B A N N E R P A G E

BR200538 SEPTEMBER 20, 2005

To All Providers:

- This notification clarifies the policy and billing requirements regarding problem-oriented exams rendered on the same date as an EPSDT annual exam or well-baby exam.

  The HealthWatch Provider Manual states, "If a patient is evaluated and treated for a problem during the same visit as an EPSDT annual exam or well child service, the problem-oriented exam can be billed separately accompanied by the -25 modifier (separate significantly identifiable E&M service). The problem must require additional moderate level evaluation to qualify as a separate service on the same date."

  Some have interpreted this statement from the Manual to mean that Evaluation and Management (E&M) codes 99211, 99212 or 99213 could not be reimbursed if provided on the same date as the EPSDT annual or well baby exam. This is incorrect.

  IHCP will reimburse for all E&M codes billed by a physician who is providing a problem-oriented exam on the same date as the EPSDT annual or well-baby exam. This would include E&M codes 99211 through 99215. These services should be billed with modifier -25 to identify a separate significantly identifiable E&M service.

- This article informs Indiana Health Coverage Programs (IHCP) providers of new batch ranges that have been added to Indiana*AIM*. 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 Dental Providers:

- There are certain steps that must occur when obtaining IHCP prior authorization for dental procedures when the service is performed in a hospital or an ambulatory surgical center (ASC). These steps are as follows:
  1. For enrollees in Medicaid Select and Primary Care Case Management (PCCM), prior authorization (PA) for dental procedures and the related facility and anesthesia services are obtained by contacting the enrollees PMP for authorization and a certification code.
  2. For enrollees in one of the Hoosier Healthwise MCOs:

  Note: Some dental services are covered by the State and some by an MCO

  a. For State dental procedures subject to PA, the provider must contact Health Care Excel by calling (317) 347-4511 or (800) 457-4518. Providers must check the *IHCP Provider Manual*, newsletters, bulletins, and banners for dental procedures that require PA. Claims for dental procedures are submitted to EDS for claims processing and payment.

b. PA for facility and anesthesia services must be requested by contacting the Managed Care Organization (MCO) in which the member is enrolled.

MCO	Web Site	PA Phone Number
CareSource	www.caresource-indiana.com	(866) 930-0017
Harmony Health Plan	www.harmonyhmi.com	(800) 504-2766
Managed Health Services	www.managedhealthservices.com	(800) 464- 0991
Molina	www.molinahealthcare.com	(800) 642-4509
MDwise	www.mdwise.org	MDwise Wishard (317) 860-2736 MDwise Methodist (317) 705-3269 or (866) 309-8741 MDwise St. Francis (317) 570-6816 or (800) 291-4140 MDwise ProHealth (317) 705-3269 or (866) 309-8751 MDwise St. Vincent (317) 860-2736 MDwise St. Catherine (219) 392-7072 or (219) 392- 7066 MDwise Saint Margaret Mercy (800) 747-3693

3. After the dental provider has obtained authorization, the facility and anesthesiology provider should be provided with the PA information.

To All Pharmacies and Prescribing Providers:

- This notice is to advise providers that, in response to rapidly escalating expenditures for Medicaid-covered drugs, and in order to stay within available appropriations while maintaining beneficiary access to services, the office will be adopting an emergency rule that amends pharmacy reimbursement for Medicaid and HoosierRx. Specifically, estimated acquisition cost ("EAC") for brand name legend drugs will change from AWP minus 13.5% to AWP minus 19%. At the same time, in order to bring consistency to reimbursement policy for insulins, OTC insulins will commence being paid in accordance with applicable legend drug EAC methodology. These changes will be effective October 1, 2005.
- 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/