



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:

- The Office of Medicaid Policy and Planning (OMPP) recently discovered that claims for Current Procedural Terminology (CPT) code *92135-Scanning computerized ophthalmic diagnostic imaging (for example, scanning laser) with interpretation and report, unilateral*, with modifier *50-bilateral procedure*, were denying for inappropriate code/modifier combination. The system was corrected and claims filed from January 1, 1999, through May 20, 2003 will be reprocessed for payment.
- Indiana Health Coverage Programs (IHCP) provider bulletin *BT200328*, dated May 20, 2003, announced Health Insurance Portability and Accountability Act (HIPAA) provider workshops during June, July, and August 2003. Since publication of that bulletin, additional workshops have been added in Cincinnati on June 19 and 20, 2003. The registration deadline for the June 19 workshop is June 12, and the registration deadline for the June 20 workshop is June 13. A revised version of the registration form that includes the Cincinnati workshops is on the IHCP Web site at www.indianamedicaid.com. The workshop on June 19, 2003, is designed for providers who bill using the professional, or CMS-1500, claim form. The workshop on June 20, 2003, is designed for providers who bill using the dental, or ADA-2000, claim form. These workshops cover the same material as the workshops described in the bulletin. Workshops begin promptly at 8:30 a.m. **local** time and end at 5 p.m. Lunch breaks are one hour and lunch is not provided.

These workshops are being held at the following location:

**Cincinnati Children's Hospital Medical Center
Medical Education and Research Center
Room 1110
620 Oak Street
Cincinnati, OH 45206**

General directions to workshop locations are available on the IHCP Web site listed above. To access directions from the Web site, click **Provider Services, Education Opportunities, and Provider Workshops**. Consult a map or other location tool for directions from a specific location.

Providers can register for these new workshops in the following ways:

- Print the revised registration form from the Web site and fax the completed form to EDS at (317) 488-5376 for processing.
- Use the registration form provided with the bulletin and write in the desired date and location of the additional workshop listed in this banner page article. Complete the modified form and fax it to EDS for processing.

Registrations are processed chronologically based on the date of the workshop. A letter or fax confirming registration will be sent prior to the workshop. Confirmations may be received as late as two days before the workshop. Direct questions about the workshops to a provider representative at (317) 488-5195.

- IHCP provider bulletin *BT200328* 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.
- For services performed after April 1, 2003, the IHCP no longer covers the CPT code *90871-Electroconvulsive therapy- multiple seizures, per day*. Scientific controlled studies have not verified Multiple Electroconvulsive 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 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.

- 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.
- 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 OMNI Users:

- The planned OMNI upgrade for the HIPAA compliant basic eligibility and benefit limitation information scheduled to begin April 30, 2003, has been delayed. OMNI users should download updates between May 22, 2003, and October 15, 2003. Please refer to IHCP provider bulletin *BT200303* for more information about the download process.

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*.

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