

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201818

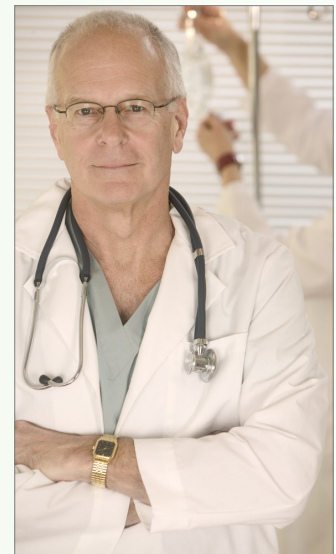
MAY 1, 2018

IHCP to cover HCPCS code J7186

Effective June 1, 2018, the Indiana Health Coverage Programs (IHCP) will cover Healthcare Common Procedure Coding System (HCPCS) code J7186 – *Injection, Antihemophilic Factor VIII/Von Willebrand Factor complex (human), per Factor VIII IU*. Coverage for this physician administered drug (PAD) applies to all IHCP programs, subject to limitations established for certain benefit packages, and to dates of service (DOS) on or after June 1, 2018.

The following reimbursement information applies:

- Pricing: Manually priced
- Prior authorization (PA): None required
- Billing guidance:
 - Separate reimbursement is allowed under revenue code 636 – *Drugs requiring detailed coding for separate reimbursement in an outpatient setting*. For reimbursement consideration, providers may bill the procedure code and the revenue code together, as appropriate.
 - Separate reimbursement is allowed outside the all-inclusive inpatient hospital diagnosis-related group (DRG) payment.
 - Must be billed with the National Drug Code (NDC) of the product administered.
 - Must be billed on a professional claim form (CMS-1500).
 - All claims for procedure code J7186 will be processed as fee-for-service (FFS) claims, including claims for members enrolled in Healthy Indiana Plan (HIP), Hoosier Care Connect, and Hoosier Healthwise managed care programs. This action is referred to as a “carve-out” from managed care. See the [Claim Submission and Processing](#) provider reference module at indianamedicaid.com for additional information regarding the FFS claim submission process, including timely filing requirements.



continued

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This information will be reflected in updates to the *Procedure Codes That Require NDCs* and the *Revenue Codes Linked to Specific Procedure Codes* code tables on the [Code Sets](#) web page, and the next regular update to the [Professional Fee Schedule](#) and to the [Outpatient Fee Schedule](#) at indianamedicaid.com. This code will also be added to the new code set listing the PAD procedure codes for which separate reimbursement from the all-inclusive inpatient hospital DRG payment is allowed, as referenced in *IHCP Bulletin BT201812*.

Please direct questions about FFS medical claims to DXC by calling toll-free 1-800-457-4584. Questions regarding other claims for members in HIP, Hoosier Care Connect, and Hoosier Healthwise should be referred to the MCE with which the member is enrolled.

IHCP removes gender restriction on ICD-10-CM code Z15.81

Effective June 1, 2018, the Indiana Health Coverage Programs (IHCP) will remove the male-only gender restriction on ICD-10 Clinical Modification (ICD-10-CM) diagnosis code Z15.81 – *Genetic susceptibility to multiple endocrine neoplasia (MEN)*. Removal of the restriction is retroactive to fee-for-service (FFS) claims with dates of service (DOS) on or after the effective date of the code, **October 1, 2015**. Claims billed with diagnosis code Z15.81 for the affected DOS may have denied inappropriately with explanation of benefits (EOB) code 4028 – *Diagnosis code not compatible with member's gender*, or EOB 4031 – *Diagnosis given not compatible with member's gender*.

Beginning June 1, 2018, providers may resubmit affected claims with DOS on or after October 1, 2015, that previously denied for EOB codes 4028 or 4031, 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 corrects rate for CPT code 80410

The Indiana Health Coverage Programs (IHCP) is aware that the rate for Current Procedural Terminology (CPT®) code 80410 – *Calcitonin stimulation panel (eg, calcium, pentagastrin) this panel must include the following: Calcitonin (82308 x 3)* was incorrect in the CoreMMIS claim-processing system. The incorrect rate was due to an error on the 2018 Centers for Medicare & Medicaid Services (CMS) [Clinical Laboratory Fee Schedule](#). As a result, fee-for-service (FFS) claims for CPT code 80410 with dates of service (DOS) on or after January 1, 2018, may have paid incorrectly.



The claim-processing system has been corrected. Beginning immediately, providers may submit replacement claims for CPT code 80410 for the affected DOS for reimbursement consideration. Providers must void the original claim before submitting the replacement claim. The replacement claim must include the same attachments that were submitted with the original claim. Replacement claims submitted 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.

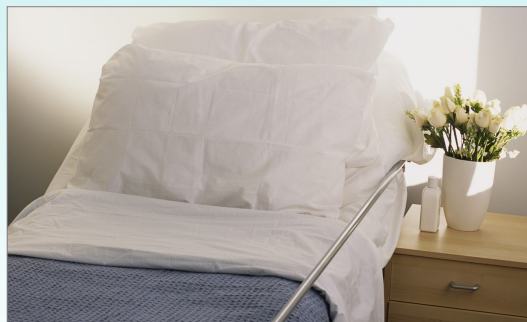
The correct rate will be reflected in the next regular update to the [Professional Fee Schedule](#) and to the [Outpatient Fee Schedule](#) at indianamedicaid.com.

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IHCP to mass reprocess inpatient and inpatient crossover claims that may have denied incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affected certain inpatient and inpatient crossover claims processed on or after **February 13, 2017**. Fee-for-service (FFS) inpatient and inpatient crossover claims billed with certain diagnosis codes may have denied inappropriately with explanation of benefits (EOB) 4040 – *Primary diagnosis not on file*.

The claim-processing system has been corrected. Claims processed on or after February 13, 2017, that previously denied for EOB 4040 will be mass reprocessed. Providers should see the mass reprocessed claims on Remittance Advices (RAs) beginning June 5, 2018, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims).



IHCP reminds home health providers of cost-reporting obligations

The Indiana Health Coverage Programs (IHCP) reminds home health providers that cost-reporting requirements and associated penalties are still in effect under [Indiana Administrative Code \(IAC\) 405 IAC 1-4.2-4](#), and will remain in effect until the IAC home health reimbursement methodology rule is repealed or replaced. The Indiana Family and Social Services Administration (FSSA), continues to work with home health stakeholders on the development of a new reimbursement methodology.

IHCP moves to ADA 2012 dental claim form

In the coming months, the Indiana Health Coverage Programs (IHCP) will move from the American Dental Association (ADA) 2006 Dental Claim Form to the ADA 2012 Dental Claim Form. This update will change how dental claims are submitted on the IHCP Provider Healthcare Portal, via 837D electronic data interchange (EDI) transactions, and via paper claim forms.

The IHCP is developing webinars to help providers transition to the new form and understand how the form will impact claim submissions. ADA 2012 Dental Claim Form webinars are scheduled for the following dates and times:

- **Tuesday May 22, 2018, from 10-11:30 a.m.**
- **Thursday May 24, 2018, from 2-3:30 p.m.**

Providers may register for the web-based training online by visiting the [Workshop Registration](#) page at indianamedicaid.com. The registration page provides instructions, including the *Workshop Registration Tool Quick Reference*. Registration is a two-step process. During registration, you must first register for the workshop. After you have confirmed your registration, you must then register for a specific session.



Watch future IHCP provider publications for additional information, including the timing of the transition to the ADA 2012 claim form.

Save the date for the 2018 Summer IHCP provider workshops

The Indiana Health Coverage Programs (IHCP) will offer provider workshops around the state in the summer of 2018. The locations and dates are shown in Table 1. Workshops are scheduled from 9 a.m. to 3:30 p.m. local time on each date. Sessions will include updates and roundtable discussions with the managed care entities (MCEs), DXC Technology, Conduent, FSSA Program Integrity, and Southeasterns.

Mark your calendars and watch future IHCP publications for more information about registering for the workshop nearest you.

Table 1 – Dates and locations for 2018 Summer IHCP provider workshops

| Date | Location | Address |
|---------------|--|---|
| June 13, 2018 | St. Joseph Regional Hospital Lower Level Conference Room | 5215 Holy Cross Parkway Mishawaka, Indiana |
| June 14, 2018 | St. Catherine Hospital Birthing Center Training Room | 4321 Fir Street East Chicago, Indiana |
| June 19, 2018 | Indiana University Health Methodist Hospital Petticrew Auditorium | 1701 N. Senate Boulevard Indianapolis, Indiana (Parking is \$5) |
| June 20, 2018 | Deaconess Hospital Bernard Schnacke Auditorium | 600 Mary Street Evansville, Indiana |
| June 28, 2018 | Reid Hospital Lingle Auditorium | 100 Reid Parkway Richmond, Indiana |
| July 12, 2018 | Lutheran Hospital Kachmann Auditorium | 7950 W. Jefferson Boulevard Fort Wayne, Indiana |
| July 17, 2018 | Dearborn County Hospital Dearborn/Ohio Room | 600 Wilson Creek Road Lawrenceburg, Indiana |
| July 18, 2018 | Wabash Valley Alliance Medical Center Fourth floor | 415 North 26th Street Lafayette, Indiana |
| July 24, 2018 | Indiana University Health Methodist Hospital Petticrew Auditorium | 1701 N. Senate Boulevard Indianapolis, Indiana (Parking is \$5) |
| July 26, 2018 | Baptist Health Paris Health Education Center | 1850 State Street New Albany, Indiana |
| July 31, 2018 | Indiana University Health Bloomington Hospital Wegmiller Auditorium | 601 W. 2nd Street Bloomington, Indiana |

QUESTIONS?

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

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