**Reminder! ICD indicators are required on UB-04 claim form**

Effective January 6, 2014, the Indiana Health Coverage Programs (IHCP) began requiring ICD indicators on all paper claims submitted on the Uniform Billing (UB-04) claim form. Paper claims received without ICD indicators or with invalid ICD indicators will not be processed and will be returned to the provider. This requirement is based on the date of claim submission rather than date of service. For more information about using ICD indicators on the UB-04 form, see IHCP Bulletin BT201352.

**Reminder! The revised CMS-1500 claim form is now being accepted**

Effective January 6, 2014, the Indiana Health Coverage Programs (IHCP) began accepting the revised CMS-1500 claim forms. Both current and revised CMS-1500 claim forms will be accepted during a transition period from January 6, 2014, through March 31, 2014. Effective April 1, 2014, the IHCP will accept only the revised version of the CMS-1500 (02/12) paper claim form. Paper claims submitted on the current version of the CMS-1500 (08/05) after March 31, 2014, will not be processed and will be returned to the provider. The effective dates for transition to the new form are based on date of claim submission rather than date of service. For more information and instructions about filling out the revised CMS-1500, see IHCP Bulletin BT201353.

**INSIDE STORIES**

- IHCP ICD-10 testing is under way
- The IHCP moves forward with DRG grouper
- Watch for information about ICD-10 policy changes
- Answers to your ICD-10 questions
- EHR incentive program
- 2014 first-quarter workshops
IHCP ICD-10 testing is under way

The Indiana Health Coverage Programs (IHCP) is testing system changes for ICD-10 using the test environment the IHCP has developed. Two testing periods have been established for clearinghouses and software vendors:

- **November 2013 – February 2014** – Testing new front-end rejections and file format compliance
- **March 2014 – July 2014** – Focused ICD-10 vendor testing

The new ICD-10-related claim rejection edits are:

- **Error 267 – 837P transactions** – Claim submitted with a mixture of ICD-9 and ICD-10 qualifiers on the ICD diagnosis. This is not permitted.
- **Error 269 – 837I transactions** – Claim submitted with a mixture of ICD-9 and ICD-10 qualifiers on the ICD diagnosis and/or procedure codes. This is not permitted.

Claims processing results will not be provided during the November 2013 – February 2014 testing.

Focused ICD-10 vendor testing is scheduled to begin in March 2014 and continue through July 2014. This testing is designated for claims processing and end-to-end testing, including testing with the new 3M™ All Patient Refined-Diagnosis-Related Group, or APR-DRG (grouper), applying new and updated policies and Myers and Stauffer reimbursement rate updates.

To stay up-to-date, watch for articles in upcoming IHCP publications and check the [ICD-10 Testing - Software and Clearinghouse Vendors page](#) and the [ICD-10 Testing - MCEs and Extract Vendors page](#) at indianamedicaid.com.

The IHCP moves forward with DRG grouper

The Indiana Health Coverage Programs (IHCP) ICD-10 team continues to analyze and make final recommendations about mapping for diagnosis-related group (DRG) assignments.

The IHCP has chosen the All Patient Refined-Diagnosis-Related Grouper (APR-DRG) for use with ICD-10. Version 30 of the APR-DRG will be used for testing beginning in March 2014 and will be implemented for dates of service (DOS) on or after October 1, 2014. The current All Patient (AP)-DRG version 18 will continue to be used for DOS through September 30, 2014.

More information about the APR-DRG will be coming your way in early 2014.

Watch for information about ICD-10 policy changes

ICD-10 medical policy changes will be published via Indiana Health Coverage Programs (IHCP) bulletins beginning first-quarter 2014. To stay updated, be sure to sign up for IHCP Email Notifications at [indianamedicaid.com](http://indianamedicaid.com) – look for the blue sign-up envelope on pages throughout the website.
Answers to your ICD-10 questions

Here are answers to two questions sent by providers to the Indiana Health Coverage Program’s (IHCP’s) ICD-10 Questions Mailbox:

Q: Will it take longer to submit ICD-10 claims?

A: As with any new process, it may take longer to complete standard processes at initial implementation. However, with appropriate assessment, planning, testing, and training, the learning curve should be temporary.

ICD-10 will require more in-depth knowledge of the code set and of the codes used in providers’ practices or services. The IHCP recommends the following to help you prepare:

- Be proactive—if you have not started your planning and assessment, begin now.
- If your vendors have not contacted you, begin a dialogue now.
- Become familiar with ICD-10 code sets now – training is necessary.
- Analyze the codes that are used most frequently in your office – that is the best place to start.
- Practice coding one claim a day in both ICD-9 and ICD-10 to become familiar with the ICD-10 code set and how it compares with the ICD-9 code set.
- If you code claims in your office, do not put off purchasing ICD-10 code books.
- Set aside a block of time each day, no matter how small, to work on ICD-10.

Q: How much longer will it take to be reimbursed for ICD-10 claims?

A: If the claim is submitted correctly, there should be no delays. The turnaround time for processing ICD-10 claims should be the same turnaround time you now experience for ICD-9 claims.

If you have a question about ICD-10, submit it to the ICD-10 Questions Mailbox, and the IHCP ICD-10 team will get back to you with an answer. To find the answers to more ICD-10 questions, see the ICD-10 FAQs page at indianamedicaid.com.

Sign up for the EHR incentive program

Indiana Health Coverage Programs (IHCP) incentive payments for the Electronic Health Records (EHR) initiative amount to more than $135 million since the program's introduction in May 2011. A total of 1,828 eligible professionals and 109 eligible hospitals have benefited from these payments. For more information about EHR, see the EHR Incentive Program page at indianamedicaid.com.

2014 first-quarter workshops planned

Planning is under way for the upcoming 2014 first-quarter provider workshops. Please look for a future bulletin for class descriptions, times, and locations, and watch the Provider Education page at indianamedicaid.com.
RECENTLY PUBLISHED TO THE IHCP WEBSITE

PROVIDER MANUAL UPDATES
The Revision History in each manual (or chapter) provides detailed information about updates.

- **IHCP Provider Manual** – The following chapters of the manual have been updated:
  - Chapter 4 – *Provider Enrollment, Eligibility, and Responsibilities*
  - Chapter 13 – *Utilization Review*

- **Division of Aging HCBS Waiver Provider Manual**
- **Hospital Presumptive Eligibility Qualified Provider Manual**

BULLETIN
- **BT201358** – Pharmacy updates approved by Drug Utilization Review Board
- **BT201359** – Botulinum toxin coverage updated to include additional diagnosis codes
- **BT201360** – REVISED: The FSSA announces eligibility changes within Indiana Health Coverage Programs
- **BT201361** – Adult Mental Health and Habilitation services added to Indiana Medicaid State Plan
- **BT201362** – Children’s Mental Health Wraparound services added to Indiana Medicaid State Plan
- **BT201363** – The IHCP provides coverage and billing guidelines for HCPCS code J9225 – Histrelin implant (Vantas)
- **BT201364** – IHCP covers procedure code Q2049 – Imported Lipodox
- **BT201365** – Coverage and billing information for the 2014 annual HCPCS codes update

NEWS FROM RECENT BANNER PAGES
- **IHCP announces updated HCPCS codes for reimbursement of diabetes self-management training**
- **Reminder of rate reduction changes**
- **Hospital Presumptive Eligibility QP training**
- **IHCP to adopt 2014 Medicare rates for select clinical laboratory services**
- **Updates to provider information for 2013 taxes due**
- **Reminder to reattest for reimbursement increase for PC services**
- **New mailing address for pharmacy claims**
- **Corrected date for J7620 coverage**
- **CPT code 43361 linked to modifier 62**
- **CPT code 50592 assigned ASC pricing indicator**
- **Procedure code updates for Audits 6060 and 6857**
- **Reminders for sterilization and bariatric age restrictions and audiometry assessment PA**
- **CPT code 22899 assigned ASC pricing indicator**
- **CMS announces new enrollment application fee**
- **CPT codes 36222-36228 linked to modifier 50**
- **Procedure code update to Audit 6054**
- **Common billing errors discovered through real-time pharmacy audits**
- **Procedure code updated for Audit 6855**
- **CPT code 97535 removed from Audits 6102 and 6111**

FOR MORE INFORMATION
- Contact your **Provider Relations field consultant**.
- **IHCP Provider Quick Reference** – This reference contains a complete list of addresses, telephone numbers, and fax numbers for the IHCP and IHCP vendors.
- Contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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