

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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FEBRUARY 4, 2020

IHCP to remove PA requirement for billing dental codes D5282 and D5283 for members under age 21

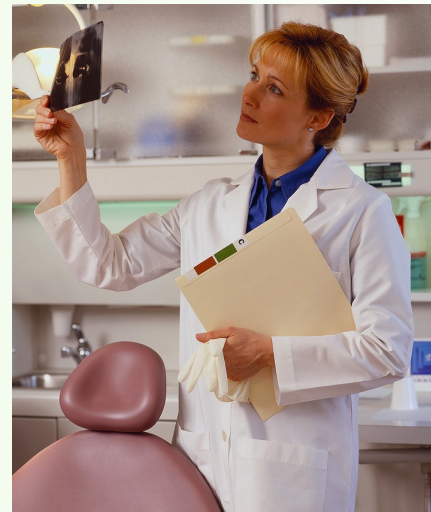
Effective March 4, 2020, the Indiana Health Coverage Programs (IHCP) will no longer require prior authorization (PA) for dental services billed with the following Current Dental Terminology (CDT^{®1}) codes for IHCP members under age 21:

- D5282 – *Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary*
- D5283 – *Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular*

This change will align PA for these codes with Title 405 of the *Indiana Administrative Code* (IAC), Article 5, Rule 14 for dental services. (See [405 IAC 5-14-1\[b\]](#).) PA for billing these codes for members ages 21 and older continues to be required.

This information will be reflected in the next regular update to the *Professional Fee Schedule*, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

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IHCP corrects reimbursement rates for nursing facility services and will mass adjust claims that paid incorrectly

The Indiana Health Coverage Programs (IHCP) has identified an error in the reimbursement rates issued to nursing facility (NF) providers on January 17, 2020, for the first quarter and with a rate-effective date of January 1, 2020. Some rates were calculated using incorrect case mix indices.

Note: The IHCP's rate-setting contractor incorporates minimum data set (MDS) review findings into the calculation of each facility's case mix index (CMI) for determining the rates. The IHCP releases new rates quarterly. For more information about reimbursement methodologies and billing, see the [Long-Term Care](#) provider reference module at in.gov/medicaid/providers.

continued

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Reimbursement rates affected by this error have been recalculated. On January 24, 2020, the IHCP communicated (reissued) the corrected rates to NF providers via notification letters and the Myers and Stauffer secure web portal.

Note: The process for recalculating the rates are in alignment with Title 405 of the Indiana Administrative Code (IAC), Article 1, Rule 14.6 about rate-setting criteria for NFs. (See [405 IAC 1-14.6.](#))

Claims processed with the incorrect rates during the indicated time frame and that paid incorrectly will be mass adjusted. Providers should see the adjusted claims on Remittance Advices (RAs) beginning January 29, 2020, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacement non-check related). If a claim was overpaid, the net difference appears as an accounts receivable. The accounts receivable will be recouped at 100% from future claims paid to the respective provider number.

Questions about rates affected should be directed to Melissa Baumgart or Kristi Collins with Myers and Stauffer LC at 1-800-877-6927.



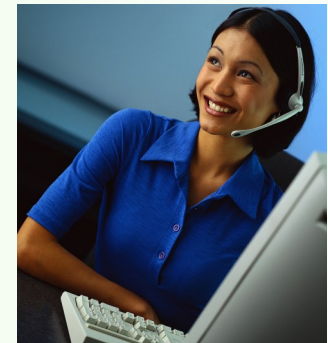
IHCP integrates prior authorization customer service line into the IVR system

The Indiana Health Coverage Programs (IHCP) has completed an enhancement to the Interactive Voice Response (IVR) system to accommodate provider inquiries about prior authorization (PA) requests.

Providers can now call the IHCP customer service line at 1-800-457-4584, and follow the prompts to speak with a PA representative for assistance with an initial or updated PA request.

At the provider main menu, providers should choose option 7 (PA), and based on the type of PA inquiry, can select the most appropriate prompt.

Note: With this enhancement, some of the prompts and selections will have changed.



QUESTIONS?

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

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