

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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AUGUST 12, 2014

Reminder: Use appropriate modifiers for repair, replacement of eyeglasses

The Indiana Health Coverage Programs (IHCP) reminds providers rendering vision services to use the appropriate modifiers when billing for repair and replacement of eyeglasses.

Repair or replacement covers the part of the eyeglasses that is broken or damaged. Patients are not entitled to a new pair of eyeglasses if the lenses or frames can be repaired or replaced.

- To bill for repair of eyeglasses, providers must use the modifier "U8."
- If a member needs replacement eyeglasses due to loss, theft, or damage beyond repair before the established frequency limitations, providers must use the modifier "U8" to bill for the replacement lenses or frames. Providers must include documentation in the member's medical record to substantiate the need for replacement frames or lenses. Documentation that eyeglasses have been lost, stolen, or broken beyond repair must include a signed statement by the member detailing how the eyeglasses were lost, stolen, or broken.
- If a member needs replacement eyeglasses due to a change in prescription before the established frequency limitations, as specified in 405 IAC 5-23-4(7), providers must use modifier "SC" when billing replacement lenses or frames.

Use of either replacement modifier indicates that the appropriate documentation is on file in the member's record to substantiate the need to replace lenses or frames. Replacement of eyeglasses must be for medical necessity.

For detailed billing guidelines regarding repair and replacement of eyeglasses and other vision services, see [Chapter 8](#) of the *IHCP Provider Manual*.



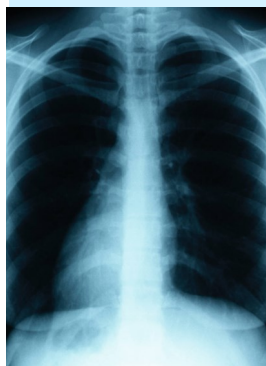
Separate hearing aid dealer and audiologist code sets to be established

The Indiana Health Coverage Programs (IHCP) is establishing a Hearing Aid Dealers Code Set separate from the Audiologist Code Set. Effective October 1, 2014, the Hearing Aid Dealers Code Set will be updated to reflect current IHCP policy and will serve as a stand-alone code set. Both the Hearing Aid Dealers Code Set and the Audiologist Code Set at indianamedicaid.com will be updated to reflect these changes.

MORE IN THIS ISSUE

- [CPT code 95070 linked to revenue code 924](#)
- [CPT code 74183 linked to revenue code 614](#)
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CPT code 95070 linked to revenue code 924



Effective September 15, 2014, the Indiana Health Coverage Programs (IHCP) will link Current Procedural Terminology (CPT^{®1}) code 95070 – *Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds* to revenue code 924 – *Allergy Test*. This linkage applies retroactively to fee-for-service claims with dates of service (DOS) on or after **July 1, 2014**.

Beginning September 15, 2014, for reimbursement consideration, providers may bill CPT code 95070 and revenue code 924 together, as appropriate. Claims with DOS on or after July 1, 2014, that previously denied for explanation of benefits (EOB) 520 – *Invalid revenue code/procedure code combination* may be resubmitted for processing.

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CPT code 74183 linked to revenue code 614

Effective September 15, 2014, the Indiana Health Coverage Programs (IHCP) will link Current Procedural Terminology (CPT) code 74183 – *Magnetic resonance imaging, abdomen; without contrast materials, followed by with contrast materials and further sequences* to revenue code 614 – *MRI Other*. This linkage applies retroactively to fee-for-service claims with dates of service (DOS) on or after **July 1, 2014**.

Beginning September 15, 2014, for reimbursement consideration, providers may bill CPT code 74183 and revenue code 614 together, as appropriate. Claims with DOS on or after July 1, 2014, that previously denied for explanation of benefits (EOB) 520 – *Invalid revenue code/procedure code combination* may be resubmitted for processing.

CPT code 86696 linked to revenue code 300

Effective September 15, 2014, the Indiana Health Coverage Programs (IHCP) will link Current Procedural Terminology (CPT) code 86696 – *Herpes Simplex Type 2 Test* to revenue code 300 – *Laboratory*. This linkage applies retroactively to fee-for-service claims with dates of service (DOS) on or after **July 1, 2014**.

Beginning September 15, 2014, for reimbursement consideration, providers may bill CPT code 86696 and revenue code 300 together, as appropriate. Claims with DOS on or after July 1, 2014, that previously denied for explanation of benefits (EOB) 520 – *Invalid revenue code/procedure code combination* may be resubmitted for processing.



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