

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR202023

JUNE 9, 2020

## IHCP corrects gender restrictions on certain diagnosis codes

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects fee-for-service (FFS) claims billed with the International Classification of Diseases-10-Clinical Modification (ICD-10-CM) diagnosis codes in Table 1, for dates of service (DOS) on or after January 1, 2018. Claims billed with these codes may have denied inappropriately with an explanation of benefits (EOB) associated with the patient's gender.

The claim-processing system has been corrected for the code gender restrictions shown in Table 1. These corrections apply retroactively to FFS claims with DOS on or after **January 1, 2018**. Beginning immediately, providers who believe a claim may have denied inappropriately for a gender restriction during the indicated time frame may resubmit the claim for reimbursement consideration. Each claim resubmitted beyond the timely filing limit must include a copy of this banner page as an attachment.

*Note: Claims with DOS before January 1, 2019, must be resubmitted within 1 year of the banner page's publication date. Claims with DOS on or after January 1, 2019, must be resubmitted within 180 days of the banner page's publication date.*

*Table 1 – Corrected diagnosis codes gender restrictions, effective June 9, 2020*

Diagnosis code	Description	Previous gender restriction (reimbursable for)	Corrected gender restriction (reimbursable for)
N35.011	Post-traumatic bulbous urethral stricture	Both	Male only
N35.012	Post-traumatic membranous urethral stricture	Both	Male only
N35.013	Post-traumatic anterior urethral stricture	Both	Male only
N35.112	Postinfective bulbous urethral stricture, not elsewhere classified, male	Both	Male only
N35.113	Postinfective membranous urethral stricture, not elsewhere classified, male	Both	Male only
N35.114	Postinfective anterior urethral stricture, not elsewhere classified, male	Both	Male only
N99.115	Postprocedural fossa navicularis urethral stricture	Both	Male only
Q64.0	Epispadias	Male only	Both
R97.1	Elevated cancer antigen 125 [ca 125]	Female only	Both

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## IHCP fee-for-service prior authorization provider satisfaction survey

Prior authorization (PA) is required for certain covered services to document the medical necessity for those services. To help providers with requesting fee-for-service (FFS) prior authorization (PA) efficiently, the Indiana Health Coverage Programs (IHCP) is inviting provider feedback through an online satisfaction survey. Among the few questions, the survey asks about the provider's chosen method for submitting a PA request (IHCP Provider Healthcare Portal, fax, mail, or telephone).

Please take a moment to click on and complete the following survey:

**FFS Prior Authorization Provider  
Satisfaction Survey**

For important information about PA, including when it is required, how requests are reviewed, where to find PA request forms, and how to make requests go smoothly, visit the [Prior Authorization](#) web page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers). Other PA topics may be found in the [Prior Authorization](#) provider reference module, also on the website.

To view the current process for faxing PA requests and supporting documents, see *IHCP Banner Page BR202006*.

### QUESTIONS?

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

### TO PRINT

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