



All Providers

Care Select Primary Medical Provider Requirement Is Exempt on Claims for the H1N1 Vaccine

Care Select claims are exempt from the *Care Select* Primary Medical Provider (PMP) certification code requirements for Influenza A (H1N1) vaccine administration. If you received denial 1049 – *Care Select member's PMP is missing or invalid*, please resubmit the claim for reprocessing.

Use National Provider Identifier When Submitting Claims via Web interChange

Bulletin [BT200926](#), dated August 19, 2009, announced the changes that occurred as a result of the full implementation of the National Provider Identifier (NPI) mandate. Healthcare providers are required to submit all Health Insurance Portability and Accountability (HIPAA) transactions, including claims, using the NPI instead of the legacy provider identifier (LPI).

Providers who submit medical (CMS-1500 format) claims via Web interChange have encountered an error message when the LPI and NPI are entered for the referring or rendering provider. To resolve the error, remove the LPI from all fields on Web interChange; report only the NPI for the referring or rendering provider.

Providers who submit institutional (UB-04 format) claims via Web interChange have encountered an error message when entering the attending physician license number in the Attending Prov NPI field. Please note that only the NPI is accepted in this field; the license number of the attending physician should not be entered on the claim.

Inpatient Hospital Providers

Present on Admission Indicator Claims with Explanation of Benefits 4275 To Be Reprocessed

Per provider bulletin [BT200928](#), dated August 25, 2009, the Present on Admission (POA) indicator is not required for the External Cause of Injury, and if entered, it is ignored and not used for all-patient diagnosis-related grouping (AP DRG). Hospitals that are not exempt from the Hospital Acquired Condition reporting may have experienced denials when a POA was not entered in the External Cause of Injury field. Therefore, inpatient claims with dates of service between October 1, 2009, through November 06, 2009, which denied with explanation of benefit (EOB) 4275 – *The twenty-fifth secondary diagnosis POA indicator is not in the correct format. Please check ICD-9-CM official guidelines for coding and reporting effective October 1, 2008*, will be systematically reprocessed. These reprocessed claims will appear on the November 24, 2009, Remittance Advice.

Providers of Obstetric Services

Presumptive Eligibility Process Update: Enrollment Center Referrals and Avoiding Duplicate Applications

Enrollment centers that are not qualified providers for the PE program can assist a pregnant woman by helping complete and submit a Hoosier Healthwise (HHW) Application and providing a referral to a qualified provider. However, **it is critical that only ONE HHW Application be submitted for a member**. To avoid duplicate applications, an enrollment center that completes an HHW application should provide a copy of that application to the member. Qualified providers

should verify that the pregnant woman has submitted an HHW application. Qualified providers should not submit an additional application or fax a duplicate application to the Division of Family Resources (DFR) if the member has already submitted an application.

Physicians, Hospitals, Clinics, Mental Health, and Pharmacy Providers

VFC Flu Vaccine

The flu season has started. To address the need for immunizations and to deal with the potential shortage of available influenza vaccine, the IHCP is not limiting reimbursement for any influenza vaccine, regardless of the availability from the Vaccines for Children (VFC) program. Thus, effective September 1, 2009, providers may obtain reimbursement for privately purchased influenza vaccines for eligible VFC members when VFC vaccines are not available and supplies are delayed.

When administering a privately purchased influenza vaccine, providers may bill for both the vaccine and its administration (Current Procedural Terminology, or CPT^{®1}, codes 96372-96374). If an evaluation and management (E/M) service code is billed with the same date of service as an office-administered immunization, providers should not bill the vaccine administration code separately. Reimbursement for the administration is included in the E/M code allowed amount. Separate reimbursement is allowed when the administration of the drug is the only service billed by the practitioner. In addition, if more than one vaccine is administered on the same date of service and no E/M code is billed, providers may bill an administration fee for each injection.

Providers are reminded that when a free VFC vaccine is administered, the appropriate CPT code for the vaccine should be billed. The dollar amount billed for the injection should be either the provider's usual and customary vaccine administration fee or the VFC administration fee of \$8, whichever is less. A separate CPT administration code should not be billed for a VFC-administered vaccine.

Additionally, providers are reminded that claims should be submitted to the appropriate delivery system – HP or managed care organization (MCO) – for each member, regardless of the source of the vaccine stock. Claims are eligible for postpayment review, and therefore, providers must maintain documentation and invoices related to private stock when substituting for VFC vaccine.

Rural health clinic (RHC) and Federally Qualified Health Center (FQHC) rates include payment for the vaccine and administration fee, and cannot be billed separately on claims submitted to HP. RHCs and FQHCs must separately verify the billing policy for each MCO to which they submit claims.

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Coverage for Influenza A (H1N1) Vaccine Administration

The IHCP covers Influenza A (H1N1) vaccine administration. Providers should use the following HCPCS code when billing for the administration:

G9141 – *Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)*

The administration of the Influenza A (H1N1) vaccine is reimbursed at the lower of the usual and customary charge or the IHCP established max fee rate, \$12.94. Because the Influenza A (H1N1) vaccine is provided at no cost to providers, the IHCP will not reimburse G9142 – *Influenza A (H1N1) vaccine, any route of administration*. Providers who bill G9142 will receive error code 4209 – *No Pricing Segment for procedure/modifier combination*.

Providers are reminded that if an evaluation and management (E/M) code is billed with the same date of service as an office-administered immunization, the vaccine administration should not be billed separately. Reimbursement for the vaccine administration is included in the E/M code allowed amount. This remains true for the administration of the Influenza A (H1N1) vaccine. Separate reimbursement is allowed when the administration of the vaccine is the only service provided and billed by the practitioner. In addition, if more than one immunization is provided on the same date of service, and no E/M code is billed, separate administration fees for each immunization may be separately billed.

Contact Information

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