

PROVIDER *news*

INDIANA HEALTH COVERAGE PROGRAMS NL201301 JANUARY 2013



Provider enrollment reminders

- **Recertification has been eliminated for specialty 031 and 033.** Providers enrolled as Intermediate Care Facility for the Intellectually Disabled (ICF/ID, formerly ICF/MR) or Residential Care Facility providers no longer must undergo yearly recertification. See [BT201241](#) for details.
- **The Indiana Health Coverage Programs (IHCP) will no longer accept paper forms of payment for provider enrollment fees.** Paper checks and money orders are no longer acceptable methods for paying provider enrollment fees. Electronic payment methods (online or via telephone) will serve as the only methods to pay enrollment fees. See [BT201240](#) for details.
- **Timely completion of revalidation packets is critical.** All providers enrolled in the IHCP are now required to revalidate their enrollment every three to five years, depending on their specialty. Be sure to submit your revalidation paperwork as soon as possible after receiving your first notification letter. Also, keep your “Mail To” address up-to-date so you receive advance notice that you are due for revalidation. For more information, see [BR201244](#).

- **Do not send fingerprint samples.** Providers should not send fingerprint samples with provider enrollment packets.

- **Please use current versions of provider enrollment forms.** Current versions are available for download from the [Complete an IHCP Provider Packet page](#) at indianamedicaid.com.

- **The IHCP is offering online refreshers in provider enrollment and keeping your provider profile up-to-date.** For more information, see the [Provider Education page](#) on indianamedicaid.com.

INSIDE STORIES

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The IHCP will make some ICD-10 changes effective by October 1, 2013

The IHCP will not begin using ICD-10 codes on claim submissions until October 1, 2014, and many other ICD-10-related changes will not be implemented until that date. However, a number of ICD-related changes will implement by October 1, 2013. Visit the [ICD-10 Decisions page](#) or review the “What to Expect on October 1, 2013” presentation on the [ICD-10 Training page](#) at indianamedicaid.com for complete information on these changes. The following offers additional clarification about a few of the changes previously announced:

- Web interChange will no longer allow use of a decimal point in the ICD diagnosis or procedure codes. **Enforcement of this begins October 1, 2013.**
- Professional ICD diagnosis codes will increase to 12 entries per transaction on electronic claims. **The additional entries will be available October 1, 2013, but you are not required to use the additional entry fields.**
- ICD diagnoses fields will increase from five characters to seven characters on electronic claims. **The additional fields will be available as of October 1, 2013, but you are not required to use the additional fields.**
- ICD procedure fields will increase from four numeric characters to seven alphanumeric characters on electronic claims. **Although the procedure fields will increase to seven characters in length and accept alphanumeric characters, you will continue using the ICD-9 code set, and therefore, use the four numeric characters until October 1, 2014.**
- Two new validity explanation of benefits (EOB) edits will be introduced. These edits also apply to encounter (shadow) claims for managed care entities (MCEs). All other validity editing related to ICD diagnosis and procedure codes will use existing EOB edit codes. **These edits will occur only if you use ICD-10 codes before the October 1, 2014, implementation date, or if you mix**

ICD-9 and ICD-10 codes on a claim submission.

- Two new front-end edits will be introduced for fee-for-service (FFS) claims submitted by trading partners and encounter (shadow) claims submitted by MCEs. The claims will reject and be reported on the Submission Summary Report (SSR). **These edits will occur only if you use ICD-10 codes before the October 1, 2014, implementation date, or if you mix ICD-9 and ICD-10 codes on a claim submission.**

The IHCP introduces “ICD-10 Question of the Month”

Beginning this month, the Indiana Health Coverage Programs (IHCP) introduces the “ICD-10 Question of the Month.” Each month, we will poll our readers about an ICD-10 topic, and the next month we will publish the results of the poll along with a new question. The Question of the Month for January 2013 is:

Have you started any assessment activities to help you plan for ICD-10 training and implementation? (Click the link below that corresponds to your answer. An email containing your answer will be created. Add your comments to the email and click Send.)

- [Yes](#)
- [No](#)
- [Not affected by ICD-10](#)

The Question of the Month and the results of the polls will also be posted on the ICD-10 Information page on indianamedicaid.com. Visit the [ICD-10 information page](#) frequently for important information.



ICD-10 Frequently Asked Questions

The following questions were submitted to the [ICD-10 Questions mailbox](#) or were raised at ICD-10 presentations at association meetings and workshops. These questions and answers are just a sample of many found on the [ICD-10 Frequently Asked Questions page](#) on the [indianamedicaid.com](#) website.

Q. How much has ICD-10 increased the number of diagnosis and procedure codes compared to ICD-9?

A. To date, there are approximately 72,000 procedure codes in ICD-10-PCS, compared to almost 4,000 in ICD-9. The ICD-10-CM code

set allows 155,000 diagnosis codes, but now has approximately 68,000 diagnosis codes, compared to nearly 15,000 in ICD-9. The ICD code sets are updated annually on October 1, and the number of codes increases each year.

Q. Have some of the coding guidelines changed with the introduction of ICD-10?

A. Yes, some of the coding guidelines have changed from ICD-9 to ICD-10 because of the specificity of the codes in ICD-10. However, in some cases, ICD-10 coding guidelines or processes are similar to those of ICD-9. The following are a few of the new and expanded features in ICD-10-CM:

- Expansion of specific codes to include laterality (identification of right or left side of the body)
- Expansion of obstetric codes to include information on the patient’s trimester
- Expansion for postoperative complications
- Change in the definition of “acute” (as in acute myocardial infarction) from four weeks to eight weeks

Q. Can you give an example of how ICD-10 is more specific than ICD-9?

A. Consider that there are four ICD-10 codes described on the following table that match the ICD-9 code for “hematuria,” as derived from the General Equivalency Mappings (GEMs). Notice that the ICD-10 codes are more specific than the general 599.70 code used in ICD-9.

Example of how ICD-10 codes are more specific than ICD-9 codes

ICD-9	ICD-10
599.70 – Hematuria (blood in urine)	R31.0 – Gross hematuria
	R31.1 – Benign essential microscopic hematuria
	R31.2 – Other microscopic hematuria
	R31.9 – Hematuria, unspecified

This example is from the “Hematuria” ICD-10 index listing. There are many more matches to “hematuria” in the official ICD-10 coding manuals (more than 20 total); however, these matches are not included in the GEMs. It is important to refer to both the coding manuals and the GEMs to identify the proper code assignment.

Provider education

The Division of Aging offers e450B training in January

The Family and Social Services Administration's (FSSA's) Division of Aging (DA) will conduct e450B training in January at the Indiana Government Center South Auditorium, Indianapolis. **ALL** nursing facilities should plan to send representatives, as the electronic 450Bs will be mandatory February 1, 2013. (See [BT201249](#) for details.)

Scheduled sessions include:

- Thursday, January 10, 10 a.m. – noon
- Wednesday, January 16, 1 – 3 p.m.
- Wednesday, January 23, 10 a.m. – noon
- Thursday, January 24, 1 – 3 pm.

The DA has requested that all attendees bring copies of the e450B PowerPoint presentation and the *Electronic 450B Process User Guide* to the trainings. To download the user guide and presentation, go to the [Physician Certification for Long-Term Care Services page](#) of the FSSA website at myweb.in.gov/FSSA/aging/form450b/.

Completing Provider Profile Update Forms

Cross some items off your to-do list – attend these online training sessions and learn how to complete the forms necessary to keep your Indiana Health Coverage Programs (IHCP) provider profile up-to-date. For more information and to register, visit the [Provider Education page](#) on indianamedicaid.com.

Attention, dental providers and providers billing UB-04 claims!

The Indiana Health Coverage Programs (IHCP) will offer 2013 Web interChange training tailored for dental providers and providers billing UB-04 claims – watch for information coming soon.

IHCP first-quarter workshops are coming soon

In-person and online workshops will be available. Watch upcoming IHCP publications and indianamedicaid.com for details.



Reminder: Drug coverage change for dually eligible Medicaid members

Effective January 1, 2013, Medicare revised coverage of Part D drugs to include (1) barbiturates when used for the medical indications of epilepsy, cancer, or chronic mental health disorders and (2) benzodiazepines. As a result, the Indiana Health Coverage Programs (IHCP) discontinued covering these drugs for Indiana Medicaid members who are also eligible for Medicare Part D prescription drug coverage, for prescriptions with dates of service on or after January 1, 2013.

Indiana Medicaid will continue to cover barbiturates that are excluded from coverage by Medicare Part D when they are used for other medically accepted indications (for example, the combination product butalbital/aspirin/caffeine, indicated for headaches). See [BT201245](#) for details.

RECENTLY PUBLISHED TO THE IHCP WEBSITE

BULLETINS

- [BT201251](#) – The OMPP to Emphasize Timely Submission of Audit Documentation
- [BT201252](#) – Coverage and Billing Information for the 2013 Annual HCPCS Codes Update
- [BT201253](#) – Coverage and Billing Information – Psychiatric Procedure Codes from the 2013 HCPCS Code Updates
- [BT201254](#) – The OMPP Implements Nursing Facility QAF Appeal Reduction Plan
- [BT201255](#) – Physician Self-Attestation Process for Primary Care Payment Increase

PROVIDER MANUAL UPDATES

[IHCP Provider Manual](#) – The following chapters of the manual have been updated:

- [Chapter 4](#) – *Provider Enrollment, Eligibility, and Responsibilities*
- [Chapter 5](#) – *Third Party Liability*

LOOKING FOR MORE INFORMATION ABOUT PROVIDER MANUAL UPDATES?

- Subscribe to [IHCP E-mail Notifications](#).
- The Revision History at the front of each manual (or chapter) provides detailed information about the updates made in the most recent revision.

NEWS FROM RECENT BANNER PAGES

- [Use of ICD Procedure Codes Restricted for UB-04 Billers Beginning January 1, 2013](#)
- [CMS Announces New Enrollment Application Fee for 2013](#)
- [Waiver Claims Denying in Error for EOB Code 1112](#)
- [Reimbursement of CPT Code 96446 in the Facility Setting](#)



- [Medical Crossover Claims for Anesthesia Services Processing Incorrectly](#)
- [Sign Up Now for Provider Enrollment Training](#)

FOR MORE INFORMATION

- Contact your [Provider Relations Field Consultant](#).
- [IHCP Provider Quick Reference](#) – This reference contains a complete list of addresses, telephone numbers, and fax numbers for the IHCP and IHCP vendors.

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.