



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:

- On Sunday, May 2, 2004, changes will be made to expand the electrical capacity in the office building that EDS occupies. Electrical power will be shut off Sunday, May 2, 2004, from 6:30 p.m. - 8 p.m. The exchange of electronic data will not be available during this period of time. This includes electronic claim submission and point-of-sale eligibility: OMNI, AVR, and Web interChange. Direct any questions to the EDI help desk prior to Sunday, May 2, 2004, during normal business hours at (317) 488-5160 in the Indianapolis local area, or 877-877-5182.
- The Indiana Health Coverage Programs (IHCP) is developing changes to the IndianaAIM system to ensure accurate reimbursement to all providers. Audits are being developed to allow for review of codes billed on Medicaid claims to determine if they are appropriate for the provider specialty or type billing. A code set will be developed for each provider type and specialty based upon current coverage and coding guidelines. This process does not involve any change in policy or coverage, but will help to ensure services are paid appropriately. To avoid having claims denied after the code sets are in place, please confirm that you are appropriately enrolled with IHCP under the correct provider specialty. Providers who are correctly enrolled and bill within current guidelines should not experience any difficulty from implementation of these audits.

To Optometrist and Optician Providers:

- In reviewing the history of paid claims for optometrists and opticians, the IHCP discovered claims reimbursed for optometry services billed by opticians. When the provider code sets become effective, optometrists who are employed by opticians must be enrolled as optometrists, specialty 180, in order to be reimbursed for optometrist services. Opticians, specialty 190, will no longer be reimbursed for services other than those associated with filling optical prescriptions and making spectacles. If there are any questions about provider enrollment, please refer to chapter 4 of the *IHCP Provider Manual*, contact your provider field representative, or call the EDS Provider Enrollment Unit at 1-877-707-5750.

To Transportation Providers:

- Transportation claims submitted with dates of service on or after April 1, 2004, may have denied inappropriately, for explanation of benefits (EOB) *4021 – Procedure Code is not covered for dates of service*. The claims in question were filed with procedure codes S0215, T2001 TK, T2003 U9, and T2004 TT. A system correction has been made and claims submitted on or after April 14, 2004, will process correctly.

The IHCP will systematically mass adjust and reprocess all affected claims; Providers will not need to resubmit denied claims. The mass adjustments and reprocessed claims will appear on the April 20, 2004, remittance advice (RA). Please direct questions to the Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

- The IHCP is implementing a transportation provider code set. This code set will restrict transportation providers, specialties 260, 261, 263, 264, 265, and 266, to reimbursement for transportation services only. The codes will be further limited by provider specialty. For example, ambulance providers, 260, will not be reimbursed for codes representing taxi services, and taxi providers, 263, will not be reimbursed for codes representing ambulance services.

More detailed information about the transportation code set, including a listing of the transportation codes covered by the IHCP and the specialties each code will be restricted to, will be published in the May 2004 IHCP Provider Newsletter.

To avoid having claims denied after the code sets are in place, please confirm that you are appropriately enrolled with IHCP under the correct provider specialty. If there are any questions about provider enrollment, please refer to chapter 4 of the *IHCP Provider Manual*, contact your provider field representative, or call the Provider Enrollment Unit at 1-877-707-5750.

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 or Package C members. For information on pharmacy questions related to risk-based managed care members, please contact the appropriate managed care organization.

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