B A N N E R P A G E

B R 2 0 0 7 1 9 M A Y 8 , 2 0 0 7

All Providers

Correction – Timeline for Revised Paper Claim Forms Article

The contact information at the end of the article contained incorrect phone numbers. The correct phone numbers for EDS Customer Assistance is (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278.

TPL Medicare Part B Disallowance Project

Effective May 23, 2007, Medicaid cannot directly bill Medicare Part B carriers for claims paid by Medicaid. As a result, billing third party liability (TPL) claims through the provider of service is the only viable method of retro-recovery by Medicaid. Beginning in late May 2007, Health Management Systems (HMS) will work with EDS to carry out a Medicare Part B Disallowance project. HMS has identified Medicaid paid claims where the member had Medicare Part B coverage at the time the Medicaid claim was paid. HMS will send a listing of these identified claims to the affected providers with instructions asking providers to bill the Medicare carriers for the identified claims. Providers are asked to report to HMS within 60 days of receipt of the claims listing, and provide HMS with information about which claims are paid by Medicare and which are denied.

If any refunds are due to the IHCP because of Medicare payments received by the provider, EDS will process adjustments to the claims. Then, the amount of the overpayment will be recouped from the providers' future IHCP payments.

EDS and HMS are committed to working with providers to ensure that the transition to a disallowance process for Medicare Part B claims causes the providers as little inconvenience as possible. Please direct questions about this project to HMS Provider Relations at (877) 264-4854.

Coverage of Tysabri (natalizumab)

Effective April 1, 2007, the IHCP began covering Tysabri (natalizumab) as a physician-administered medication for the treatment of relapsing forms of multiple sclerosis. The service is billable using Healthcare Common Procedure Coding System (HCPCS) code *Q4079 - Injection, natalizumab, per 1mg.* The Food and Drug Administration (FDA) reintroduced the drug with required provider guidelines and participation in a specific program called TOUCH. This program is a study to monitor and minimize the drug risks and the main features of the TOUCH prescribing program are as follows:

- The drug may only be prescribed, distributed, and infused by prescribers, infusion centers, and pharmacies registered with TOUCH.
- Tysabri may only be administered to members who are enrolled in TOUCH.
- Prior to initiating the therapy, health care professionals are to obtain the patient's magnetic resonance imaging (MRI) scan to help differentiate potential future multiple sclerosis symptoms from progressive multifocal leukoencephalopathy (PML).
- Patients on Tysabri are to be evaluated three and six months after the first infusion and every six months after that, and their status shall be reported regularly to Biogen Idec, Tysabri manufacturer.

The IHCP will not issue any additional guidelines or restrictions beyond the requirements of the TOUCH prescribing program. For injections provided to members of a managed care organization (MCO), providers will need to contact that particular MCO to determine authorization, coverage, and billing guidelines for those members.

All Providers – Information about National Provider Identifier

Reporting National Provider Identifier

If you have not yet reported your National Provider Identifier (NPI) to the Indiana Health Coverage Programs (IHCP), please do so now. A brief extension of the May 23, 2007, compliance date is being granted to providers who are working in good faith to obtain, report, and use their NPI on all electronic claims. The final compliance date will be announced. For additional information, go to www.indianamedicaid.com/ihcp/index.asp.

EDI Fee-For-Service Institutional Claims Submitted Between April 4, 2007, and April 11, 2007

The NPI project implemented on March 31, 2007, introduced an error in the 837I translator map. The error caused the E0362 diagnosis code and the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) principle procedure code to be invalid when the claim was processed. The error was corrected on April 11, 2007. The error does not affect claims submitted on paper or using Web interChange. If you submitted fee-for-service institutional claims through the 837I Electronic Data Interchange (EDI) transaction, and experienced denials with the following explanation of benefits (EOBs) during this timeframe, resubmit these claims if you have not done so already:

- EOB *0362 - The 'E' code is not in the correct format. Please verify and resubmit.*
- EOB *0363 - The principle procedure code is not in the correct format. Please verify and resubmit.*

National Provider Identifier and Legacy Provider Identifier Clarification for Omni Users

The April 2007 IHCP provider newsletter *NL200704* contains information about sending NPI information in an eligibility transaction using the Omni swipe card device. The newsletter stated, "LPI will not be accepted after the HIPAA NPI mandatory date, May 23, 2007." This statement should have read, "Healthcare providers will not be able to submit a LPI after the NPI mandatory date. Atypical providers will continue to send the LPI for eligibility transactions. The NPI page of the IHCP Web site at www.indianamedicaid.com contains information about atypical providers." An additional NPI Facts Sheet about who can apply for NPI is located at http://www.indianamedicaid.com/ihcp/ProviderServices/pdf/TR370_npi_facts.pdf. Bulletin *BT200711* contains detailed download instructions and Omni transaction information. Omni users are encouraged to perform the terminal download as soon as possible.

Timeline for Revised Paper Claim Forms

The following information does not apply to providers rendering services in the risk based managed care (RBMC) delivery system. These providers should contact the MCO with which they are contracted for information about paper claim form transition.

The National Uniform Claim Committee (NUCC), the National Uniform Billing Committee (NUBC), and the American Dental Association (ADA) have revised the layouts of the institutional, professional, and dental paper claim forms. The current institutional *UB-92* claim form will be replaced with the institutional *UB-04*. The current professional *CMS-1500* health insurance claim form will be revised to the 08-05 version. The ADA dental claim form will be replaced with the ADA 2006 Dental claim form. The EDS pharmacy claim forms are also being revised to include NPI information. The pharmacy claim forms will be available at a later date on the *Forms* page of the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/forms.asp.

The IHCP will transition to the new paper claim forms with the timelines noted in Table 1. During the transition period, both old and new claim forms will be accepted. All claim forms will have a transition period except the Pharmacy claim form. Table 1 outlines the transition period and cutover dates for each type of paper claim form.

Table 1 – Timeline Revised Paper Claim Forms

Current Form	New Form	Transition Period (Old and New Forms Accepted)		Only New Forms Accepted (Cutover Date)
		Start Date	End Date	
CMS-1500	08-05	February 15, 2007	May 22, 2007	TBD
UB-92	UB-04	April 1, 2007	May 22, 2007	TBD
ADA 2000	ADA 2006	April 15, 2007	May 22, 2007	TBD
Pharmacy	Pharmacy	No Transition Period		TBD

Transition to New CMS-1500, UB-04, and ADA 2006 Claim Forms

Please make the transition to the new Centers for Medicare & Medicaid Services (CMS) CMS-1500, UB-04, and American Dental Association (ADA) 2006 claim forms as quickly as possible. The cutover date is May 23, 2007.

All Dental Providers

Billing on the Dental ADA 2006 Claim Form

During the transition period of April 15, 2007, to May 22, 2007, providers **must** submit the Legacy Provider Identifier (LPI) in field 50, *License Number*. If the LPI is submitted in field 52A, *Additional Provider ID*, the claim will be returned to the provider.

Topical Fluorides

The information in this article supersedes the information in the article titled, *Topical Fluoride - Brush-on Application.* That article ran in the April 10, 2007, banner page (BR200715) and ran in error.

Procedure code *D1206 – Topical Fluoride Varnish*, is non-reimbursable by IHCP. Non-reimbursable indicates the service described in the code is either billable under another code, or is part of a global service. Topical applications of fluoride are billable under procedure codes *D1203 – Topical Application of Fluoride (excluding prophylaxis) – Child, age 1-12 years*, or *D1204 – Topical Application of Fluoride (excluding prophylaxis) – Adult, age 13-20 years*. Topical fluoride applications are not covered for members 21 years of age or older.

Services rendered to members younger than 21 years of age, may be reimbursed for the topical application of fluoride using the brush-on method versus using a dental tray. Topical fluoride includes varnish, gel, or foam.

Contact Information

If you have questions about the articles published in this banner page, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278, unless otherwise noted.

If you need additional copies of this banner, please download them from the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/banner_results.asp. To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at http://www.indianamedicaid.com/ihcp/mailing_list/default.asp.