



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:

- Medical claims that have posted explanation of benefits (EOB) 6704-*One family planning service allowed within a 12 month period*, may have been adjudicated incorrectly. The issue relating to claims posting edit 6704 and creating underpayments as well as incorrect denials has been corrected. Identified claims that were processed on February 24, 2004 will be mass adjusted and reprocessed. This mass adjustment and reprocessing will appear beginning on the April 6, 2004, remittance advice statement.
- The following table contains corrections to the 2004 Healthcare Common Procedure Coding System (HCPCS) codes published in the Indiana Health Coverage Programs (IHCP) provider bulletin, *BT200401*, dated February 13, 2004. Current Procedural Terminology (CPT) code 99553 – *Home infusion for tocolytic therapy, per visit*, was a 2004 HCPCS deleted code and crosswalked to CPT codes 99601 and 99602.

Code	Description	Coverage
99601	Home infusion/specialty drug administration, per visit (up to 2 hours);	Covered for all programs, covered for Package C
99602	Each additional hour (list separately in addition to primary procedure)	Covered for all programs, covered for Package C

- 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 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.

To Rural Health Centers and Federally Qualified Health Centers:

- Myers and Stauffer, LC will be notifying all Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) that the forthcoming new Prospective Payment System (PPS) rate. Once Myers and Stauffer, LC forwards the specific PPS rate information to the EDS Provider Enrollment Unit to load the rate for reimbursement, EDS will initiate a mass adjustment to reconcile your payment on previously submitted claims to the correct rate of reimbursement that is on file. Please monitor future remittance advices (RA) and banner page articles for specific information regarding this mass adjustment.

To Dental Providers:

- As a reminder, CDT 4 code D7111 is covered by IHCP effective January 1, 2004, and will allow providers to bill for extraction of *coronal remnants -- deciduous tooth* under this specific code rather than D7140.

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.