



B A N N E R P A G E

B R 2 0 0 5 3 7

S E P T E M B E R 1 3 , 2 0 0 5

To All Providers:

- This article informs Indiana Health Coverage Programs (IHCP) providers of new batch ranges that have been added to IndianaAIM. IHCP claims are identified, tracked, and controlled using a unique 13-digit internal control number (ICN) that is assigned to each claim. The ICN numbering sequence identifies when EDS received the claim, the claim submission media used, and the type of claim. In addition, the ICN identifies the batch range, which is a three digit numbering sequence for that particular claim. Different claim types are assigned specific batch ranges to assist in identifying, tracking, and controlling claim inputs. Currently, the IHCP limits the number of claims, per claim type, per day that can be assigned, therefore, creating a delay to the assignment of an ICN. To assign an ICN to all claims that are received per day, the IHCP is modifying the batch ranges. This updates information published in the *ICHP Provider Manual, Chapter 10, Section 2*.

Claims submitted as of Monday, August 29, 2005, will use the new batch range identified below. IHCP providers will begin to notice the new batch ranges on remittance advice (RA) statements beginning September 6, 2005. The new batch ranges are identified in the following table:

Claim Type	Batch Range
UB-92 Institutional Crossover	000-009
UB-92 Outpatient Crossover	010-029
CMS-1500 Crossover	030-089
Dental	090-109
Inpatient	110-139
Outpatient	140-199
Long Term Care	200-279
Home Health	280-299
CMS-1500	600-899
Financial	900-999

For additional questions, contact EDS customer assistance at 1-800-577-1278 or (317) 655-3240.

- The IHCP reimburses the following Current Procedural Terminology (CPT®) clinical lab codes that allow interpretation, retroactive to July 1, 2002, (retroactive to January 1, 2005, for CPT codes 84166 and 86335). The IHCP follows Medicare guidelines for the CPT clinical lab codes that allow interpretation.

83020	83912	84165	84166	84181
84182	85390	85576	86255	86256
86320	86325	86327	86334	86335
87164	87207	88371	88372	89060

Both the technical and professional components are reported separately to ensure proper reimbursement. Providers bill the IHCP for the technical component of the clinical lab procedure reporting the base code only, without

modifier TC. If the modifier TC is billed at the claim detail the claim will be denied. The interpretation service is reported with the CPT code and modifier 26. For example, providers performing both the technical component and interpretation of CPT code 84165 report CPT code 84165 for the technical component and the CPT code modifier combination 84165-26 for the interpretation.

The IHCP will mass void and replace the affected claims with dates of service July 1, 2002, through August 17, 2005. The mass void and replacement of claims will begin appearing on providers' September 27, 2005, remittance advice statements. For any claim that has not been submitted to the IHCP for reimbursement or may need to be voided or replaced after the mass void or replacement of claims has been completed, providers may use a copy of this banner page article as documentation to waive the one year filing limit.

Direct questions about this information to the EDS Customer Assistance Unit at (317) 655-3240 or toll free at 1-800-577-1278.

- The annual update of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) is effective for the IHCP beginning on October 1, 2005. The new, revised, and discontinued codes may be viewed at <http://www.cms.hhs.gov/medlearn/icd9code.asp>.

To ensure Health Insurance Portability and Accountability Act (HIPAA) compliance, the 90-day grace period will no longer apply to ICD-9-CM updates. Providers are to use the ICD-9-CM diagnosis and procedure codes that are valid for the date of service. Codes not valid for the dates of service will deny. The ICD-9-CM diagnosis and procedure codes are billable and reimbursable October 1, 2005. For questions contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll free at 1-800-577-1278.

To All Pharmacies and Prescribing Providers:

- Effective January 1, 2006, the CMS is implementing the new Medicare prescription drug coverage. This coverage, also known as Medicare Part D, is a new benefit to help Medicare members pay for prescription drugs.

The IHCP Web site now includes a new section titled *Medicare Prescription Drug Coverage*. Providers should visit this section periodically at <http://www.indianamedicaid.com/ihcp/ProviderServices/medicareD.asp> for the latest information. The annual IHCP Seminar and fourth quarter provider workshops will include materials and training about the new Medicare prescription drug benefit.

For more information about the Medicare prescription drug benefit visit the CMS Web site at <http://www.cms.gov/medicarereform/>

Current Dental Terminology (CDT) (including procedures codes, nomenclature, descriptors, and other data contained therein) is copyrighted by the American Dental Association. ©2002, 2004 American Dental Association. All rights reserved. Applicable Federal Acquisition Regulation. System/Department of Defense Acquisition Regulation System. (FARS/DFARS) Apply. Current Procedural Terminology (CPT) is copyright 2004 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.