



All Providers

Medicare Payer Identification Code Update

The Indiana Health Coverage Programs (IHCP) has performed a system upgrade to valid Medicare Payer Identification (ID) Codes. The new codes are valid as of April 17, 2009. The old codes will be valid until May 15, 2009.

The new code list is available at http://www.indianamedicaid.com/ihcp/Misc_PDF/Medicare_Payer_IDs.pdf.

Please direct questions regarding the update to the EDI Solutions Help Desk at (317) 488-5160 or 1-877-877-5182.

Current Procedural Terminology Codes 92507 and 92508 Linked to Modifier HM

The IHCP has identified procedures that can be performed by speech language pathologist aides and that are eligible for reimbursement. Providers must bill Current Procedural Terminology (CPT^{®1}) codes 92507 – *Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual* and 92508 – *Group, 2 or more individuals* with the modifier HM – *Less than a bachelor's degree*. Pricing for these services will reimburse at 75 percent of the reimbursement level for a speech pathologist. The effective date of this linkage is January 1, 2009.

Outpatient Claims Reprocessing – Revenue Code 636 and HCPCS Codes J2323, Q4098, J1569, and Q4088

The IHCP is performing a systematic reprocessing of outpatient claims billed with revenue code 636 and the following Healthcare Common Procedure Coding System (HCPCS) codes that previously denied for edit 0520 – *Invalid revenue code/procedure code combination* with dates of service on or after the effective date indicated in Table 1.

Table 1 – Codes that Previously Denied for Invalid Revenue-code/Procedure-code Combination

HCPCS Code and Description	Effective Date
J2323 – <i>Injection, Natalizumab, 1 mg</i>	January 1, 2008
Q4098 – <i>Injection Iron Dextran, 50 mg</i>	April 1, 2008
J1569 – <i>Injection, Immune Globulin (Gammagard Liquid), Intravenous, Non-Lyophilized (e.g., Liquid), 500 mg</i>	January 1, 2008
Q4088 – <i>Injection, Immune Globulin (Gammagard), Intravenous, Non-Lyophilized (e.g., Liquid), 500 mg</i>	July 1, 2007

The reprocessed claims began appearing on Remittance Advices (RAs) dated April 7, 2009. Claims that have not been submitted for this revenue-code and procedure-code combination should be submitted for payment consideration. Providers who have claims for this revenue-code and procedure-code combination that are past the one-year filing limit can submit a copy of this banner page article as documentation to waive the filing limit.

¹ CPT[®] is a registered trademark of the American Medical Association.

Home and Community-Based Waiver Providers

Special Processing Required for Home and Community-Based Services Overlapping Hospice Level-of-Care or Long-Term Care Discharge Dates

It is appropriate for transition-related Home and Community-Based Services (HCBS) Waiver services to be provided on the same day as long-term care client discharges. Provision of certain HCBS Waiver services to clients with hospice level of care may also be appropriate. Payment for services provided under either of these circumstances will be systematically denied unless specially handled. Providers submitting claims for waiver services on the client's date of discharge from the long-term care facility or during a period of hospice level of care should contact their EDS field consultant for special claim handling. Providers who have had claims previously denied for these reasons should also contact their field consultant for special handling. To locate the EDS field consultant assigned to your area, follow the Provider Services links from the IHCP Web page:

<http://www.indianamedicaid.com/ihcp/index.asp>

Physician Providers

Site-of-Service Reduction Indicator Removed from Current Procedural Terminology Codes 43280 and 47562

The site-of-service reduction indicator was removed from CPT[®] codes 43280 – *Laparoscopy, Surgical, Esophagogastric Fundoplasty (e.g., Nissen, Toupet Procedures)* and 47562 – *Laparoscopy, Surgical; Cholecystectomy*. Claims with dates of service between January 1, 2005, and March 24, 2009, with a place of service of 22, 23, or 62 will be systematically mass adjusted. Providers can expect to see affected claims on the April 28, 2009, Remittance Advice.

Provider Workshops

Note: The Federally Qualified Health Center and Rural Health Clinic Workshop originally scheduled for January 28, 2009, at Daviess Community Hospital in Washington, Indiana, was cancelled because of inclement weather. The seminar has been rescheduled for April 29, 2009. Topics include how to check eligibility, how to file a claim, how to bill services, what causes claims to deny, and more. For more information, please contact the workshop line at (317) 488-5072.

Second-quarter Workshops Are Here!

The IHCP is offering quarterly provider workshops free of charge. Topics include the IHCP Family Tree, electronic transactions, presumptive eligibility and notification of pregnancy, Hoosier Healthwise open enrollment, a managed care roundtable, and more. Workshop agendas, dates, registration deadlines, and locations are online at <http://www.indianamedicaid.com/ihcp/ProviderServices/workshops.asp>. You may register online or by using the registration form printed in the IHCP provider newsletter. For more information about the workshops, please contact the workshop line at (317) 488-5072.

Correction!

IHCP provider workshops will take place across the state during May and June. Workshop descriptions on page 8 of the April IHCP provider newsletter, [NL200904](#), incorrectly stated that the Vaccines for Children (VFC) Program benefits children under age 21. The VFC program benefits children ages 18 and under.

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.