



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:

- Effective October 1, 2004, provider code sets will be implemented for each of the following provider specialties, Optometrists, Opticians, Audiologists, Hearing Aid Dealers, and HIV Care Coordinators. Claims submitted by these provider specialties will be subject to edit 1012 – *Rendering provider specialty not eligible to render procedure code*. The development of the vision services code set, hearing services code set, and HIV care coordinator code set does not involve any policy change, but instead identifies procedure codes that are appropriate for reimbursement by these enrolled provider specialties. Providers must ensure that they are enrolled under the correct provider specialty with the Indiana Health Coverage Programs (IHCP). If there are any questions about provider enrollment, please refer to chapter 4 of the *IHCP Provider Manual*, contact your provider field representative, or call the EDS Provider Enrollment Unit at 1-877-707-5750. Enrolled providers billing within current IHCP guidelines should not experience difficulty with claim adjudication associated with the implementation of these code sets. More information regarding the individual code sets will be in the September *IHCP Monthly Newsletter*.

The code sets will be available on the IHCP Web site, www.indianamedicaid.com, prior to implementation. These code sets are subject to change and will be updated accordingly on the IHCP Web site based on annual and quarterly Healthcare Common Procedure Coding System (HCPCS) updates and policy changes. Providers should monitor the Web site for changes to the code sets. Reimbursement will continue to be subject to current applicable policies, edits, or audits. Questions should be directed to the Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

- On June 29, 2004, the IHCP corrected the max fee rate for Healthcare Common Procedure Coding System (HCPCS) code *Q4055 – Injection, Epoetin Alfa, 1,000 units (For ESRD on Dialysis)*. The rate was originally entered on May 18, 2004, as \$56.08, effective for dates of service on or after January 1, 2004. However, the rate has been updated and should be \$14.02, effective for dates of service on or after January 1, 2004. During the week of September 6, 2004, EDS will systematically mass adjust all affected claims that adjudicated between May 18, 2004, and June 29, 2004.
- To assist providers using paper claims, the IHCP has discovered reasons for processing delays and increased paper claims processing errors. To avoid this, providers should adhere to the following paper claim billing processes:
 - Submit paper claims on standard Centers for Medicare and Medicaid Services (CMS)-approved redlined claim forms.
 - Use Helvetica, Times New Roman, or Courier font type with 12 point or 14 point font size.
 - Do not hand-write information on claim forms.

For questions about this information, contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.