

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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Procedure codes L3660, L3670, and L3675 have been linked to provider specialty 250 – DME

Effective February 15, 2012, for dates of service on or after January 1, 2011, procedure codes L3660 – *Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment*; L3670 – *Shoulder orthosis, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment*; and L3675 – *Shoulder orthosis, vest type abduction restrainer, canvas webbing type or equal, prefabricated includes fitting and adjustment* will be linked to provider specialty 250 – *durable medical equipment (DME)*. The [provider code sets](#) on indianamedicaid.com will be updated to reflect these provider type and procedure code linkages.

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If you are enrolled as provider specialty 250; you previously billed claims with procedure code L3660, L3670, or L3675 with dates of service on or after January 1, 2011; and those claims were denied for Error 1012 – *Rendering provider specialty not eligible to render procedure code*, you may resubmit those claims for payment. If a resubmitted claim is beyond the timely filing limit, please use this banner page as proof to waive the filing limit.

HP to adjust pharmacy claims to recoup dispensing fees

The Indiana Health Coverage Programs (IHCP) announced in [BT201120](#), dated May 24, 2011, a decrease in the pharmacy dispensing fee for dates of service on or after July 1, 2011, from a maximum fee of \$4.90 per pharmacy claim to a maximum fee of \$3 per pharmacy claim. Consistent with a September 14, 2011, ruling in the U.S. District Court for the Southern District of Indiana, the IHCP will implement this fee reduction beginning with claims received February 9, 2012, going forward. Previously paid pharmacy claims with dates of service on or after July 1, 2011, will be adjusted to recoup the difference between the paid dispensing fee and the maximum \$3 dispensing fee per pharmacy claim. Claims adjust-



ments will begin February 9, 2012, and will take approximately three months to complete. Mass-adjusted claims will appear on Remittance Advice (RA) forms beginning February 14, 2012, and will be identified with internal control numbers (ICNs) that begin with region code 56. The net difference of the overpayment will appear as an accounts receivable. The accounts receivable will be recouped at 100% from future claims paid to the respective provider number. If you have questions, please call (317) 655-3240 in the Indianapolis local area or call 1-800-577-1278 toll-free and select Option #2 for Pharmacy.

CPT code 77058 linked to revenue code 610

Effective February 15, 2012, for dates of service on or after January 1, 2012, the Indiana Health Coverage Programs (IHCP) has linked Current Procedural Terminology (CPT^{®1}) code 77058 – *Magnetic resonance imaging, breast, without and/or with contrast materials*; *unilateral* to revenue code 610 – *Magnetic resonance imaging*. For reimbursement, providers must bill the procedure code and the revenue code together for dates of service on or after January 1, 2012.

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Take the IHCP's ICD-10 survey!

A link to the ICD-10 IHCP Provider Readiness Survey will be posted on indianamedicaid.com February 7 – watch IHCP publications for announcements.

ACA provider screening and enrollment

Indiana Health Coverage Programs (IHCP) is now processing provider enrollments in compliance with *Affordable Care Act* (ACA) requirements. This has resulted in many changes to provider application and screening, and provider profile maintenance. Please visit the [IHCP Provider Enrollment Options](#) page on indianamedicaid.com and refer to [BT201151](#), [BT201154](#), and [BT201155](#) for additional information.



Sign up now for first-quarter IHCP workshops

The Indiana Health Coverage Programs (IHCP) is once again offering educational workshops to providers free of charge. Sessions led by HP include Provider Enrollment, IHCP Updates, Manually Priced Claims Billing, and Finance. The managed care entities (MCEs) will present updates about Indiana *Care Select*, and MDwise Hoosier Healthwise and Healthy Indiana Plan (HIP). Additional sessions focus on quality, including Healthcare Effectiveness Data and Information Set (HEDIS) targets for 2012, and Hoosier Healthwise and HIP behavioral health updates from MHS and Cenpatico. Plan now to attend – for information about [workshop dates](#), [locations](#), and [registration](#), visit the Provider Education page of indianamedicaid.com.

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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