



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:

- Providers that are submitting claims electronically and have upgraded to Health Insurance Portability and Accountability Act (HIPAA) compliant software must use their newly assigned production identification (ID) numbers to send claims. Providers that have been assigned new production ID numbers will have two weeks from the date the production ID numbers are sent to move to the HIPAA compliant format. EDS will begin disabling old login ID numbers beginning March 8, 2004.

For additional information concerning this issue call EDS Electronic Solutions at (317) 488-5160 in the Indianapolis local area or at 1-877-877-5182. EDS Electronic Solutions can also be contacted by e-mail at INXIXTradingPartner@eds.com

- Medical claims and Medicare Part B claims on remittance advices (RA) dated January 6, 2004, and January 13, 2004, that have posted explanation of benefits (EOB) 4029 – *No pricing segment for procedure code and modifier combination* may have been reimbursed incorrectly. Claims that adjudicated with EOB 4029 and created an underpayment have been corrected. Claims that denied inappropriately were mass adjusted and reprocessed and appear on the RA dated February 24, 2004.
- The purpose of this article is to inform pharmacies and prescribing physicians that when prior authorization (PA) cannot be immediately obtained, a pharmacist can dispense at least a 72-hour supply of a covered outpatient drug. The Indiana Health Coverage Programs (IHCP) will reimburse if, subsequent to dispensing in an emergency situation, the claim form indicates the supply was for an immediate need.

To allow for holidays and times when PA offices are closed, the IHCP policy for emergency situations states that pharmacies can be paid for claims submitted for a maximum of a four-day supply of a covered outpatient drug without prior authorization.

For packaging that cannot be broken down to a four-day or less supply, for example, metered dose inhalers, pharmacies are advised to dispense the smallest quantity possible that is adequate for the emergency situation. The provider should document that the quantity given was the least that could be dispensed because of manufacturer packaging constraints while meeting the needs of the patient during an emergency.

All emergency claims, paper and electronic, should be submitted with the level-of-service being *03 – Emergency Indicator* and the actual days supply being dispensed up to, but not exceeding four days.

- Effective March 1, 2004, the Third Party Liability (TPL) Department will not be available to take telephone calls between the hours of noon and 1 p.m. Monday through Friday. The TPL Department is available by telephone from 8 a.m. until noon and from 1 p.m. until 5 p.m. Monday through Friday.
- Providers are reminded they can now report potential TPL casualty (subrogation) situations electronically using the new e-mail address INXIXTPLCasualty@eds.com. For complete details refer to the *IHCP Monthly News* published on January 15, 2004.
- 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.

To Transportation Providers:

- The IHCP has revised the billing requirements for taxi services using the following procedure code and modifier combinations effective for dates of service beginning January 1, 2004. Claims submitted for dates of service beginning January 1, 2004, should bill with one of the following procedure code and modifier combinations listed in Table 1:

Table 1 – Revised Procedure Code and Modifier Combinations

Procedure Code and Modifier	Procedure Code/Modifier Description	Billing Instructions
A0100 UA	Taxi, rates non-regulated, 0-5 miles	Bill one unit of service for each one-way trip of 0-5 miles
A0100 UB	Taxi, rates non-regulated, 6-10 miles	Bill one unit of service for each one-way trip of 6-10 miles
A0100 UC	Taxi, rates non-regulated, 11 or more miles	Bill one unit of service for each one-way trip of 11 units or more miles
A0100 TK UA	Taxi, rates non-regulated, 0-5 miles for accompanying parent/attendant	Bill one unit of service for each one-way trip of 0-5 miles with an accompanying parent or attendant
A0100 TK UB	Taxi, rates non-regulated, 6-10 miles for accompanying parent/attendant	Bill one unit of service for each one-way trip of 6-10 miles with an accompanying parent or attendant
A0100 TK UC	Taxi, rates non-regulated, 11 miles for accompanying parent/attendant	Bill one unit of service for each one-way trip of 11 or more miles with an accompanying parent or attendant
A0100 TT UA	Taxi, rates non-regulated, 0-5 miles for multiple passengers	Bill one unit of service for each one-way trip of 0-5 miles for multiple passengers
A0100 TT UB	Taxi, rates non-regulated, 6-10 miles for multiple passengers	Bill one unit of service for each one-way trip of 6-10 miles for multiple passengers
A0100 TT UC	Taxi, rates non-regulated, 11 miles for multiple passengers	Bill one unit of service for each one-way trip of 11 or more miles for multiple passengers

All claims previously paid using the A0100 procedure code for dates of service beginning January 1, 2004, were mass adjusted and systematically denied the week of February 9, 2004. Providers must resubmit the claims using the procedure codes and modifiers listed in Table 1. Additionally, all PA requests for A0100 UA through UC and A0100 TT UA through UC should be submitted under the global code A0100 without the modifiers. The system will read and decrement PA units for these procedure codes from the A0100 code.

To Nursing Facilities and ICF/MR Facilities:

- The OMPP will hold free training sessions about *Form 450B* processing for nursing facilities and intermediate care facilities for the mentally retarded (ICF/MR). The training will cover, completing the *Form 450B*, OMPP processing, and pre-admission screening/pre-admission screening and resident review (PAS/PASRR) processing. Nursing directors, admission coordinators, social service staff, and bookkeepers are encouraged to attend. Those attending should bring copies of bulletins *E98-35* published November 2, 1998; *E98-40* published November 16, 1998; *BT199939* published December 1, 1999; and *BT200002* published April 5, 2000. In addition to these bulletins, attendees should bring copies of banner pages published on February 3, 1998, and January 28, 2003. Copies of these publications are available on the IHCP Web site at www.indianamedicaid.com.

The training sessions will be held at the Indiana Government Center South Auditorium located at 402 West Washington Street in Indianapolis. Reservations are not required. Public parking is only allowed in Garage 1, on Washington Street. Parking is limited, and attendees are encouraged to plan alternate parking in the event the garage is full. Training sessions are being offered at two times on March 2, 2004. The session for ICF/MR facilities will be held from 10 a.m. to 12:30 p.m. The session for nursing facilities will be held from 1 p.m. to 4 p.m. Sign-in starts at 9:30 a.m. and 12:30 p.m. for the respective sessions. Please contact Donna Oland for nursing facility, or Monica Griffin for ICF/MR at (317) 233-3558 for questions relating only to the trainings.

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