

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201413

APRIL 1, 2014



Dental provider profiles to include additional information on serving children with special needs

In compliance with a mandate from the Centers for Medicare & Medicaid Services (CMS), all dental providers are encouraged to answer three additional questions to complete their provider profiles.

The questions address whether the facility can provide the following:

- Services for children with mobility limitations
- Sedation for children with complex medical or behavioral conditions
- Services for children with intellectual disabilities

Dental providers that are currently enrolled in the Indiana Health Coverage Programs (IHCP) can access [Web interChange](#) to answer the additional questions listed in the *Provider Maintenance* window. To access this window, select the **View/Edit** link under the Provider Profile Information section of the Provider Profile Menu. Then select **EDIT** to answer the questions. To save the answers, click **Go To Review / Submit**. Currently enrolled providers are encouraged to answer the three additional questions by May 1, 2014.

For new dental providers, the additional questions have been incorporated into the provider enrollment application packets.

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Maximum fee for psychiatric diagnostic evaluation CPT code 90791 SE increased

Effective June 1, 2014, the Indiana Health Coverage Programs (IHCP) is increasing the maximum fee for Current Procedural Terminology (CPT®) 90791 SE – *Psychiatric diagnostic evaluation; State and or federally funded programs/service*. The current maximum fee for CPT code 90791 SE of \$80 is increasing to a maximum fee amount of \$119.49. This change will apply to dates of service (DOS) on or after January 1, 2013. Beginning June 1, 2014, providers may resubmit claims for DOS on or after January 1, 2013, that paid at the lower rate so the increased pricing can be applied. Resubmitted claims beyond the one-year filing limit must include a copy of this banner page as an attachment.

CPT code 90791 SE is billable by the Medical Review Team (MRT) only and billable only within the fee-for-service delivery system. See [Chapter 8](#) of the *IHCP Provider Manual* for additional information on codes 90791 and 90791 SE. See the *Medical Review Team Billing Procedures* section in *Chapter 8* for additional information on billing MRT procedure codes.

The provider [Fee Schedule](#) at indianamedicaid.com will be updated to reflect this change.

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Provider education opportunities

Virtual MDS/SDG training offered for Long Term Care providers

The Indiana Health Coverage Programs (IHCP) is conducting provider training focused on the Minimum Data Set 3.0 Case Mix Audit Review and Supportive Documentation Guidelines (SDGs). The training is offered the second Friday of each month at 1 p.m. Eastern Time. The first virtual training session will be held Friday, April 11, 2014, at 1 p.m.

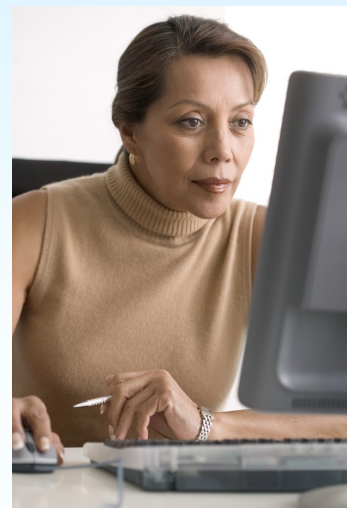
See the [Provider Education](#) page at indianamedicaid.com to attend.

Virtual dental workshop scheduled for April 22

The Indiana Health Coverage Programs (IHCP) is offering a two-hour workshop for dental providers Tuesday, April 22. In the workshop, providers will learn about:

- Using Web interChange to submit dental claims
- Billing and reimbursement for services to Qualified Medicare Beneficiary (QMB) members
- Member billing and spend-down
- General dental policy

The dental workshop is scheduled from 9 a.m. –11 a.m. Eastern Time via virtual room. See the [Provider Education](#) page at indianamedicaid.com to register and attend. Registration is required by April 18, 2014.



Omni 380 terminals retired

On March 14, 2014, the Indiana Health Coverage Programs (IHCP) notified providers that the Omni 380 terminal systems, used to verify IHCP member eligibility, were taken down for unscheduled maintenance. Terminals have been offline since that time. The device manufacturer no longer supports the product with upgrades, parts, or service. Due to the lack of available support, the Omni 380 terminals are being permanently retired from service.

IHCP member eligibility can be verified using one of the other available free options, as specified in [Chapter 3](#) of the *IHCP Provider Manual*. These options include:

- **Web interChange** – A free online solution, which can be accessed 24 hours per day, seven days a week from any computer and gives providers the most up-to-date eligibility information available. Please go to [Web interChange](#) to establish a user account.
- **Automated Voice Response (AVR)** – A voice response application, where information about IHCP member eligibility is as close as a touch-tone telephone. Up-to-date eligibility information is provided through a computerized response system. To reach the AVR system, dial 1-800-577-1278 option 4.
- **Electronic 270/271 batch or interactive transactions** – An eligibility inquiry and response system available to vendors and clearinghouse approved for 5010 transactions with IHCP. See the [IHCP Approved Software Developers – 5010](#) approved vendor list on the [EDI Solutions](#) page at 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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