



## P R O V I D E R   B U L L E T I N

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**To:        All Providers****Subject:   PrimeStep PMP Certification Code Changes****Overview**

Hoosier Healthwise certification code requirements for the PrimeStep primary care case management (PCCM) program will change, effective January 15, 2003. The revised certification code requirements will also apply to providers serving *Medicaid Select* program members, beginning in early 2003. See Indiana Health Coverage Programs (IHCP) provider bulletin *BT200257*, dated November 19, 2002, for information about the *Medicaid Select* program.

Certification codes are assigned to each Hoosier Healthwise primary medical provider (PMP) enrolled in the PrimeStep network. Each *Medicaid Select* PMP will also receive a certification code each calendar quarter. PMPs use the certification code to authorize specialty care or other medical services or equipment for Hoosier Healthwise members assigned to their panels. Most medical services must be rendered or authorized by the member's PMP to qualify for payment.

The Office of Medicaid Policy and Planning (OMPP) re-evaluated their department's certification code requirements policy and determined that some services should be systematically exempt from PMP certification or authorization. This change is intended to alleviate some of the administrative burden for PMPs and other providers, yet preserving continuity of patient care.

*Note: The changes to PrimeStep and Medicaid Select certification code requirements do not negate nor otherwise alter IHCP prior authorization requirements, administered by the OMPP's prior authorization contractor, Health Care Excel.*

**Revised Certification Code Requirements, Effective January 15, 2003**

The following services, as identified by the rendering provider specialty as the provider is enrolled in IndianaAIM, will *no longer require* the certification code for payment:

- Durable medical equipment and supplies – provider specialty 250
- Ancillary services:
  - Radiology – provider specialties 290, 291, and 341
  - Pathology – provider specialty 333
  - Laboratory – provider specialties 280 and 281
  - Anesthesia – provider specialty 311
- Outpatient therapy services:
  - Physical – provider specialty 170
  - Occupational – provider specialty 171
  - Respiratory – provider specialty 172

- Speech – provider specialty 173
- Home health services – provider specialty 050

*Note: Although the two-digit PMP certification code is no longer required for the outpatient hospital services listed above, the eight-digit PMP license number continues to be required for claim reimbursement. These services include outpatient therapies, as well as radiology, pathology, and laboratory, when performed in an outpatient hospital setting. The PMP license number should be provided in field 83b of the UB-92 claim form when submitting claims for such services on behalf of PrimeStep and Medicaid Select members.*

The following services *continue to require* PMP certification, or authorization, to be paid:

- Physician services not performed by the PMP or a PCCM – enrolled practitioner within the PMP's group practice or clinic
- Specialty and consultative physician services
- Hospital inpatient admissions
- Outpatient services (except for therapy, laboratory, radiology and pathology services)

See Chapter 8 of the *IHCP Provider Manual* for specific billing instructions for PMP-certified services. To access the *IHCP Provider Manual* online, visit the IHCP Web site at <http://www.indianamedicaid.com>.

## Self-Referral Services

Members can access some services from any IHCP-enrolled provider without PMP authorization. Access to these services, known as self-referral services, will not change. These services are listed in Section 4 of the *Hoosier Healthwise Manual for Primary Medical Providers and Office Staff* or in the IHCP bulletin, *BT200231*, dated June 20, 2002.

## Misuse of Certification Codes

Instances of inappropriate certification code usage have been reported. The OMPP reminds providers that the PCCM certification code is confidential and should only be shared by the PMP as authorization for a *specific* member for a *specific* service or course of treatment, not to exceed 90 days. PMP office staff must always request specific member information and service provision intention prior to sharing the certification code with specialists or other providers. Likewise, specialists or other providers should *never* request a PMP's certification code for *blanket* billing purposes.

Although misuse of a PMP's certification code often arises out of expediency, rather than purposeful intent to defraud the program, it is considered fraudulent provision of unauthorized services. Certification code misuse defeats the intended purpose of the PCCM program, to promote the *medical home* concept in which a PMP manages and coordinates the patient's care.

## Further Information

Direct questions about this bulletin to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278. IHCP providers requesting more information about becoming a PMP in the PrimeStep or Medicaid Select programs should contact AmeriChoice (formerly Lifemark) at 1-800-889-9949, option 3.

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