

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201111

MARCH 15, 2011



The IHCP does not cover vaccine administration codes 90460-90474

The Indiana State Department of Health issued a VacZine newsletter in January 2011 instructing Vaccines for Children (VFC) providers to use the new vaccine administration codes 90460 and 90461. Please note that the Indiana Health Coverage Programs (IHCP) does not cover vaccine administration codes 90460-90474. Refer to [BR201105](#), dated February 1, 2011, for information regarding IHCP vaccine billing guidelines.

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2011 HCPCS modifiers

The Indiana Health Coverage Programs (IHCP) has reviewed the new 2011 annual Healthcare Common Procedure Coding System (HCPCS) modifier codes to determine coverage and billing guidelines. The new modifiers, including code, description, type, and effective date, are on the next page.

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New modifier codes for the 2011 Annual HCPCS Update

Modifier Code	Description	Type	Date Effective
AY	Item or service furnished to an end-state renal disease (ESRD) patient that is not for the treatment of ESRD	Informational	January 1, 2011
AZ	Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment	Informational	January 1, 2011
CS	Item or service related, in whole or in part, to an illness, injury, or condition that was caused by or exacerbated by the effects, direct or indirect, of the 2010 oil spill in the Gulf of Mexico, including but not limited to subsequent clean-up activities	Informational	January 1, 2011
DA	Oral health assessment by a licensed health professional other than a dentist	Informational	January 1, 2011
GU	Waiver of liability statement issued as required by payer policy, routine notice	Informational	January 1, 2011
GX	Notice of liability issued, voluntary under payer policy	Informational	April 1, 2010
NB	Nebulizer system, any type, FDA-cleared for use with specific drug	Informational	January 1, 2011
PT	Colorectal cancer screening test; converted to diagnostic test or other	Informational	January 1, 2011

FQHC crossover claims to require TOB 77X

Effective for claims submitted with a date of service on or after April 1, 2011, Federally Qualified Health Centers (FQHCs) will be required to use Type of Bill (TOB) 77X for all Medicare Crossover claims. On March 31, 2011, the Indiana Health Coverages Program (IHCP) will no longer accept TOB 73X for FQHC crossover claims.

QUESTIONS?

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