



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:

- This article corrects provider field consultants' telephone numbers reported on the Indiana Health Coverage Programs (IHCP) Provider Field Consultant list attached to the March provider newsletter. Following are the correct phone numbers: Debbie Williams, (317) 488-5080; and Randy Miller, (317) 488-5388. Please make a note of these changes. The IHCP Provider Field Consultant list attached to the April newsletter will have the correct telephone numbers listed for the provider field consultants.
- Medical claims that have posted explanation of benefits (EOB) 6653 – *Postoperative medical visits performed within 90 days of surgery are payable only for a surgical complication and if documented as medically indicated. Documentation not present or does not justify the visit billed* may have been reimbursed incorrectly. The issue relating to adjudicated claims posting EOB 6653 and creating underpayments has been corrected. Processing for claims that have denied inappropriately will be mass adjusted and reprocessed beginning the week of March 9, 2004.
- Medical crossover claims on remittance advices (RA) dated January 6, 2004, and January 13, 2004, that have posted explanation of benefits (EOB) 4033 – *Invalid procedure code and modifier combination* reportedly denied. Claims that previously denied with this EOB are being evaluated and will be reprocessed, if necessary, beginning March 4, 2004, and conclude March 11, 2004.

To Home Health Providers:

- Prior authorizations (PA) submitted to request nursing services should reflect the appropriate home visit nursing code. PAs for nursing requests do not need to indicate whether a registered nurse (RN) or a licensed practical nurse (LPN) will perform the service because that level of detail is reported on the UB-92 paper claim or the 837 institutional electronic transaction.
The IHCP issues PA for home health nursing based on procedure code 99600 TD – *Unlisted home visit or service, registered nurse*. Home health providers may bill either 99600 TE – *Unlisted home visit or service, LPN or LVN*, or 99600 TD. IndianaAIM will use the approved PA units for the RN service 99600 TD.
For PA requests that have been already submitted with the 99600 TE, IHCP will automatically switch the approved units to the 99600 TD code combination.

To Hospice Providers:

- Hospice providers with county numbers 1 through 9, who had claims with dates of service October 1, 2003, through February 12, 2004, deny for EOB 4014 – *claim being reviewed for pricing*, will have their claims systematically reprocessed on the RA dated March 16, 2004.
- Effective March 1, 2004, the IHCP will issue expenditure payouts for the following scenarios in which a hospice provider admits a member enrolled in Managed Care Organization (MCO) to their hospice program:

- Weekend admissions where the member dies during the weekend and the hospice provider could not fax the IHCP hospice election form to HCE PA Unit since HCE is closed until Monday morning or in the case of holidays the following business day. The hospice provider must still meet the timeliness requirement of faxing the IHCP hospice election form on the first possible business day by the 4 p.m. deadline outlined in the IHCP banner page article, *BR200329*, published July 22, 2003. For example, if the patient was admitted on Friday at 8 p.m., the IHCP hospice election form must be faxed to HCE on the following Monday prior to the 4 p.m. deadline.
- Admissions to the hospice program where the member dies on the day of admission and HCE could not have disenrolled the member even if the hospice provider faxed the IHCP hospice election form to HCE the day of admission.

In order to meet the parameters for the expenditure payout, the hospice provider must be able to produce a copy of the Medicaid eligibility verification strip that demonstrates that the hospice provider checked eligibility upon admission per the IHCP

Provider Agreement, the Medicaid hospice election form and other paperwork must be faxed to HCE on the first available business day so that HCE can perform a review for medical necessity, and the hospice provider must complete the UB92 Claim form so that the OMPP may request that EDS issue an expenditure payout. HCE will notify an appropriate OMPP contact regarding each expenditure payout situations and the OMPP will then contact the hospice provider regarding the required documentation.

- Hospice providers were instructed in the IHCP provider bulletin, *BT200372*, published December 15, 2003, that effective February 1, 2004, that there would be changes to the hospice authorization process that would require providers to use an *Indiana Prior Review and Authorization Request Form* as a cover sheet for all hospice authorization requests. This bulletin further notifies providers that they must start completing a *System Update Form* and attach it to the front of the following four forms:
 - Hospice Provider Change Request Between Hospice Providers
 - Change in Status of Medicaid Hospice Patient Form
 - Medicaid Hospice Revocation
 - Medicaid Hospice Discharge Form

The *Indiana Prior Review and Authorization Request Form* and the *System Update Form* can be obtained on the IHCP Web site at www.indianamedicaid.com under the forms and publications link at the top of the home page, or the form link at the right side of the home page.