

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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## Providers may resubmit claims for HCPCS code J9201 that denied incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects certain claims for Healthcare Common Procedure Coding System (HCPCS) code J9201 – *Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg*. Fee-for-service (FFS) claims for J9201 billed with National Drug Code (NDC) 68001-0359-37 with dates of service (DOS) on or after January 1, 2020, may have denied incorrectly with explanation of benefits (EOB) code 4300 – *Invalid NDC to procedure code combination*.



The claim-processing system has been corrected. Beginning immediately, providers may resubmit FFS claims for code J9201 billed with the NDC during the indicated time frame that may have denied incorrectly, for reimbursement consideration. Claims resubmitted beyond the original filing limit must include a copy of this banner page as an attachment and must be submitted within 180 days of the banner page's publication date.

## IHCP to mass reprocess or mass adjust outpatient claims for HCPCS code Q5101 that denied incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects fee-for-service (FFS) outpatient claims for Healthcare Common Procedure Coding System (HCPCS) code Q5101 – *Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram* with dates of service (DOS) from July 11, 2019, through November 3, 2020. Claims for procedure code Q5101 may have denied incorrectly for explanation of benefits (EOB) 4021 – *Procedure code is not covered for the dates of service for the program billed. Please verify and resubmit*.



The claim-processing system has been corrected. Claims or claim details processed during the indicated time frame for code Q5101 that denied for EOB 4021 will be mass reprocessed or mass adjusted, as appropriate. Providers should see reprocessed or adjusted claims on Remittance Advices (RAs) beginning December 16, 2020, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims) or 52 (mass replacements non-check related).

### MORE IN THIS ISSUE

- [IHCP to mass reprocess or mass adjust claims for TBI waiver service T2039 U7 that denied incorrectly](#)

## IHCP to mass reprocess or mass adjust claims for TBI waiver service T2039 U7 that denied incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects fee-for-service (FFS) claims for Traumatic Brain Injury (TBI) waiver services with dates of service (DOS) from February 13, 2017, through November 4, 2020. Claims for Healthcare Common Procedure Coding System (HCPCS) code and modifier, T2039 U7 – *Vehicle modifications, waiver; per service* may have denied incorrectly for explanation of benefits (EOB) 4021 – *Procedure code is not covered for the dates of service for the program billed. Please verify and resubmit.*



The claim-processing system has been corrected.

Claims or claim details processed during the indicated time frame for waiver service T2039 U7 that denied for EOB 4021 will be mass reprocessed or mass adjusted, as appropriate. Providers should see reprocessed or adjusted claims on Remittance Advices (RAs) beginning December 16, 2020, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims) or 52 (mass replacements non-check related).

### QUESTIONS?

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

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