



## I M P O R T A N T I N F O R M A T I O N

B R 2 0 0 3 2 4

J U N E 1 7 , 2 0 0 3

**To All Providers:**

- The Indiana Health Coverage Programs (IHCP) recently published version 4.0 of the *IHCP Provider Manual*. The intent of this article is to correct the stated policy for neonatal transfers in Chapter 7, Section 2, page 7-13 of this version of the manual. The new manual incorrectly states that the IHCP will reimburse the full diagnosis-related grouping (DRG) payment to transferring hospitals for all neonatal cases. However, *405 IAC 1-10.5-4 (w)* **does not** support payment of a full DRG on transfer cases unless the established DRG includes only transfer cases. Currently, a hospital that transfers a neonatal case automatically receives a full DRG rate when the claim groups to **DRG 639 – Neonate, transferred less than five days old, born here**, or **DRG 640 – Neonate, transferred less than five days old, not born here**. All other neonatal transfer claims will receive a DRG prorated daily rate for each day of hospitalization, not to exceed the full DRG amount. The *IHCP Provider Manual* will correctly state the reimbursement policy for transfer cases in future versions.
- This article reminds providers of the following items relating to Health Insurance Portability and Accountability Act (HIPAA) provider workshops occurring during June, July, and August 2003 described in provider bulletin *BT200328*:
  - Workshops are offered at no cost to providers
  - Workshops are not mandatory but are recommended
  - The HCFA-1500 claim form name change to the CMS-1500 claim form reflects the recent name change of the Health Care Financing Administration (HCFA) to the Centers for Medicare & Medicaid Services (CMS). Providers formerly billing with the HCFA-1500 claim form should attend workshops designed for the CMS-1500 claim form.
  - Workshop registrations are processed chronologically based on the workshop date. A letter or fax confirming registration will be sent prior to the workshop. Confirmations may be received as late as two days prior to the workshop.

Please direct questions about workshops to a provider representative at (317) 488-5195.

- The IHCP provider bulletin *BT200328*, dated May 20, 2003, announced 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](http://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 2000 ADA 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. Please direct questions about the workshops to a provider representative at (317) 488-5195.

## To All OMNI Users:

- OMNI users who have downloaded the HIPAA-compliant version of the OMNI software are having communication problems with the OMNI terminals. OMNI users should wait until further notice to download the HIPAA-compliant software.

## To All Pharmacy Providers, Durable Medical Equipment Suppliers, and Medical Suppliers:

- Effective June 12, 2003, the maximum allowable fees for the following Healthcare Common Procedure Coding System (HCPCS) codes have been adjusted as follows:

HCPCS Code	Description	Maximum Allowable Fee
B4100	Food Thickener	\$0.44 per ounce
B4153	Enteral Formulae, Category III	\$2.30 per 100 calories
B4154	Enteral Formulae, Category IV	\$2.92 per 100 calories

*Note: As of April 1, 2003, all parenteral solutions, enteral formulae, and supplies should be billed using HCPCS codes on the CMS-1500 claim form.*

Please direct any questions to Jared Duzan of Myers and Stauffer by telephone at 1-800-877-6927 or by e-mail at [jduzan@mslc.com](mailto:jduzan@mslc.com).

## To All Pharmacy Providers:

- IHCP training sessions scheduled for June 12, 2003, in Indianapolis, June 17, 2003, in Greencastle, Ind., and June 23, 2003, in Evansville, Ind., have been cancelled due to low attendance levels at the training sessions in Ft. Wayne, Ind. and South Bend, Ind. Pharmacy providers that have questions about billing on a CMS-1500 claim form should call customer assistance at (317) 655-3240 in the Indianapolis local area or toll free at 1-800-577-1278.

## To All Physicians, Pharmacists, Home Health Agencies, End Stage Renal Disease Clinics, and Medical Supply and Durable Medical Equipment Suppliers:

- Local code Z5111 – *Nonsterile gloves, each*, will be end-dated and made noncovered effective July 18, 2003. Providers should use HCPCS code A4927 – *Gloves, nonsterile, per 100*, effective July 18, 2003. Providers are reminded that code A4927 should not be used for billing gloves supplied for ESRD/dialysis services. Reimbursement for these gloves is included in the payment for dialysis services. As stated in the IHCP provider bulletin *BT200031*, nonsterile gloves will be reimbursed only when used by the patient, family, or other nonpaid caregiver. Providers may not bill the IHCP any amount that exceeds their usual and customary charge to the general public.

*CDT-3/2000 (including procedure codes, definitions (descriptions) and other data) is copyrighted by the American Dental Association. © 1999 American Dental Association. All rights reserved. Applicable Federal Acquisition Regulation System/Department of Defense Acquisition Regulation System (FARS/DFARS) Apply.*

*CPT codes, descriptions and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.*