjust home health and outpatient claims involving revenue code 260

The Indiana Health Coverage Programs (IHCP) Banner Page [BR201508](#) incorrectly instructed providers to bill a procedure code with revenue code 260 – *IV Therapy-General* on outpatient claims with **dates of service (DOS)** on or after April 1, 2015. The billing guidance should have instructed providers to bill a procedure code with revenue code 260 for **claims submitted** on or after April 1, 2015. As a result, claims with earlier DOS that were submitted after April 1, 2015, inappropriately denied for explanation of benefits (EOB) 520 – *Invalid revenue code and procedure code combination*. This problem affected home health claims as well as outpatient claims.

Home health and outpatient claims that previously denied in error for EOB 520 will be mass reprocessed/mass adjusted. Providers should begin seeing the adjusted or reprocessed claims on Remittance Advices (RAs) dated January 5, 2016, with internal control numbers (ICNs) that begin with region code 56 (mass adjusted) or 80 (mass reprocessed).



## ASC pricing indicator removed from CPT code 22851

Effective January 1, 2016, the Indiana Health Coverage Programs (IHCP) has removed the ambulatory surgical center (ASC) pricing indicator from Current Procedural Terminology (CPT<sup>®1</sup>) code 22851 - *Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)*. This change applies to fee-for-service claims with dates of service (DOS) on or after January 1, 2016.

This code is reimbursable in the inpatient setting only, according to the Centers for Medicare & Medicaid Services (CMS). As a reminder, IHCP banner page [BR201515](#) describes the procedures for billing inpatient stays of less than 24 hours that involve inpatient-only codes. CPT code 22851 will be added in the next monthly update to the code table for *Procedure Codes Payable as an Inpatient Service When Delivered in an Inpatient Setting for Stays of Less than 24 Hours*. This code table is available on the [Code Sets](#) page at [indianamedicaid.com](http://indianamedicaid.com).

Removal of the ASC pricing indicator will be reflected in the next monthly update to the [Fee Schedule](#) at [indianamedicaid.com](http://indianamedicaid.com).

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## Providers may resubmit claims for CPT code 49491 that denied incorrectly



The Indiana Health Coverage Programs (IHCP) has identified a claims processing issue that affects fee-for-service claims billed for Current Procedural Terminology (CPT) code – 49491, *Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible* with dates of service (DOS) on or after January 1, 2015. These claims may have inappropriately denied with an explanation of benefits (EOB) 4108 – *No ASC rate on file*.

The claims processing system has been corrected. Beginning immediately, providers may resubmit previously denied claims for CPT code 49491 with DOS on or after January 1, 2015, for reimbursement consideration. 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 banner page's publication date.

The ASC indicator will be reflected in the next monthly update to the [Fee Schedule](#) at [indianamedicaid.com](http://indianamedicaid.com).

## New CMS rule modifies EHR meaningful use for 2015

In October, the Centers for Medicare & Medicaid Services (CMS) released a [final rule](#) (with comment period), specifying the criteria that eligible professionals (EPs) and eligible hospitals and critical access hospitals (EH/CAHs) must meet to demonstrate meaningful use of electronic health records (EHR). These changes encompass modifications to the program for 2015-2017 (Modified Stage 2), as well as Stage 3 in 2018 and beyond.

### What you need to know for Program Year 2015

The new final rule provides for modifications to reporting period and objective/measure requirements for EP and EH/CAH participants for Program Year 2015 (PY2015):

- **EHR reporting period:** All participants will attest to an EHR reporting period of any continuous 90-day period within the calendar year. EPs may select any continuous 90-day reporting period from January 1 through December 31, 2015. EH/CAHs may select any continuous 90-day period from October 1, 2014, through December 31, 2015.
- **Objectives and measures:** All participants are required to use 2014 Edition certified EHR technology and attest to a single set of objectives and measures, which replaces the core/menu structure from previous program years. EPs have a single set of 10 objectives and EH/CAHs have a single set of nine objectives.

### Medicaid EHR Incentive Program PY2015 Applications

The Indiana Health Coverage Programs (IHCP) will update the Medical Assistance Provider Incentive Repository (MAPIR) system to accommodate the final rule's new provisions. **EPs and EH/CAHs beyond the first year of**

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**meaningful use must wait until the MAPIR system upgrades are complete.** Therefore, at this time, the IHCP can accept only the following PY2015 applications:

- Adopt, Implement, Upgrade (AIU) submissions
- Participants demonstrating meaningful use for the first time in PY2015 using the Stage 1 (2014) core/menu objective set

**Effective December 16, 2015, the MAPIR portal will be closed to ALL meaningful use application submissions until the upgrades are complete.** The IHCP anticipates that all system updates will be complete by the second quarter of 2016. **During this time frame, only AIU applications for PY2015 will be accepted.**

To view all the program changes with this final rule, visit the [CMS EHR Incentive Programs](#) home page. For more information:

- Contact the Indiana Medicaid EHR Incentive Program Help Desk for information about registering or attesting to meaningful use via the MAPIR portal at 855-856-9563 or [MedicaidHealthIT@fssa.in.gov](mailto:MedicaidHealthIT@fssa.in.gov).
- Contact Purdue Healthcare Advisors for questions related to meeting the objectives and how this new meaningful use final rule affects you at 844-PHA-INMU (844-742-468) or [INMedicaidMUHelp@pha.purdue.edu](mailto:INMedicaidMUHelp@pha.purdue.edu).

#### QUESTIONS?

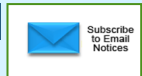
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