



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:

- Currently, when claims are received for services performed by a surgeon, and an assistant surgeon with an AS modifier, the first claim to be adjudicated pays, and the second claim denies with edit *5001-Exact Duplicate*. Until the system is modified to recognize that these claims are two separate providers, claims denied for edit *5001-Exact Duplicate* submitted with an AS modifier or for surgeon services denied against a claim with an AS modifier, must be sent to the following address:

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

The denied claims will be forwarded to the Claims Unit for reprocessing.

Claims with an AS modifier incorrectly paid at 100 percent until January 8, 2002. The reference file was changed to recognize this modifier as a pricing modifier; therefore, claims processed after January 8, 2002, with an AS modifier pay at 20 percent of the Indiana Health Coverage Programs (IHCP) fee. Surgical claims paid inappropriately at 100 percent will be mass adjusted on a future date.

The AS modifier is only appended to surgical services for claims filed for assistant surgeons who are physician assistants, clinical nurse specialists, and nurse practitioners at surgery. Do not combine the AS modifier with other assistant surgeon modifiers, such as 80, 81, and 82. A review of claims has shown the AS modifier is being used inappropriately for services such as durable medical equipment. When the AS modifier is appended to a Current Procedural Technology (CPT) or Health Care Procedure Coding System (HCPCS) code, the reimbursement is reduced to 20 percent.

To All Rural Health Clinic and Federally Qualified Health Center Providers:

- The deletion of local code X3004, noted in bulletin *BT200207* affects Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs). All providers using local code X3004 now have current rates loaded in *IndianaAIM* for the national HCPCS code T1015 effective for dates of service (DOS) January 1, 2002, and after.

Claims paid for services provided after January 1, 2002, do not need to be resubmitted, if the rate is current. Claims with local code X3004 will not convert to HCPCS code T1015. Claims received after April 1, 2002, for DOS beginning January 1, 2002, deny if billed using local code X3004. If the encounter rate changes, claims with DOS prior to January 1, 2002, must be resubmitted or adjusted using local code X3004; however, claims for DOS after January 1, 2002, require the use of HCPCS code T1015.

FQHCs currently using both local code X3004 and Current Procedural Technology (CPT) or HCPCS codes, assigned an interim rate by Myers and Stauffer, must convert their systems for the change to HCPCS code T1015. **RHCs** providing Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services currently using the local code X3004 must use HCPCS code T1015 for claims with DOS after January 1, 2002, submitted after April 1, 2002.

The new *EPSDT Healthwatch Provider Manual* is now available for download on the www.indianamedicaid.com Web site.

To All Nursing Facilities and Hospice Providers:

- The Marion County Superior Court ruled against the Office of Medicaid Policy and Planning (OMPP) in a lawsuit filed by Amhealth challenging the OMPP for imposing emergency rules as of October 1, 2001. The Court's ruling prevents the OMPP from carrying out these rules as of October 1, 2001. These rules change the case mix reimbursement methodology, reimbursement policy for bed hold days for nursing facilities, and hospice program members residing in nursing facilities, and crossover claims payment policies. However, be advised that the OMPP intends to implement the rules as follows:
 - Bed hold changes are effective May 1, 2002
 - Medicare crossover changes are effective May 1, 2002
 - Case mix changes are effective July 1, 2002

Note: The permanent rules were separately promulgated, and are unaffected by the Marion County Superior Court order.

The OMPP is continuing to evaluate what actions must be taken to comply with the Court's decision. Decisions include, but are not limited to, systems changes as well as rate recalculations. The OMPP must ensure that compliance with the court order is done in an orderly and uniform fashion. Notification to providers with details about reprocessing claims as well as future billing instructions will be given as soon as all decisions are finalized. Additional information and detailed billing instructions will be published in a future provider bulletin.

Direct questions about this information to EDS Customer Assistance at (317) 655-3240 in the Indianapolis area or 1-800-577-1278 outside the Indianapolis area.

To All Prescribers and Pharmacy Providers:

Note: The following information is not directed to providers rendering services in the Risk-Based Managed Care (RBMC) delivery system.

- This notifies of changes to the Medicaid Drug Federal Upper Limit (FUL) because of an insufficient supply of the drug products listed below. These drugs will be removed from the Medicaid FUL list effective May 6, 2002.

Deletions	
Generic Name	Dosage
Captopril; Hydrochlorothiazide	25mg; 25mg, Tablet, Oral, 100
	50mg; 15mg, Tablet, Oral, 100
Naproxen Sodium	250mg Base, Tablet, Oral, 100
	500mg Base, Tablet, Oral, 100
Nitrofurantoin, Macrocrystalline	50mg, Capsule, Oral, 100
	100mg, Capsule, Oral, 100

In addition, the following rate changes will be implemented the week of May 6, 2002.

Price Increases		
Generic Name	Dosage	New Price
Cephalexin	250mg Base, Capsule, Oral, 100	\$0.2513 (B)
	500mg Base, Capsule, Oral, 100	\$0.4446 (B)
Codeine Phosphate; Promethazine Hydrochloride	10mg/5ml; 6.25mg/5ml, Syrup, Oral, 480ml	\$0.0249 (R)
Desoximetasone	0.25%, Cream, Topical, 60gm	\$0.6322 (B)
Metoclopramide	10mg, Tablet, Oral, 100	\$0.1095 (B)
Metronidazole	500mg, Tablet, Oral, 100	\$0.1479 (B)
Quinidine Gluconate	324mg, Tablet, Extended Release, Oral, 100	\$0.4500 (B)
Spironolactone	25mg, Tablet, Oral, 100	\$0.3000 (B)
Thioridazine Hydrochloride	50mg, Tablet, Oral, 100	\$0.2122 (R)

- This notifies of a State-assigned MAC rate change to the IHCP Over-the-Counter (OTC) Drug Formulary for Glucose Gel. The rate change is effective June 1, 2002.

Generic Name	State MAC Rate
Glucose Gel (40 percent Dextrose)	\$0.06719 per gm

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