



I M P O R T A N T I N F O R M A T I O N

B R 2 0 0 4 3 0

J U L Y 2 7 , 2 0 0 4

To All Providers:

- On June 29, 2004, the Indiana Health Coverage Programs (IHCP) corrected the max fee rate for Healthcare Common Procedure Coding System (HCPCS) code *Q4055 – Injection, Epoetin Alfa, 1,000 units (For ESRD on Dialysis)*. The rate was originally entered on May 18, 2004, as \$56.08, effective for dates of service on or after January 1, 2004. However, the rate has been updated and should be \$14.02, effective for dates of service on or after January 1, 2004. During the week of September 6, 2004, EDS will systematically mass adjust all affected claims that adjudicated between May 18, 2004, and June 29, 2004.
- To assist providers using paper claims, the IHCP has discovered reasons for processing delays and increased paper claims processing errors. To avoid this, providers should adhere to the following paper claim billing processes:
 - Submit paper claims on standard Centers for Medicare and Medicaid Services (CMS)-approved redlined claim forms.
 - Use Helvetica, Times New Roman, or Courier font type with 12 point or 14 point font size.
 - Do not hand-write information on claim forms.

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

To Pharmacy and Prescribing Physicians:

- The purpose of this banner message is to announce a delay in the implementation of changes to third party liability (TPL) codes as outlined in IHCP provider bulletin, *BT200414*, published June 18, 2004. Pharmacies should continue to bill TPL claims to the IHCP as outlined in IHCP provider bulletin, *BT200361*, published September 19, 2003. More information on the future of this implementation will be published as soon as it becomes available. This information is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system.

To All Community Mental Health Centers:

- On July 14, 2004, EDS made changes to HCPCS code *H0040 – Assertive Community Treatment Program, per diem*. IHCP provider bulletin *BT200413*, outlines specific coverage, billing, and payment information for this service. However, since publication of the bulletin, additional changes were made to HCPCS code H0040 that affect claims processing. HCPCS code H0040 now bypasses both Medicare and Third Party Liability (TPL) editing. In addition, claims are no longer subject to prior authorization (PA) claim editing. The system was also modified to allow one service per day, as stated in *BT200413*. Claims may have previously denied when billed for consecutive dates of service. These system modifications were made between June 15, 2004, and July 13, 2004, and are retroactive to November 1, 2003. EDS will systematically mass adjust and reprocess all claims billed with H0040 that were affected by these system modifications and the mass adjustment will be reflected on provider remittance advice statements on or before July 27, 2004.

To Long Term Care Providers:

- The IHCP reminds long term care (LTC) providers and administrators that pursuant to *405 IAC 1-14.6-4(m)* adjustments made to the nursing facility case mix index (CMI) due to a minimum data set (MDS) field audit that results in a change to the established Medicaid rates will be recalculated and any payments adjusted. Rate notices will be updated due to CMI changes as a result of MDS field audits. These rate changes may affect quarterly rate effective dates from April 1, 2000, through the most current rates issued.
- Medicare Part A crossover claims with a *provider specialty 030, Nursing Facility*, may have been adjudicated incorrectly and created underpayments, as well as, overpayments for claims received between September 26, 2003, and June 1, 2004. Claims should have adjudicated by paying the difference between the Medicaid allowable the Medicare payment creating a zero payment, or the total or a portion of the Medicare coinsurance, deductible, and blood deductible, if any, for the claim. Identified claims that were processed between September 26, 2003, and June 1, 2004, will be mass adjusted and reprocessed. This mass adjustment and reprocessing will appear beginning on the September 7, 2004, remittance advice (RA) statement.

To Durable Medical Equipment Providers:

- The IHCP has determined HCPCS durable medical equipment (DME) codes for power seating systems E1002, E1003, E1004, E1005, E1006, E1007, and E1008; power-elevating leg rests E1009 and E1010; and electronic connectors E2310 and E2311 to be medically necessary items. The IHCP will cover these HCPCS codes, with prior authorization, effective June 1, 2004. Providers should discontinue the use of E1399 for these specific items.

The following table lists the power seating system codes with their descriptions, appropriate modifiers, and pricing.

EDS

P. O. Box 7263

Indianapolis, IN 46207-7263

For more information visit www.indianamedicaid.com

| HCPCS Code | Description | Modifiers | IHCP Max Fee |
|------------|--|-----------|--|
| E1002 | Wheelchair accessory, power seating system, tilt only | NU, RR | Purchase: \$4,113.02 Rental: \$411.33 |
| E1003 | Wheelchair accessory, power seating system, recline only, without shear reduction | NU, RR | Purchase: \$4,391.30 Rental: \$439.14 |
| E1004 | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction | NU, RR | Purchase: \$4,869.05 Rental: \$486.90 |
| E1005 | Wheelchair accessory, power seating system, recline only, with power shear reduction | NU, RR | Purchase: \$5,270.36 Rental: \$527.03 |
| E1006 | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction | NU, RR | Purchase: \$6,445.70 Rental: \$644.55 |
| E1007 | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction | NU, RR | Purchase: \$8,741.27 Rental: \$874.13 |
| E1008 | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction | NU, RR | Purchase: \$8,742.05 Rental: \$874.20 |
| E1009 | Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each | NU, RR | Manual pricing |
| E1010 | Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, each | NU, RR | Purchase: \$1,151.36 Rental: \$115.13 |
| E2310 | Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware | NU, RR | Purchase: \$1,170.24 Rental: \$117.02 |
| E2311 | Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware | NU, RR | Purchase: \$2,369.20 Rental: \$236.93 |

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

To Transportation Providers:

- Transportation claims submitted with procedure code *A0425 U2 – Ground mileage, per statute mile; BLS* for dates of service starting January 1, 2004, may have paid incorrectly up to \$3.50 per unit. Procedure code *A0425 U2*, which is the replacement for local codes *Y9005* and *Y9805* at the basic life support (BLS) level of service, should be reimbursed at \$3 per unit.

The reimbursement rate was changed from \$3.50 to \$3 on July 6, 2004, and the \$3 rate will be made retroactive to January 1, 2004. The rate was incorrectly reported in IHCP provider bulletin *BT 200353*, published August 15, 2003. The IHCP will systematically mass adjust all affected claims in the near future. Providers will be notified in advance of the total amount to be recouped, the amount to be recouped per payment cycle, and the date the recoupment will begin. Providers who disagree with any of the adjustments may request an administrative review by writing to the following address:

EDS - Administrative Review

Written Correspondence

P.O. Box 7263

Indianapolis, IN 46207-7263

CDT-4 and CDT-3/2000 (including procedure codes, definitions (descriptions) and other data) is copyrighted by the American Dental Association. © 1999 American Dental Association. All rights reserved. Applicable Federal Acquisition Regulation System/Department of Defense Acquisition Regulation System (FARS/DFARS) Apply.

CPT codes, descriptions and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.