

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR202103

JANUARY 19, 2021

## Gainwell Technologies to mail 2020 IRS 1099-MISC tax forms to providers

All Internal Revenue Service (IRS) 1099-MISC tax forms for 2020 related to Indiana Health Coverage Programs (IHCP) payments will be mailed and postmarked by January 31, 2021.

Please be aware that you may receive two forms associated with payments made under two different tax identification numbers in 2020. Payments were issued under the DXC Technology Services LLC tax identification number for January through September 2020. Payments were issued under the DXC MS LLC (Gainwell Technologies LLC) tax identification number for October through December 2020.



*Note: If you were paid less than \$600 by either of the two entities, a 1099-MISC form will not be generated under that tax identification number.*

## Providers may resubmit claims for HCPCS code A5083 that denied incorrectly

The Indiana Health Coverage Programs (IHCP) identified a claim-processing issue that affects fee-for-service (FFS) claims submitted by provider specialty 250 – *Durable Medical Equipment (DME)/Medical Supply Dealer*, for Healthcare Common Procedure Coding System (HCPCS) code A5083 – *Continent device, stoma absorptive cover for continent stoma*. Claim details for code A5083 with dates of service (DOS) on or after February 13, 2017, may have denied incorrectly with explanation of benefits (EOB) 4801 – *Procedure code not covered for benefit plan*.

The claim-processing system has been corrected. Beginning immediately, providers may resubmit FFS claims for procedure code A5083 during the indicated time frame that may have denied incorrectly with EOB 4801, for reimbursement consideration. Claims resubmitted beyond the original filing limit must include a copy of this banner page as an attachment and must be submitted within 180 days of the banner page's publication date. For claims that were underpaid, the net difference will be paid and reflected on Remittance Advices (RAs).



### MORE IN THIS ISSUE

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## Providers may resubmit claims for HCPCS code J0515 that denied incorrectly

The Indiana Health Coverage Programs (IHCP) identified a claim-processing issue that affects certain claims for Healthcare Common Procedure Coding System (HCPCS) code J0515 – *Injection, benzotropine mesylate, per 1 mg*. Fee-for-service (FFS) claims for J0515 billed with National Drug Code (NDC) 63323-0970-02 with dates of service (DOS) on or after January 1, 2019, may have denied incorrectly with explanation of benefits (EOB) code 4300 – *Invalid NDC to procedure code combination*.



The claim-processing system has been corrected. Beginning immediately, providers may resubmit FFS claims for code J0515 billed with the NDC during the indicated time frame that may have denied incorrectly, for reimbursement consideration. Claims resubmitted beyond the original filing limit must include a copy of this banner page as an attachment and must be submitted within 180 days of the banner page’s publication date.

## Annual update to ICD-10 codes for BPHC services

As announced in *Indiana Health Coverage Programs (IHCP) Bulletin BT2020104*, the annual update to the International Classification of Diseases, Tenth Revision (ICD-10) Clinical Modification (CM) diagnosis codes and procedure coding system (PCS) procedure codes was effective on October 1, 2020 (federal fiscal year [FFY] 2021).

The annual update includes the services in Table 1 provided through the Behavioral and Primary Healthcare Coordination (BPHC) program, although that was not specified in *BT2020104*. Effective retroactively for dates of service (DOS) on or after **October 1, 2020**, the codes in Table 1 qualify as mental health and substance abuse diagnosis codes for BPHC services.

*Table 1 – Qualifying ICD-10 diagnosis codes included for BPHC services, effective retroactively for DOS on or after October 1, 2020*

Diagnosis code	Description
F10130	Alcohol abuse with withdrawal, uncomplicated
F10131	Alcohol abuse with withdrawal delirium
F10132	Alcohol abuse with withdrawal with perceptual disturbance
F10139	Alcohol abuse with withdrawal, unspecified
F1113	Opioid abuse with withdrawal
F1213	Cannabis abuse with withdrawal
F13130	Sedative, hypnotic or anxiolytic abuse with withdrawal, uncompliate
F13131	Sedative, hypnotic or anxiolytic abuse with withdrawal delirium
F13132	Sedative, hypnotic or anxiolytic abuse with withdrawal with perceptual disturbance

*continued*

*Table 1 – Qualifying ICD-10 diagnosis codes included for BPHC services, effective retroactively for DOS on or after October 1, 2020 (continued)*

<b>Diagnosis code</b>	<b>Description</b>
F13139	Sedative, hypnotic or anxiolytic abuse with withdrawal, unspecified
F1413	Cocaine abuse, unspecified with withdrawal
F1513	Other stimulant abuse with withdrawal
F19130	Other psychoactive substance abuse with withdrawal, uncomplicated
F19131	Other psychoactive substance abuse with withdrawal delirium
F19132	Other psychoactive substance abuse with withdrawal with perceptual disturbance
F19139	Other psychoactive substance abuse with withdrawal, unspecified

Additionally, the IHCP identified two ICD-10 diagnosis codes that were not announced for previous updates as allowed for BPHC services. Effective retroactively for DOS on or after **October 1, 2016**, the codes in Table 2 are eligible as mental health and substance abuse diagnosis codes for BPHC services.

*Table 2 – Qualifying ICD-10 diagnosis codes included for BPHC services, effective retroactively for DOS on or after: October 1, 2016*

<b>Diagnosis code</b>	<b>Description</b>
F5081	Binge eating disorder
F5089	Other specified eating disorder

*Note: All the codes in Table 1 and Table 2 are used for Adult Needs and Strengths Assessment (ANSA).*

This information will be reflected in the next regular update to *Division of Mental Health and Addiction (DMHA) Behavioral and Primary Healthcare Coordination (BPHC) Codes*, accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

## **IHCP will add noncovered procedure codes to *Professional Fee Schedule***

The Indiana Health Coverage Programs (IHCP) will update the *Professional Fee Schedule* to include the Healthcare Common Procedure Coding System (HCPCS) codes in [Table 3](#), to align with the claim-processing system (CoreMMIS).

The additional noncovered codes will be reflected in the next regular update to the *Professional Fee Schedule*, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

*continued*

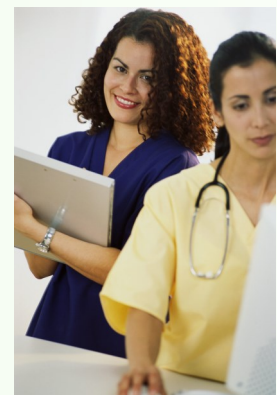


Table 3 – Noncovered procedure codes to be included in the Professional Fee Schedule

Procedure code	Description
C1772	Infusion pump, programmable (implantable)
C2615	Sealant, pulmonary, liquid
C8932	Magnetic resonance angiography without contrast, spinal canal and contents

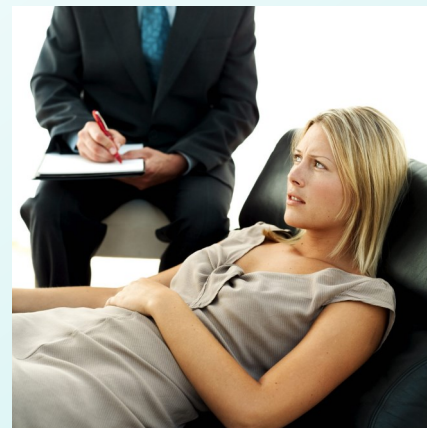
## FSSA requests provider feedback via survey about workforce capacity for treatment of SUD

The Indiana Family and Social Services Administration (FSSA) is requesting feedback from providers about their capacity for treating patients with substance use disorder (SUD). Please complete all questions in this important [provider survey](#) no later than **February 5, 2021**. The survey takes approximately 15 - 20 minutes.

*Note: If the link to the survey does not work, copy and paste the following URL into the URL address bar of your Internet browser: [https://fssain.iad1.qualtrics.com/jfe/form/SV\\_e9VPgfeJgVcxtXv](https://fssain.iad1.qualtrics.com/jfe/form/SV_e9VPgfeJgVcxtXv).*

Findings from this survey will help the State plan for and expand substance use treatment services as needed. The survey is one component of a statewide needs assessment to identify policies, education, and technical assistance required to increase the capacity of Indiana providers for treating SUD.

For any questions or concerns about the survey, please email [FSSASUD@fssa.IN.gov](mailto:FSSASUD@fssa.IN.gov).



### QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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