

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024148 SEPTEMBER 24, 2024

IHCP will reprocess or mass adjust claims for procedure code E2103

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) code E2103 – *Non-adjunctive, non-implanted continuous glucose monitor or receiver*. Professional and outpatient FFS claims submitted with dates of service (DOS) on or after **Sept. 7, 2023**, may have denied incorrectly with the explanation of benefits (EOB) code 1016 – *This manufacturer does not participate in the drug rebate program*.

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. 30, 2024, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non check related) or 80 (reprocessed denied claims).

If providers prefer to resubmit any claims retroactively, they can submit claims to the IHCP within 90 days from the date of this publication for managed care claim submission, or 180 days of this publication date for FFS claim submission, to satisfy timely filing requirements. Providers should include a copy of this bulletin when submitting FFS claims beyond the standard filing limit.



QUESTIONS?

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

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