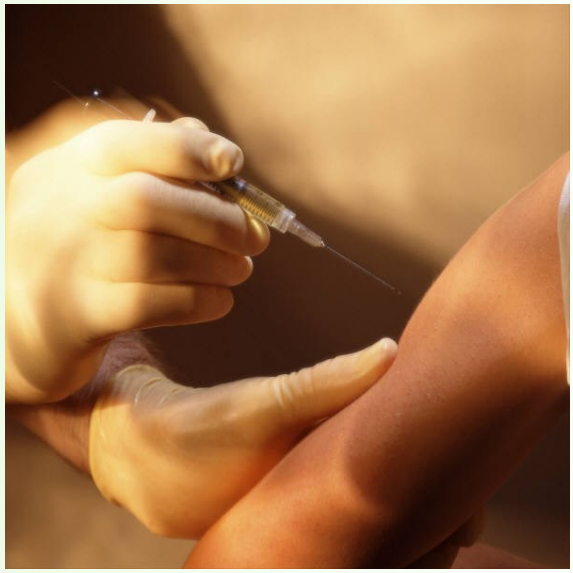
IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR202219 MAY 10, 2022

IHCP to mass reprocess or mass adjust claims for COVID-19 vaccine and administration codes



On March 3, 2022, Indiana Health Coverage Programs (*IHCP) Bulletin BT202218* was published to correct an error on the age restrictions on Healthcare Common Procedure Coding System (HCPCS) codes 91305, 0051A, 0052A, 0053A and 0054A. These codes are covered for members age 12 and older. Claims may have denied when submitted for the listed codes with dates of service (DOS) retroactively to **Oct. 29, 2021**, with explanation of benefits (EOB) 4034 - *Service billed not compatible with member's age.*

Gainwell will mass reprocess or mass adjust impacted fee-for-service (FFS) claims submitted. Providers should see reprocessed or adjusted claims on Remittance Advices (RAs) beginning June 8, 2022, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claim) or 52 (mass replacements non-check related).

IHCP corrects rate for HCPCS code J9273

Effective retroactively to April 1, 2022, the Indiana Health Coverage Programs (IHCP) is revising the reimbursement rate for Healthcare Common Procedure Coding System (HCPCS) code J9273 – *Injection, Tisotu Vedotin-TFTV, 1 mg*, with dates of service (DOS) on or after **April 1, 2022**. Claims for this code may have been underpaid.

The claim-processing system has been corrected. The following maximum rate applies retroactively for HCPCS code J9273 with DOS on or after **April 1, 2022:**

- Updated pricing: Maximum fee of $154.48

Beginning immediately, providers may resubmit code J9273 with DOS on or after **April 1, 2022** for reimbursement consideration. Providers that believe an affected claim was reimbursed incorrectly may void the original claim and then submit a new replacement claim.

Reimbursement, prior authorization (PA) and billing information applies to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.

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

QUESTIONS?

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