



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

B R 2 0 0 4 1 8

M A Y 4 , 2 0 0 4

**To All Providers:**

- The Indiana Health Coverage Programs (IHCP) second quarter Provider Workshop scheduled at Methodist Hospital – Southlake on May 18, 2004, in Merrillville, Indiana has reached capacity. We are no longer accepting registrations for this workshop. Registrations are still being accepted for the sessions on May 25, 2004, through June 24, 2004. Please see the March or April IHCP *Provider Monthly Newsletter* available on the IHCP Web site to register for a workshop in your area.
- Healthcare Common Procedure Coding System (HCPCS) code T2016 was listed incorrectly in the 2004 Annual HCPCS Update, IHCP provider bulletin, *BT200401*, published February 13, 2004. The following table lists the correct code coverage.

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
T2016	Habilitation, residential, waiver; per diem (Covered only when billed with modifier U7)	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered for All Programs, Non-Covered for Package C, Covered for Waiver Only

HCPCS code T2016 is a non-covered code. Combination code T2016 U7 is covered for waiver services. IHCP bulletin, *BT200401*, incorrectly listed combination code T2016 HW as being covered for Medicaid rehabilitation option (MRO) services. Combination code T2016 HW is not a valid code for any IHCP program.

*Note: This procedure code was part of the local code crosswalk provided in IHCP provider bulletin, BT200353, published August 15, 2003.*

### **To Transportation Providers:**

- Transportation claims submitted on or before April 26, 2004, may have been denied inappropriately, for explanation of benefits (EOB) 6804 – *Mileage is not payable when billed with a taxi base*. The claims in question were billed with procedure code A0425 U3. A system correction has been made and claims submitted on or after April 26, 2004 will be processed correctly.

### **To Federally Qualified Health Centers and Rural Health Clinics:**

- Beginning with this week's remittance advice (RA) statement dated May 4, 2004, Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) providers may notice claims reimbursing at a different allowed amount than the billed amount submitted on the claim. Effective April 29, 2004, the IndianaAIM system began reimbursing the Prospective Payment System (PPS) rate on specific provider file based on the rate that was provided in the 2004 PPS rate letter from Myers and Stauffer LC regardless of the billed amount for procedure code T1015. For example, if a claim is submitted with a billed amount for T1015 that is less than the current PPS rate on file, the allowed amount may be more than what was submitted in the billed amount field of the claim. Providers are encouraged to notify their software vendors of these rate changes if they desire to maintain budget neutral billing.

Any rate changes that are identified for dates of service prior to April 1, 2003, need to be reconciled with Myers and Stauffer LC. As a reminder, providers will be reimbursed the specific PPS rate on file for the dates of service that are submitted on the claim for adjudication. Please monitor future banner page articles for specific information regarding mass adjustments pertaining to the rate changes for dates of service on or after April 1, 2003.