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All Providers

2008 Healthcare Common Procedure Coding System Updates are Available

The 2008 Healthcare Common Procedure Coding System (HCPCS) updates are available for download on the following Web site: http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS.

The new codes, deleted codes, codes with description changes, and new modifiers are currently under review. EDS will publish a provider bulletin containing information about Indiana Health Coverage Programs (IHCP) coverage, prior authorization requirements, and pricing, as applicable. EDS anticipates publication of the bulletin during the last week of December 2007.

Reimbursement to Mid-Level Practitioners – Psychiatric Residential Treatment Facility

Mid-level practitioner services may be reimbursed for services provided on the same date as admission to and/or discharge from a Psychiatric Residential Treatment Facility (PRTF). Submit these claims to EDS with documentation from the mid-level practitioner or PRTF showing the services were rendered outside the PRTF setting. Documentation must include one of the following:

- Patient records that indicate services were rendered in the office or outpatient setting
- Records submitted from the PRTF showing admission and/or discharge date

Providers with previously denied claims for audit 6636-*Mid-level services not reimbursable the same day as a paid PRTF service*, can resubmit claims for special processing only if the denials were for mid-level practitioner services on the same day as an admission to and/or discharge from a PRTF.

Please submit your claim and documentation for special processing to EDS Written Correspondence (WC) at the following address:

EDS Written Correspondence
P.O. Box 7263
Indianapolis, Indiana 46207-7263

NPI Edits and the Billing Service Location

One of the requirements for billing with the National Provider Identifier (NPI) is to include the billing service location ZIP Code+4 on all claims, which allows a one-to-one match with the NPI in the claims processing system. The billing provider's service location is defined by the IHCP as the location where the service was rendered.

NPI edit *1108 – Billing NPI has no matching LPI* indicates either the NPI on the claim has not been reported, or the claim was not submitted with a matching *service location* ZIP Code+4. If a provider has more than one service location using the same ZIP Code+4, then there must be a distinct taxonomy code associated with those service locations.

Paper claim form requirements instructed providers about completing the new paper claim forms with the implementation of the NPI. The ZIP Code+4 of the provider service location is required on all paper and electronic claim transactions. Requirements were provided in the bulletins listed in the Table 1.

Table 1 – Bulletins with Paper Claim Form Requirements

Provider Type	Field Locator	Bulletin Number
Dental	48	*BT200705*
Medical	33	*BT200703*
Institutional	1	*BT200702*

During the current NPI implementation Phase II, Edit 1108 is a *post and pay* edit, which does not cause a claim denial. However, after Phase III of the implementation, this edit will cause full claim denial. No date has been established for the implementation of Phase III at this time; however, providers are encouraged to register their NPI now to avoid a

delay in payment when Phase III is implemented. The ZIP Code+4 submitted on all claims to the IHCP must match the ZIP Code+4 *service location* on the provider enrollment file database. Web interChange users can verify the enrollment file information under the Provider Profile. Providers are encouraged to resolve **all** NPI edits appearing on the IHCP remittance advices (RAs) prior to implementation of Phase III to avoid denials. NPI edits range from 1100 to 1129.

2007 October Quarterly HCPCS Update

This article notifies providers about the coverage determinations for the 2007 October Quarterly HCPCS codes. The Centers for Medicare & Medicaid Services (CMS) issued a quarterly update to HCPCS codes, dated September 14, 2007, (CR5718, Transmittal 1336 http://www.cms.hhs.gov/transmittals/downloads/R1336CP.pdf), indicating that the assigned HCPCS code for separate payment of eculizumab (Solaris™) in the hospital outpatient setting was effective October 1, 2007. The IHCP also began covering this code as outlined in Table 2.

Table 2 – New 2007 October Quarterly HCPCS Codes, Effective October 1, 2007

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	NDC Required on Claim*
C9236	Injection, eculizumab, 10mg	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, covered for Package C	Yes

**Note: In accordance with the Federal Deficit Reduction Act of 2005, the IHCP requires the submission of a National Drug Code (NDC) with certain physician-administered drugs. The IHCP policy is outlined in BT200713 and BT200731, including specific requirement and submission details. Additional information regarding this policy may be located under the claim information in the IHCP newsletter NL200708. As a reference guide, providers can access the Palmetto GBA Web site at http://www.palmettogba.com/. This Web site is a public domain and furnishes an NDC crosswalk table, which relates procedure codes, NDCs, and NDC quantity conversion. Providers should utilize this tool as a guide to conversions but should not rely on it as a sole source for NDC quantity information. Providers must also remember that it is imperative that the NDC listed on the claim is representative of the actual product NDC administered to the member by the healthcare provider. Providers must continue to monitor the IHCP Web site for more information regarding submission of NDC.*

All Dental Providers

Claims Requirement for Dental Rendering Provider Information

Per IHCP banner page article BR200701, dated January 1, 2007, dental providers were notified of the requirement to include dental rendering provider information for claims received on or after April 15, 2007. This notice is to remind IHCP dental providers that this requirement refers to the date of receipt of the claim submitted, not the date of service on the claim. This requirement includes submission of non-check and check related adjustments submitted by paper or replacements that are performed on Web interChange. If the claim or adjustment submitted does not include the appropriate rendering provider information, the claim will be denied with the following edits:

1. *231 – Rendering provider number is missing* – The entire nine-digit number must be used and must be in Field 24K. Provide and resubmit.
2. *232 – Rendering provider number is invalid* – The entire nine-digit number must be used and must be in Field 24K. Please verify and resubmit.
3. *1004* – Rendering provider not enrolled in the program billed for the dates of service. Please verify and resubmit.
4. *1008* – The rendering provider must be an individual provider. Please verify provider number and resubmit.
5. *1010* – Rendering provider is not an eligible member of the billing group or the billing provider is equal to the rendering provider. Please verify and resubmit.
6. *7509* – Rendering provider on prepayment review.

> *Note: For edits 231 and 232, Field 24K refers to CMS-1500 claim forms. For dental claims, the rendering provider number must be in the Administrative field.*

The billing guidelines for the ADA 1999/2000 claim form are as follows:

1. *Group provider using a paper claim* – Enter the group number and location code. Enter the individual rendering provider number(s) in the Administrative column adjacent to each detail.
2. *Group provider using Web interChange* – Enter the group number and location code in the provider numbers field. Enter the individual rendering number in the Rendering Provider field.
3. *Individual billing provider using a paper claim* – Enter the individual billing number and location code in Field 44A on the ADA dental claim form. Enter the individual billing number in the Administrative field.
4. *Individual billing provider using Web interChange* – Enter the individual billing number and location code in the Provider Number field. Enter the individual billing number in the Rendering Provider field.

The billing guidelines for the ADA 2006 claim form are as follows:

1. ***Rendering NPI on the ADA 2006 dental claim form*** requires providers to indicate the rendering provider NPI in Field 54.
2. ***Rendering LPI on the ADA 2006 dental claim form*** requires providers to indicate the rendering provider Legacy Provider Identifier (LPI) in Field 58.

Providers can refer to the IHCP provider bulletin *BT200705*, dated February 13, 2007, for further information about billing guidelines for the ADA 2006 dental claim form.

In the event that your claim or adjustment request was denied with one of the aforementioned edits, your claim or adjustment request must be resubmitted with the necessary corrections.

In the event that a mass adjustment (claims that begin with region 56) is initiated by EDS for erroneously denied claims and the claim was originally paid based on a date of receipt prior to April 15, 2007, and the claim suspends for a rendering provider number edit, the claim will be forced. If the mass adjustment is processed and the original date of receipt is after April 15, 2007, the claim will be denied appropriately.

All Home Health Providers

Duplicate Logic

On October 1, 2007, EDS implemented modifications to the duplicate logic for the Medical HCFA 1500, Medical Crossover Part B, Outpatient, Outpatient Crossover C, and Home Health claim types. Details about the changes were provided in *BR200741*. On October 9, 2007, a home health claims mass adjustment was performed due to a rate change. Providers can submit adjustment requests for claims that contain details that denied with edit 5001 – *Exact Duplicate*. As a reminder, home health providers must bill like services for the same date of service on the same claim form on one line. Billing separate lines for the same service with the same date of service causes the system to deny one or more of the details as an exact duplicate.

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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