

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP releases 2022 annual audit findings and best practices

As required by *Indiana Code IC 12-15-13.5-4*, the Indiana Health Coverage Programs (IHCP) is providing a summary of the audit findings from the prior year and recommended best practices.

In 2022, providers were cited for several errors on postpayment audits. The most common errors were incorrect procedure code, nonexistent or insufficient documentation, noncovered service, improper modifier usage, and general claim issues (such as duplicate claims or duplicate diagnosis).

When it comes to best practices, the most important thing to remember is to submit documentation when requested, and ensure your documents are complete and supportive. Providers can review *Indiana Administrative Code 405 IAC 1-1.4-2* for requirements of medical records, service-specific modules for an outline of what is required for a specific service, and bulletins and banner pages for updated requirements. Providers can find IHCP bulletins, banner pages and provider reference modules on the [Bulletins, Banner Pages and Reference Modules](#) page at in.gov/medicaid/providers. Additionally, it is highly recommend that providers sign up for [IHCP email notifications](#) to stay up-to-date on IHCP policies and procedures, including coding and billing changes.

For claim submission and best practices, the key is efficiency. It is recommended that providers maintain a single contact person and use the online IHCP Provider Healthcare Portal for submissions. If a provider uses a third-party billing company, it is highly encouraged to maintain regular communication with the company. Lastly, providers should regularly check Remittance Advices to stay ahead of any developing issues.

Program Integrity

Program Integrity is the section within the IHCP that oversees provider audits, investigations and prepayment. Program Integrity undertakes the federally mandated requirement of fraud detection and investigation. The objective of Program Integrity is to look for fraud, waste and abuse in the Medicaid system. This is done through multiple postpayment audits conducted on all types of Medicaid providers, as well as completing prepayment review to analyze claims prior to payment. For a more in-depth webinar on the current audit process, see the [Fraud and Abuse Detection System \(FADS\) – Audit Process and New Vendor Update](#) webinar, accessible from the [Program Integrity Provider Education Training](#) page at in.gov/medicaid/providers.

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Program Integrity is always happy to answer questions from providers that are undergoing audits or have general questions about other Program Integrity-related activities. Please send any questions or suggested topics for educational pieces to ProgramIntegrity.FSSA@fssa.in.gov.

IHCP adds CPT code 0717T to CoreMMIS

Effective immediately, the Indiana Health Coverage Programs (IHCP) added Current Procedural Terminology (CPT^{®1}) code 0717T – *Harvesting of patient's own fatty tissue and preparation of cells for autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear* to the Core Medicaid Management Information System (CoreMMIS). The code is effective for dates of service on or after **July 1, 2022**, and is a **noncovered** service for the IHCP.

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

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IHCP to adjust claims for COVID-19 vaccine codes 0164A, 0173A, 91316 and 91317

The Indiana Health Coverage Programs (IHCP) retroactively added coverage for new Pfizer and Moderna bivalent booster vaccines and administration for the prevention of the coronavirus disease 2019 (COVID-19), as announced in *IHCP Bulletin* [BT202308](#).

The codes listed in [Table 1](#) were made effective retroactive to dates of service (DOS) on and after Dec. 8, 2022. Claims submitted between Dec. 8, 2022, and Jan. 24, 2023, 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 or reprocessed claims on Remittance Advices (RAs) beginning March 29, 2023, with internal control numbers (ICNs)/Claim IDs with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).



continued

Table 1 – COVID-19 vaccine and administration codes that will be mass adjusted or reprocessed for DOS from Dec. 8, 2022, to Jan. 24, 2023

Procedure codes	Description
0164A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, booster dose
0173A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, third dose
91316	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, for intramuscular use
91317	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use

IHCP reminds providers to sign FFS plans of care and treatment plans

The Indiana Health Coverage Programs (IHCP) reminds providers to clearly sign the plans of care and treatment plans that accompany the *IHCP Prior Authorization Request Form (universal PA form)*.

Electronic, typed or stamped signatures must match the written signature on the plans of care and treatment plans. Signing providers must be within the scope of practice for their applicable licensure.

A list of providers eligible to sign and submit PA requests may be found in the IHCP [Prior Authorization](#) provider reference module.

QUESTIONS?

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

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