

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR202242

OCTOBER 18, 2022

## IHCP applies check-related adjustments

The Indiana Health Coverage Programs (IHCP) has identified an issue that may have impacted some claim adjustments when providers submitted a check for a check-related adjustment.

Check-related adjustments submitted for claims originally billed on an institutional claim (*UB-04* claim form, Provider Healthcare Portal or 837I transaction) may not have applied the appropriate deduction to the provider-submitted check for a related claim adjustment. This issue did not result in the creation of an accounts receivable (A/R) for the provider.



The system has been corrected and impacted claims will be mass adjusted to apply the appropriate amount to the provider-submitted check. Providers should see adjusted claims on Remittance Advices (RAs) beginning Nov. 23, 2022, with internal control numbers (ICNs)/Claim IDs that begin with 51 (replacements check-related).

## IHCP identifies issue with FQHC and RHC outpatient crossover claim denials

The Indiana Health Coverage Programs (IHCP) identified an issue with outpatient crossover claims denying for explanation of benefits (EOB) code 0558 – *Coinsurance and deductible amount is missing indicating that this is not a crossover claim*, as noted in [BR202223](#). The claim-processing system has been corrected.

An electronic claim mapping change caused outpatient crossover claims to deny incorrectly when submitted without coinsurance, deductible or copayment amounts in the claim header. This issue affects electronic outpatient crossover claims submitted on or after **Nov. 9, 2021**.

Federally qualified health center (FQHC) and rural health clinic (RHC) providers should not resubmit claims denied for EOB 0558 on a professional claim (*CMS-1500* claim form or electronic equivalents) as this will create a duplicate payment when the denied institutional claims (*UB-04* claim form or electronic equivalents) are reprocessed.

Duplicate claims that have been paid, on a *CMS-1500* claim form, will be recouped. Providers should start seeing claim recoupments beginning Nov. 23, 2022, with internal control numbers (ICNs)/Claim IDs that begin with 56 (mass void request or single claim void).

### MORE IN THIS ISSUE

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## IHCP will reprocess or mass adjust claims for HCPCS codes 0074A and 0094A

The Indiana Health Coverage Programs (IHCP) identified a claim-processing issue that affects certain fee-for-service (FFS) claims for Healthcare Common Procedure Coding System (HCPCS) codes billed on or after Sept. 16, 2022, for the dates of service (DOS) indicated in Table 1.

Professional or outpatient FFS claims submitted before Sept. 16, 2022, with DOS indicated in Table 1, may have denied incorrectly with explanation of benefits (EOB) 2017 – *The member is enrolled in the risk based managed care portion of the Hoosier Healthwise program or has been identified as a member of the Hoosier Care Connect program. The member must seek approval from the appropriate managed care entity.*

The claim-processing system has been corrected and claims will be mass adjusted or reprocessed. Providers should see adjusted or reprocessed claims on Remittance Advices (RAs) beginning Oct. 18, 2022, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).

*Table 1 – COVID-19 codes that will be reprocessed or mass adjusted for claims submitted prior to Sept. 16, 2022*

Procedure code	Description	Dates of service
0074A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; booster dose	On or after May 17, 2022
0094A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; booster dose, when administered to individuals 18 years and over	On or after March 29, 2022

## Presumptive Eligibility rules clarified for backdating

As stated in *Indiana Health Coverage Programs (IHCP) Bulletin [BT202256](#)*, the IHCP established new rules allowing for additional reason for backdating Presumptive Eligibility (PE) start dates and allowing an advocate to help complete a PE application.

The current backdating rules are as follows:

- When a qualified provider (QP) located in the Central time zone submits a PE application between 11 p.m. and 11:59 p.m. Central Time and is given a PE start date based on Eastern Time, which pushes the eligibility date to one day after the date of service – In this instance, the QP can submit a request to have the PE effective date changed to the date of service, which is the date the PE application was submitted from the perspective of the provider.
- When a system outage of the IHCP Provider Healthcare Portal makes the web-based application unavailable on the date of service – In this instance, the PE application must be submitted within one day of the date of service. After the PE application is submitted and PE is established, a QP can submit a request to have the established PE effective date changed to the date of service.

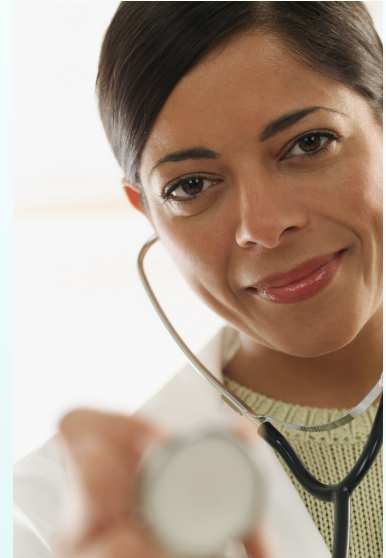
*continued*

IHCP is clarifying the instructions from [BT202256](#) regarding the arrival time of the PE applicant in this scenario:

- An applicant arrives to the provider one hour before midnight, and an application cannot be filed until after midnight.

**To clarify, when an applicant arrives to the provider one hour before midnight and the application cannot be filed until after midnight, the PE application must be filed by close of business (5:30 p.m.) the following day in order to update the PE effective date of service.**

To submit a backdate request, send the Member ID of the PE member, the date to backdate to and reason for the request to [presumptiveeligibility@fssa.in.gov](mailto:presumptiveeligibility@fssa.in.gov). **This request must be sent to the mailbox within 24 hours of the first date of service.**



**Please note, restrictions around timely submission of the PE application do not apply to incarcerated individuals.**

If there are any questions regarding this rule or to confirm if someone can act as an advocate, email [presumptiveeligibility@fssa.in.gov](mailto:presumptiveeligibility@fssa.in.gov).

## Reminder of Sandata portal virtual training for waiver and home health providers

The Indiana Health Coverage Programs (IHCP) would like to remind providers of the implementation date for requiring the use of an electronic visit verification (EVV) system for home health services on Jan. 1, 2023.

For agencies using the Sandata state-sponsored EVV solution, providers have the option to complete either a self-paced Sandata training or a virtual room training. Virtual training sessions will be hosted through Microsoft Teams. Providers that would like to complete a virtual room training session should select from one of the options below:

*Table 2 – Training schedule and session links*

Date	Time	Link
Oct. 26, 2022	10 a.m. to 1 p.m. Eastern Time	<a href="#">Click here to join the meeting</a>
Nov. 30, 2022	10 a.m. to 1 p.m. Eastern Time	<a href="#">Click here to join the meeting</a>

The self-paced training is available at the [IN FSSA Sandata EVV Training](#) page at [sandata.zendesk.com](https://sandata.zendesk.com). Upon completion of the training, providers will receive a certificate of completion and should send this document along with their IHCP Provider ID to [inxixevv@gainwelltechnologies.com](mailto:inxixevv@gainwelltechnologies.com).

For agencies using a third-party or alternative EVV solution, providers should begin by emailing [evv@fssa.in.gov](mailto:evv@fssa.in.gov). See *IHCP Bulletin* [BT202276](#) for more information.

**QUESTIONS?**

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