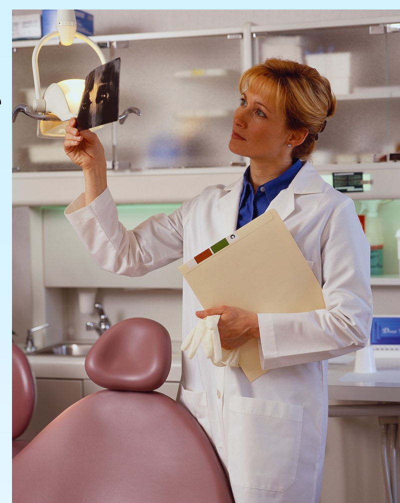
IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201633 AUGUST 16, 2016

IHCP makes coverage changes for ADA CDT code D5281



Effective September 16, 2016, the Indiana Health Coverage Programs (IHCP) will make changes regarding coverage of American Dental Association (ADA) Current Dental Terminology (CDT®[1]) code D5281 – *Removable unilateral partial denture-one piece cast metal (including clasps and teeth).*

- The restriction that limits coverage of D5281 to members 0 through 20 years of age will be removed; coverage will no longer be limited by a member's age.
- Prior authorization (PA) will be required for coverage of D5281 for members 21 years of age and older.
- Age-range reimbursement rates for D5281 will be established as follows:
  - $767.50 for members 0 through 20 years of age (current rate)
  - $353.05 for members 21 years of age and older

Changes apply to dates of service (DOS) on or after September 16, 2016.

Providers are reminded that cast-metal partial dentures are covered only for members with facial deformity due to congenital, developmental, or acquired defects. The need for a cast-metal partial dentures must be documented in the member's medical records. The PA request for members 21 years and older must include specific reasons for the request.

The PA and reimbursement changes apply to services delivered under the fee-for-service (FFS) delivery system. Questions regarding FFS PA should be directed to Cooperative Managed Care Services (CMCS) at 1-800-269-5720. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing information within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.

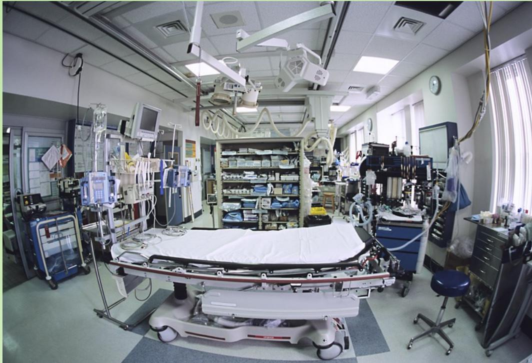
These changes will be reflected in the next monthly update to the *Fee Schedule* and in the *Dental Codes with Age Restrictions* table under Dental Services codes on the on the *Code Sets* page at indianamedicaid.com.

[1]*Current Dental Terminology (CDT) is copyrighted by the American Dental Association. 2015 American Dental Association. All rights reserved.*

MORE IN THIS ISSUE

- IHCP will mass adjust/reprocess outpatient claims billed with revenue codes 450 or 480 that denied incorrectly
- IHCP will mass adjust/reprocess outpatient claims billed with ICD-10 diagnosis codes N18.9 or N19 that denied incorrectly

IHCP will mass adjust or reprocess outpatient claims billed with revenue codes 450 or 480 that denied incorrectly



The Indiana Health Coverage Programs (IHCP) has identified a claims processing issue that affects certain fee-for-service claims with dates of service (DOS) on or after July 1, 2016. Outpatient claims billed with revenue codes (RC) 450 – *Emergency room* or 480 – *Cardiology* may have been erroneously denied with explanation of benefits (EOB) 389 – *Revenue code requires a corresponding HCPCS/CPT-4*.

The claims processing system has been corrected. Outpatient claims billed with revenue codes 450 or 480 for the DOS indicated that previously denied with EOB 389 will be mass adjusted or mass reprocessed. Providers should begin seeing the adjusted or reprocessed claims on Remittance Advice (RA) statements dated September 13, 2016, with internal control numbers (ICNs) that begin with 56 (mass adjusted) or 80 (mass reprocessed). For claims that were underpaid, the net difference will be paid and reflected on the RA.

IHCP will mass adjust or reprocess outpatient claims billed with ICD-10 diagnosis codes N18.9 or N19 that denied incorrectly

The Indiana Health Coverage Programs has identified fee-for-service claims billed with ICD-10 diagnosis codes N18.9 – *End stage renal disease* or N19 – *Acute kidney failure unspecified* with dates of service (DOS) on or after October 1, 2015, that may have been erroneously denied with explanation of benefits (EOB) 2006 – *Emergency services only – members are eligible for a payment only for emergency services*. Outpatient claims billed with ICD-10 diagnosis codes N18.9 or N19 for the DOS indicated that previously denied with EOB 2006 will be mass adjusted or mass reprocessed. Providers should begin to see the adjusted or reprocessed claims on the Remittance Advice (RA) statements dated October 4, 2016, with internal control numbers (ICNs) that begin with 56 (mass adjusted) or 80 (mass reprocessed). For claims that were underpaid, the net difference will be paid and reflected on the RA.

QUESTIONS?

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

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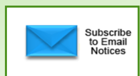

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