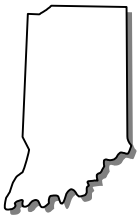

IMPORTANT INFORMATION

BR200320 MAY 20, 2003

To All Providers:

- For services performed after April 1, 2003, the Indiana Health Coverage Programs (IHCP) no longer covers the Current Procedural Terminology (CPT) code *90871-Electroconvulsive therapy- multiple seizures, per day*. Scientific controlled studies have not verified Multiple Electronconvulsive Therapy (MECT) to be clinically effective. Limited research studies have demonstrated an increased risk of adverse effects for patients with multiple seizures. Based on this information, the IHCP determined that this is not a medically reasonable and necessary service for IHCP members.
- The Office of Medicaid Policy and Planning (OMPP) wishes to advise providers of an important provision in the recently passed budget bill (HB 1001). Section 68 of that bill contains new reporting requirements applicable to Medicaid providers. Specifically, it requires that any provider that is reimbursed by the Office for goods or services provided to Medicaid recipients shall report to the Office all "rebates, discounts, and other price concessions" that the provider receives from a supplier of goods or services, for goods or services provided to Medicaid recipients. Providers are required to submit the referenced information to the Office on a quarterly basis.
  We wanted to let you know that we are cognizant of the fact that the new law will have an impact of varying degree on providers' operations, and as such we are thoroughly and carefully analyzing how to best implement this legislative mandate. We commit to giving providers as much advance notice as is possible of the nature and format of the reporting that will be necessary. Please watch for follow up bulletins or banner page messages that will further address this new reporting mandate.
- The IHCP provider bulletin *BT200328*, dated May 20, 2003, announces the Health Insurance Portability and Accountability Act (HIPAA) workshops that are being offered during June, July, and August 2003. This bulletin was placed on the IHCP Web site at www.indianamedicaid.com and is being mailed to providers. Providers can print a copy of the registration form from the Web site and register for workshops prior to receiving the printed version. The first workshop will be held in Lafayette, Ind., on June 3, 2003, and the deadline for registration is May 27, 2003. The next workshop will be held in East Chicago, Ind., on June 5, 2003, and the deadline for registration is May 29, 2003. Please direct any questions about the workshops to a provider representative at (317) 488-5195.
- Crossover Part C claims billed on or after August 15, 2002, with a DOS on or after July 1, 2002, that processed and paid at zero for *Edit 6000 – Manually priced claims,* will be mass adjusted. The mass adjustment will take the detail lines out of a paid status and put them in a denied status so that paper claims billed with this criteria will not deny as duplicate services.
- The Indiana State Department of Health (ISDH) has announced that pneumococcal conjugate vaccine, polyvalent, is again readily available from the Vaccines For Children (VFC) program. Therefore, effective May 19, 2003, fee-for-service reimbursement for pneumococcal conjugate vaccine (Prevnar®), procedure code 90669, is limited to the lesser of the provider's charge or the $8 VFC vaccine administration fee. For information about the VFC program, contact the ISDH at (317) 233-7704 or 1-800-701-0704.
- The following table contains corrections to the 2003 HCPCS codes published in the IHCP provider bulletin, *BT200313*, dated February 15, 2003. The following S codes are listed in Indiana*AIM* as not covered, but were incorrectly listed as covered in provider bulletin *BT200313*.

Code	Description	Coverage
S0130	Injection, chorionic gonadotropin, 5000 units	Nonreimbursable for all programs, nonreimbursable for Package C. Use HCPCS code J0725
S5110	Home care training, family; per 15 minutes	Nonreimbursable for all programs, nonreimbursable for Package C
S5115	Home care training, no-family; per 15 minutes	Nonreimbursable for all programs, nonreimbursable for Package C
S5161	Emergency response system; service fee, per month (excludes installation and testing)	Nonreimbursable for all programs, nonreimbursable for Package C
S9444	Parenting classes, non-physician provider, per session	Nonreimbursable for all programs, nonreimbursable for Package C
S9452	Nutrition classes, non-physician provider, per session	Nonreimbursable for all programs, nonreimbursable for Package C

- EDS, along with the OMPP, HCE, ACS, and provider associations, is mailing an updated version of the *IHCP Provider Manual*. The manual is in CD-ROM format, and is being sent to billing providers' *Mail To* addresses. If a billing provider does not receive a copy of the manual by **May 31, 2003**, contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.
- The IHCP has received inquiries about copayment requirements for mentally retarded/developmentally-disabled members who are eligible for waiver services and live independently in the community. IHCP members who are living in the community and are not inpatients in hospitals, nursing facilities, intermediate care facilities for the mentally retarded, or other medical institutions **are responsible** for the normal copayments for IHCP services.

To All Pharmacy Providers:

- The IHCP is conducting workshops for all pharmacy providers now billing CMS-1500 claims for supplies that were previously billed using NDC codes on pharmacy claim forms. The sessions will provide information about eligibility verification, completion of a CMS-1500 claim form, managed care, and billing an IHCP member. The training session is for billers who are inexperienced with the CMS-1500 claim form. Pre-registration will not be accepted for these sessions. Registration will begin one half hour prior to the start of each workshop. All participants will be seated as long as seating is available. The workshop dates are:

Date	Time	City	Site
05/27/03	9 a.m.	Fort Wayne	Lutheran Hospital's Kachmann Auditorium
06/03/03	9 a.m.	South Bend	Memorial Hospital's Auditorium
06/12/03	9 a.m.	Indianapolis	Wishard Hospital's Myers Auditorium
06/17/03	9 a.m.	Greencastle	Putnam County Hospital's Conference Room
06/23/03	1 p.m.	Evansville	St. Mary's Campus' Manor Annex

A future date will be scheduled for the Jeffersonville - New Albany area. Further information on this session will be forthcoming in future banner pages.

- On March 23, 2003, the processing of pharmacies claims was transitioned from EDS to ACS State Healthcare. Prior to this transition, providers were notified in IHCP provider bulletin *BT2003017*, that all pharmacy paper claims, pharmacy adjustments, pharmacy refund checks and refund documentation, returned medication documentation or other documents related to pharmacy claims should be directed to ACS. As a courtesy to providers, EDS has been forwarding all pharmacy related correspondence and claims to ACS while providers have adjusted the pharmacy claim processing changes. Effective June 1, 2003, EDS will no longer forward pharmacy related claims adjustments, refund checks and documentation or any other correspondence related to pharmacy claims processing, but will return these items to the providers for proper handling. Pharmacies must mail pharmacy paper claims and adjustments to ACS at the following address: Indiana Pharmacy Claims, C/O ACS, P.O. Box 502327, Atlanta, GA 31150. If you have any further questions related pharmacy, please contact the ACS call center at 1-866-645-8344.

To All Dental Providers:

- IHCP provider bulletin *BT200324* listed *D0340-Cephalometric film* as end-dated. The IHCP has determined that D0340 will be covered only for orthodontic services and will be limited to provider specialty 273 – Orthodontists, to meet the diagnostic services specified in IHCP provider bulletin *BT200230*.
- Recently, claims billed for procedure codes D4210, D4211, D4240, D4260, or D4341, that did not include a tooth number, were denied. Indiana*AIM* was updated to allow these claims to process without a tooth number. Providers are asked to rebill any denied claims for these codes that do not include a tooth number or quadrant. Also, as of March 1, 2003, all claims submitted for procedure code D4341 require an attachment, regardless of the date of service. Refer to provider bulletin *BT200311* for more information about the attachment requirements.
- In IHCP provider bulletin *BT200313*, dated February 15, 2003, the IHCP announced that D2336, resin-based composite crown, anterior, primary, would not be covered as of April 1, 2003. However, research concluded that **resin crowns** should be a covered service. D2336 and D2337 will be covered effective May 1, 2003, at a rate of $138.75, which is the same rate for the code *D2335 – Resin-based composite, four or more surfaces or involving incisal angle (anterior). D2932 - Prefabricated resin crown*, is listed as a covered service on the fee schedule. Effective July 1, 2003, the rate will be reduced to $138.75.

To All OMNI Users:

- The planned OMNI upgrade for the *Health Insurance Portability and Accountability Act* (HIPAA) compliant basic eligibility and benefit limitation information scheduled to begin April 30, 2003, has been delayed. OMNI users should download updates between May 21, 2003, and October 15, 2003. Please refer to IHCP provider bulletin *BT200303* for more information about the download process.

To All Waiver Providers:

- The Office of Medicaid Policy and Planning (OMPP) has contracted with EDS to review approved waiver services providers. The purpose of these reviews is to ensure adherence to the requirements of the respective waivers. Starting in May 2003, EDS and staff from the Bureau of Quality Improvement Services (BQIS) will review for the developmentally disabled (DD) waivers. Providers will be notified two weeks in advance of a scheduled survey and the providers will participate in an entrance meeting with both EDS and BQIS staff. The goal of this is to reduce intrusiveness to business operations and individuals receiving services.

  After the entrance meeting, EDS review teams will perform the following functions:
  - Examine the member's approved plan of care and the case manager's and provider's related documentation
  - Verify the delivery of services billed to the IHCP
  - Meet with a sample of members in the home setting to ensure that the services meet the needs of the member and to review the member's eligibility for waiver services

  Staff from the BQIS will complete the *BQIS Provider Standards Agency Survey* after the entrance meeting. This survey has been sent to all providers and it is important that providers are familiar with this document so that they are prepared. Providers must present documentation of the services they are approved to provide, demonstrate applicable policies and procedures as identified in *460 IAC 6*, and provide personal files relating to the provision of health care coordination services, behavioral support services, and case management services, as applicable. Providers must make available employee files and the evidence of the internal quality assurance and quality improvement system.

  Approximately two weeks after the completion of this survey, BQIS staff will return to complete the *Residential Services and Supports* survey. The *Residential Services and Supports* survey will involve some of the same individuals that EDS used in its sample.

  The OMPP appreciates provider cooperation while implementing the Family and Social Services Divisions of Disability, Aging, and Rehabilitative Services (FSSA/DDARS) quality assurance and quality improvement initiatives. Please direct questions to Ellen McClimans by telephone at (317) 234-2708 or by e-mail at nmcclimans@fssa.state.in.us.