

**October 20, 1998**

**To All Indiana Medicaid Providers:**

Indiana Medicaid will now cover the ThAIRapy Vest device for use only in cystic fibrosis patients, effective June 1, 1998. The ThAIRapy Vest is a mechanical device that utilizes a vest and a generator to loosen bronchial secretions and clear the airway. All requests for this DME device will require prior authorization with an appropriate clinical summary and physician prescription. The vest and generator components of the ThAIRapy Vest will be considered purchased DME items. The following codes will be manually priced when requesting and billing for the ThAIRapy Vest:

Z5056: Vest Component of the ThAIRapy Vest, 1 unit per vest

Z5057: Generator Component of the ThAIRapy Vest, 1 unit

Z5058: Repair of Components of the ThAIRapy Vest (vest and /or generator), 1 unit per 15 minutes

If you have any questions regarding prior authorization, please contact the EDS Provider Assistance Unit at 1-800-577-1278 or (317) 655-3240.

**To All Indiana Medicaid Pharmacy Providers:**

The following labeler has entered into a drug rebate agreement and is joining the rebate program effective October 1, 1998:

McNeil-PPC, Inc. (Labeler Code 08004)

**To: All Indiana Medicaid Certified Nursing Facilities and Intermediate Care Facilities (large and small):**

Effective October 1, 1998, the IndianaAIM system will pay the per diem rate on file for all long term care claims with a date of service on or after October 1, 1998. This change will ensure that payment made to the provider reflects the most current rate received by EDS from Myers and Stauffer, rather than an old rate that the provider may have billed. This revised payment mechanism should assist in minimizing the number of retroactive rate adjustments for dates of service on or after October 1, 1998. The payment logic for long term care claims with dates of service prior to October 1, 1998 will continue to pay the provider the lesser of the billed amount or the per diem rate on file. For any questions regarding the information contained in this banner message, please contact the EDS Provider Assistance Unit at 1-800-577-1278, or for local providers (317) 655-3240.

**To All Indiana Medicaid Durable Medical Equipment (DME) Providers:**

This is to notify all Durable Medical Equipment (DME) Providers of the change to the reimbursement rate for HCPCS code E1340 (Repair or nonroutine service for DME requiring the skill of a technician, labor component, per 15 minutes). This code is currently manually priced, however, effective November 27, 1998, the reimbursement rate will be \$9.75 per 15 minutes, identical to that of Medicare.

**To All Providers with CLIA Certification:**

Please be advised that providers holding a CLIA certificate expiring in October, November, or December of 1998 should initiate the process now to renew CLIA certification with their state's department of health. Once a provider has obtained CLIA certification, a copy of the certificate should be mailed to the following address:

EDS

P.O. Box 68420

Indianapolis, IN 46268-0420

Attn: Provider Enrollment Unit

Your immediate attention to this matter will allow provider enrollment adequate time to enter updated information and will ensure there is no break in payment of lab procedure codes.

**To All Indiana Medicaid Nursing Facility Providers:**

This is to clarify the use of the Form 450B pending the development of the new cover form "450B Data Entry/Authorization Sheet", addressed in the Case Mix Reimbursement Provider Bulletin E98-26 of August 14, 1998. The new form documented under the section entitled "Form 450B/Nursing Facility Level of Care" on page two (2) is a streamlined type Form 450B. For **dates of service on or after October 1, 1998**, the new 450B Data/Authorization Sheet may be used for any readmission to a nursing facility following a hospitalization exceeding the bed-hold policy if the Medicaid resident has already been approved for nursing facility care. This new form is not yet available to nursing facilities. As a result, facilities should continue to use the current Form 450B for submission to the Office of Medicaid Policy and Planning. However, **only Section I "Recipient Identification" needs to be completed, along with documentation of the dates of the hospitalization.** Leave the entire Section II "Physician's Medical Evaluation" blank. Likewise, the physician does not need to complete or sign the "Level of Care Physician Certification". Please write READMISSION in red ink in the top left-hand corner of the Form 450B in order to ensure that the data entry of these readmission requests is expedited. Please note that additional information will be forthcoming regarding expanding the use of the new 450B Data Entry/Authorization Sheet to streamline other Form 450B processing following the implementation of case mix reimbursement.

**To All Indiana Medicaid Providers:**

Effective October 1, 1998, the new ICD-9-CM diagnosis and procedure codes were loaded into the IndianaAIM system. However, until the 3M Diagnosis and Procedure Code mapper is installed to the IndianaAIM system, claims submitted with the new ICD-9-CM procedure codes will deny for EOB 4116 ("diagnosis is not valid for DRG pricing"). Once the mapper is installed, EDS will systematically reprocess all denied claims. Future banner messages will keep providers informed of the reprocessing date. A banner page message will be forthcoming to inform providers of the end date for the deleted codes.

**To All Indiana Medicaid Providers:**

This is to notify all Indiana Medicaid Providers that **effective October 1, 1998**, all overpayments, accounts receivable, and check related refunds should be mailed to the new lockbox address. Checks should be made payable to EDS and/or Indiana Medicaid. Please send checks to:

EDS  
P.O. Box 1937 Dept. 104  
Indianapolis, IN 46206

Payments submitted with purchase requests for the Indiana Medical Assistance Programs Provider Manuals, Max Fee Schedules, NECS Software, and copies of remittance advice statements should be sent to:

EDS  
Attn: Mica Oakley  
950 North Meridian Street - 9th Floor  
Indianapolis, IN 46204

EDS Provider Payment Checks that are being returned to EDS (for example, checks to be voided, sent to wrong address in error, duplicate payments, not your patient or doctor. etc.) should also be forwarded to the 950 North Meridian Street, 9th Floor address.

**To All Indiana Medicaid Hospital Providers:**

This message is to clarify the billing of outpatient self-administered drugs for dually eligible recipients. For Medicaid recipients, most drug and supply revenue codes are denied if billed in conjunction with one of the treatment room revenue codes for outpatient services. This includes self-administered drugs for which reimbursement is included in the treatment room allowance for Medicaid only recipients. Currently, for dually eligible recipients, Medicaid pays the co-insurance and deductible, but does not cover self-administered drugs that are not covered or payable by Medicare. Therefore, for Medicaid recipients also covered by Medicare on the date of outpatient treatment room services, the cost of self-administered drugs may be billed to Medicaid on the Indiana Medicaid Pharmacy Claim Form. Providers must utilize their separate Indiana Medicaid Pharmacy provider number for billing, or obtain a number if necessary by contacting the EDS Provider Assistance Unit at 1-800-577-1278. If there are questions as to filing claims utilizing the Medicaid Drug Claim Form, these can be addressed to Provider Assistance as well. **Please Note: Billing of self-administered drugs for Medicaid recipients who are not also covered by Medicare is not appropriate.**