

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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## The IHCP covers CPT Code 90662 – Influenza vaccine

As of August 1, 2010, the Indiana Health Coverage Programs (IHCP) provided coverage for Current Procedural Terminology Code (CPT<sup>®1</sup>) 90662 – *Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use in members ages 65 years and older.*

Remember that when 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. Separate reimbursement is allowed only when the administration of the vaccine is the sole 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, providers can bill separate administration fees for each immunization.

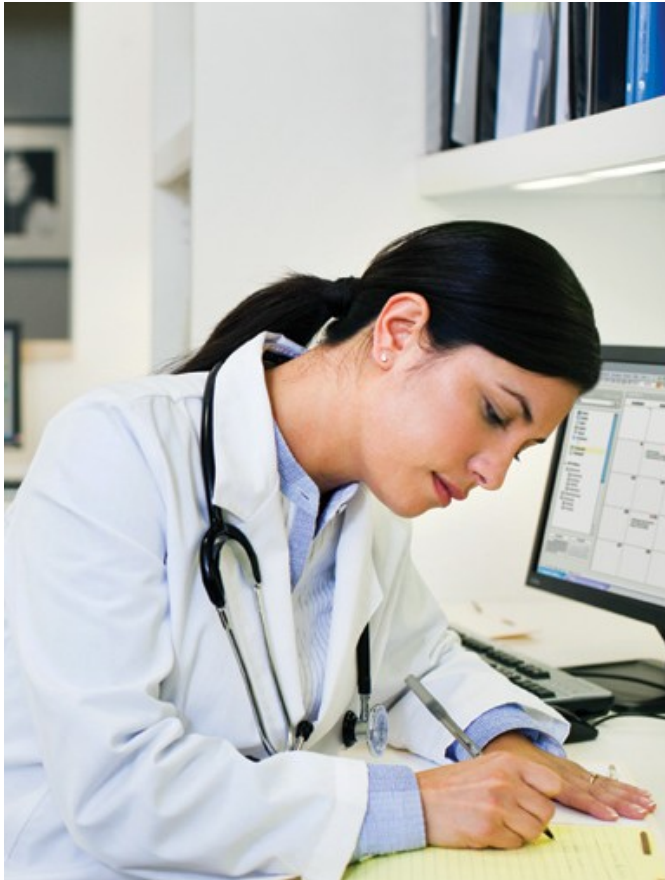
<sup>1</sup> CPT copyright 2008 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

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### Nursing facility admissions and *Care Select*

Nursing home admissions for *Care Select* members follow the same admission process as the traditional fee-for-service (FFS) Medicaid population. Members who are assigned to a primary medical provider (PMP) in the *Care Select* delivery system will be disenrolled from the managed care program when long-term care/level of care (LTC/LOC) is approved and entered into IndianaAIM. The PMP is not responsible for certification of nursing facility (NF) services.



## New sessions added to the IHCP Annual Provider Seminar

New sessions have been added to the IHCP Provider Annual Seminar, scheduled for October 19-21 in Indianapolis. Providers may now [register online](#) to attend these small-group sessions:

- Claims Resolution (HP, Anthem, MHS, MDwise) – Representatives from HP and the managed care entities (MCEs) will provide on-the-spot research of problematic and denied claims with providers. Providers should arrive prepared with claim examples, along with any required documentation. Note: Space for this session is limited to safeguard protected health information (PHI) as it relates to Health Insurance Portability and Accountability Act (HIPAA) guidelines.
- Live Web Demo (HP, Anthem, MHS, MDwise) – Representatives from HP and the MCEs will be available to meet with providers individually or in small groups to demon-

strate the use of the MCEs' respective Web sites. Providers will learn how to locate information they need to streamline their interaction with HP and the MCEs.

- Managed Care Changes for 2011 – This session provides information about the current structure of the MCEs: Anthem, MDwise, and Managed Health Services (MHS), and the Healthy Indiana Plan. Upcoming plans for 2011 will also be discussed. During this session, providers will learn about changes to the programs that could affect claims payment, eligibility, prior authorization, online claims, and prior authorization submission, Health Plan Employer Data and Information Set (HEDIS), the Right Choices Program, presumptive eligibility, and behavioral health. Each of the MCEs and the Healthy Indiana Plans will provide updates about their plans and how these changes could affect you – the provider. We encourage primary medical providers, office staff, billing agencies, and specialist, self-referral, and ancillary providers to attend this session.

Other seminar topics include Prior Authorization, the National Correct Coding Initiative, and many more. For more information, see [BT201033](#), dated August 31, 2010. If you've already registered to attend the IHCP Seminar, take the opportunity to add these sessions to your registration confirmation. If you haven't yet registered for the seminar, do it today!

## Age restrictions change for child and adult dental prophylaxes

Effective November 20, 2010, age restrictions for prophylaxes for children and adults will change to be consistent with Current Dental Terminology (CDT). The Office of Medicaid Policy and Planning (OMPP) will use the American Dental Association (ADA) guidelines, which determine adult status begins at age 12. IndianaAIM now has an adult listed as 13 years of age to 999 and a child as age one to 12. The prophylaxis codes will change to ensure accurate processing of claims for these procedures: D1110 – *Prophylaxis – adult age range 12-999 years of age* and D1120 – *Prophylaxis – child age range 1-11 years of age*.

## National Correct Coding Initiative Workshop

HP Enterprise Services has scheduled a training session to acquaint providers with the National Correct Coding Initiative (NCCI) implementation coming in October 2010! The workshop will be October 8, 2010, from 10 a.m. – noon, and will be presented via HP Virtual Room (Web site) combined with an audio conference phone number. This session is ideal for billing employees for all physician specialties. Sign up now – participants are limited to 150. Register by going to the IHCP Web site and selecting **Provider Education** from the Quick Links column, then **Workshop Registration Tool**, or go directly to the online [Workshop Registration page](#). When registering for this workshop, choose the location of Virtual Room NCCI Education – Indianapolis, IN.

### QUESTIONS?

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.

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