

August 25, 1998

To All Providers with CLIA Certification:

A review of claims for dates of service 7/1/98 through 7/31/98 identified a number of claims that have been denied for **edit 4207** because EDS has not received a copy of a valid CLIA certificate from the billing provider. In an effort to assist providers so their claims will be paid, we are reminding providers that if they have received this denial code, they will need to mail a copy of their CLIA certificate to EDS so that this information can be entered in the IndianaAIM system. Please mail a copy of your CLIA certificate to:

EDS
P.O. Box 68420
Indianapolis, IN 46268-0420
Attn: Provider Enrollment

Should a provider not have CLIA certification, that provider may contact the Indiana State Department of Health and request **both** a CLIA certification letter **and** a computer printout that shows the certificate number, certificate type, valid effective date, and valid expiration date. Please mail this information to the address above. Your continued assistance with this process is appreciated.

To All Providers with CLIA Certification:

A review of claims for dates of service 7/1/98 through 7/31/98 identified a number of claims that have been denied for **edit 4208** because the CLIA certificate loaded into the IndianaAIM system does not correspond with the lab procedure code billed. Please review the lab procedure code billed to be sure it is appropriate for the type of CLIA certification approved for the provider. Please refer to Indiana Medicaid Update E98-16 for a list of CLIA certificates and corresponding lab procedure codes determined by the Health Care Finance Administration (HCFA) to ensure billing an appropriate lab procedure code for the provider's certification. Provider's requiring a definition of a lab procedure code listed in the above referenced bulletin may consult the AMA Physician's Current Procedural Terminology (CPT) book, 1998. Inquiries into lab procedure code definition and parameters may also be directed to the Indiana State Department of Health for guidance.

To All Providers with CLIA Certification:

Please be advised that providers holding a CLIA certificate expiring in August, September, or October of 1998 should initiate the process now to renew CLIA certification with their state's department of health. Once a provider has obtained CLIA recertification, a copy of the certificate should be mailed to the following address:

EDS
P.O. Box 68420
Indianapolis, IN 46268-0420
Attention: Provider Enrollment

Your immediate attention to this matter will allow the Provider Enrollment Unit adequate time to enter the updated information and will ensure there is no break in the payment of lab procedure codes.

To: All Indiana Medicaid Physician Providers:

Recently, there have been several Physician inquiries regarding Medicaid coverage and billing procedures for Synvisc (hylan G-F 20). Synvisc (hylan G-F 20) is one brand of an intra-articular injection which is covered by Indiana Medicaid for the treatment of pain in osteoarthritis of the knee in patients who have failed to respond adequately to conservative nonpharmacologic therapy and simple analgesics, e.g., acetaminophen. Since injectables of this type have not yet been assigned a specific HCPCS code by HCFA, it is **suggested** that HCPCS code J3490 (unclassified drug) be used. When billing a non-specific code such as HCPCS code J3490, it is necessary to state on the submitted claim form the National Drug Code (NDC) **and** the quantity actually administered. Typically, one intra-articular injection of the drug type listed above is two milliliters (2ml), thus the quantity reported on the claim form would be two milliliters (2ml).

To All Providers of Anesthesia Services:

This is to clarify that Indiana Medicaid allows payment for medically reasonable and necessary Monitored Anesthesia Care (MAC) services on the same basis as other anesthesia services. Providers submitting claims for Monitored Anesthesia services should add the QS modifier to the procedure code, in addition to other applicable modifiers to identify the services as monitored anesthesia care. Providers should continue to follow general billing guidelines for anesthesia services. An upcoming bulletin will address detailed billing guidelines for anesthesia services.