IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

BT2024112 JULY 18, 2024

IHCP updates guidance on the MCE Emergency Department Autopay List

The Indiana Health Coverage Programs (IHCP) announced an updated emergency department (ED) autopay list policy in IHCP Bulletin BT202009. Effective April 1, 2020, if a managed care entity (MCE) chooses to use a list of diagnosis codes to determine whether a service is an emergency, the MCE must, at a minimum, use the state's Emergency Department Autopay List, accessible from the <u>Code Sets</u> page at in.gov/medicaid/providers.

The IHCP is further clarifying that, as of July 1, 2024, if an MCE uses an autopay list, the MCE must review the diagnosis codes for their presence on the autopay list in the following claim fields (or equivalent fields on the corresponding electronic claim):



- On a *UB-04* claim:
 - Field 67 and 67 A-Q DX (primary and other diagnosis codes)
 - Field 69 ADMIT DX (diagnosis code at time of admission, as stated by the physician)
 - Field 70 A-C PATIENT REASON DX (diagnosis codes that reflect the patient's reason for visit)
 - Field 72 A-C ECI (external cause of injury diagnosis codes, also known as E-codes)
- On a CMS-1500 claim:
 - Field 21 A-L DIAGNOSIS OR NATURE OF ILLNESS (primary and other diagnosis codes)

All other previous guidance announced in IHCP Bulletin BT202009 remains the same.

QUESTIONS?

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

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