



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:

- Electronic Funds Transfer (EFT) is the ability to accept Indiana Health Coverage Programs (IHCP) payments by direct deposit into a provider's designated bank account. The EFT is accomplished using Automated Clearing House (ACH) transactions from the IHCP's bank, Fifth Third Bank, to the provider's bank. Providers wanting to use the 835 Health Care Claim Payment Remittance Advice transaction along with their electronic ACH payment file from their bank to reconcile their accounts have been unable to perform this functionality due to required changes in the ACH format. Effective June 7, 2004, the IHCP has modified the ACH file that is sent to Fifth Third Bank to include the ACH addenda record per the recommendation outlined in the 835 Implementation Guide. Providers can choose to accept the ACH addenda record from their bank. This will not affect electronic payments for those providers who do not require or choose not to receive the ACH addenda record. The 835 remittance advice Companion Guide will be modified to include the ACH value in BPR04 and CCP in BPR05 when the provider has EFT and also receives the 835 electronic remittance advice transaction. Refer to www.indianamedicaid.com for the current copy of the 835 Remittance Advice Transaction Companion Guide.

EFT payments significantly decrease the provider's administrative processing that is required by paper checks. EFT is safe and only allows the deposit of funds into a designated account and eliminates lost, misplaced, voided, and stale-dated checks. EFT payments can be established on a billing provider number by submitting a completed EFT form to EDS Provider Enrollment. The form is available to download at www.indianamedicaid.com or by calling Customer Assistance. For more information about establishing EFT payments, contact Customer Assistance at 317-655-3240 in the Indianapolis local area or 1-800-577-1278.

- Effective June 1, 2004, the IHCP has implemented changes to the eligibility verification system (EVS). These changes have resulted in the ability of chiropractic, dental, and durable medical equipment (DME) providers to inquire about additional benefit limitations, and for all providers to receive additional level of care information in the eligibility response system. In addition, nursing home residency information, and the level of care information provided by the EVS will also identify hospice or waiver level of care. For in-depth articles about this EVS update, please refer to the *IHCP Monthly Newsletter* published May 15, 2004.

The automated voice response system (AVR) and Web interChange will be updated automatically with no provider action required. Providers using the OMNI system must download new OMNI software available June 1, 2004, that includes these updates. Complete download instructions are available in IHCP provider bulletin, *BT200303*, published January 31, 2003, and is available at www.indianamedicaid.com. Providers using other software packages for batch or other interactive 270/271-eligibility verification must contact their software vendors to ensure that the correct software is being used.

Providers requiring specific information about dates of each level of care segment and the specific type of hospice or waiver assignment must contact the Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278. If a specific level of care cannot be identified for the period searched, providers may contact Health Care Excel (HCE) for hospice level of care or the waiver or long-term care units at the OMPP for the appropriate information.

To Transportation Providers:

- Transportation claims submitted with procedure code A0130 – *Non-emergency transportation; wheelchair van*, for dates of service January 1, 2004, through April 15, 2004, may have been paid incorrectly up to \$30 per unit. Procedure code A0130, as documented in IHCP provider bulletin *BT200353*, dated August 15, 2003, is to be reimbursed at \$20 per unit.

Affected providers will be notified of the overpayment amount and the number of claim details by letter. The provider notification letter will detail the timeframe for the mass adjustment for the provider's specific claims. The IHCP will systematically mass adjust all affected claims starting June 9, 2004.

To Inpatient Hospital Providers:

- Inpatient claims may have posted explanation of benefits (EOB) code 5007 – *This is a duplicate of another claim. If this claim was intended to be an adjustment, please submit the appropriate adjustment request form.* These claims may have been adjudicated incorrectly. The issue relating to claims posting EOB 5007 created underpayments as well as incorrect denials has been corrected. Identified claims that were processed between March 31, 2004 and May 26, 2004, will be mass adjusted and reprocessed. The affected claims will appear beginning on the June 15, 2004, remittance advice (RA).

To Pharmacy Providers and Prescribing Practitioners:

- Effective May 26, 2004, the State Maximum Allowable Cost (SMAC) rate for the following drug group has been updated.

Group	Drug Group Name	SMAC
25	ORPHENADRINE 100MG TAB SA	\$0.6388

Please direct questions concerning the SMAC to the Myers and Stauffer Pharmacy Unit at 317-846-9521 or 1-800-877-6927, or by

e-mail at pharmacy@mslc.com.

To Durable Medical Equipment Providers:

- Healthcare Common Procedure Coding System (HCPCS) durable medical equipment (DME) codes K0023, K0024, K0040, K0043, K0044, K0045, K0059, K0064, and K0106 are wheelchair accessory codes that will be covered by the IHCP, effective May 25, 2004. Providers should immediately discontinue the use of E1399 for these specific wheelchair accessories. Prior Authorization is not required for these wheelchair accessories. HCPCS code K0045 – *Footrest, complete assembly*, includes a footplate, extension tube, and an upper hanger bracket. Therefore, K0043 – *Footrest, lower extension tube each*, and K0044 – *Footrest, upper hanger bracket, each*, are not separately reimbursable when billed on the same date of service as K0045.

The following table lists the HCPCS K codes with their descriptions, appropriate modifiers, and current pricing.

HCPCS Code	Description	Modifiers	Max Fee Purchase	Max Fee Rental
K0023	Solid back insert, planar back, single density foam, attached with straps	NU	\$94.09	
K0024	Solid back insert, planar back, single density foam, with adjustable hook-on hardware	NU	\$111.38	
K0040	Adjustable angle footplate, each	NU, RR	\$74.67	\$7.45
K0043	Footrest, lower extension tube, each	NU	\$19.53	
K0044	Footrest, upper hanger bracket, each	NU	\$16.64	
K0045	Footrest, complete assembly	NU	\$56.62	
K0059	Plastic coated handrim, each	NU	\$31.72	
K0064	Zero pressure tube, flat free insert, any size, each	NU	\$30.41	
K0106	Arm trough, each	NU, RR	\$107.16	\$10.74

For wheelchairs owned by nursing facilities and intermediate care facilities for the mentally retarded (ICF/MR), the accessory items listed in the table above are not separately reimbursable. Under no circumstances should DME and medical supply items that are included in the per diem be billed separately by the facility provider or any other provider.

Please direct questions about the information in this article to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

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