



I M P O R T A N T I N F O R M A T I O N

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To All Providers:

- Indiana Health Coverage Programs (IHCP) provider bulletin *BT200335*, published June 3, 2003, listed incorrect IHCP capped rental pricing for rental equipment under Healthcare Common Procedure Coding System (HCPCS) codes K0010, K0011, and K0012. The correct IHCP capped rental pricing for each code is found in the following table.

HCPCS Codes with RR Modifiers	IHCP Capped Rental Pricing
K0010	\$282.59
K0011	\$351.35
K0012	\$215.54

- The April 2003 version of the Indiana Health Coverage Programs (IHCP) Provider Manual, contains revised information for the Restricted Card Program's procedures. Refer to Chapter 2, Section 6: Restricted Utilization, and Chapter 13, Section 4: Member Utilization Review Process. Providers can direct questions regarding the Restricted Card Program to Health Care Excel (HCE). In the Indianapolis local area at (317) 347-4527, or toll free at 1 800-457-4515.
- IHCP provider bulletin *BT200346* published July 2, 2003, stated that, "A provider can bill a member for copayments only." The use of the term "copayments" in this publication refers to Medicaid copayments, and not commercial copayments required by third party insurers. Under certain circumstances, providers are allowed to collect Medicaid copayments from members, for services such as non-emergency services provided in an emergency department, pharmacy, and transportation. However, IHCP providers cannot bill IHCP members for any portion of a copayment imposed by a third party insurer. For additional information about Medicaid copayments, refer to *Chapter 2, Section 7 of the IHCP Provider Manual*.
- The Health Insurance Portability and Accountability Act (HIPAA) provider workshops scheduled in Evansville, Ind. on July 22 and 23, 2003, have been moved to the following location:
Deaconess Hospital
Deaconess Health Science Building
Johnson Hall
600 Edgar St.
Evansville, IN 47710
- The new site is adjacent to the previous location. Direct any questions to a provider representative at (317) 488-5195.

To All OMNI Users:

- The HIPAA compliant version of OMNI software is now available for downloading. Please resume downloading per the schedule on page 12 of IHCP provider bulletin *BT200303*, published January 31, 2003.

To All Hospitals, Inpatient Facilities, and Acute Care Facilities:

- When a spenddown member has an inpatient stay that spans multiple months and the date of the discharge is the first day of a month, the claims will deny for EOB code 3005 *The claims covers multiple months and spenddown has not been met for all months billed on the claim*. Effective immediately, these claims should be submitted to the Written Correspondence Unit for processing with an attached cover letter referencing this banner page article. If a claim is past the one-year filing limit, the claim must be submitted with the required documentation. For further information about claim filing documentation refer to *Chapter 10, Section 5*, of the *IHCP Provider Manual*.

To All Hospice and Managed Care Providers:

- The purpose of this banner page article is to remind hospice providers that it is their responsibility to verify IHCP eligibility upon taking any admission to the hospice program, and regularly, at least once a month. When the IHCP eligibility verification system specifies that a member is enrolled in managed care, the hospice provider must follow the procedures outlined in the *IHCP Hospice Programs Manual, August 2002*, and IHCP provider bulletin, *BT199905*, published January 26, 1999, and fax the hospice election form to the Health Care Excel (HCE) Prior Authorization Unit at (317) 347-4537, so that HCE may coordinate with Americhoice, the IHCP's managed care enrollment broker contractor, to disenroll the member from managed care on that same day. The hospice provider may then start billing the IHCP for hospice services the day following the member's disenrollment from the managed care program. Failure to follow these policies will result in no payment to the hospice provider for those dates that the IHCP member was enrolled in managed care.
- Effective September 15, 2003, the hospice provider must send the HCE Prior Authorization Unit the hospice election form by 4 p.m. Indianapolis time to ensure that HCE can coordinate with Americhoice to provide ample time to disenroll the hospice member on that same day along with their overall workflow.

To All Pharmacy Providers:

- Implementation of the maximum allowable charge (MAC) rate changes for sterile water and sodium chloride announced on February 18, 2003, to be effective on April 4, 2003, was delayed due to the issuance of a temporary restraining order in *Respiratory Partners, Inc. v. Indiana Family and Social Services Administration, et al.*, Marion Superior Court 4, Cause No. 49D04-0304-PL-000622. The temporary restraining order was dissolved on June 12, permitting the new rates to take effect on that date. Claims will begin paying at the new rates on July 22, 2003. Claims for the period of June 12 through July 22 shall be adjusted.

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