



## 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:**

- 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 Chiropractors and Chiropractic Clinics:**

- The IHCP published changes to chiropractic services on May 1, 2003, in IHCP provider bulletin *BT200323*. In this IHCP provider bulletin, ICD-9-CM diagnosis code *723.51 – Torticollis, unspecified*, was listed incorrectly as a secondary ICD-9-CM diagnosis code for chiropractic services. The diagnosis code should read *723.5 – Torticollis, unspecified*.

**To Home Health Providers:**

- Home health providers that bill like services for the same date of service (DOS) must be billed on the UB-92 claim form on one line. Separate lines that are billed for the same service with the same DOS will deny for explanation of benefits *5001—exact duplicate*. For example: line one billed with DOS of May 5, 2004, revenue code 552 HCPCS code 99600TE ten units. Line two billed with DOS May 5, 2004, revenue code 552 HCPCS code 99600TE seven units. Line two will deny as an exact duplicate of line one. Line one should have been billed as DOS May 5, 2004, revenue code 552 HCPC 99600TE 17 units. For questions, please contact Customer Assistance at (317)655-3240 in the Indianapolis local area or 1-800-577-1278.

**To Durable Medical Equipment, Pharmacies, and Medical Supply Providers:**

- Pursuant to *405 IAC 5-19-1*, the Office of Medicaid Policy and Planning (OMPP) is updating the fee schedule for medical and surgical supplies. Please refer to Table 1 and Table 2 on page two of this document for a list of changes and their effective dates. The complete fee schedule can be accessed on the Myers and Stauffer LC Web site at [www.mslcindy.com/pharmacy](http://www.mslcindy.com/pharmacy). Please note and use the appropriate billing unit for each code.

Table 1 – Indiana Medicaid Statewide Maximum Allowable Fee Schedule for Medical Supplies Effective on June 25, 2004.

CODE	DESCRIPTION	UNIT	FEE
A4215	NEEDLES ONLY, STERILE, ANY SIZE, EACH	EACH	\$ 0.24
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	EACH	\$ 2.33
A7507	HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	EACH	\$ 2.39
A7525	TRACHEOSTOMY MASK, EACH	EACH	\$ 1.56
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	EACH	\$ 3.26

Table 2 – Indiana Medicaid Statewide Maximum Allowable Fee Schedule for Medical Supplies Effective on June 25, 2004.

CODE	DESCRIPTION	UNIT	FEE
A4254	NEW REPLC. BATTERY, ANY TYPE, FOR USE W/ MEDICALLY NECESSARY HOME BLOOD	Each	\$ 1.95
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS	Each	\$ 8.74
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	Each	\$ 14.44
A4259	LANCETS, PER BOX OF 100	Per 100	\$ 8.84
A4265	PARAFFIN, PER POUND	Per lb	\$ 2.71
A4351	INTERMITTENT URINARY CATH; STRAIGHT TIP, W/ OR W/O COATING	Each	\$ 0.94
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	One Pair	\$ 4.80
A6213	FOAM DRESSING, WOUND COVER, 16-48 SQ IN, ANY SIZE ADHESIVE BORDER, EACH	EACH	\$ 10.63

The following codes were deleted from the fee schedule: replacement codes *A4621 – tracheostomy mask or collar*, deleted March 31, 2004, *A7525 – tracheostomy mask*, and *A7526 – tracheostomy tube collar or holder*. Please refer questions about this information to Brady Smith of Myers and Stauffer at (317) 846-9521 in the Indianapolis local area or 1-800-877-6927, or by e-mail at [bsmith@mslc.com](mailto:bsmith@mslc.com).

**To Transportation Providers:**

- Transportation claims submitted on or before April 26, 2004, may have 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. The system has been updated and the denied claims will be mass adjusted beginning the week of May 18, 2004.

**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 Indiana *AIM* 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.

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