

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2023138 OCTOBER 19, 2023

IHCP will reprocess or mass adjust claims for select continuous glucose monitor procedure codes

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects certain fee-for-service (FFS) claims billed for the continuous glucose monitor (CGM) procedure codes indicated in Table 1.

Claims may have denied inappropriately for the explanation of benefit (EOB) codes listed in Table 2. Claims may have also paid inappropriately without a National Drug Code (NDC) reported on the claim. These professional or outpatient FFS claims submitted between Jan. 1, 2023, and Sept. 15, 2023, may have processed incorrectly and will be mass adjusted or reprocessed.



The claim-processing system has been corrected. Providers should see adjusted or reprocessed claims on remittance advices (RAs) beginning Nov. 22, 2023, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).

Table 1 – CGM procedure codes that may have denied inappropriately

Procedure code	Description
A4238	Supply allowance for adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
E2102	Adjunctive, non-implanted continuous glucose monitor or receiver
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver

Table 2 – EOB codes

EOB code	Description
0217	NDC number is missing or not on file
1012	Service and or modifier billed not payable for your provider type/specialty
2033	Invalid claim type for the program billed
3930	Payment is not allowed for the rendering or billing provider type/specialty performing this service
4013	This procedure code is not covered for this date of service
4021	Procedure code is not covered for the dates of service for the program billed. Please verify and resubmit.
4218	Service billed is not allowed in this claim type
4801	Procedure code is not covered for benefit plan

QUESTIONS?

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

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [IHCP Bulletins](#) page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at in.gov/medicaid/providers.

