



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:

- Indiana Health Coverage Programs (IHCP) policy states that the first 10 miles of a trip is not reimbursable. During implementation of the new 2002 Health Care Procedure Coding System (HCPCS) codes, it was discovered *S0215 – Transportation Mileage* was not deducting the 10 miles for each way of the trip. This resulted in overpayments to providers. On June 11, 2002, EDS modified the system to correctly deduct the first 10 miles for each way of a trip prior to calculating the reimbursement. During the week of August 8, 2002, EDS will begin mass adjustments of claims that were billed and paid with a code of *S0215* during the period April 2, through June 18, 2002.
- 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 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.
- 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 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 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 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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