

IHCP *banner page*

IHCP to mass reprocess or mass adjust professional claims denied for EOB 4096

The Indiana Health Coverage Programs (IHCP) identified a need to end date the edit explanation of benefits (EOB) 4096 – *Modifier 99 22* from the claim-processing system. Edit 4096 was discontinued retroactive to Jan. 1, 2020. Fee-for-service (FFS) claims will be mass adjusted or mass reprocessed with details denied for EOB 4096 for dates of service (DOS) retroactive to **Jan. 1, 2020**.

Providers should see reprocessed or adjusted claims on Remittance Advices (RAs) beginning June 29, 2022, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claim) or 52 (mass replacements non-check related).



Table 1 – Modifiers affected by EOB 4096 denials

Modifier	Modifier description
22	Unusual procedural services
99	Multiple modifiers

IHCP to adjust claims for procedure code M0220

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects certain fee-for-service (FFS) claims for procedure code M0220 – *Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-COV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), includes injection and post administration monitoring.*

M0220 was effective on Dec. 8, 2021. Claims submitted between Dec. 8, 2021, and May 10, 2022, may have denied incorrectly with explanation of benefits (EOB) 4046 – *This date of service is prior to the procedure code effective date.*

The claim-processing system has been corrected and claims will be mass adjusted or reprocessed. Providers should see adjusted/reprocessed claims on Remittance Advices (RAs) beginning June 29, 2022, with internal control numbers (ICNs)/ Claim IDs with 52 (mass replacements non-check related) or 80 (reprocessed denied claims)

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- [IHCP adds coverage for canalith repositioning therapy](#)

IHCP adds coverage for canalith repositioning therapy

Effective June 24, 2022, the Indiana Health Coverage Programs (IHCP) will be adding coverage for Current Procedural Terminology (CPT^{®1}) code 95992 – *Canalith Repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day*, for the treatment of benign paroxysmal positional vertigo (BPPV).

This coverage applies to all IHCP fee-for-service (FFS) and managed care programs, including Healthy Indiana Plan (HIP), Hoosier Care Connect, Hoosier Healthwise and Traditional Medicaid. FFS Medicaid does not require prior authorization (PA) for this service.

These updates will be reflected in the next regular update to the fee schedules, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

Billing questions for the specified codes should be directed to Gainwell Technologies at 800-457-4584. Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing criteria within the managed care delivery system. Questions about managed care billing should be directed to the MCE with which the member is enrolled.

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QUESTIONS?

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

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