Indiana Health Coverage Programs

IMPORTANT INFORMATION

BR200347 NOVEMBER 25, 2003

To All Providers:

- Medical providers may have experienced denials for explanation of benefits (EOB) *6666 – Anesthesia services not allowed by provider billing for surgery that are not appropriate*. The issue relating to these denials has been corrected. Inappropriate denials for EOB code 6666 received between October 16, 2003, and November 14, 2003, will reprocess and mass adjust. These reprocessed claims and mass adjustments will appear beginning on the November 25, 2003, remittance advice (RA).
- This article is a reminder to any provider billing Medicare Part B claims. All crossover claims received on the CMS-1500 form must have the combined total of the Medicare coinsurance, deductible, and psych reduction reported on the left hand side of field 22 under the heading Medicaid resubmission code. The Medicare paid amount, actual dollars received from Medicare, must be submitted in field 22 on the right hand side under the heading Original Ref No. CMS-1500 crossover claims received without the information in fields 22 will be returned to the provider. If this process changes you will receive advance notification.
- On November 6, 2003, EDS received and entered rates for the following Position Emission Tomography (PET) Scan codes: G0210, G0211, G0214, G0215, G0217, G0222, G0223, G0225, G0227, and G0253. The rates are effective January 1, 2002, and include the global rate of $868.95; the professional component, 26 modifier, rate of $57.92; and the technical component, TC modifier, rate of $811.03, for all aforementioned PET scan codes. EDS will systematically mass adjust and reprocess all claims with a date of service on or after January 1, 2002, that billed with one or more of the aforementioned codes. Results of the systematic mass adjustment and reprocessing should appear on the November 25, 2003, remittance advice (RA). Please continue to monitor forthcoming banner page articles for information about additional PET scan codes.

To All Dually Enrolled Medicare and Medicaid Providers:

- The IHCP provider bulletin, *BR200344,* published November 4, 2003, and *BR200345,* published November 11, 2003, stated that beginning October 7, 2003, Medicare crossover claims appearing on the proprietary electronic remittance advice (ERA) and the paper remittance advice (RA) might have reported incorrect dollar amounts in both the Medicare deductible segment and the Medicare coinsurance segment. The banner messages also stated that modification of the paper RA would replace the allowed amount with the paid amount and report at the detail level.

  Distribution of the modified RA with corrected calculations will occur with RAs dated December 2, 2003. Providers are reminded that the 835 transaction is required for electronic remittance functions by Health Insurance Portability and Accountability Act (HIPAA) and the proprietary ERA will be discontinued in the near future.

  The electronic 835 transaction was not affected and does report the correct amounts in these segments. Providers can also use Web interChange to verify claim status and view the crossover data including coinsurance and deductible.

  Contact the Electronic Solutions Help Desk at (317) 488-5160, in the Indianapolis local area, or 1-877-877-5182 with questions.