IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201116 APRIL 19, 2011

Hearing aid form clarification

Two versions of a medical clearance form for hearing aids had previously been posted on the Forms page at indianamedicaid.com. The version titled "*Medicaid* Medical Clearance and Audiometric Test" was incorrect and has been removed. The updated, most current version, titled "*IHCP* Medical Clearance and Audiometric Test," remains posted for your continued use. The IHCP Medical Clearance and Audiometric Test form is the only form that should be completed to declare medical necessity for programmable hearing aids. Please discard any old versions of the form.

Clarification of requirements for transportation PA

This article clarifies what is required when requesting prior authorization (PA) for transportation services. Per *Indiana Administrative Code 405 IAC 5-30-1*, Medicaid reimbursement is available for emergency and nonemergency transportation, for a maximum of 20 one-way trips per recipient, per rolling 12-month period of time, except when medical necessity for additional trips is demonstrated and documented through the prior authorization process.

When submitting a PA request in writing, the following information should be noted on or attached to a properly completed Universal Prior Authorization Request Form, which is available on the Forms page of the IHCP Web site at http://provider.indianamedicaid.com:

Continue

MORE IN THIS ISSUE

- Proper procedure codes for the requested services
- Patient's age
- Level of service required (such as wheelchair van, commercial ambulatory service — CAS — or taxi)
  - The patient's condition must support the level of service requested.
- Reason for and destination of service (such as dialysis or physical therapy treatments at County Hospital or Community Health Clinic)
- Frequency of service and treatment per the physician's order (such as twice a week)
- Duration of service and treatment per the physician's order (such as three months)
- Total mileage for each trip (such as 129 miles)
- Total waiting time for each trip (such as two hours)

PA requests must include a brief description of the anticipated care and description of the clinical circumstances necessitating the need for the transportation.

Reminder: How to use Medically Unlikely Edits with NCCI code auditing

The Indiana Health Coverage Programs (IHCP) has now implemented the National Correct Coding Initiative (NCCI) code auditing methodology for practitioner and outpatient facility claims. A critical part of this implementation is the Medically Unlikely Edits (MUE) methodology. An MUE is an edit that posts at the claim detail line, based on the units of service reported. Providers may report units of service in excess of an MUE for a single date of service by reporting the code on more than one line of a claim and using an appropriate modifier on additional claim lines. The MUE value is applied separately to each claim detail line. All units of service reported by the provider on each claim detail line must be medically reasonable and necessary. Below is an example of proper use of modifiers:

Example: A patient is treated for low potassium. The MUE for the potassium code is 3. A potassium test is run before treatment begins. After treatment, the physician orders three more potassium tests on the same day to determine if potassium levels have normalized. The initial test is billed without modifier 91 and one unit of service. The three additional tests are billed on a different claim detail line using modifier 91 and three units of service. Because the MUE for the potassium code is 3, the edit will allow payment on both claim detail lines as billed.

Please refer to provider bulletins BT201036 and BT201101, and articles in banner pages BR201027 and BR201104 for additional information regarding NCCI and modifier usage.

QUESTIONS?

If you have questions about this publication, 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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