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:

- On January 1, 2004, the 2004 Health Care Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) code updates will be loaded in Indiana*AIM*. The code updates will be effective on January 1, 2004, but will not be billable until April 1, 2004. Providers may not bill 2004 HCPCS and CPT codes until April 1, 2004. The IHCP will deny claims submitted with 2004 codes for dates of service before April 1, 2004. The 2004 HCPCS and CPT codes will be published in a future IHCP bulletin. Direct any questions to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area, or 1-800-577-1278.

- The Indiana Health Insurance Portability and Accountability Act (HIPAA) workgroup is holding its annual vendor fair at the AUL building at One American Square in Indianapolis on December 18, 2003, from 8:30 a.m. to 11 a.m. The Indiana HIPAA workgroup includes health care providers, payers, consultants, and other entities interested in and affected by HIPAA. Subcommittees meet to discuss areas of interest such as transactions and code sets, security, and privacy. Monthly full workgroup meeting are held to update members about many of these areas. Visit the workgroup Web site at http://www.indianahipaa.org for more information about the vendor fair and directions to the AUL building.

- Medical providers may have experienced denials for explanation of benefits (EOB) *6666 – Anesthesia services not allowed by provider billing for surgery that are not appropriate*. The issue relating to these denials has been corrected. Denials for EOB code 6666 received between October 16, 2003, and November 14, 2003, will reprocess and mass adjust. These reprocessed claims and mass adjustments will appear beginning on the November 25, 2003, remittance advice (RA).

- This article is a reminder to any provider billing Medicare Part B claims. All crossover claims received on the CMS-1500 form must have the combined total of the Medicare coinsurance, deductible, and psych reduction reported on the left hand side of field 22 under the heading Medicaid resubmission code. The Medicare paid amount, actual dollars received from Medicare, must be submitted in field 22 on the right hand side under the heading Original Ref No. CMS-1500 crossover claims received without the information in fields 22 will be returned to the provider.   If this process changes you will receive advance notification.

To All Pharmacy Providers and Prescribing Practitioners:

- The subject of this article is the termination date for the submission of the National Council for Prescriptions Drug Programs (NCPDP) Version 3.2 (3C) claim format. The Indiana Health Coverage Programs (IHCP) began accepting the NCPDP Version 5.1 claim format on October 1, 2003. Providers have been allowed to continue to submit claims using the NCPDP Version 3.2 (3C). Beginning January 1, 2004 at 12:00 a.m., IHCP will no longer accept claims using NCPDP Version 3.2 (3C). Providers must begin submitting claims using the Version 5.1.

  ACS encourages all providers to begin using the Version 5.1 format as soon as they are able. This allows the provider to become comfortable with the new format and to get any questions resolved prior to January 1, 2004. Providers may continue to submit claims using the Version 3.2 until December 31, 2003, however, if providers attempt to use the Version 3.2 after this date they will receive the following reject:

  - NCPDP reject Code 02 – M/I Version Number.

  IHCP Pharmacy providers will continue to submit claims to the following BIN and PCN:

  - BIN   610084
  - PCN   DRRXPROD

  IHCP's payer sheet and other helpful HIPAA information can be found at the following two locations: http://www.indianapbm.com or http://www.acspbmhipaa.com, the payer sheets are in the left hand drop down menu under payer sheets.

  If you have any questions, you can contact the IHCP Pharmacy Services Help Desk at 1-866-645-8344 or refer to the bulletin *BT200361,* published September 19, 2003. This bulletin outlines the requirements for IHCP Pharmacy provider's transition to the Version 5.1 Claim Format.

> *Note: The information in this article is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system.*