



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:

- This is an update to an article printed in *BR200202*, dated January 8, 2002, about the change to *Indiana Administrative Code (IAC) 405 IAC 5-20-8*.

According to *405 IAC 5-20-8(5)*, “Subject to prior authorization (PA) by the office or its designee, Medicaid will reimburse for neuropsychological and psychological testing when provided by a physician or an HSPP.”

PA is required for all units of neuropsychological and psychological testing. This applies to Current Procedural Terminology (CPT) codes *96100 – psychological testing*, *96110 – developmental testing*, *96111 – developmental testing extended*, and *96117 – neuropsychological testing battery*. CPT code *96110* has been determined to be a neuropsychological/psychological testing code and requires PA. According to *405 IAC 5-20-8(5)*, a physician or a health service provider in psychology (HSPP) must provide this service.

- Bulletin, *BT200205*, dated February 1, 2002, contains information about a policy revision for coverage of the ThAIRapy Vest. The bulletin states, “Rental of the ThAIRapy Vest for three months is required before purchase of the equipment.” The three-month rental specifically pertains to the generator and hoses for the ThAIRapy Vest, using Health Care Procedure Coding System (HCPCS) code *S8205*, not the compression vest. Reimbursement for the compression vest with HCPCS code *S8200* is purchase only. Both HCPCS codes *S8200* and *S8205* require PA.
- In an effort to continually improve service to Indiana Health Coverage Programs (IHCP) providers, a new telephone number has been established to manage provider enrollment issues. Effective July 15, 2002, providers can use the new telephone number, 1-877-707-5750 for questions concerning enrollment. Providers should continue to direct all other questions to EDS Customer Assistance at (317) 655-3240 in the Indianapolis area and 1-800-577-1278 outside the Indianapolis area.

To All Dentists and Dental Clinics:

- Bulletin *BT200227*, dated June 14, 2002, incorrectly states, “Dental procedure code D0120, Periodic oral evaluation, is limited to one every six months, per member, per provider.” *BT200227*, should state, “Dental procedure code D0120, Periodic oral evaluation, is limited to one every six months, per member.” The Eligibility Verification System, including OMNI, Automated Voice Response System, Provider Electronic SolutionsSM, and Web interChange can be used to verify utilization information for *D0120* for each member before rendering service. Detailed instructions for checking benefit limitations are located at www.indianamedicaid.com. Search for bulletin *BT200019* and click the bulletin number or title, *IHCP Eligibility Verification System Update*, to view the text.

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.

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