



P R O V I D E R B U L L E T I N

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To: All Indiana Federally Qualified Health Centers and Rural Health Clinics

Subject: Update of Federally Qualified Health Center and Rural Health Clinic Valid Encounters

Overview

This provider bulletin announces additional codes approved by the Office of Medicaid Policy and Planning (OMPP) that meet the valid encounter criteria for Federally Qualified Health Centers (FQHCs) and rural health clinics (RHCs) Indiana Health Coverage Programs (IHCP) services.

Additional Valid Encounter Codes

The list of Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes in Table 1 are being added to the current list of valid encounter codes published in IHCP provider bulletin *BT200318, Update in Method of Filing Claims*. These codes are effective as of April 1, 2003. Claims that have been previously billed using one of the following CPT codes and have been denied will be mass adjusted. Please monitor the IHCP banner pages for information about a specific date as to when these claims will be adjusted.

Table 1 – Valid Encounter Codes

Additional CPT/HCPCS Codes Meeting the Criteria for a Valid Encounter										
10080	11424	11622	12013	16000	20520	24530	25622	27786	29065	56405
11057	11443	11623	12031	17111	20526	24560	25630	27808	29075	57420
11303	11444	11624	12032	17260	20612	24576	26010	27816	29085	57421
11305	11600	11640	12041	17261	21800	24650	26600	28400	29086	69000
11306	11601	11641	12042	17262	23500	24670	26720	28430	29405	
11307	11602	11642	12051	17270	23600	25500	26750	28450	38300	
11311	11603	11643	12052	17271	23620	25530	27750	28470	45300	
11312	11604	11765	12053	17272	23650	25560	27760	28490	46900	
11423	11621	11770	15786	17282	24500	25600	27780	28510	46924	

Invalid Encounter Codes

The following codes were included in IHCP provider bulletin *BT200318, Update in Method of Filing Claims* as valid encounter codes:

- 90782
- 95115
- 95117

Further review determined that these codes do not meet the criteria for a valid FQHC/RHC encounter codes. As a result, effective immediately, the aforementioned codes will be removed from the list of valid encounter codes and providers will no longer receive the facility specific Prospective Payment System (PPS) rate if these codes are billed.

Multiple Encounters Incurred on the Same Day

The IHCP provider bulletin, *BT200318*, dated March 7, 2003, states only one encounter per IHCP member, per provider, per day is allowed unless the diagnosis differs. This means should a member visit an office twice on the same day with a different diagnosis, the second claim could be submitted for manual processing.

Note: This policy does not allow a provider to bill multiple claims for one visit with multiple diagnoses by separating the diagnoses on different claims.

Risk Based Managed Care

Currently, the addition or deletion of the above encounter codes will not have an effect on the amount of reimbursement that FQHCs and RHCs receive from MCOs for services provided to IHCP members. Providers will continue to be reimbursed under their current arrangement with the MCOs, and Myers and Stauffer will continue to perform the wraparound settlement calculations to the facility's PPS rate from the claims information received from the MCO.

Additional Information

Please direct questions about the information in this bulletin to the Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278. Additionally, please direct questions about facility specific cost reports or rate letters to Myers and Stauffer LC, at (317) 846-9521 in the Indianapolis local area or 1-800-877-6927.

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