



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.

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 UB-92 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 situation 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.

To Transportation Providers:

- This article contains information about the new procedure code for non-emergency transportation. Ambulance providers requested that the IHCP modify a code to allow ambulance providers to bill for ambulatory or non-ambulatory members when BLS or ALS services are not medically necessary. Procedure code modifiers were added to A0426 and A0428, and the rate has been adjusted to reflect the appropriate level of service provided. The new modifiers are effective April 1, 2004.

Procedure Code	Description	Rate
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1)	\$85
A0426 U3	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1); CAS	\$10
A0426 U5	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1); NAS	\$20
A0428	Ambulance service, basic life support, non-emergency transport	\$85
A0428 U3	Ambulance service, basic life support, non-emergency transport; CAS	\$10
A0428 U5	Ambulance service, basic life support, non-emergency transport; NAS	\$20

A0426 U3, A0426 U5, A0428 U3, and A0428 U5 will be included in the audit 6803 – *Transportation: one way trips in excess of 20 requires prior authorization*, and edit 3012 – *Transportation exceeding fifty miles requires prior authorization*.

These new codes are used only when an ambulance provider receives a call for transportation to a scheduled non-emergency service for which an ambulance is not medically necessary. This is a situation where a stretcher or an emergency ambulance is not needed. Ambulance providers are to continue billing A0425 U1 or A0425 U2 to be reimbursed for mileage.

The IHCP will closely monitor for appropriate utilization of these new codes. Please contact EDS Customer Assistance Unit at 1-800-577-1278 or (317) 655-3240 if there are any questions.