

IHCP *banner page*

IHCP to mass reprocess claims for PASRR services that may have denied inappropriately

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects certain fee-for-service (FFS) claims for Preadmission Screening and Resident Review (PASRR) services processed from February 13, 2017, through November 6, 2019. Claims billed for Healthcare Common Procedure Coding System (HCPCS) code T2011 – *Preadmission screening and resident review (PASRR) level II evaluation, per evaluation* with modifier UA or UB may have denied inappropriately for explanation of benefits (EOB) 4013 – *This procedure code is not covered for this date of service.*



The PASRR process is a requirement for all residents of IHCP-certified nursing facilities. The screening identifies individuals who may have a mental illness (MI), intellectual disability/developmental disability (ID/DD), or mental illness and intellectual disability/developmental disability (MI/ID/DD). Modifiers UA and UB distinguish the type of PASRR evaluation.

The claim-processing system has been corrected. Claims billed for code T2011 with modifier UA or UB, processed during the indicated time frame and that denied for EOB 4013, will be mass reprocessed. Providers should see the reprocessed claims on Remittance Advices (RAs) beginning December 25, 2019, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims).

IHCP to mass reprocess or mass adjust claims for outpatient services that may have denied inappropriately

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects certain fee-for-service (FFS) claims for outpatient services with the dates of service (DOS) indicated in Table 1. Claims billed for the Healthcare Common Procedure Coding System (HCPCS) codes in Table 1 may have denied inappropriately for explanation of benefits (EOB) 4014 – *Claim being reviewed for pricing.*

Table 1: Procedure codes that may have denied inappropriately for EOB 4014

Procedure code	Description	Claims with DOS (on or after)
J0480	<i>Injection, basiliximab, 20 mg</i>	February 13, 2017
J0485	<i>Injection, belatacept, 1 mg</i>	February 13, 2017
P9100	<i>Pathogen(s) test for platelets</i>	January 1, 2018

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- [CMS announces new provider enrollment application fee for 2020](#)

continued

The claim-processing system has been corrected. Claims processed during the indicated time frame that denied in full or that included line items that denied for EOB 4014 will be mass reprocessed or mass adjusted, as appropriate. Providers should see the reprocessed or adjusted claims on Remittance Advices (RAs) beginning December 19, 2019, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims) or 52 (mass replacement non-check related). For claims that were underpaid, the net difference will be paid and reflected on the RAs.



CMS announces new provider enrollment application fee for 2020

On November 12, 2019, the Centers for Medicare & Medicaid Services (CMS) announced that the provider enrollment application fee will change for 2020. Effective January 1, 2020, Indiana Health Coverage Programs (IHCP) providers subject to the application fee will be required to pay an enrollment application fee of \$595 with initial enrollments, changes of ownership, and enrollment revalidations.

Applications submitted online or postmarked before January 1, 2020, will be accepted with a fee payment of \$586. Applications submitted online or with a postmark of January 1, 2020, or later must include payment of \$595.

For more information regarding the application fee and enrolling as a provider with the IHCP, visit the [IHCP Provider Enrollment Transactions](#) page at in.gov/medicaid/providers.



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