



## BANNER PAGE

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JULY 29, 2008

## All Providers

### HPV Claims for Ages 19 through 20

Between January 1, 2007, to the present, claims submitted to EDS for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services of procedure code 90649 – *Human Papilloma Virus (HPV) Vaccine* were denied inappropriately for Indiana Health Coverage Programs (IHCP) members age 19 through 20 with explanation of benefits (EOB) code 4034 – *Procedure Code vs. Age Restriction*. In accordance to the EPSDT guidelines, the HPV service is a covered service through age 20. Effective immediately, providers may resubmit denied claims with dates of service on or after January 1, 2007, to EDS for reprocessing. For claims beyond the one-year filing limit, submit the claims along with a copy of this banner page article to the following address:

**EDS HCFA 1500 Claims**  
**P. O. Box 7269**  
**Indianapolis, In 46207-7269**

### Maximum Fee Rates for Contrast Material

The revised IHCP Maximum Fee Rates for the Healthcare Common Procedure Coding System (HCPCS) codes listed below are effective for claims with dates of service on or after September 1, 2008. Claims submitted with a date of service prior to September 1, 2008, will continue to be manually priced.

Table 1 – Maximum Fee Rates for Contrast Material

Code	Description	Maximum Fee
Q9965	Low osmolar contrast material, 100-199 mg/ml Iodine concentration, per ml	\$1.42 per ml
Q9966	Low osmolar contrast material, 200-299 mg/ml Iodine concentration, per ml	\$0.41 per ml
Q9967	Low osmolar contrast material, 300-399 mg/ml Iodine concentration, per ml	\$0.19 per ml

## All Home Health Providers

### Payment of Initial Therapy Evaluations

Indiana Health Coverage Programs (IHCP) home health providers have recently posed questions regarding the payment of initial evaluations for physical therapy, occupational therapy, and speech/language therapy.

State regulations at *405 IAC 5-22-6(a)* specify that prior authorization (PA) is required for all therapy services; however, one of the exceptions is that PA is not required for initial therapy evaluations.

Home health providers have indicated that their attempts to bill for initial evaluations using the UB-04 claim form results in claim denial. The IHCP has determined payments of initial therapy evaluations to home health providers are not permitted. In order for the IHCP to permit payment to home health providers for initial therapy evaluations, a rule change would be required along with the corresponding system changes. The OMPP Medical Policy Unit is working on this issue and will continue to update home health providers at each step of the process.

Home health providers are notified to cease providing initial therapy evaluations until such time as the home health rule change is implemented to permit payment. In the interim, home health providers should work with an outpatient entity to have initial therapy evaluations completed for home health patients.

## All Optometrists

### Changes to Healthcare Common Procedure Coding System Codes for Specialty 180

Providers with Specialty 180 may bill HCPCS code 92025 – *Corneal Topography* effective for claims with a date of service on or after January 1, 2007. Resubmit claims that previously denied using the normal claims submission process. For claims that are past the one-year filing limit, submit the claims along with a copy of this banner page article to the following address:

**EDS HCFA 1500 Claims**  
**P. O. Box 7269**  
**Indianapolis, In 46207-7269.**

## All Durable Medical Equipment Providers

### Changes to Healthcare Common Procedure Coding System Codes for Specialty 250

Providers with Specialty 250 may bill HCPCS code L3929 – *Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment* effective for claims with a date of service on or after January 1, 2008. Providers may also bill HCPCS code L3956 – *Addition of joint to upper extremity orthosis, any material; per joint* effective for claims with a date of service on or after November 1, 2004. Resubmit claims that previously denied using the normal claims submission process. For claims that are past the one-year filing limit, submit the claims along with a copy of this banner page article to the following address:

**EDS HCFA 1500 Claims**  
**P. O. Box 7269**  
**Indianapolis, In 46207-7269**

## Dental Providers

### Dental Workshop to be Presented July 30, 2008

EDS Provider Relations is offering a workshop for the dental provider community. This will be an excellent opportunity to become more familiar with Medicaid dental policies, procedures, and billing tools and methodology. Details about the workshop are shown below:

**Dental Workshop**  
**July 30, 2008, 2 p.m. to 4 p.m.**  
**Room DS 114 of the Indiana School of Dentistry**  
**1121 West Michigan Street**  
**Indianapolis, IN 46202**

The agenda includes the following:

- National Provider Identifier (NPI) information and updates
- Dental billing and rendering provider information
- Working with the Dental cap
- Dental policies
- Live demonstration and discussion of all facets of Web interChange
- An extensive question-and-answer period

Providers may enroll in the workshop on [www.indianamedicaid.com](http://www.indianamedicaid.com) under Provider Services, Education Opportunities, Workshop Registration.

If you have questions, please call Provider Relations at (317) 488-5072.

## 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.