



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:

- The Indiana Health Coverage Programs (IHCP) 3rd Quarter Workshops have begun. Sessions this quarter include Medicaid 101 and Code Sets. The Medicaid 101 session provides an overview of the IHCP, eligibility, verification methods, the restricted card program, and managed care programs. The Code Set session educates providers about codes sets and the implementation process. This session also reviews how setting up provider enrollment files affects billing and reimbursement. The Code Set session would be beneficial for those providers billing on the CMS-1500 claim form. Education about enrollment, provider type, and provider specialties is included in the session. A complete list of 3rd Quarter Workshops including locations, times, and dates can be found in the June *IHCP Monthly Newsletter*. For further information or questions call (317) 488-5072.
- On June 29, 2004, the 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:

- IHCP provider bulletin, *BT200314*, published February 18, 2003, announced implementation of the state maximum allowable cost (SMAC) rate changes for sterile water and sodium chloride. The implementation that was to be effective on April 4, 2003, was delayed due to the issuance of a temporary restraining order in *Respiratory Partners, Inc. v. Indiana Family and Social Services Administration, et al.*, Marion Superior Court 4, Cause No.49D04-0304-PL-000622. The temporary restraining order was dissolved on June 12, 2003, permitting the new rates to take effect on that date. Beginning September 15, 2004, pharmacy claims for sterile water and sodium chloride, with dates of service from June 12, 2003, through July 22, 2003, that were not subjected to the appropriate SMAC rate shall be mass adjusted. The mass adjustment amounts will be reflected in the weekly remittance advice (RA). Following review of RAs containing mass adjusted claims assigned to region 56, providers who disagree with any of the adjustments may request an administrative review by writing to:

Indiana Administrative Review/Pharmacy Claims
 C/O ACS
 PO Box 502237
 Atlanta, GA 31150

That request should include explanation of disagreement as well as copies of all pertinent documentation. The administrative review process is set forth in more detail in chapter 10, section 6 of the *IHCP Provider Manual*. All questions regarding this information and process should be directed to the ACS Pharmacy Services Helpdesk at 1-866-645-8344.

- 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 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.

EDS

P. O. Box 7263

Indianapolis, IN 46207-7263

For more information visit www.indianamedicaid.com

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.

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**

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