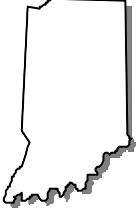

IMPORTANT INFORMATION

BR200225 JUNE 18, 2002

To All Providers:

- The EDS Third Party Liability (TPL) Unit has two forms, *Medicaid Third Party Accident/Injury Questionnaire* and a *Medicaid TPL Questionnaire*, now available for download from the Web site at www.indianamedicaid.com. The casualty form should be used when the Indiana Health Coverage Programs (IHCP) member is involved in an accident. The TPL questionnaire should be used when the IHCP member is covered under a medical insurance plan through an employer, spouse, parent, grandparent, or other. Direct questions to EDS TPL at (317) 488-5046 in the Indianapolis area or 1-800-457-4510 outside the Indianapolis area.

- 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 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 Prescribers and Pharmacy Providers:

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

- This notifies of a correction to the State maximum allowable cost (MAC) rate for Sorbitol Solution originally reported in banner page *BR200212*, dated March 19, 2002. The correct rate, approved by the Drug Utilization Review Board on February 15, 2002, and effective April 15, 2002, is as follows:

Generic Name	State MAC Rate
Sorbitol Solution 70%	$0.01 per ml

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 Solutions℠, 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 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.

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