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# All Providers

### Don't risk claim rejection or denial!

**NPI Deadline** – **Beginning March 1, 2008**, your **claim will deny** if you are a healthcare provider and you submit a claim without a billing provider National Provider Identifier (NPI)! Only First Steps, Pharmacy, and Encounter claims are exempt from this deadline.

**Accepted Claim Forms** – **Effective March 1, 2008**, only the CMS-1500 (08-05 version), UB-04, and ADA claim form (2006 version) will be accepted for claims. Older versions of these forms, such as CMS-1500 (12/90), UB-92, or the ADA claim form (2000/2002 version), **will be returned to the provider** causing delays in claim processing.

**LPI Deadline** – **Effective May 23, 2008**, your Indiana Medicaid Legacy Provider Identifier (LPI) **will not be accepted** on claims. Any claim **received** on or after May 23 that uses an LPI **will be denied**. Watch for an upcoming bulletin.

### Maximum Allowable Fee Changes

The maximum allowable fee amounts for several Healthcare Common Procedure Coding System (HCPCS) codes have been increased. The new rates apply to certain ambulance, dental, physician and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services. Please see banner page *BR200805* or *BR200806* for more information.

### Prior Authorization of Growth Hormones

As of January 1, 2008, Indiana Health Coverage Programs (IHCP) implemented updated prior authorization (PA) forms for the medication class of growth hormones. The new PA criteria were approved by the Drug Utilization Review (DUR) Board in November 2007. The *Growth Hormone Prior Authorization Request Form For Adults (≥ 18 Years of Age)* and the *Growth Hormone Prior Authorization Request Form For Children (< 18 Years of Age)* are located on the following Web site: http://www.indianamedicaid.com/ihcp/Publications/forms.asp under the category Pharmacy Forms or by calling the Affiliated Computer Services (ACS) call center at 1-866-879-0106.

### Prior Authorization Rejections

During the transition of PA services to ADVANTAGE Health Solutions[SM] and MDwise, Inc., paper or faxed PA requests submitted to the wrong care management organization (CMO) were forwarded by the CMO to the correct organization.

Beginning February 1, 2008, paper or faxed PA requests submitted to the wrong CMO will be rejected and a notification letter will be sent to the provider.

Electronic PA requests submitted to the wrong CMO via the 278 PA Request and Response transaction will be rejected regardless of the certification type with reason code 78 – *Subscriber/Insured not in Group/Plan* identified. A PA decision form will not be generated.

When providers receive notification that a PA request was rejected, a new PA or a PA update request must be submitted to the correct CMO.

When electronic PA requests are submitted via Web interChange, the system determines which CMO should receive the information and forwards the request to the correct vendor. This process will continue after February 1, 2008.

Providers must verify member eligibility to determine the member's primary medical provider (PMP) and CMO. PA requests must be submitted to the organization to which the member is assigned on the date of the request. This also applies to PA updates submitted for review.

As a reminder, each CMO is responsible for processing medical service PA requests and updates for members assigned to their organization at the time of the request. Additionally, ADVANTAGE Health Solutions - FFS will be responsible for processing the following:

- PA requests and updates for all Traditional Medicaid fee-for-service (FFS) members
- PA requests for risk-based managed care (RBMC) carve-out services
- PA request for *Medicaid Select* services for members who have not yet transitioned to a *Care Select* program

ACS will continue to serve as the pharmacy PA contractor. For pharmacy PA information, contact 1-866-879-0106.

### CPT Code 90660 Influenza Virus Vaccine, Live for Intranasal Use

The age restriction for Current Procedural Terminology (CPT[1]) code *90660 – Influenza Virus Vaccine, Live for Intranasal Use* has been updated from ages 5 through 49 to ages 2 through 49. Claims that denied for edit *4034 – Procedure code vs. age restriction* will be reprocessed and/or mass adjusted and begin appearing on remittance advice letters January 30, 2008.

### Claims with a 26 Modifier

Medical claims paid during the month of January 2004 and billed with a 26 modifier (professional component) did not cut back to the appropriate resource-based relative value scale (RBRVS) rate for modifier 26. Instead, the procedure code was reimbursed at the combined rate for both the technical and professional component causing an overpayment. Claims identified will be mass adjusted and the overpayment recouped. The adjusted claims will begin appearing on the provider's Indiana Health Coverage Programs (IHCP) remittance advice dated March 4, 2008.

## To All Mental Health providers

### Expediting Claims for Dually Eligible Members

It is now possible for providers to expedite claim payment for members that are dually eligible for Medicare and Medicaid when modifiers HE or HO are appended to the procedure billed. Providers can now use the *Claim Notes* field or segment on an 837P transaction instead of submitting a paper claim with attachments. This process should only be used by providers who are not approved to bill Medicare. The text entered in the *Claim Notes* field or segment should read, "Provider not approved to bill services to Medicare". This allows the claim to suspend for review of the *Claim Note* field or segment and the claim is adjudicated accordingly.

## All Early and Periodic Screening, Diagnosis, and Treatment Services Providers

### Mass Adjustment for Claims with Dates of Service between January 1, 2008, and January 23, 2008

The new rates for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) exams were published in the banner page *BR200805* dated January 29, 2008. The new rates are effective for dates of service on or after January 1, 2008, when the following exam codes are billed with a primary diagnosis of V20.2: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, and 99395.

The new rates were not entered into the system until January 23, 2008. Claims with dates of service from January 1, 2008, through January 23, 2008, will be systematically mass adjusted during the week of February 11, 2008. For the affected exam codes, the EPSDT rate that is currently $50 will be changed to $75, and the EPSDT rate that is currently $37 will be changed to $62.

## 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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