

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201717

APRIL 25, 2017

Claims billed with modifier 92 that denied or paid incorrectly to be mass reprocessed or adjusted

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects certain claims with dates of service (DOS) on or after July 1, 2016. Fee-for-service claims billed with modifier 92 – *Alternative laboratory platform testing* may have denied inappropriately or paid incorrectly due to denied claim detail line with one of the following explanation of benefits (EOB):

- Claims processed before February 13, 2017, in *IndianaAIM*, may have denied for EOB 4224 – *First modifier not valid for dates of service*.
- Claims processed on or after February 13, 2017, in *CoreMMIS*, may have denied with EOB 251 – *First modifier invalid*.

The claim-processing system has been corrected. Claims that previously denied or that paid incorrectly due to a denied claim detail line for EOB 4224 or EOB 251 will be mass reprocessed or mass adjusted.

Providers should begin to see the reprocessed or adjusted claims on Remittance Advices (RAs) beginning the week of May 29, 2017, 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 RA.



MRT and PASRR member ID numbers have changed

Before the implementation of *CoreMMIS*, Medical Review Team (MRT) and Preadmission Screening Resident Review (PASRR) members were identified with member identification numbers (RIDs) beginning with the prefixes “850” and “800,” respectively, followed by the member’s Social Security number (SSN). With the implementation of *CoreMMIS*, identification numbers for MRT and PASRR members were revised to begin with the prefix “4XX” and will no longer include the member’s SSN.

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Income limit calculating incorrectly for presumptive eligibility applications

The Indiana Health Coverage Programs (IHCP) has identified that the federal poverty level (FPL) income limit calculation for determining presumptive eligibility is computing incorrectly. As a result, some applicants are either being erroneously denied presumptive eligibility altogether or being approved only for limited coverage under the “Presumptive Eligibility for Family Planning Services Only” benefit plan.

The IHCP is working on a permanent solution to this issue. In the interim, if an applicant was denied presumptive eligibility or approved as presumptively eligible for limited family planning benefits only, and you believe this determination to be in error, please follow these instructions:

- Submit a request to have the results reviewed by sending an email to PresumptiveEligibility@fssa.IN.gov.
- Attach the application summary page. If the application summary page was not printed and therefore cannot be sent, provide the Member ID (RID) along with the application information that was entered via the Provider Healthcare Portal.

The IHCP will provide a response indicating whether the results were in error, what the aid category should be (if applicable), and confirm that the CoreMMIS was updated with the correct information (if applicable).

Watch future IHCP publications regarding a permanent solution.

ICD diagnosis codes added as valid diagnoses for presumptively eligible pregnant women

Effective April 18, 2017, the Indiana Health Coverage Programs (IHCP) added the ICD diagnosis codes in [Table 1](#) as valid diagnoses for pregnant women determined presumptively eligible for pregnancy-only services. This change applies retroactively to dates of service (DOS) on or after **October 1, 2015**.

Claims that included one of the diagnoses in Table 1 with a DOS on or after October 1, 2015, that previously denied for one of the following explanation of benefits (EOB) will be mass reprocessed:

- Claims processed before February 13, 2017, in IndianaAIM, denied for EOB 4125 – *Invalid diagnosis for presumptive eligibility*.
- Claims processed on or after February 13, 2017, in CoreMMIS, denied for EOB 2057 – *Diagnosis not covered for the member’s benefit plan*.

Please note that each diagnosis on the claim must be a valid diagnosis for the claim to pay. Providers should begin to see the reprocessed claims on Remittance Advices (RAs) beginning the week of May 29, 2017, with internal control numbers (ICNs)/Claim IDs that begin with 80 – *Reprocessed denied claims*.

Beginning immediately, providers may submit new claims with DOS on or after October 1, 2015, that include the diagnoses on Table 1, for members who were presumptively eligible for pregnancy-only services, for reimbursement consideration. New claims are claims not previously submitted because the diagnosis codes were thought to be invalid. New 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 banner’s publication date.

continued

Table 1 – Additional valid ICD-10 diagnosis codes for presumptively eligible pregnant women eligible for pregnancy-only services, effective for DOS on or after October 1, 2015

Diagnosis code	Description
O0000	Abdominal pregnancy without intrauterine pregnancy
O0001	Abdominal pregnancy with intrauterine pregnancy
O0010	Tubal pregnancy without intrauterine pregnancy
O0011	Tubal pregnancy with intrauterine pregnancy
O0020	Ovarian pregnancy without intrauterine pregnancy
O0021	Ovarian pregnancy with intrauterine pregnancy
O0080	Other ectopic pregnancy without intrauterine pregnancy
O0081	Other ectopic pregnancy with intrauterine pregnancy
O0090	Unspecified ectopic pregnancy without intrauterine pregnancy
O0091	Unspecified ectopic pregnancy with intrauterine pregnancy
O010	Classical hydatidiform mole
O011	Incomplete and partial hydatidiform mole
O019	Hydatidiform mole, unspecified
O020	Blighted ovum and nonhydatidiform mole
O021	Missed abortion
O0281	Inappropriate change in quantitative human chorionic gonadotropin (HCG) in early pregnancy
O0289	Other abnormal products of conception
O029	Abnormal product of conception, unspecified
O030	Genital tract and pelvic infection following incomplete spontaneous abortion
O031	Delayed or excessive hemorrhage following incomplete spontaneous abortion
O032	Embolism following incomplete spontaneous abortion
O0330	Unspecified complication following incomplete spontaneous abortion
O0331	Shock following incomplete spontaneous abortion
O0332	Renal failure following incomplete spontaneous abortion
O0333	Metabolic disorder following incomplete spontaneous abortion
O0334	Damage to pelvic organs following incomplete spontaneous abortion
O0335	Other venous complications following incomplete spontaneous abortion
O0336	Cardiac arrest following incomplete spontaneous abortion
O0337	Sepsis following incomplete spontaneous abortion
O0338	Urinary tract infection following incomplete spontaneous abortion
O0339	Incomplete spontaneous abortion with other complications

continued

Table 1 – Additional valid ICD-10 diagnosis codes for presumptively eligible pregnant women eligible for pregnancy-only services, effective for DOS on or after October 1, 2015 (continued)

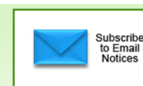
Diagnosis code	Description
O034	Incomplete spontaneous abortion without complication
O035	Genital tract and pelvic infection following complete or unspecified spontaneous abortion
O036	Delayed or excessive hemorrhage following complete or unspecified spontaneous abortion
O037	Embolism following complete or unspecified spontaneous abortion
O0380	Unspecified complication following complete or unspecified spontaneous abortion
O0381	Shock following complete or unspecified spontaneous abortion
O0382	Renal failure following complete or unspecified spontaneous abortion
O0383	Metabolic disorder following complete or unspecified spontaneous abortion
O0384	Damage to pelvic organs following complete or unspecified spontaneous abortion
O0385	Other venous complications following complete or unspecified spontaneous abortion
O0386	Cardiac arrest following complete or unspecified spontaneous abortion
O0387	Sepsis following complete or unspecified spontaneous abortion
O0388	Urinary tract infection following complete or unspecified spontaneous abortion
O0389	Complete or unspecified spontaneous abortion with other complications
O039	Complete or unspecified spontaneous abortion without complication
Z0371	Encounter for suspected problem with amniotic cavity and membrane ruled out
Z0372	Encounter for suspected placental problem ruled out
Z0373	Encounter for suspected fetal anomaly ruled out
Z0374	Encounter for suspected problem with fetal growth ruled out
Z0375	Encounter for suspected cervical shortening ruled out
Z0379	Encounter for other suspected maternal and fetal conditions ruled out
Z640	Problems related to unwanted pregnancy
Z641	Problems related to multiparity

QUESTIONS?

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