



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) 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.

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.

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