

May 26, 1998

To: All Indiana Medicaid Ophthalmologist, Optometrists, and Optician Providers

This is to inform all applicable providers that **bulletin E98-09, regarding Vision Therapy Services, is rescinded**. A revised bulletin and coverage statement will be forthcoming after the policy has been further reviewed. Providers may continue billing as they did prior to the issuance of the bulletin, until they are otherwise notified.

To: All Indiana Medicaid Providers

REMINDER ABOUT CHILDREN'S VACCINATIONS: Beginning July 1, 1998, Indiana Medicaid will limit reimbursement for all vaccines that are (1) available through the Vaccines For Children (VFC) Program AND (2) administered to Medicaid patients ages 18 years and under. Reimbursement will be the lesser of the VFC Vaccine Administration Fee (\$8.00)** or the submitted charge. Reimbursement will continue at the Medicaid-allowable rates for vaccines not available through the VFC Program and for VFC-available vaccines administered to Medicaid patients over 18 years of age. Refer to Bulletin E-97-27 for additional information.

** PLEASE NOTE: THE VFC VACCINE ADMINISTRATION FEE HAS BEEN INCREASED TO \$8.00, EFFECTIVE MAY 1, 1998.

To: All Indiana Medicaid Providers

The following radiological examination procedure codes are multiple region codes, as defined in the Physicians' Current Procedural Terminology (CPT) 98:

72040 Radiological Examination, spine, cervical; anteroposterior and lateral
72070 Radiological examination, spine, thoracic, anteroposterior and lateral
72100 Radiological examination, spine, lumbosacral; anteroposterior and lateral

The Surveillance and Utilization Review Unit of EDS has noted inappropriate provider usage of these codes. Specifically, providers are billing separately for components that are bundled in the code. When the above codes are billed, they should be billed as one unit unless more than one radiological exam is medically necessary in one day. All services related to radiological examinations must be documented in the patient's record.

To: All Indiana Medicaid Providers

Articles 4 & 25 of the Indiana Medicaid Provider Agreement require a provider to inform EDS (**in writing**) of changes in name, address, phone number, licensure, and certification. This is a reminder to mail the above changes to:

EDS
Attn. Provider Enrollment
P.O. Box 68420
Indiana, IN 46268-0420

Certain providers who undergo changes of ownership must first contact the Indiana State Department of Health (ISDOH) to comply with ISDOH change of ownership requirements. The ISDOH will inform EDS upon completion of those requirements, and EDS will update the provider file appropriately. Those providers include: Hospitals (Acute Care, Psychiatric, Rehabilitation), Ambulatory Surgical Centers, Extended Care Facilities (Nursing Homes, Nursing Facilities, ICFs\MR, Pediatric Nursing Facilities, Group Homes\Residential Care Facilities), Rehabilitation Facilities, Home Health Agencies, Hospices, Rural Health and Title V Clinics, Independent and Mobile Laboratories, Freestanding and Mobile Radiology Facilities, End Stage Renal Disease Centers.

To: All Indiana Medicaid Providers Billing Laboratory Services

In accordance with the Health Care Finance Administration's (HCFA) Medicaid Clinical Laboratory Improvement Amendments (CLIA) implementation, the Office of Medicaid Policy and Planning (OMPP) will commence to deny payments to all providers submitting claims for services not covered by a CLIA certificate and claims for services rendered outside effective dates of a CLIA certificate **beginning with claims processed on or after July 1, 1998**. Provider types subject to CLIA rules include:

- Hospitals (Type/Specialty 010-012)
- 04 – Rehabilitation Facility
- 05 – Home Health Agencies
- 06 – Hospices
- 08 – Clinic (Type/Specialty 080-085)
- 11 -- Mental Health (Type/Specialty 110-111)
- 13 - Public Health Agency
- 14 – Podiatrist
- 15 – Chiropractor
- 28 – Laboratory (Type/Specialty 280-281)
- 30 – End Stage Renal Disease Clinic
- 31 – Physicians (All Type/Specialties)

In order to ensure correct CLIA information on the IndianaAIM System provider file, EDS is requesting that each provider who bills laboratory services (any procedure for the examination of materials derived from the human body) send a copy of their CLIA certificate for each laboratory site, by fax or mail to the following address:

EDS
Attn. Provider Enrollment
P.O. Box 68420
Indiana, IN 46268-0420

Fax: (317) 488-5171

Your fax or written request must include your name and provider number. A forthcoming Provider Bulletin will furnish implementation policies and procedures in greater detail.

To: All Hospital Providers

As previously explained in Bulletin E97-26, dated November 3, 1997, EDS began systematically mass adjusting crossover and inpatient claims that were paid in duplicate for dates of service February, 1995 through November, 1997, on April 28, 1998. 405 IAC 12-15-13-3 specifies that providers whose claims are identified for recoupment, must be given 180 days before initiation of the recoupment in order to allow the provider an opportunity to appeal. Several accounts receivables set up as a result of the duplicate payments were erroneously dispositioned immediately, without allowing 180 days for appeal. EDS issued a non-claim specific expenditure to all effected providers on Tuesday May 19, 1998.