



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:

- Several recent banner messages clarified that 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. These banners also stated that nutritional supplements are not considered drugs or biologicals and are not billable on a pharmacy claim form, effective April 3, 2003. Enteral formulas that do not contain a drug must be billed on a CMS-1500 using the appropriate Healthcare Common Procedure Coding System (HCPCS) B code (B4150 through B4156). Compounded parenteral nutrition solutions, containing a legend drug, should be billed only a compound prescription drug claim form and should not be billed under HCPCS codes B4164 through B5200.
- The following table contains changes to the 2003 HCPCS published in the Indiana Health Coverage Programs (IHCP) provider bulletin, *BT200313*, dated February 15, 2003.

Code	Description	Coverage
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision	Non-reimbursable for all programs, Non-reimbursable for Package C Use CPT code 88174
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreeing under physician supervision	Non-reimbursable for all programs, Non-reimbursable for Package C Use CPT code 88175
G0179	Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period	Not covered for all programs, Not covered for Package C
G0290	Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	This code was incorrectly published as covered in <i>BT200313</i> . This code is not covered for all programs, not covered for Package C.
G0291	Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel.	This code was incorrectly published as covered in <i>BT200313</i> . This code is not covered for all programs, not covered for Package C.

- In 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.

To All Case Managers:

- Claims billed with code *Z5141* that denied with edit *1041* after March 3, 2003, will be reprocessed the week of March 17, 2003, and will display on remittance advice dated March 24, 2003.

To All Dental Providers:

- The IHCP will issue a bulletin to correct information about coding dental services as published in HCPCS provider bulletin, *BT200313*, dated February 15, 2003. This bulletin will be mailed to dental providers and will be available on the IHCP Web site at www.indianamedicaid.com. This bulletin will provide the correct codes to use as of April 1, 2003.

To All Federally Qualified Health Centers and Rural Health Clinics

- IHCP provider bulletin *BT200318* discussed the change in method of filing claims for all Federally Qualified Health Centers and Rural Health Clinics. Claims submitted with place of service *72, 11, 12, or 31* provided information on claims that contain both *T1015* and one of the allowable procedure codes from the encounter criteria, the CPT or HCPCS would deny for *Explanation of Benefits (EOB) 6096- The CPT/HCPCS code billed is not a valid encounter*. Due to additional system changes, the EOB description has been changed to read *EOB 6096- The CPT/HCPCS code billed is not payable according to the PPS reimbursement methodology*. Additionally, *EOB 4124- FQHC and RHC services must be billed according to the PPS reimbursement methodology* will be changed to read *EOB 4124- The CPT/HCPCS code billed is not a valid encounter*. Claims that are submitted indicating HCPCS and/or CPT codes on the detail lines should have all applicable information in fields *24A-24K*. When the *T1015* is present on the claim for a place of service *11, 12, 31, or 72* there needs to be an allowed amount for those details, or the claim will generate errors for net charge out of balance.

Note: Only one encounter per IHCP member, per provider, per day is allowed unless the diagnosis code differs. Should a provider render more than one valid encounter a day with a different diagnosis or the place of service differs for the claim, the service must be billed on a separate CMS-1500 claim form. Claims that meet one of the aforementioned scenarios should be forwarded for special handling to the EDS Provider Written Correspondence Unit, P.O. Box 7263, Indianapolis, IN 46207-7263.

IHCP provider bulletin *BT200318* provided a list of CPT/HCPCS codes that are considered to be a valid encounter. The Office of Medicaid Policy and Planning (OMPP) has approved additional codes that will be forthcoming in an IHCP provider bulletin in the upcoming weeks.

To All Nursing Facilities:

- The OMPP will hold free training about processing the *Form 450B* for residents in nursing facilities. The training will cover correct completion of the *Form 450B* as well as OMPP processing, and PAS/PASRR processing. Training sessions are being offered at two times on April 21, 2003. Sessions will be held from 8:30 a.m. to 11:30 a.m. and from 1 p.m. to 4 p.m. This training will be held in the Indiana Government Center South Auditorium located at 402 W. Washington Street in Indianapolis. Reservations are not required. Public parking is allowed only in Garage 1 located on Washington Street. Attendees are encouraged to plan for alternate parking because this garage may be full. The OMPP encourages nursing directors, admission coordinators, social service staff, and bookkeepers to attend. Training session attendees should bring copies of bulletins *E98-35* dated November 2, 1998, *E98-40* dated November 16, 1998, *BT199939* dated December 1, 1999, *BT200002* dated April 5, 2000, and banner pages dated February 3, 1998, and January 28, 2003. Copies of these publications are available on the IHCP Web site at www.indianamedicaid.com. Call (317) 233-1958 for answers to questions about these training sessions only.
- A review of monthly long term care (LTC) claims for nursing facilities, community residential facilities for the developmentally disabled, and intermediate care facilities for the mentally retarded have reflected that a number of LTC providers are inappropriately billing charges for leave days to the IHCP. All leave days must be billed using a revenue code in the 180-185 series. Additionally, leave days are to be submitted at one-half of the per diem rate. EDS is currently contacting providers who have inappropriately billed leave days to assist with rectifying previously submitted claims. All providers, however, are reminded, if it is determined that leave day claims were submitted with a revenue code other than the 180-185 series, the claims will be required to be adjusted. All adjustment requests must be forwarded on the appropriate adjustment claim form and sent to:

EDS Adjustments

P.O. Box 7265

Indianapolis, Indiana 46207-7265

All procedures and mailing information are located in Chapter 11, Paid Claim Adjustment Procedures, of the *IHCP Provider Manual*. Failure to adjust erroneously submitted claims in a timely manner may result in a claim audit.

To All Pharmacy Providers and Prescribing Practitioners:

- During the February 21, 2003, Drug Utilization Review (DUR) Board meeting, the DUR Board approved the following changes effective as of May 14, 2003:
 - Remove the early refill edits for all Warfarin products
 - Add over the counter (OTC) Loratadine products to the OTC Drug Formulary
- This article provides information for pharmacy providers and prescribing practitioners who submit batch pharmacy claims. Batch pharmacy claims submitted electronically after 5 p.m., Friday March 21, 2003, must be submitted to ACS State Healthcare. Batch pharmacy claims received by EDS after 5 p.m., Friday March 21, 2003, will be rejected, and an error code *010 – Pharmacy claim type not accepted*, will be displayed on the Biller Summary Report. This includes providers using Provider Electronic Solutions software, NECS software and any other vendor software or clearinghouse used to submit batch pharmacy claims. This change does not affect Managed Care Organizations sending pharmacy batch shadow claims. Shadow pharmacy claims will continue to be received and processed in batch form.

For information about sending batch pharmacy claims to ACS please contact the ACS helpdesk by e-mail at Indiana.ProviderRelations@acs-inc.com or by calling 1-866-645-8344.

To: All IHCP-Enrolled Hospice Providers

- The OMPP has made revisions to four IHCP hospice forms. The forms are now available at the State Form Distribution Center. Hospice providers should refer to Section 3 of the *IHCP Hospice Manual* (revision date August 2002) for procedures on how to obtain these new forms.

The revised forms are listed below:

- Medicaid Hospice Physician Certification Form, *State Form 48736 (R/12-02)/OMPP 0006*
- Medicaid Hospice Plan of Care Form, *State Form 48731 (R/12-02)/OMPP0011*
- Hospice Provider Change Request Between Indiana Hospice Providers, *State Form 48733 (R/12-02)/OMPP 0009*
- Medicaid Hospice Discharge Form, *State Form 48734 (R/ 12-02)/OMPP 0008*

The above-mentioned forms are available as *fill-in versions*, and are now online in the FSSA.PDF Catalogs. Providers who have Adobe Acrobat® 5.0 can access these forms online, insert the information required in each field, print the document and then have staff provide the appropriate signatures. ***The fill-in versions do not have the capacity to be saved for future use.*** The forms may be accessed at the following Website: <http://www.state.in.us/icpr/webfile/formsdiv/fssa.html>.

Further information about these revised IHCP hospice forms and the upcoming one-page hospice notification sheet for dually-eligible Medicare/IHCP hospice members residing in nursing facilities will be outlined in a bulletin detailing hospice rule changes. The bulletin is scheduled for release in May or June of 2003.

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