



## 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:**

- In Indiana Health Coverage Programs (IHCP) provider bulletin *BT200313*, published February 15, 2003, HCPCS code *A4538 – Diaper service, reusable diaper, each diaper*, was incorrectly identified as covered for all programs. Code A4538 is not covered for all programs, and is not covered for Package C benefits.
- The Health Care Excel (HCE) Medical Policy Department reviewed claims for services provided to Package B members during the postpartum period submitted for state fiscal years 2000 to 2002. Some claims were inappropriately paid for such diagnoses as open wound of scalp, nasal bone fracture, conjunctivitis, sprain of ankle, ingrown nail, sinusitis, bronchitis, myopia, astigmatism, and fracture of humerus. Chapter 8, Section 3 of the *IHCP Provider Manual*, states that when the pregnancy ends the Package B member is only eligible for transportation, family planning, and postpartum services. Urgent care services that are unrelated to complications of the puerperium are not reimbursed. Claims for services rendered to Package B eligible members during the 60-day postpartum period must be related to complications of or be a result of the pregnancy. This postpartum eligibility begins on the last day of pregnancy and extends through the end of the month in which the last day of the 60-day period occurs. The primary diagnosis code for postpartum services must be pregnancy-related or the claim will be denied. The pregnancy-related code must be indicated in form location 24E of the HCFA-1500 claim form.

*Note: This includes V codes and 600 series diagnosis codes that relate to pregnancy.*

If the specific reason for the visit or care is not adequately addressed by the pregnancy diagnosis code, the visit or care diagnosis must also be included as a secondary or tertiary diagnosis on the claim form. The pregnancy indicator P must be entered in form location 24H of the HCFA-1500 claim form.

- Under the Health Insurance Portability and Accountability Act (HIPAA), only drugs and biologicals may be billed using a National Drug Code (NDC) on a pharmacy claim form. Consequently, as nutritional supplements are not considered drugs or biologicals, effective April 3, 2003, providers must bill the IHCP for such services using Health Care Common Procedure Coding System (HCPCS) codes billed on the HCFA-1500 claim form. These claims must be submitted to EDS. As of April 3, 2003, nutritional supplements billed with NDCs on the pharmacy claim form will deny.

*Note: Effective for services beginning April 3, 2003, requests for prior authorization (PA) of nutritional supplements must be requested using the appropriate HCPCS codes. If a provider bills for a nutritional supplement after April 3, 2003, and the provider was previously granted PA using an NDC, the provider must contact the Health Care Excel PA Department at (317) 347-4511 or 1-800-457-4518 to request modification of the PA to reflect the appropriate HCPCS code.*

**To All Dental Providers of Mobile Dental Services:**

- Effective July 1, 2002, 828 *IAC4-1-1* required providers of mobile dental services be licensed as a mobile dental facility. Providers of mobile dental services should contact Health Professions Bureau at (317) 234-2010 for an application, and forward a copy of the mobile dental license to EDS Provider Enrollment by March 15, 2003. The mailing address is:

**EDS Provider Enrollment**  
**P.O. Box 7263**  
**Indianapolis, Indiana 46207-7263**

**To All Long Term Care and Durable Medical Equipment Providers:**

- The IHCP recently identified that providers are inappropriately requesting customized wheelchairs for long-term care residents. To qualify for custom wheelchairs, long-term care residents must be strong candidates

for rehabilitation and the request for PA should reflect clear medical necessity for the equipment. A physician must sign the PA request. A physical medicine and rehabilitation practitioner (physiatrist) will review all requests before PA is approved. A custom wheelchair should not be requested for long term care residents with 24-hour care for the sole purpose of the following: to provide safety; to allow self-propulsion; to function as a restraint; to prevent a potential medical condition; or to cure a medical condition, including, but not limited to, decubitus ulcers.

## To All Nursing Facilities:

- This article provides information about the procedures for providers requesting an exception to the 65 percent minimum occupancy requirements. Providers requesting an exception to this requirement should submit a written request and any supporting documentation to Myers and Stauffer, LC. Myers and Stauffer, LC, will notify the provider of the determination of the exception request by means of the rate notification letter that is applicable to the effective date of the request. Providers should continue to send exception requests to Myers and Stauffer, LC, at 8555 North River Road, Suite 360, Indianapolis, IN 46240.

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