IHCP banner page

INDIANA HEALTH COVERAGE PROGRAMS

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AUGUST 23, 2016

IHCP to mass adjust or mass reprocess dental claims that denied incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claims processing issue that affects dental claims with dates of service (DOS) on or after August 1, 2015. Fee-for-service claims billed with American Dental Association (ADA) Current Dental Terminology (CDT^{®1}) D4910 – *Periodontal maintenance* may have inappropriately denied with explanation of benefits (EOB) 6305 – *Periodontal maintenance* (D4910) not allowed without periodontal scaling and root planing procedures (D4341 or D4342) in history.



The claims processing system has been corrected. Claims or claim details

for DOS during the indicated time frame that previously denied for EOB 6305 will be mass adjusted or mass reprocessed as appropriate. Providers should begin to see the adjusted or reprocessed claims on Remittance Advices (RAs) beginning September 27, 2016, with internal control numbers (ICN) that begin with 56 (mass adjustments) and 80 (mass reprocessed). For claims that were underpaid, the net difference will be paid and reflected on the RA.

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CPT code 96999 linked to revenue code 940

Effective September 23, 2016, the Indiana Health Coverage Programs (IHCP) will link Current Procedural Terminology (CPT®¹) code 96999 – *Unlisted special dermatological service or procedure* to revenue code 940 – *Other Therapeutic Services (see also 095X, an extension of 094X) - General.* This linkage applies retroactively to feefor-service claims with dates of service (DOS) on or after **January 1, 2016**.

For reimbursement consideration, beginning September 23, 2016, providers may bill CPT code 96999 and revenue code 940 together, as appropriate. Claims with DOS on or after January 1, 2016, that previously denied for explanation of benefits (EOB) 520 – *Invalid revenue code and procedure code combination* may be resubmitted.

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.

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MORE IN THIS ISSUE

■ IHCP clarifies crisis intervention
services are "carved out" of
managed care and will massadjust or mass-reprocess claims

IHCP clarifies crisis intervention services are "carved out" of managed care and will mass-adjust or mass-reprocess claims

Crisis intervention is a short-term emergency behavioral health service, available to any Medicaid-eligible member in crisis. Current Indiana Health Coverage Programs (IHCP) policy considers crisis intervention a Medicaid Rehabilitation Option (MRO) service that is reimbursed fee-for-service (FFS) for all members, including members enrolled in managed care programs. This is referred to as a "carve out" from managed care. IHCP covers crisis intervention under Healthcare Common Procedure Coding System (HCPCS) code H2011 HW - Crisis intervention service, per 15 minutes.

The IHCP has identified that the FFS claims processing system has incorrectly denied Healthy Indiana Plan (HIP) and Hoosier Care Connect member claims for H2011 HW with explanation of benefits (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. Similar claims for Hoosier Healthwise members are processing correctly.

Effective immediately, the IHCP will correct the FFS claims processing system. The correction will be applied retroactively to dates of service (DOS) on or after July 1, 2015. All HIP and Hoosier Care Connect claims for H2011 HW for the affected DOS will be mass adjusted or mass reprocessed. Providers should expect to see affected claims on their Remittance Advices (RAs) beginning September 27, 2016, with internal control numbers (ICNs) that begin with 56 (mass adjusted) or 80 (mass reprocessed).

For more information on crisis intervention, please see the Medicaid Rehabilitation Option Services provider reference module.

QUESTIONS?

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