



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:

- Current Procedural Terminology code *CPT 90378 – Respiratory Syncytial Virus Immune Globulin* for intramuscular use (RSV-IGIM), was updated to include the dosage description of 50mg for dates of service (DOS) on or after June 1, 2002, and the reimbursement rate reflects the rate for a 50mg vial for DOS on or after June 1, 2002. For claims billed on or after June 1, 2002, providers must indicate one unit of service for every 50mg of RSV-IGIM administered.
- Indiana Health Coverage Programs (IHCP) *Provider Manual*, Chapter 8, indicates “an anesthesiologist involved in medically supervising one to four procedures may not be personally performing procedures at the same time.” Indiana Administrative Code (IAC) *405 IAC 5-10-3(i)* states, “reimbursement is available for medical direction of a procedure involving an anesthetist only when the direction is by an anesthesiologist, and only when the anesthesiologist medically directs two, three, or four concurrent procedures involving qualified anesthetists. Reimbursement is not available for medical direction in cases in which an anesthesiologist is concurrently administering anesthesia and providing medical direction.”

According to the IAC, reimbursement is not made to an anesthesiologist for medical direction of less than two concurrent procedures. The IHCP *Provider Manual* will be corrected.

- EDS requests that providers not staple or paper clip claims to their attachments. Not stapling or paper clipping allows claims to process more effectively and efficiently for providers.
- To reduce the time for processing claims, providers can use Provider Electronic SolutionsSM software to submit claims. By using this software, providers can view claim status within two hours of submission on Web interChange. Accepted claims received before 4 p.m. on Wednesday appear on the following week’s remittance advice. Order Provider Electronic Solutions by calling the EDS Electronic Solutions Help Desk at (317) 488-5160 or by accessing www.indianamedicaid.com
- Send any provider file updates such as, but not limited to, address changes, recertifications, group member additions or disenrollments, or changes of ownership to the following address:

**EDS – Provider Enrollment
PO Box 7263
Indianapolis, IN 46207-7263**

Use the update form, available for download at www.indianamedicaid.com or by contacting EDS Customer Assistance. Provider file changes must be submitted on an update form. Changes are no longer accepted on letterhead or via fax. Direct questions about updates to EDS Customer Assistance at (317) 655-3240 in the Indianapolis area or 1-800-577-1278 outside the Indianapolis area.

- EDS encourages providers to use electronic funds transfer (EFT) for receipt of IHCP payments, allowing direct deposit of IHCP payments into a provider's designated bank account. EFT decreases the administrative processing required by paper checks. EFT is safe and only allows the deposit of funds into an account. EFT payments can be established on a billing provider number by submitting a completed EFT form to EDS Provider Enrollment. The form is available for download at www.indianamedicaid.com or by calling EDS Customer Assistance. For more information about establishing EFT payments contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis area or 1-800-577-1278 outside the Indianapolis area.

To All Non-Nursing Facility Providers:

- Published in the *Indiana Register*, dated May 1, 2002, the Office of Medicaid Policy and Planning (OMPP) printed its intent to adopt a rule to revise the Medicaid reimbursement methodology for Medicare crossover claims. A crossover claim is one filed on behalf of a Medicare beneficiary also eligible for Medicaid.

Effective July 1, 2002, OMPP will begin reimbursing crossover claims filed by non-nursing facility providers so that total reimbursement does not exceed the Medicaid allowable rate. EDS is modifying the system to accommodate this rule. Once the modifications are made, claims that processed prior to the modification will be mass adjusted.

This change is being made as a cost containment initiative to assist in covering the increasing costs of the Indiana Medicaid program.

To All Physicians, Clinics, and Pharmacies:

- Health Care Excel (HCE) has implemented refinements to the pharmacy *fax-back* process to enhance efficiency. Pharmacy requests will process only when the required information is present and legible. It is imperative each request contains the requesting provider number, member number, physician signature or signature stamp, requested medication and dosage, and a return fax number. If a request is received without this information, it cannot be processed and needs to be resubmitted. If HCE does not contact the provider within 24 hours, requests should be reviewed for completeness, any errors corrected, and the request should be resubmitted. In addition to the information necessary for processing, clinical detail to support criteria is also needed for approval. Pharmacy request forms are available at www.indianamedicaid.com or in *BT200210*, published March 1, 2002. Direct questions to the Indiana Rational Drug Program, by choosing option 5, for either (317) 347-4511 in the Indianapolis area or 1-800-457-4518 outside the Indianapolis area, or by fax at (317) 347-3593.

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