



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:

- The following 590 policy change is effective May 4, 2002. Submission of 590 claims are subject to the one-year filing limit as stated in the June 2001 *Indiana Health Coverage Programs (IHCP) Provider Manual*, Chapter 10, page 23, General Information.

All claims for service rendered must be submitted within one year from the date of service. When submitting claims beyond the one-year filing limit, the provider can submit the claim electronically which generates a claim correction form (CCF) for documentation or on paper with appropriate justification attached for the late filing. Refer to the *Indiana Administrative Code (IAC) 1-1-3* for the complete rule narrative about the filing limitations.

Checking eligibility is important. If a member verifies as a 590 member, verify the facility where the member resides or the facility where the 590 member resided. If the member claims to no longer reside in a facility, consider the member fee-for-service. Notify the EDS 590 provider representative at (317) 488-5072, with the following information:

- Provider name and telephone number
- 590 members' name and member identification (RID) number
- Facility in which the member resided

All claims less than \$150 are billed to the facility in which the member resides. All claims more than \$500 for a 590 member must have prior authorization (PA) from Health Care Excel (HCE). Send all 590 claims to the following address.

EDS 590 Program Claims
P. O. Box 7270
Indianapolis, IN 46207-7270

- EDS Provider Relations has reviewed feedback from the first two quarterly workshop sessions. As a result of the feedback, Provider Relations has merged Session 1 – Eligibility Verification with Session 2 – Fee for Service Billing. The new merged session will start at 8:30 a.m. at each location and ends at noon. Sessions 3 and 4 remain as currently presented. All providers registered for both Session 1 and Session 2 will automatically be registered for the new session. Refer questions to EDS Provider Relations at (317) 488-5150.
- The IHCP is pleased to announce Web interChange – an interactive Web application to obtain claims information and verify member eligibility quickly and easily using the Internet.
 - Claims Inquiry allows providers to inquire about previously submitted claims. Claims received electronically by EDS are Web accessible within two hours and remain accessible for three years. Claims are located by searching within a date range, by claim type, by member ID, or by Internal Control Number (ICN). Once the basic claim information is displayed, click the desired claim for more detail.
 - Eligibility Inquiry allows providers to inquire about member eligibility by using search criteria. The response provides the same information found through Automated Voice Response (AVR), Provider Electronic SolutionsSM, or the OMNI swipe card system. Enhanced third party liability information including carrier number, carrier name, addresses, phone number and policyholder name is also provided. **Effective April 1, 2002, the Client Services Help Desk will no longer provide eligibility verification.**

Web interChange differs from Provider Electronic Solutions because with Provider Electronic Solutions providers submit claims and verify member eligibility by dialing into the IHCP system; but with Web interChange providers can review processed claims and verify member eligibility by accessing the IHCP system on the Internet. Web interChange is fast, free, and easy to use. **Microsoft® Internet Explorer 5.5** or above is required. Internet Explorer is available, free of charge, through a link from the Web interChange Web site to the Microsoft Web site. It is not necessary to have Provider Electronic Solutions to use Web interChange. Web interChange is secure. Only billing providers may access claims. Encryption and Secured Socket Layer (SSL) connections protect the data in transit.

To apply for an ID and password, complete the application found at <https://interchange.indianamedicaid.com>. Print and mail the application to the address shown on the application. Be sure to keep a copy for your records. You will be notified via e-mail when your application is approved. Direct questions to EDS Electronic Solutions at (317) 488-5160 or e-mail Electronic.Solutions@indyix.eds.com.

To All Physicians and Nurse Practitioners:

- EDS established an interim policy to allow adjudication of claims filed by physician assistants, clinical nurse specialists, and nurse practitioners at surgery. Send the claims, filed and denied for duplicate audit 5000 – Possible Duplicate with an AS modifier, to the following address:

**EDS Written Correspondence
P. O. Box 7263
Indianapolis, IN 46207-7263**

The AS modifier should only be appended to surgical services and not combined with other assistant surgeon modifiers as 80, 81, and 82. When the AS modifier is appended to a Current Procedural Terminology (CPT) or a Health Care Procedure Coding System (HCPCS) code, the reimbursement is reduced to 20 percent of the IHCP fee.

The Written Correspondence Unit, in conjunction with the Claims Unit, will assure processing of these claims. Claims paid inappropriately will be mass adjusted at a later date to be determined by the *Office of Medicare and Medicaid Policy* (OMPP). Overpayments will be recouped with the mass adjustment.

To All Dental Providers:

- Z5155, *SQ/IM/oral administration of sedation and monitoring* will be end-dated and made non-covered effective March 29, 2002. This code was replaced by dental procedure code D9248, *nonintravenous conscious sedation* effective for dates of service January 1, 2000, and later. *Nonintravenous conscious sedation* includes appropriate monitoring, as defined by the *Current Dental Terminology (CDT-3) Users Manual*, version 2000, published by the *American Dental Association*.
- The 405 IAC 5-14-8 *Extractions* states, "If multiple extractions are performed on the same date of service, the maximum allowable payment for additional teeth will be reduced by 10 percent of the maximum allowable for the first tooth." Currently the fee for D7110, *single tooth* is \$72.25 and the fee for D1720, *each additional tooth*, is \$66.50. The fee for D1720 should be \$65.02. Effective March 25, 2002, the rate for D1720 has changed to \$65.02.

To All Prescribers and Pharmacy Providers:

Note: The information referenced below is not directed to those providers rendering services in the RBMC delivery system.

- PA of peptic acid disease drugs is not required for an acute treatment period of 90 days or less with a proton pump inhibitor (PPI) or full dose generic H2-antagonist. Treatment periods beyond 90 days of any dose of PPI requires documentation of a generic H2-antagonist failure or documented medical necessity for PA. If the physician reduces the H2-antagonist therapy to once daily, or maintenance therapy, PA is not required.

This information is described, in detail, in bulletin BT200148, dated November 28, 2001, in the December 2001 edition of the *DUR Board Newsletter*, or on the www.indianamedicaid.com Web site.

- This notifies of an addition to the IHCP *Over-the-Counter (OTC) Drug Formulary* approved by the Drug Utilization Review (DUR) Board on February 15, 2002. The effective date of coverage for Sorbitol 70 percent solution is April 15, 2002.

Generic Name	State MAC Rate
Sorbitol Solution 70%	\$0.10 per ml

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