



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) will perform an adjustment to remove the dollars from the patient deductible amount on CMS-1500 crossover claims from remittance advice (RA) dates October 7, 2003, through May 4, 2004. These adjustments will begin to appear on RA statements on or after October 19, 2004. There should be minimal or no financial impact to providers because of this adjustment.
- When necessary the IHCP system maintenance window is Sunday evenings, from 6 p.m. to 9 p.m. Indianapolis local time. System maintenance will not be performed every Sunday; however, this time period will be set aside for system maintenance when it is required. Providers will be notified by Web interChange and banner page articles in advance of scheduled system maintenance.
- The annual update of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) is effective October 1, 2004. The ICD-9-CM diagnosis and procedure codes are billable and reimbursable effective October 1, 2004. To ensure Health Insurance Portability and Accountability Act (HIPAA) compliance, the 90-day grace period will no longer apply to the ICD-9-CM updates. Providers are to use the diagnosis and procedure codes valid for the date of service. For questions call Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.
- Effective November 1, 2004, Anthem Midwest clearinghouse will no longer accept IHCP claims. Providers using Anthem Midwest electronic data interchange (EDI) clearinghouse to send claims electronically to the IHCP must choose a different software developer or clearinghouse.

In order to assist providers with this issue, providers may access the EDI Solutions page on the IHCP Web site at <http://www.indianamedicaid.com>. This Web site contains a list of approved software vendors and clearinghouses. For more information or questions on contact the EDI Solutions helpdesk at (317) 488-5160 in the Indianapolis local area or 877-877-5182.

To Pharmacy Providers Servicing Long Term Care Facilities:

- OMPP was recently advised of the concerns of some pharmacy providers that existing Indiana Medicaid policies and procedures pertaining to returned medication crediting (reference Chapter 9, Indiana Medicaid Pharmacy Provider Manual and Chapter 11, Paid Claim Adjustment Procedures) might possibly be in conflict with provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Subsequent to a thorough review of the matter by OMPP, including consultation with legal counsel, it was determined that the perceived conflicts do not exist. As such, the Office strongly urges pharmacy providers servicing nursing facilities to continue, in compliance with the provisions of applicable state law (reference IC 25-26-13-25 and 856 IAC 1-21-1), to accept returned medications and credit to Medicaid those medications deemed suitable for re-dispensing. Doing so will ensure that tax-funded medications are not wasted.

To Hospice Providers:

- The information outlined in this banner page article updates the section titled *IHCP Managed Care Members Electing of the IHCP Hospice Benefit* in section 3 of the *IHCP Hospice Provider Manual*, revised March 2004.

Effective November 1, 2004, the IHCP will no longer issue expenditure payouts as a form of reimbursing hospice providers for one day admissions, weekend admissions and other scenarios that meet the parameters for an expenditure payout. The Health Care Excel (HCE) Medicaid Prior Authorization (PA) Unit will notify providers regarding the authorization of appropriate dates of service that can be billed through the *IHCP Prior Review and*

Authorization Request Decision form. Hospice providers will be able to bill the IHCP directly for dates of service approved on the *IHCP Prior Review and Authorization Request Decision* form.

Hospice providers are reminded that they must still follow the procedures outlined in the *IHCP Hospice Provider Manual* by checking eligibility and faxing the *IHCP Hospice Election* form to the HCE PA Unit and comply with the timeliness requirements for subsequent hospice benefit periods. Failure to comply with these policies will result in denial of dates of service for untimely submission. HCE will note which dates of service have been denied on the *IHCP Prior Review and Authorization Request Decision* form. It is the responsibility of the hospice provider to preserve their appeal rights by filing a timely administrative review or appeals request as outlined in section 3 of the *IHCP Hospice Provider Manual*.

To Transportation Providers:

- The IHCP provider newsletter, *NL200409*, published September 15, 2004, contained an incorrect Healthcare Common Procedure Coding System (HCPCS) code for mileage. On page 11 of this publication, transportation providers were instructed that HCPCS code S0215 was replaced with HCPCS code A0425 U4 for non-ambulatory/wheelchair van mileage. The correct replacement code for non-ambulatory/wheelchair van mileage is HCPCS code A0425 U5. Table 1 displays the correct HCPCS codes for mileage as of July 1, 2004. Direct questions to Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

Table 1 – Correct Mileage HCPCS Codes as of July 1, 2004

End-Dated Code	Description	Replacement Code	Description
S0215	Non-emergency transportation; mileage, per mile	A0425 U1	ALS ground mileage, per statute mile
		A0425 U2	BLS ground mileage, per statute mile
		A0425 U3	CAS ground mileage, per statute mile
		A0425 U5	NAS ground mileage, per statute mile

To Pharmacy Providers:

- IHCP pharmacies may have recently received a letter, dated September 19, 2004, from Prudent Rx requesting copies of specific prescriptions subsequent to a recent desktop review performed on IHCP pharmacy claims. The data provided to Prudent Rx for analysis contained errors. As a result of the errors identified in that data, pharmacies are being asked to discard any letters date September 19, 2004.

A follow-up letter with corrected information will be issued should any further action on your part be required. If you have already responded to the September 19, 2004, letter, Prudent Rx will retain the prescription on file for use should a future audit of this claim be necessary. Again, the errors affect *only* the September 19, 2004, letter. Please direct any questions regarding this notice to the audit department at Prudent Rx at (310) 642-1700.

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