



I M P O R T A N T I N F O R M A T I O N

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To All Providers:

- Details on CMS-1500 paper claim forms processed between November 26, 2003, and December 24, 2003, may have adjudicated incorrectly. This issue primarily affects durable medical equipment (DME), anesthesia, therapy, and transportation claims. EDS will adjust claims that contained both paid and denied details. Claims in which all details denied should be resubmitted.
- To address an immediate need for immunizations and a shortage of available vaccines for influenza, the Indiana Health Coverage Programs (IHCP) has made the following provisions:
 - Effective December 5, 2003, Current Procedural Terminology (CPT) codes 90657 and 90658 have been temporarily removed from Vaccines for Children (VFC) program pricing due to current shortages in the vaccine.
 - On December 17, 2003, the IHCP began reimbursing providers for the preservative free influenza vaccines for dates of service beginning November 15, 2003. The CPT codes for the preservative free vaccine, 90655 and 90656, were issued as new Healthcare Common Procedure Coding System (HCPCS) codes for 2004 and were authorized for early implementation effective on November 15, 2003. The IHCP will allow retroactive payment for denied claims for dates of service on or after November 15, 2003, for codes 90655 and 90656. Providers will need to resubmit these claims to receive payment for these CPT codes.
 - Effective December 17, 2003, CPT code 90660 was removed from manual pricing and assigned a maximum fee price of \$55.20. Prior to this change this CPT code required a copy of the cost invoice for processing for payment, unless the charge was for the \$8 VFC program. Providers may bill for these according to the source of the stock. VFC stock should be billed at \$8 and private stock may be billed for the full amount.

The following table outlines influenza CPT procedure codes and descriptions:

Procedure Code	Description
90655	Influenza Virus Vaccine, split virus, preservative free, for children 6-35 months dosage, for IM or jet injection use, per 0.25 ml
90656	Influenza Virus Vaccine, split virus, preservative free, for children and adults 3 years of age and above dosage, for IM or jet injection use, per 0.5 ml
90657	Influenza Virus Vaccine, split virus, 6-35 months dosage, for IM or jet injection use, per 0.25 ml
90658	Influenza Virus Vaccine, split virus, 3 years and above dosage, for IM or jet injection use, per 0.5 ml
90660	Influenza virus vaccine, live, for intranasal use

- Effective January 1, 2004, Customer Assistance will return to standard business hours. These hours are Monday through Friday 8 a.m. to 12 p.m. and 1 p.m. to 5 p.m. Contact the Customer Assistance Unit by calling (317) 655-3240 in the local Indianapolis area, or 1-800-577-1278.

- Beginning in January 2004, the IHCP will produce a monthly provider newsletter that will be sent to all providers. The purpose of the provider newsletter is to present program information in an easy-to-read format that is distributed on a regular basis as well as to eliminate the need for multiple provider bulletins. The provider newsletter will be printed and mailed by the 15th of each month, and providers should expect to receive copies shortly thereafter.

While the provider newsletter will not completely replace the provider bulletins, it will significantly reduce the number of bulletins printed each year. Providers will continue to receive bulletins on topics such as the annual HCPCS code updates, the annual diagnosis-related group (DRG) updates, quarterly drug utilization review (DUR) publications, and surveillance and utilization review (SUR) issues. Occasionally, bulletins associated with policy changes that do not fall into the time constraints of the monthly newsletter may also be sent separately to providers. Providers are encouraged to share the provider newsletters with their staff. EDS welcomes comments and suggestions for the improvement of this publication.

- On January 1, 2004, the 2004 HCPCS and CPT code updates will be loaded in IndianaAIM. Program coverage and pricing determination for the 2004 HCPCS and CPT codes will be finalized by April 1, 2004, and will be effective retroactively to January 1, 2004. Claims billed with 2004 HCPCS and CPT codes, prior to April 1, 2004, will be denied. Providers may continue to bill 2003 HCPCS and CPT codes prior to April 1, 2004. The 2004 HCPCS and CPT codes will be published in a future IHCP bulletin. This banner article does not affect the local code replacement activity scheduled to occur on January 1, 2004. Direct any questions to EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area, or 1-800-577-1278.

To All Waiver Providers:

- Effective for dates of service January 1, 2004, replacement level I (CPT) or level II (national) codes must be used instead of local level III codes. Claims submitted with dates of service on or after January 1, 2004, with local codes and local code modifiers will deny.

To All Federally Qualified Health Centers and Rural Health Clinics:

- Effective for all claims received December 17, 2003, for date of service April 1, 2003, and after, all Federally Qualified Health Centers (FQHC) and rural health centers (RHC) can bill place of service codes 32 and 50 on the paper CMS-1500 claim form or the 837P electronic claim format.

To All Dental Providers:

- Effective December 17, 2001, dental providers that submit a claim for supernumerary teeth extractions must use procedure code *D7999 – Unspecified Oral Surgery Procedure, by Report*, and attach a note of explanation. A note of explanation is always required when billing D7999. The attachment should indicate the type of extraction performed and whether it is an erupted or impacted tooth. An impacted tooth must be documented as whether it is soft tissue, partially bony, or completely bony with any unusual complications listed.

This is a manually priced code. Providers are required to bill their usual and customary fee. Claims without an attachment will be denied for explanation of benefits (EOB) *4019 – Attachment required for services rendered*. Tooth numbers should not be used on the claim form.

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