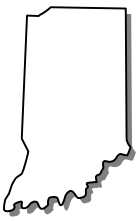

IMPORTANT INFORMATION

BR200313 APRIL 1, 2003

To All Providers:

- During the first week of March 2003, EDS activated EOB *1012 – Procedure billed not payable for this provider specialty*. The intent was to apply billing and coverage policy with respect to a specific program. However, this system update inadvertently impacted CMS-1500 claims for provider specialties such as mental health and transportation. Claims effected by this update were posted on provider remittance advice (RA) statements issued on March 11, 2003, and March 18, 2003. EDS systematically reprocessed and mass adjusted effected claims during the week of March 24, 2003.
- A review of claims processing history for procedure code *90999-Unlisted Dialysis Procedure in Hospital or Outpatient* determined that Medicare secondary claims for dialysis were not reimbursing according to Indiana Health Coverage Programs (IHCP) reimbursement standards. Specifically, Medicare requires dialysis claims to be submitted with a code of 90999. For Medicare secondary claims, this code was reimbursed by the IHCP at a rate of $435.60. If providers bill the IHCP primary for dialysis, they should use code *90935-Hemodialysis Procedure with Single Physician Evaluation*. This code reimburses at a rate of $72.64. Effective March 13, 2003, procedure code 90999 has been updated to mirror the rate for 90935, $72.64. On May 19, 2003, EDS will systematically adjust all claims reimbursed at the greater rate for 90999 that were submitted over the past 36 months. This adjustment may result in an accounts receivable (A/R) on the provider's financial statement.
- 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 on a compound prescription drug claim form and should not be billed under HCPCS codes B4164 through B5200.

To All Providers in Parke, Putnam, Hendricks, Hamilton, Tipton, Howard, Cass, Carroll, White, Tippecanoe, Warren, Clinton, Benton, Fountain, Montgomery, Boone, and Vermillion Counties

- On Friday May 16, 2003, Chris Kern, EDS provider relations consultant, will present an IHCP 101 workshop for all **NEW** providers and billing agents for the aforementioned counties. The IHCP 101 workshop will be held at the Howard Community Hospital billing office next to Howard Community Hospital at 3611 S. Reed Rd. Second floor. This building is located behind Denny's. Handouts will be provided to all attendees. Seating for the workshop will be reserved based on the order in which requests are received. There will be a morning and an afternoon IHCP 101 session (two sessions covering the same material). The first session will be from 8:30 a.m. to 11:30 a.m. The second session will be from 1 p.m. to 4 p.m. Seating is limited to 40 spaces per session and two individuals per provider number. To sign up for a session, please contact Chris Kern at (317) 488-5326 and indicate the morning or afternoon session, contact name, and telephone number. An EDS Provider Relations representative will call to confirm the attendees and session. No confirmations letters will be mailed. You must confirm your registration with the Provider Relations representative who returns your call. The registration deadline is April 25, 2003.

  Note: If the morning session is full, all other attendees will be added to the afternoon session.

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 training sessions about processing the *Form 450B* for residents in nursing facilities has been moved from the auditorium to **conference rooms A-B-C** across the hall. The conference rooms are located at 402 W. Washington Street in Indianapolis. 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.

  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. 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, and *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**.**

  Note: The date and times of the sessions were not changed, just the location. Call (317) 233-1958 for answers to questions about these training sessions only

To All Pharmacy Providers and Prescribing Practitioners:

- Please note the following correction to IHCP provider bulletin *BT200319* about PDL limits on Tramadol. The limit should read: *400mg of Tramadol a day and 300mg a day for persons over 70 years of age*. The online text for *BT200319* is correct.
- 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
- After an additional review of Medicare Part A claims, the OMPP determined that the mass adjustment initiated on December 27, 2002, to recover payments for drug products dispensed for residents of nursing facilities when the resident was in a Medicare period of skilled care following hospitalization, included claims for drugs that were dispensed on the date of discharge. The OMPP has further determined that these payments were appropriate at the time of reimbursement. Accordingly, a mass adjustment will be initiated no later than March 17, 2003, to reimburse those funds for drug claims in which the dispense date was the same as the date of discharge from the Medicare period of skilled care.

  Questions about this mass adjustment may be addressed to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800- 577-1278 outside of Indianapolis.

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 (R2/12-02)/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.

To All Medicaid Primary Care Case Management Providers:

- The primary medical provider (PMP) certification code changes that were outlined in IHCP provider bulletin *BT200262* became effective beginning with **dates of service** January 15, 2003. The list of rendering providers specialties listed in *BT200262* that do not require the PMP's certification code when billing services, should be updated to include Certified Registered Nurse Anesthesiologists (CRNAs). Claims billed for services rendered by a CRNA with dates of service on or after January 15, 2003, that denied for certification code edits 342, 343, 1042, or 1043 and member's PMP is missing edits 1011 and 1044 can be resubmitted for claim payment.