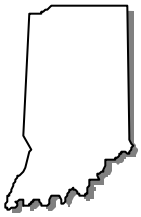

I M P O R T A N T I N F O R M A T I O N

B R 2 0 0 2 2 3 J U N E 4 , 2 0 0 2

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 50 milligrams (mg) 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.

To All Physicians:

- This notifies providers that EDS will begin automatically applying multiple surgery reductions effective June 4, 2002.

  IHCP Provider Manual, Chapter 8, states, "When two or more covered surgical procedures are performed during the same operative session, multiple surgery reductions apply to the procedures based on the following adjustments:
  - 100 percent of the global fee for the most expensive procedure
  - 50 percent of the global fee for the second most expensive procedure
  - 25 percent of the global fee for the remaining procedures"

  Multiple surgery reductions will automatically calculate for all applicable claims with a bill date on or after June 4, 2002. Explanation of Benefits codes *6651* (50 percent cutback) and *9651* (25 percent cutback) are used to denote multiple surgery reductions. Reductions will calculate for each detail based on the lower of the billed amount and the IHCP-allowed amount for each unit of detail.

  In addition, EDS has created audit *6652 – Multiple surgical procedures must be billed on same claim*. If a detail denies due to audit *6652*, the provider must adjust the previously paid claim to

receive payment for the detail. If the provider suspects the claim denied in error, the provider must send the claim, filed and denied for audit *6652*, along with a brief explanation and pertinent medical information to:

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

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

- This reminds providers, effective May 30, 2002, system modifications were made to allow for split care billing situations. For more information, refer to bulletin *BT200216*, dated April 18, 2002.

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 IHCP.

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.