IMPORTANT INFORMATION

BR200241 OCTOBER 8, 2002

To All Providers:

- Providers wishing to file for a one-year extension to the Health Insurance Portability and Accountability Act (HIPAA) Electronic Health Care Transactions and Code Sets Standards Compliance Act must do so no later than October 15, 2002. Visit the Centers for Medicare & Medicaid Services (CMS) Web site at www.cms.hhs.gov/hipaa to print the form or complete the compliance plan electronically.

  Compliance plans must be submitted electronically or be postmarked no later than October 15, 2002. After October 15, 2002, compliance plans received electronically by CMS or paper compliance plans postmarked after this date will not receive an extension. Detailed instructions about the steps to file for the extension are also available on the CMS Web site.

  Note there is no extension for the HIPAA Privacy Rule compliance. Privacy Rule compliance is effective April 14, 2003.

- This is a correction to Indiana Health Coverage Programs (IHCP) provider bulletin *BT200241—End-dating and Limitations of Dental Codes*. This bulletin incorrectly lists D9240 for the hospital service call. The correct code for a hospital service call is D9420. This code is not covered effective November 1, 2002.

- Effective October 1, 2002, the new *ICD-9-CM* diagnosis and *ICD-9-CM* procedure codes are in Indiana*AIM*. The new codes should now be used for all HCFA-1500 claims. However, the system processing components for pricing and editing are **not yet** complete for these new codes. Therefore, **inpatient claims** submitted with the new codes will deny for explanation of benefit (EOB) code *4116–Diagnosis code is not valid for DRG pricing*. Upon completion of the component linkage, EDS will systematically reprocess all **inpatient claims**, and the reprocess date will be published in a future banner page article. Direct questions to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

To All Mental Health Providers:

- On October 2, 2002, EDS performed a system modification affecting Medicare Part B crossover claims billed by a health service provider in psychology (HSPP) with an AH modifier appended to a Health Care Procedure Coding System (HCPCS) code. Paper and electronic Medicare Part B crossover claims will now calculate the claim allowance at 100 percent of the IHCP fee schedule amount when an HSPP is the rendering practitioner. All other claims billed with the AH modifier appended to a HCPCS code and submitted by a rendering provider specialty other than the HSPP will calculate the IHCP allowed amount at 75 percent of the IHCP fee schedule. For example, if a psychiatrist's provider number is entered in the rendering field locator (24K) and either the AH or AJ modifiers are appended to a HCPCS code, the system will calculate the IHCP allowed amount at 75 percent of the IHCP fee schedule.

  On October 3, 2002, EDS systematically mass adjusted all Medicare Part B claims billed with a rendering provider specialty of HSPP with a date of service from July 1, 2002, through October 2, 2002. All mass adjustments should appear on the October 16, 2002, remittance advice.

To Durable Medical Equipment and Pharmacy Providers:

> *Note: The information referenced below is not directed to those providers rendering services in the risk based managed care (RBMC) delivery system.*

- In banner page, *BR200106,* dated February 6, 2001, providers were reminded of a policy in effect since August 1994 that medical supplies, non-medical supplies, and routine durable medical equipment (DME) items cannot be billed to the IHCP for members residing in a long term care facility such as nursing facilities, intermediate care facilities for the mentally retarded (ICFs/MR), and community residential facilities for the developmentally

disabled (CRFs/DD). The cost for these services is included in the facility per diem rate. An analysis of claims was done to determine inappropriate payment. A mass adjustment is scheduled for November 19, 2002, for the providers that billed for medical supplies, non-medical supplies, and routine DME items provided to members in long term care facilities. This mass adjustment will appear on the November 26, 2002, remittance advice. Direct questions about this information to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

To All Certified Nursing Facilities:

- This updates IHCP-certified nursing facilities about the requirements for minimum data set (MDS) supportive documentation. Supportive documentation for all MDS data used to classify nursing facility residents in accordance with the Resource Utilization Group (RUG) III resident classification system, must be routinely maintained in each resident's medical chart.

  Effective on or after October 1, 2002, for all MDS assessments with an A3a date, the EDS Long Term Care review team is required to substantiate, for the following MDS elements, the frequency of occurrences coded:

MDS 2.0 Version 5.12, 34 -- Grouper			
Element Listing of RUG Items			
MDS 2.0 Location	**Field Description**	**Charting Guidelines**	**Possible Chart Location**
E1a-p (pages 3-58 to 3-60)	Indicators of depression, anxiety, sad mood (1 of 2)	Examples of verbal or non-verbal expressions of distress; that is, depression, anxiety, and sad mood must be found in the medical chart irrespective of the cause. See MDS (E1) for specific details.	NN, SSN, SN, NR, CP
E4a-e **Col. A** (pages 3-62 to 3-65)	Behavioral	Acknowledgement and examples of the resident's behavior symptom patterns must be provided in the medical chart. The record must reflect the frequency of the behavioral symptoms manifested by the resident.	NN, SSN, SN, NR, CP
N1a, b, c (page 3-141)	Time awake (total checked equal 0 or 1)	Evidence of time awake or nap frequency should be cited in the medical chart to validate the answer.	NN, SN, PPN, CP, SSN, NR, CNAN

CDT-3/2000 (including procedure codes, definitions (descriptions) and other data) is copyrighted by the American Dental Association.© 1999 American Dental Association. All rights reserved. Applicable Federal Acquisition Regulation System/Department of Defense Acquisition Regulation System (FARS/DFARS) Apply.

CPT codes, descriptions and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.