



## All Providers

### Third-Party Liability 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 Indiana Health Coverage Programs (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.

## All Providers – Information about National Provider Identifier

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

The National Provider Identifier (NPI) project implemented on March 31, 2007, introduced an error in the 837I translator map. The error caused the external cause code (E-code) and the International Classification of Diseases, 9<sup>th</sup> 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. Providers that 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 are asked to resubmit these claims if they 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.

### 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

## 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.

## To All Federally Qualified Health Centers and Rural Health Clinics

Effective **January 1, 2006**, the following Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes **were added** as valid Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) encounter codes:

16025	16030	64650	64653	80195	90772	90773	90774	90849	90853	90862
92626	92627	92630	92633	96101	96116	96118	96401	96402	96409	96411
96413	96415	96416	96417	99300	99304	99305	99306	99307	99308	99309
99310	99318	99324	99325	99326	99327	99328	99334	99335	99336	99337
D5110	D5120	D5130	D5140	D5211	D5212	D5213				

Effective **January 1, 2006**, the following CPT and HCPCS codes **are no longer valid** FQHC/RHC encounters and will be removed from the list of valid encounter codes: 16010, 90782, 90784, 99271, 99272, 99273, 99274, 99275, 99301, 99302, 99303, 99311, 99312, and 99313.

Effective **January 1, 2007**, the following CPT and HCPCS codes **were added** as valid FQHC/RHC encounter codes:

56442	70554	70555	72291	72292	76776	77002	77003	77011	77012	77031
77032	77051	77052	77053	77054	77055	77056	77057	77058	77059	77071
77072	77073	77074	77075	77076	77077	92025	99363	99364	D0145	D0273
D1555	D9120	L1001	S0180							

Effective **January 1, 2007**, the following CPT and HCPCS codes **are no longer valid** FQHC/RHC encounters and will be removed from the list of valid encounter codes: 94656, 94657, D1201, and D1205.

The valid FQHC/RHC encounter code list is reviewed periodically to account for new and end-dated CPT and HCPCS codes and is available on the Myers and Stauffer Web site at [www.mslcindy.com](http://www.mslcindy.com). Please direct questions about the information in this article to Tim Guerrant at Myers and Stauffer, LC at (317) 846-9521.

## 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.

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