



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:

- Effective October 1, 2004, provider code sets will be implemented for each of the following provider specialties, Optometrists, Opticians, Audiologists, Hearing Aid Dealers, and HIV Care Coordinators. Claims submitted by these provider specialties will be subject to edit 1012 – *Rendering provider specialty not eligible to render procedure code*. The development of the vision services code set, hearing services code set, and HIV care coordinator code set does not involve any policy change, but instead identifies procedure codes that are appropriate for reimbursement by these enrolled provider specialties. Providers must ensure that they are enrolled under the correct provider specialty with the Indiana Health Coverage Programs (IHCP). 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. Enrolled providers billing within current IHCP guidelines should not experience difficulty with claim adjudication associated with the implementation of these code sets. More information regarding the individual code sets will be in the September *IHCP Monthly Newsletter*.

The code sets will be available on the IHCP Web site, www.indianamedicaid.com, prior to implementation. These code sets are subject to change and will be updated accordingly on the IHCP Web site based on annual and quarterly Healthcare Common Procedure Coding System (HCPCS) updates and policy changes. Providers should monitor the Web site for changes to the code sets. Reimbursement will continue to be subject to current applicable policies, edits, or audits. Questions should be directed to the Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

- The 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.

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.

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