

May 2018

Claim denials for codes G18 and 256

A recent review of the top 20 provider denials has identified denial code G18 — **This service is not allowed per your contract** — as one of the top denial reasons. On your *EOP*, it is often paired with *HIPAA Remark Code 256* — **Service not payable per managed care contract**. On an electronic remittance advice or 835 transaction, only *HIPAA Remark Code 256* is displayed.

Denial code G18 is used to identify services that are not covered by your Anthem Blue Cross and Blue Shield contract because the CPT/HCPCS code (not all-inclusive):

- Is not included in your specific provider contract because it is outside the provider's scope of practice (transportation versus medical provider).
- Is not included in the contract based on the provider type (facility provider versus professional provider).
- Is not covered by the Indiana Health Coverage Programs (IHCP).

Providers receiving this denial message should first verify that the billed procedure code is covered by the IHCP and covered for the date of service. Providers can verify the covered or noncovered status of a procedure code using the IHCP *Professional Fee Schedule* and *Outpatient Fee Schedule*, available at www.indianamedicaid.com, located under the *Quick Links* menu on the right side of the screen. Providers may look up procedure codes individually, by a range of codes or by downloading a full copy of the applicable fee schedule. The IHCP updates the fee schedules on a monthly basis, so if you have downloaded a copy, it may be outdated.

If you have any questions, please contact Provider Services:

- Hoosier Healthwise: **1-866-408-6132**
- Healthy Indiana Plan: **1-844-533-1995**
- Hoosier Care Connect: **1-844-284-1798**

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