



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 4 0 4

J A N U A R Y 2 7 , 2 0 0 4

To All Providers:

- The Office of Medicaid Policy and Planning (OMPP) will have the following meetings to provide information and answer questions about the Hoosier Healthwise mandatory managed care organization (MCO) transition for Delaware, Grant, Howard, and Madison County providers.
 - The meetings for Delaware and Madison County are:
 - Date:** February 24, 2004
 - Time:** 9:00 a.m.
 - Location:** Ball Memorial Hospital – Auditorium
2401 West University Avenue, Muncie, IN 47303

Providers may register for this meeting by calling (765) 747-3466 or (317) 655-3438 before February 20, 2004.
 - The meetings for Howard and Grant County are:
 - Date:** February 27, 2004
 - Time:** 12:30 p.m.
 - Location:** Howard Community Hospital – Cafeteria Conference Room
3500 South Lafountain Street, Kokomo, IN 46902

Providers may register for this meeting by calling Vicki Arthur, AmeriChoice, (317) 655-3438 before February 20, 2004.
- On the remittance advice (RA) or the 835 Summary dated January 13, 2004, claims denied with revenue code 572 and Healthcare Common Procedure Coding System (HCPCS) code 99600 combination have been reprocessed, and appear on the RA or 835 Summary dated January 27, 2004. The combination denied incorrectly, and posted explanation of benefits (EOB) *0520 – Invalid revenue code and procedure code combination*. The revenue code and procedure code combination are correct for billing, and providers should continue to use this combination. Claims will be systematically reprocessed. Providers do not need to resubmit these claims.
- Claims that denied for procedure code and modifier T2016 U7, *Residential Habilitation and Support* daily rate, and procedure code and modifier T1016 U7, *Case Management for Developmental Disabilities (DD)* and Autism Waivers denied and were reported on the RA or 835 Summary dated January 13, 2004. The denials posted EOB *4209 – Procedure code invalid for dates of service*, and EOB *4216 – Procedure code is not eligible for the member's waiver program*. The affected claims have been reprocessed and appear on the RA or 835 Summary dated January 27, 2004. Providers do not have to resubmit these claims.

- Effective February 16, 2004, ACS will administer all prior authorization (PA) for the Indiana Health Coverage Programs (IHCP) pharmacy benefits program. Non-drug related PAs will continue to be administered by Health Care Excel (HCE). All PAs for drugs and Drug Utilization Review (DUR) edits will be administered by the ACS clinical call center at 1-866-879-0106.

This information pertains only to fee-for-service drug PAs. This information does not affect members or providers rendering services to members in risk-based managed care (RBMC).

ACS will continue to accept faxed requests for all PAs and preferred drug list (PDL) proton pump inhibitors, but will not accept faxed PDL authorization requests. The ACS clinical call center fax number is 1-866-780-2198.

The ACS clinical call center is also extending its hours. The extended hours are 8 a.m. to 8 p.m., Monday through Friday, except federal holidays. The emergency supply feature, as outlined in the *IHCP Provider Manual*, Chapter 9, should be used when the ACS clinical call center is closed.

Direct questions to the ACS PA help desk at 1-866-879-0106, or access the IHCP Web site at www.indianamedicaid.com.

- The purpose of this article is to serve as formal notification that a mass adjustment will occur to recoup overpayments for crossover A and C claims submitted by the Web *interChange* on December 31, 2003, January 1, 2004, and January 2, 2004. These claims were adjudicated with the decimal point in the co-insurance amount, deductible amount, and blood deductible amount fields incorrectly causing an overpayment to providers. The adjustments will begin posting on remittance advice (RA), dated March 2, 2004.
- Provider Electronic Solutions and National Electronic Claims Submission (NECS) software products are not HIPAA compliant. Providers that have continued to use these products have been given a 30-day notice. The final date for submission of claims using Provider Electronic Solutions or NECS is January 29, 2004. All Provider Electronic Solutions and NECS login identifications (IDs) will be disabled on January 30, 2004. Providers may use Web *interChange*, a clearinghouse, or an approved software vendor to submit claims. Further information about the submission of claims can be found at www.indianamedicaid.com.
- Details on CMS-1500 paper claim forms processed between November 26, 2003, and December 24, 2003, may have adjudicated incorrectly. This issue primarily affects durable medical equipment (DME), anesthesia, therapy, and transportation claims. EDS will adjust claims that contained both paid and denied details. Claims in which all details denied should be resubmitted.
- On January 1, 2004, the 2004 HCPCS and Current Procedural Terminology (CPT) code updates were loaded in IndianaAIM. Program coverage and pricing determination for the 2004 HCPCS and CPT codes will be finalized by April 1, 2004, and will be effective retroactively to January 1, 2004. Claims billed with 2004 HCPCS and CPT codes, prior to April 1, 2004, will be denied. Providers may continue to bill 2003 HCPCS and CPT codes prior to April 1, 2004. The 2004 HCPCS and CPT codes will be published in a future IHCP bulletin. This banner article does not affect the local code replacement activity scheduled to occur on January 1, 2004. Direct any questions to EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area, or 1-800-577-1278.

To Home Health Providers:

- The IHCP has discovered an issue relating to home health claims on remittance advices (RA) dated January 6, 2004, and January 13, 2004. Home health claims billed using HCPCS code Y0601 that posted explanation of benefits (EOB) *3001 – Dates of service not on PA master file* may have adjudicated incorrectly. This issue has been corrected. These claims have been mass adjusted and reprocessed, and appear on the RA dated January 27, 2004.

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.