# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201808 FEBRUARY 20, 2018

## IHCP to make audit 6661 obsolete

The Indiana Health Coverage Programs (IHCP) has updated the *Core*MMIS claim-processing system to make audit 6661 – *Duramorph cannot be billed on same day as surgery* obsolete. This change applies retroactively to fee-for-service (FFS) claims with dates of service (DOS) on or after **February 13, 2017**.

Effective immediately, providers may resubmit claims that denied for EOB 6661 - *Duramorph cannot be billed on same day as surgery*, with DOS on or after February 13, 2017, 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 publication date.

## IHCP clarifies that CPT codes 99173 and 99174 are linked to revenue code 920

The Indiana Health Coverage Programs (IHCP) clarifies that the following Current Procedural Terminology (CPT®[1]) codes are linked to revenue code 920 – *Other Diagnostic Services-General* for billing in the outpatient setting.

- 99173 – *Screening test of visual acuity, quantitative, bilateral*
- 99174 – *Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report*

The *Core*MMIS claim-processing system accurately reflects these linkages and claims have been processing correctly, so there is no impact on claims as a result of this clarification. These linkages, however, have not been accurately reflected in IHCP provider reference documents. These linkages will be reflected in updates to the *Revenue Codes Linked to Specific Procedure Codes* code tables on the Codes Sets web page and in the next regular update to the *Outpatient Fee Schedule* at indianamedicaid.com.



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## IHCP to update pricing for certain dental codes

Effective March 20, 2018, the Indiana Health Coverage Programs (IHCP) will update pricing for the Current Dental Terminology (CDT®[1]) codes in Table 1. The pricing for these codes is changing from manual pricing to maximum-fee pricing. The IHCP will adopt maximum fee rates for the listed codes for fee-for-service (FFS) claims with dates of service (DOS) on or after March 20, 2018. The new pricing information will be reflected in the next update to the *Professional Fee Schedule* at indianamedicaid.com.

*Table 1 – CDT codes updated from manual pricing to maximum-fee pricing, effective for DOS on or after March 20, 2018*

| Dental Code | Description |
|---|---|
| D1575 | Distal shoe space maintainer-fixed-unilateral |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation-full mouth, after oral evaluation |
| D6081 | Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure |

[1]*CDT copyright 2016 American Dental Association. All rights reserved. CDT is a registered trademark of the American Dental Association.*

## IHCP to mass adjust claims for various CPT codes that paid incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects certain fee-for-service (FFS) claims for add-on codes with dates of service (DOS) on or after **February 13, 2017**. Claim detail lines for various Current Procedural Terminology (CPT®[1]) codes may have inappropriately denied with an explanation of benefits (EOB) 6390 – *Add-on codes are performed in addition to the primary procedure and must never be reported as a stand-alone code*.

The claim-processing system has been corrected. Claims for the affected DOS that included detail lines that previously denied for EOB 6390 will be mass adjusted. Providers will see the mass adjusted claims on Remittance Advices (RAs) beginning March 27, 2018, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacement non-check related). For claims that were underpaid, the net difference will be paid and reflected on the RA.

[1]*CPT copyright 2016 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.*

## IHCP to mass adjust or mass reprocess medical and outpatient claims subject to NCCI editing that adjudicated incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects certain fee-for-service (FFS) medical and outpatient claims received from October 1, 2017, through November 21, 2017, for dates of service (DOS) on or after October 1, 2017. The issue affects claims subject to National Correct Coding Initiative (NCCI) Column I and Column II edits or Medical Unlikely Edits, as updated October 1, 2017.

The claim-processing system has been corrected. Affected claims will be mass adjusted or mass reprocessed, as appropriate. Providers will see adjusted or reprocessed claims on Remittance Advices (RAs) beginning March 20, 2018. These claims will be identified by internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacement non-check related) or 80 (reprocessed denied claims). 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.

## IHCP addresses issue of LOC segments being end dated in *Core*MMIS in error

The Indiana Health Coverage Programs (IHCP) has identified an issue in *Core*MMIS of long-term care (LTC) level-of-care (LOC) segments added by the Division of Aging (DA) being end dated in error. This system issue is expected to be resolved during the first quarter of 2018. Until a system correction is in place, a temporary process has been developed to reduce the impact on nursing facility (NF) and LTC facility providers.

When verifying member eligibility, providers should note when LOC segments that have historically existed, and against which past claims have been submitted and paid, are no longer evident in the system. This might indicate that the LOC segment has been end dated in error. When this occurs, providers should report the problem to the LOC mailbox at INXIX_LTC@hpe.com. Please include the following information in the report:

- Provider National Provider Identifier (NPI)
- Provider name
- Provider phone number
- Provider email address
- IHCP Member ID
- Dates of service (DOS) or date range of service for the LOC segment
- Detailed description of the problem – for example, “LOC segment for xx/xx-xx/xx/xxxx no longer evident on member’s eligibility; please research segment.”

Reports received with insufficient information will be rejected and must be resubmitted. Providers should inquire about no more than 5 members per email. This will better support timely research and correction. If corrections are needed for more than 5 members, providers should submit additional reports as needed. Providers should allow 7 to 10 business days for reported problems to be resolved. Providers will receive a confirmation email or telephone call regarding resolution within the expected time frame. After receiving confirmation that the LOC segment has been corrected, providers can resubmit their claims for processing.

*continued*

Providers should consider the following reminders when submitting reports of problems to the LOC mailbox:

- **Adding or ending a LOC segment -** LOC segments cannot be added or ended at a provider's request. Such actions must follow the process set forth by the DA. The temporary work around is established only to correct LOC segments that were already in *Core*MMIS but that were end dated in error.
- **Healthy Indiana Plan (HIP) covers up to 100 days of LTC care -** As announced in *Bulletin* BT201780, any NF or LTC facility admission or discharge of an IHCP member enrolled in HIP must be reported to both the DA and the Division of Family Resources (DFR) within 10 days of the event. Providers should report the event to the DA through the Path Tracker tool. Reports should be made to the DFR via the online Benefits Portal, by fax or mail, or by calling 1-800-403-0864. A HIP member can be admitted to a NF or LTC facility and remain enrolled in the HIP program; however, coverage of skilled nursing care for most HIP members is limited to 100 days.
- **Short-term placement in a NF or LTC facility -** Although LTC services are not covered in the managed care delivery system, a managed care entity (MCE) can place members in a NF or LTC facility setting on a short-term basis. When members require long-term care, or when a short-term placement becomes a long-term placement, members must be disenrolled from managed care. Disenrollment requires a long-term LOC to be approved and entered into *Core*MMIS.

  The responsibility for verifying member eligibility lies with the NF or LTC facility and should be done upon admission and on the first and 15th of every month. If the NF or LTC facility determines that the patient is enrolled in managed care at admission, the NF or LTC facility must notify the MCE within 72 hours of admission. If the member continues to be enrolled with the MCE and is still in the NF or LTC facility after 60 calendar days, and the long-term LOC determination has not yet been made, the NF or LTC facility is liable for any costs associated with the member until a LOC has been determined and the member disenrolled from managed care.

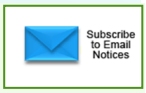
## DXC Technology to reissue *1099-MISC* Forms

One week of 2016 payments was mistakenly included in the original 2017 *1099-MISC* forms sent to Indiana Health Coverage Programs (IHCP) providers in January 2018. DXC Technology will correct the error and reissue new *1099-MISC* forms. New forms will be mailed no later than February 16, 2018. Note that the error did not affect the information reported to all providers, so some providers may not see a change in the dollar amount from the original to the reissued form. Please discard the *1099-MISC* forms date stamped January 2018 that were previously received.

### QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

### SIGN UP FOR IHCP EMAIL NOTIFICATIONS

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