

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201643

OCTOBER 25, 2016

IHCP reminds providers deluxe eyeglass frames covered only if medically necessary

Providers are reminded that the Indiana Health Coverage Programs (IHCP) does not cover any portion of a deluxe or fancy frame purchase except when medically necessary. Examples of medically necessary situations include, but are not limited to, special frames to accommodate a facial deformity or anomaly, allergic reaction to standard frame material, or infant and child frames. This publication serves to clarify billing requirements and reimbursement guidelines for procedure code V2025 - *Deluxe frame*. It does not reflect a change in policy or reimbursement.



The IHCP reimburses V2025 at up to 75% of the manufacturer's suggested retail price (MSRP) or up to 120% of the cost invoice, consistent with the IHCP durable medical equipment (DME) reimbursement methodology. To be considered for reimbursement, providers **must** submit the MSRP or cost invoice with their claim. Claims submitted without MSRPs or cost invoices will be denied. The MSRP and cost invoice guidelines that apply to all manually priced DME follow.

The following are considered acceptable documentation of the MSRP:

- Manufacturer's invoice showing the MSRP, suggested retail price, or retail price
- Quote from the manufacturer showing the MSRP, suggested retail price, or retail price
- Manufacturer's catalog page showing the MSRP, suggested retail price, or retail price (the publication date of the catalog must clearly show on the documentation)
- MSRP pricing from the manufacturer's website (the manufacturer's web address must be visible on printed documentation from its website)

A cost invoice is an itemized bill issued directly from the supplier to the provider, listing the goods supplied and stating the amount of money due to the supplier.

Additional information relating to glasses and other vision services is available in the Vision Services provider reference module. Additional information concerning manually priced DME is available in the Durable and Home Medical Equipment and Supplies provider reference module. Both are available from the [Provider Reference Materials](#) page at indianamedicaid.com.

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- [IHCP updates reimbursement for pacemakers](#)
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IHCP updates reimbursement for pacemakers

Effective November 25, 2016, the Indiana Health Coverage Programs (IHCP) will update the reimbursement for pacemakers. Pacemakers will continue to be manually priced; however, consistent with IHCP durable medical equipment (DME) reimbursement methodology, the IHCP will reimburse pacemakers at 120% of the amount listed on the cost invoice. This reimbursement change applies to fee-for-service claims with dates of service (DOS) on or after November 25, 2016.

Providers should refer to the [Surgical Services](#) module and the *Surgical Services Codes* table on the [Code Sets](#) page at indianamedicaid.com for a list of affected procedure codes. The billing instructions in the *Surgical Services* module are unchanged.

New IHCP companion guides at indianamedicaid.com will help trading partners prepare for the implementation of CoreMMIS

When the new Indiana Health Coverage Programs (IHCP) CoreMMIS system is implemented December 5, 2016, IHCP trading partners may need to modify their computer systems in order to transmit claims for processing in CoreMMIS. As a result, there are also changes to the current IHCP *HIPAA 5010 Companion Guides* that will be effective December 5, 2016. Please make certain that software vendors, billing services, and clearinghouses are aware of system requirements and that modifications are made before the implementation date.

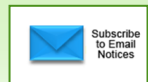
The new IHCP companion guides are available on the [IHCP Upcoming Companion Guide Changes](#) page at indianamedicaid.com. For more information about what IHCP trading partners need to do to prepare for the implementation of CoreMMIS, see the [What's New for EDI Trading Partners](#) page at indianamedicaid.com.

QUESTIONS?

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