



## All Providers

### Children Diagnosed with Birth Defects

Indiana State Health Commissioner and Medicaid Medical Director Dr. Judith Monroe asks the IHCP to remind all physicians, audiologists, and other health providers that children diagnosed with birth defects must be reported to the Indiana Birth Defects and Problems Registry (IBDPR). In October 2006, conditions involving hearing loss (ICD-9\_CM 389.00-389.99) were added to the list of reportable birth problems for which all newborn infants who are born in the state of Indiana will be screened. Audiologists are now required to report these conditions when they are discovered during the screening process. The revised Physician's Reporting Form is available on the ISDH Web site at <http://www.in.gov/isdh/programs/ibdpr>. If you have questions, please contact Ruwanthi Silva at (317) 233-7571.

### Telemedicine Reprocessing/Mass Adjustment

The Indiana Health Coverage Programs (IHCP) will reprocess or mass adjust professional claims that were denied or processed incorrectly. These claims were reported on remittance advice (RA) statements dated July 3, 2007, with Explanation of Benefits (EOB) code 6768-*Services not covered for Telemedicine Services*. The reprocessed and mass adjusted claims will begin appearing on or after RA statements dated July 10, 2007.

### Rates for Healthcare Common Procedure Coding System 36416 and 36540

Rates have been established for Healthcare Common Procedure Coding System (HCPCS) code 36416 – *Collection of Capillary blood specimen* and code 36540 – *Collection of blood specimen from a completely implantable venous access device*. The rates are effective for dates of service on or after August 1, 2007. The max fee rate for 36416 and 36540 will be \$3.

### Deficit Reduction Act of 2005: HCPCS and National Drug Code (NDC) Requirement Reminder – Correction and Update to Bulletin BT200713

Bulletin [BT200713](#) specified an implementation date of August 1, 2007, for the inclusion of National Drug Codes (NDCs) for certain procedure codes on professional claim types, including the paper CMS-1500 and electronic 837P. This requirement affects all professional claim types with a date of service on or after August 1, 2007, regardless of the date of submission.

Table 1 of [BT200713](#) represents a list of procedure codes that require the submission of the product NDC, NDC unit qualifier, and NDC quantity, along with the procedure code and procedure code billing units. The following table includes six additional codes that have been added to this list.

Table 1 – Additional Procedure Codes Requiring NDC Information

Procedure Code	Description
J1324	INJECTION, ENFUVIRTIDE, 1 MG
J3243	INJECTION, TIGECYCLINE, 1 MG
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR, PER IU VWF:RCO
Q4083	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE
Q4084	HYALURONAN OR DERIVATIVE, SYNVISCO, FOR INTRA-ARTICULAR INJECTION, PER DOSE
Q4086	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE

## All Home Health Providers

### Home Health Claims Reimbursement

Provider bulletin, [BT200716](#), dated June 26, 2007, announced the rule changes impacting home health rates for State fiscal year (SFY) 2008 and 2009. The rule was signed and is effective as of July 18, 2007, for SFY 2008 rates. However, Medicaid cannot begin to reimburse home health claims for SFY 2008 until the Office of Medicaid Policy and Planning (OMPP) receives approval from the Centers for Medicare and Medicaid Services (CMS) of the State plan amendment. Once the State plan amendment has been approved by CMS, the new rates will be entered into the Medicaid system and will be effective July 18, 2007. Please monitor forthcoming banner articles announcing the approval of the State plan amendment and information on the mass adjustment that will occur on home health claims with dates of service on or after the effective date of the new rates.

## All DME and Home Medical Equipment HME Providers

### Reimbursement Rate for HCPCS Code L5685

This is to notify all durable medical equipment (DME) and home medical equipment (HME) providers of the change to the reimbursement rate for HCPCS code L5685, *Addition to lower extremity prosthesis, below knee, any*. Code L5685 is manually priced; however, effective August 15, 2007, the reimbursement rate will be \$103.32 per unit. All billing requirements will remain the same.

## All Hospice Providers

### Mass Adjustment - Hospice Claims Paying Double the Long-Term Care Rate

Hospice claims submitted between January 1, 2006, and May 4, 2007, were inappropriately reimbursed by paying double the long-term care rate creating an overpayment. The claims affected will be adjusted on the RA dated August 21, 2007. EDS will be adjusting the affected claims. Providers do not need to take any action.

## All Hospital Providers

Please refer to the IHCP Web site at <http://www.indianamedicaid.com> for an important message regarding changes to the Hospital Care for the Indigent Program.

## All Physician and Ambulance Providers

Please refer to the IHCP Web site at <http://www.indianamedicaid.com> for an important message regarding changes to the Hospital Care for the Indigent Program.

## All Vaccine for Children Providers

Effective immediately and retroactive to February 1, 2007, the IHCP will reimburse providers for CPT code 90649, *Human Papilloma Virus (HPV) Vaccine* for members 9 to 18 years of age. Vaccine for Children (VFC) providers are voluntarily asked to bill for HPV vaccine according to the source of the stock. IHCP encourages providers to use VFC HPV vaccine, but if an IHCP VFC provider is not able to obtain enough VFC vaccine to immunize appropriately and has private stock available, the provider may submit the claims to EDS with charges appropriate to the source of the vaccine. VFC immunization vaccine stock is to be billed at the \$8 administration fee and private stock may be billed using the provider's usual and customary charge (UCC) for CPT code 90649, *Human Papilloma Virus (HPV) Vaccine*.

Submit claims for 90649 for all IHCP programs to EDS for reimbursement. The vaccine procedure code 90649 will be carved-out of RBMC until December 31, 2007; however, the MCOs will maintain responsibility for reimbursement of any associated services including an administration code or evaluation and management code that is billed on the same date of service as the vaccine. IHCP will continue to investigate and monitor HPV immunization for women 19 to 26 years of age.

## 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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