



## B A N N E R   P A G E

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## All Providers

### 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.

### 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.

## All DME and 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 Healthcare Common Procedure Coding System (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.

### Reimbursement Rate for HCPCS Code L0637

Effective January 1, 2006, the IHCP will reimburse providers for L0637, *Lumbar orthosis, sagittal control*, using the max fee of \$856.21. During the 2006 annual HCPCS update, pricing for L0637 was incorrectly priced as \$67.50. Providers may submit adjustments for additional payment. This banner may be used as documentation for waiving the filing deadline.

## 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 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 Optometry Providers

### Vision Code Set Reprocessing

The IHCP will reprocess and mass adjust professional claims that were denied with edit 1012, *Rendering provider specialty not eligible to render this procedure code* for CPT<sup>®1</sup> codes 99307, 99308, 99309, and 99310, listed below:

- 99307, *Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: problem focused interval history, problem focused exam, straightforward medical decision making. Usually patient is stable, recovering, or improving.*
- 99308, *Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: expanded problem focused interval history, expanded problem focused exam, medical decision making of low complexity. Usually, the patient is responding inadequately to therapy or has developed a minor complication.*
- 99309, *Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history, a detailed examination, medical decision making of moderate complexity. Usually the patient has developed a significant complication or a significant new problem.*
- 99310, *Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a comprehensive interval history, a comprehensive examination, medical decision making of high complexity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention.*

These codes were not included as valid codes for provider specialty 180 – Optometrist. The oversight has been corrected, and the reprocessed and mass adjusted claims will begin appearing on RA statements dated July 31, 2007.

## 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.

## 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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