



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 is an electronic data interchange update concerning the Biller Summary Report (BSR) error. Information contained in this article does not apply to claims submitted through Web interChange. Providers who submitted claims electronically using vendor software or a clearinghouse between January 28, 2004, and March 17, 2004, may have received BSR error code 296 – *Crossover claim submitted by provider has invalid crossover amounts – zero* on the BSR.

This edit incorrectly identified some Indiana Health Coverage Programs (IHCP) claims as crossover claims and rejected them from processing. This edit was removed effective March 17, 2004. Providers and clearinghouses that received the BSR error code 296 should resubmit these claims.

- This article corrects provider field consultants' telephone numbers reported on the 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 Dental Providers:

- The purpose of this article is to inform dental providers that Current Procedural Terminology – 4 (CDT-4) code *D7111 – coronal remnants – deciduous tooth* was designated as non-covered in the 2003 Healthcare Common Procedure Coding System (HCPCS) update printed in the IHCP provider bulletin, *BT200321*, that was published March 31, 2003. Further review indicates that this code should be covered per Health Insurance Portability and Accountability Act (HIPAA) guidelines. Retroactive coverage will be effective January 1, 2004.

To Home Health Providers:

- Home Health rates for this year, 2004, have been finalized, and are effective January 1, 2004. Mass adjustment for the new rates will begin appearing on the remittance advice (RA) starting April 13, 2004. The new rates are as follows:

Table 1 -- Home Health Provider Rates	
RN – 99600 TD	\$30.47
LPN – 99600 TE	\$22.11
Home Health Aide – 99600	\$14.49
Physical Therapy – G0151	\$14.07 per 15 minute increments
Occupational Therapy – G0152	\$14.18 per 15 minute increments
Speech Therapy – G0153	\$12.99 per 15 minute increments
Overhead	\$23.41

For questions, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or at 1-800-577-1278.

To Pharmacies and Prescribing Practitioners:

- Effective May 1, 2004, in accordance with a change to Indiana Medicaid rule 405 IAC 5-24-7, the Indiana Medicaid drug copay will be \$3.00 for each drug dispensed. This applies to covered legend drugs and over-the-counter (OTC) drugs (both brand name and generic), as well as compounded prescriptions. All other drug copay policies remain unchanged. Please direct any questions to the ACS Pharmacy Services Helpdesk at 1-866-645-8344. This change does not affect risk-based managed care members. For information on pharmacy questions related to risk-based managed care members, please contact the appropriate managed care organization.

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.

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.