IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

BT202418 FEBRUARY 15, 2024

IHCP corrects errors on the Professional Fee Schedule

During post-implementation review of the Healthy Indiana Plan (HIP) Rate Equalization Project, the Indiana Health Coverage Programs (IHCP) discovered an error in pricing of several maternity codes and two diabetic management training codes on the Professional Fee Schedule.

As shown in Table 1, procedure code rates will be corrected on the Professional Fee Schedule, accessible from the <u>IHCP Fee Schedules</u> page at in.gov/medicaid/provider.

The claim-processing system issue has been corrected, and fee-for-service (FFS) claims adjudicated for dates of service on or after **Jan. 1**, **2024**, will be mass adjusted. Providers should see adjusted claims on remittance advices (RAs) beginning March 20, 2024. Adjustments will be identified with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check-related).



For affected managed care claims, the applicable managed care entity (MCE) will reprocess affected claims. Providers should contact the MCE representative if they have questions about claims that have not reprocessed.

Please direct questions to IHCP Reimbursement at FSSA.IHCPReimbursement@fssa.in.gov.

Table 1 – Rate corrections for affected procedure codes/modifiers, effective for DOS on or after Jan. 1, 2024

Procedure code/ modifier	Procedure description	Incorrect rate	Correct rate
59409 UA	Obstetrical Care	\$1,061.26	\$726.43
59409 UB	Obstetrical Care	\$1,061.26	\$726.43
59409 UC	Obstetrical Care	\$1,061.26	\$726.43
59425	Antepartum Care Only	\$102.60	\$85.50
59426	Antepartum Care Only	\$134.90	\$93.86
59514 UA	Cesarean Delivery Only	\$1,061.26	\$817.19
59514 UB	Cesarean Delivery Only	\$1,061.26	\$817.19
59514 UC	Cesarean Delivery Only	\$1,061.26	\$817.19
59612 UA	Vaginal Birth After Cesarean Section (VBAC) Delivery Only	\$1,152.78	\$814.69
59612 UB	VBAC Delivery Only	\$1,152.78	\$814.69
59612 UC	VBAC Delivery Only	\$1,152.78	\$814.69
59620 UA	Attempted VBAC Delivery Only	\$1,186.75	\$843.37
59620 UB	Attempted VBAC Delivery Only	\$1,186.75	\$843.37
59620 UC	Attempted VBAC Delivery Only	\$1,186.75	\$843.37
G0108 U6	Diab Mgmt Training, Individual	\$29.16	\$26.07
G0109 U6	Diab Mgmt Training, per Indiv/Group	\$29.16	\$7.41

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 <u>IHCP Bulletins</u> 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 <u>IHCP provider website</u> at in.gov/medicaid/providers.