PROVIDER *news*

Check out the ICD-10 Question of the Month

Each month, the Indiana Health Coverage Programs (IHCP) polls its readers about a subject related to International Classification of Diseases, Tenth Revision (ICD-10). In the following month, we publish the poll's results along with another question in our newsletter and on the ICD-10 information page on indianamedicaid.com.

Results of the January question

Have you started any assessment activities to help you plan for ICD-10 training and implementation?

- Yes =**5**
- No = **3**
- Not impacted by ICD-10 = **0**

Limited provider response is cause for concern!

Help us help you by responding to IHCP outreach efforts. Poll responses suggest that IHCP providers may not be approaching the transition to ICD-10 with the urgency it demands. The magnitude of this project requires providers to be proactive in their preparations. Even though implementation is not until October 1, 2014, now is the time to become familiar with the new code set and to prepare your systems and your staff. It takes only a minute to answer the Question of the Month, and your response will help us work together to successfully implement ICD-10. *(See February Question callout box.)* Remember: *We are all in this together.*

FEBRUARY QUESTION

Have you contacted or been contacted by your software vendor or clearinghouse/billing vendor about their readiness for ICD-10?

*(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

INSIDE STORIES

- ICD-10 changes in 2013
- Reminder regarding OPR providers
- Family Planning Eligibility Program
- EHR incentive program
- Nonpharmacy claim tips
- Provider education

Some ICD-10 changes will be effective October 1, 2013

Effective October 1, 2013, edits/explanations of benefits (EOBs) 243 and 245 will be active, and your claims will receive these edits/EOBs if the following scenarios occur.

Edit/EOB	Applies to	Description
243	Outpatient, home health, and outpatient crossover	Claims with FROM and THROUGH dates spanning the ICD-10 implementation date cannot be billed on one claim.
245	All claim types	The ICD version indicator on the claim does not match the diagnosis codes billed on the claim.

These two new edits/EOBs also apply to encounter (shadow) claims submitted by the managed care entities (MCEs) and will be set to deny. All other validity editing related to ICD diagnosis and procedure codes will use existing edit/EOB codes. It is not anticipated that these scenarios will occur until October 1, 2014, the effective date of ICD-10.

Effective October 1, 2013, two new electronic data interchange (EDI) front-end edits, 267 and 269, will be activated 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). It is not anticipated that these scenarios will occur until October 1, 2014, the effective date of ICD-10.

Edit	Applies to	Description
267	All claims	Claims submitted with a mixture of ICD-9 and ICD-10 qualifiers on the diagnosis codes. **This is not permitted.**
269	All claims	Claims submitted with a mixture of ICD-9 and ICD-10 qualifiers on the ICD diagnosis and/or procedure codes. **This is not permitted.**

For more information about changes coming to claims submissions, visit the ICD-10 Decisions page on the indianamedicaid.com website or review the "What to expect on October 1, 2013" presentation on the ICD-10 Training page in the IHCP IN Time Training section.
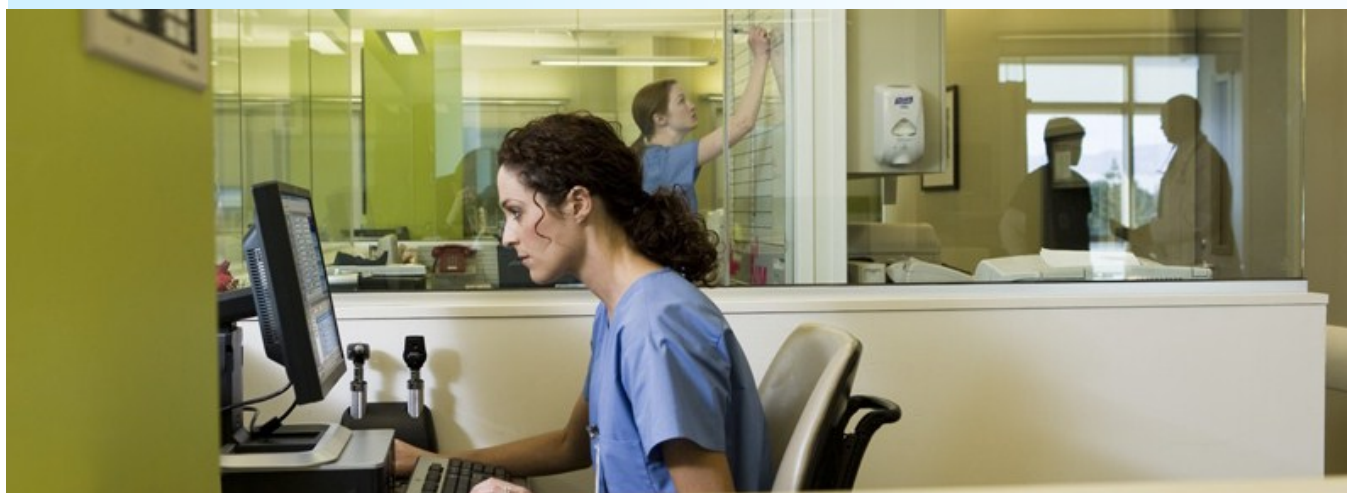
Reminder

Submitting providers must include the NPI of an IHCP-enrolled OPR provider for claims to process

For dates of service (DOS) on or after October 1, 2012, on claims submitted for services or supplies that were provided as a result of an order, prescription, or referral from another provider, the submitting provider is required to include the National Provider Identifier (NPI) of the provider who ordered, prescribed, or referred the service or supplies. In addition—for medical claims with DOS beginning October 1, 2012, and pharmacy claims with DOS beginning January 1, 2013—reimbursement requires the ordering, prescribing, or referring (OPR) provider to be enrolled in the Indiana Health Coverage Programs (IHCP). Refer to BT201233 for further details. For information about how to enroll as an OPR provider, visit the Ordering, Prescribing or Referring Providers page on indianamedicaid.com.

Services provided by certain types of providers, such as but not limited to, laboratories, radiologists, pharmacies, and durable medical equipment (DME) providers, cannot be rendered without an order, prescription, or referral. For reimbursement, claims from these provider types, for the DOS referenced above, *must* include the NPI of an IHCP-enrolled OPR provider. Providers can verify IHCP enrollment by using the OPR Provider Search function on indianamedicaid.com.
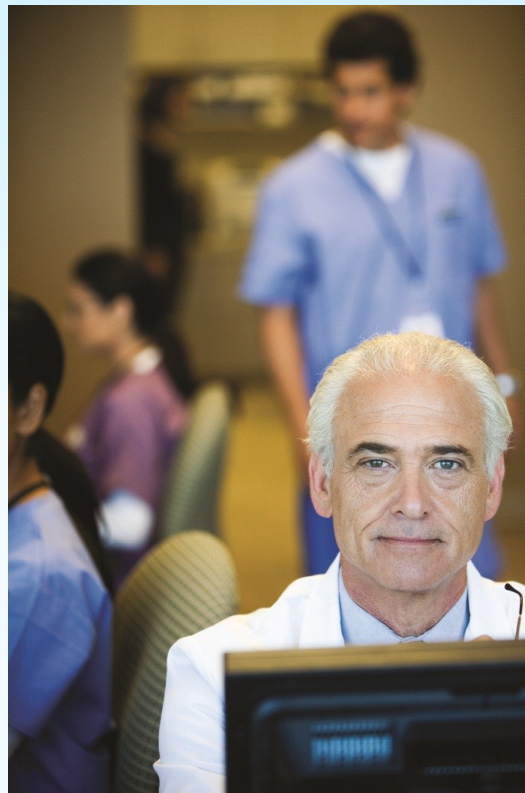
The IHCP announces billing and reimbursement details for the new Family Planning Eligibility Program

See BT201301 and BT201303 for information regarding the new Family Planning Eligibility Program, effective January 1, 2013. These bulletins describe who is eligible for the program, the services covered, and billing instructions.

Have you signed up for the EHR incentive program?

Incentive payments for the Electronic Health Records (EHR) initiative amount to more than $100 million since the program's introduction in May 2011. A total of 1,406 eligible professionals and 88 eligible hospitals have benefited from these payments. For more information about EHR, see the EHR Incentive Program page on indianamedicaid.com.

Use these best practices for submitting nonpharmacy claims and checking claim status

- Tip #1: For ease of filing and quickest processing, file claims electronically via Web interChange.

- Tip #2: If you do file a paper medical claim, the following guidelines apply:

  – Always submit claims directly to the HP Claims Unit (not to the HP Written Correspondence Unit)

  – If you add a letter of explanation or other documentation to paper claims, attach it BEHIND the claim rather than in front, otherwise the communication is routed automatically through the HP Written Correspondence Unit.

  (Note: Be aware that mailing or routing claims through the HP Written Correspondence Unit delays processing by approximately 10 business days.)

- Tip #3: Use Web interChange or Automated Voice Response (AVR) to quickly and easily check claim status. (Previous limitations on the number of transactions that can be processed during a single AVR call have been removed.) Submitting questions about claim status in writing slows response time.

See Best Practices for Medicaid Nonpharmacy Claims Submission on indianamedicaid.com.

The best way to speed claim processing and payment is to submit claims electronically. If you are not set up to submit claims via the web, go to Web interChange on indianamedicaid.com and click *How to Obtain a Web interChange User ID and Password*.


Online Provider Enrollment training held every Wednesday in February

Back by popular demand! Every Wednesday during February, the Indiana Health Coverage Programs (IHCP) offers training for those who complete enrollment paperwork. The session, entitled *Completing the Provider Enrollment Application*, is offered online via HP Virtual Room. Visit the Provider Education page at indianamedicaid.com for details.

Register online for IHCP first-quarter workshops

Registration for in-person and virtual provider workshops, scheduled for dates in February and March 2013, is now available via the Provider Education page at indianamedicaid.com. Learn more about workshop topics and sign up soon to reserve your spot.
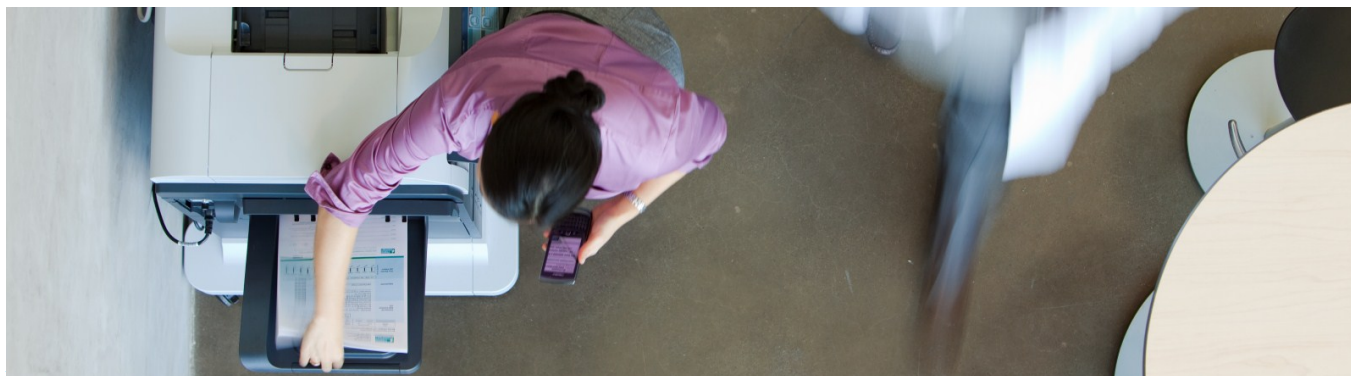
RECENTLY PUBLISHED TO THE IHCP WEBSITE

BULLETINS

- BT201301 – The IHCP announces billing and reimbursement details for the new Family Planning Eligibility Program

- BT201302 – Clarification to the ACA reimbursement increase for primary care services in 2013 and 2014

PROVIDER MANUAL UPDATES

IHCP Provider Manual – the following chapters of the manual have been updated:

- *Chapter 7* – *Reimbursement Methodologies*

- *Chapter 8* – *Billing Instructions*

- *Chapter 9* – *IHCP Pharmacy Services Benefit*

- *Chapter 10* – *Claims Processing Procedures*

- *Chapter 11* – *Paid Claim Adjustment Procedures*

- *Chapter 13* – *Utilization Review*

Medicaid Rehabilitation Option Provider Manual

HealthWatch/Early and Periodic Screening, Diagnosis, and Treatment Provider Manual

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

- IHCP Making Updates to Comply with CAQH CORE Operating Rules

- Use of ICD Procedure Codes Restricted for UB-04 Billers Beginning January 1, 2013

- Sign Up Now for Provider Enrollment Training

- IHCP Is Transitioning to a New Interactive Voice Response System

- 1099 Tax Forms Will Be Mailed No Later than January 31

- Provider Enrollment Training Continues through January 29

- IHCP First-Quarter Workshops Are Coming Soon

- IEP Transportation Mileage Claims to be Mass Adjusted or Reprocessed

- J2791 - Injection, Immune Globulin Linked to Revenue Code 636

- Register Online for IHCP First-Quarter Workshops

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.