IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201551 DECEMBER 22, 2015

IHCP will mass adjust inpatient hospital claims that paid incorrectly

The Indiana Health Coverage Programs (IHCP) has identified an issue with the 3M All-Patient Refined (APR) Diagnosis-Related Group (DRG) version 30 grouper that is affecting inpatient hospital claims. Specifically, for vaginal deliveries that include repair of a laceration, the grouper crosswalks to DRG #952 when it should crosswalk to DRG #560. This has resulted in potential overpayments to inpatient hospitals for dates of service (DOS) on or after October 1, 2015. The IHCP has been informed that 3M will have the problem corrected by December 29, 2015.

Affected inpatient claims will be mass adjusted. Adjustments should begin appearing on the provider Remittance Advice (RA) beginning February 2, 2016, with internal control numbers (ICNs) that begin with 56 (mass adjusted). If a claim was overpaid, the net difference will appear as an accounts receivable. The accounts receivable will be recouped at 100% from future claims paid to the respective provider number.

Reminder: The IHCP requires rendering providers to be linked to group service locations where they render services

The Indiana Health Coverage Programs (IHCP) policy requires rendering providers to be linked to each specific group service location where they render services. It is not appropriate for an IHCP group provider to bill for services performed by a rendering provider at a service location to which the rendering provider is not linked. For example, if an IHCP physician group has three enrolled locations—locations A, B, and C—and Dr. Smith practices only at the A and B locations, he should be linked to the A and B locations. The physician group should *not* bill for services provided by Dr. Smith at location C. If Dr. Smith begins working at location C and no longer works at location B, he should be added to the group enrollment for location C and removed from the group enrollment for location B.

Rendering provider linkages are maintained in the IHCP provider profile for each group service location. Profile linkages include effective dates for when each rendering provider begins or ends association with a group service location.

continued

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Group providers should review their provider profiles to ensure each group service location has the correct rendering providers linked with the correct effective dates. Incorrect linkages can result in claim denials. The new IHCP claims processing system, *Core*MMIS, will include enhanced edits regarding proper linkages for rendering providers.

Updating your provider profile

Group providers can add newly enrolling or currently enrolled rendering providers to the service location provider profiles by completing the *IHCP Rendering Provider Enrollment and Profile Maintenance* packet at indianamedicaid.com. The rendering provider's service location(s) and start date(s) must be indicated on Schedule B. A copy of a current and active license is required for all rendering providers and should be submitted with the enrollment packet.

When a rendering provider leaves a group practice or no longer practices at one or more group service locations, the group provider or rendering provider must request that the linkage to the affected group location(s) be end-dated by submitting an *IHCP Rendering Provider Enrollment and Profile Maintenance Packet* or an *IHCP Provider Disenrollment Form*. The paperwork should indicate the specific service location(s) and the date(s) on which the rendering provider ended practice there.

Procedure codes L8680 U1 and L8686 U1 linked to provider specialty 250 – DME

Effective January 22, 2016, the Indiana Health Coverage Programs (IHCP) will link the following procedure codes to provider specialty 250 – *Durable medical equipment (DME)*:

- L8680 U1 – *Implantable neurostimulator electrode, each, VNS only*
- L8686 U1 – *Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension, VNS only*

This linkage applies retroactively to fee-for-service claims with dates of service (DOS) on or after **January 1, 2015**. This change will be reflected in the next monthly update to the *Durable Medical Equipment (DME)* code table on the Code Sets web page at indianamedicaid.com.

Beginning January 22, 2016, if you are enrolled as provider specialty 250 and previously billed claims with procedure code L8680 U1 and/or L8686 U1 with DOS on or after January 1, 2015, that denied for explanation of benefits (EOB) 1012 – *Rendering provider specialty not eligible to render procedure code*, you may resubmit those claims for reimbursement consideration. 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.

As stated in *IHCP Banner Page BR201448*, the IHCP provides separate reimbursement for vagus nerve stimulator (VNS) device components. Providers are reminded that *both* proof of manufacturer's suggested retail price (MSRP) *and* cost invoice must be submitted for payment.

IHCP revises unit restriction on CDT procedure code D7960

Effective January 22, 2016, the Indiana Health Coverage Programs (IHCP) will revise the unit restriction for Current Dental Terminology (CDT®[1]) procedure code D7960 – *Frenulectomy – Also known as Frenectomy or Frenotomy – Separate procedure not incidental to another procedure.* The current billing restriction of one unit per date of service (DOS) will be revised to a restriction of two units per DOS. This change applies for fee-for-service (FFS) dental claims with DOS on or after January 22, 2015.

As a reminder, D7960 requires prior authorization (PA) for services delivered under the fee-for-service (FFS) delivery system. For information regarding PA requirements for D7960, see *IHCP Banner Page* BR201545.

[1]*Current Dental Terminology (CDT) is copyrighted by the American Dental Association. 2014 American Dental Association. All rights reserved.*

Update your IHCP provider information for 2015 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 2015 taxpayer identification information by January 5, 2016.

- 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.

Pricing updated for HCPCS codes L4210 and L7510

Effective for dates of service (DOS) on or after January 22, 2016, the Indiana Health Coverage Programs (IHCP) will update the fee-for-service (FFS) pricing methodology for the following Healthcare Common Procedure Coding System (HCPCS) codes:

- L4210 – Repair of orthotic device, repair or replace minor parts
- L7510 – Repair of prosthetic device, repair or replace minor parts

These HCPCS codes will be manually priced using the durable medical equipment (DME) reimbursement methodology at 75% of manufacturer's suggested retail price (MSRP) or 120% of cost invoice. Providers must submit an MSRP or cost invoice for payment.

QUESTIONS?

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