



## 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 requirement 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.

## 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, that 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<sup>®1</sup>, 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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