



B A N N E R P A G E

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To All Dental, Medical Review Team, and Pre-admission and Screening Resident Review Providers:

- The Indiana Health Coverage Programs (IHCP) identified a high number of claim denials for edit 1008 – *rendering provider must have an individual number*. This error occurs when a provider submits a billing group number in the detail line. Per the *IHCP Provider Manual*, all group providers must use their rendering provider numbers. Providers should follow the guidelines below:
 - **Group provider using a paper claim** – Enter the group number and location code(s) in field 44 for dental providers on the ADA dental claim form and field 33 on the CMS-1500 claim form for Medical Review Team (MRT) providers. Enter the individual rendering number(s) in the Administrative column adjacent to each detail submitted for dental providers on the ADA dental claim form and in field 24K for MRT providers on the CMS-1500 claim form.
 - **Group provider using Web interChange** – Enter the group number and location code in the provider number field. Enter the individual rendering number in the rendering provider field.
 - **Individual billing provider using a paper claim** – Enter the individual billing number and location code in field 44 on the ADA dental claim form or field 33 on the CMS-1500 claim form for MRT providers. Enter the individual billing number in the Administrative column adjacent to each detail submitted on the ADA dental claim form or field 24K on the CMS-1500 claim form for MRT providers.
 - **Individual billing provider using Web interChange** – Enter the individual billing number and location code in the provider number field. Enter the individual billing number in the rendering provider field.

Providers who have Administrator access in Web interChange can view their provider profiles to access a list of the rendering providers linked to the group. Providers can also call the Provider Enrollment Helpline at 1-877-707-5750 to discuss any updates that need to be made to the provider group information.

To All Federally Qualified Health Centers and Rural Health Clinics:

- January 1, 2005, the following Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes 90846, 97597, 97598, D0170, D1201, D1203, D1205, D2390, D2391, D2392, D2393, D2394, D4342, D4355, D7111, D7140, and D7280 will be added as valid Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) encounter codes. Additionally, effective January 1, 2005, the following CPT and HCPCS codes are no longer valid FQHC/RHC encounters, and, therefore, will be removed from the list of valid encounter codes: 76815, 76817, 76819, 76830, 76856, 90816, 90817, 90818, 90819, 90821, 90822, 90823, 90824, 92547, 97601, 99456, D2951, D2970, D5721, and D7281.

The valid FQHC/RHC encounter code list is reviewed annually and is available on the Myers and Stauffer Web site at www.mslicindy.com. For the 2006 annual code review, providers should submit any requests to include additional codes on the current list of valid encounter codes to Alice Rae of the Indiana Primary Health Care Association at (317) 630-0845 or Shawna Girgis of the Indiana Rural Health Association at (812) 478-3919 by November 15, 2005. Please note that any requests received subsequent to publication of this banner page will be reviewed during the 2006 annual code review. Please direct questions about the information in this article to Tim Guerrant at Myers and Stauffer LC at (317) 846-9521.

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To Medical Review Team Providers:

- This article deletes lines 2 and 3 of *Table 1 – The Medical Review Team (MRT) Procedure Codes and Fee Schedule* published in IHCP Provider bulletin BT200514 and replaces the 96100 SE U1 and 96100 SE U2 with the following:

MRT Code	Replacement Code	Description	MRT Rate
Psychological Testing /IQ Eval 1 Unit = 1 Hour Max Units: 2 Hours (Partial Unit Billing Allowed)	96100 SE	96100: Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour SE: State and/or federally funded programs/services	\$80.00 per hour

To MRT and Pre-Admission Screening and Resident Review Providers:

- This article replaces information in IHCP provider bulletins, *BT200513* and *BT200514*, for form locator 24A in *Table 2 – CMS-1500 Claim Form Locator Descriptions*. Providers **should not bill** date ranges, but should bill only for the single date of service. For example, if a provider renders services on June 30, 2005, and July 1, 2005, then the provider must bill each date of service as a separate line item on the claim. The provider **cannot bill the service on one line** using the date range of June 30, 2005, to July 1, 2005.

To Pharmacies and Prescribing Providers:

- This is to advise providers that the new drug Revatio® (sildenafil citrate—Pfizer) will require prior authorization under the Traditional Indiana Medicaid pharmacy benefit. Criteria for approval of prior authorization requests is limited to the labeled indication, diagnosed pulmonary arterial hypertension to improve exercise ability. While the drug is on the Preferred Drug List, prior authorization is being required in order to prevent fraud, abuse, waste, overutilization, or inappropriate utilization, specifically due to its similarity to Viagra®, which is also a sildenafil citrate product. Please call ACS for prior authorization questions at (866) 879-0106.

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