



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:

- Currently, the Indiana Health Coverage Programs (IHCP) limits the reimbursement of joint injections to three injections per joint site, per provider, per month. As standard courses of treatment may require more frequent injections, the IHCP has modified the policy to allow up to four injections per joint site, per provider, per month as medically necessary effective April 1, 2003. Claims submitted for more than four joint injections for the same member in a one month period must have supporting documentation attached to indicate that the injections involve different joint sites and that no more than four injections were administered to a single joint. The following CPT codes are affected by this change in policy.

Code	Description
20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)

Providers may resubmit previously denied claims with supporting documentation for the fourth joint injection per joint site, per provider, per month. For claims that are past the one year filing limit a copy of this banner page may be utilized as supporting documentation to waive the filing limit. Providers may direct questions about this article to customer assistance at (317) 655-3240 in the Indianapolis local area or toll free at 1-800-577-1278.

- The IHCP will upgrade system servers and databases the weekend of January 15 – 16, 2005. Usage of the IHCP Web interChange Web site will be limited during this time as well as eligibility verification through OMNI and the Automated Voice Response System (AVR). Providers should review the following table for more information concerning the system maintenance window.

System Function	Unavailable Start Time	Unavailable End Time
Web interChange Claim Submission	8 a.m. January 15, 2005	4 a.m. January 16, 2005
Web interChange Claim Inquiry	8 a.m. January 15, 2005	4 a.m. January 16, 2005
Web interChange Check Inquiry	8 a.m. January 15, 2005	4 a.m. January 16, 2005
Web interChange Eligibility Inquiry	6 p.m. January 15, 2005	4 a.m. January 16, 2005 *
OMNI Eligibility Verification	6 p.m. January 15, 2005	4 a.m. January 16, 2005
Automated Voice Response (AVR)	6 p.m. January 15, 2005	4 a.m. January 16, 2005

- * Providers logging into Web interChange between 8 a.m. January 15, 2005, to 6 p.m. January 15, 2005, will only have access to eligibility verification. Eligibility information will be available, but the third party carrier information and the County information shown on the *Show Me More* page will not be available during this time. Additionally, any administrative changes or password changes made on Web interChange between 8 a.m. January 15, 2005, to 6 p.m. January 15, 2005, will not be saved in our system. The IHCP recommends that administrators do not make changes during this time.

The completion time for the server upgrade process is an approximation. Web interChange, OMNI, and AVR may be available prior to 4 a.m. on January 16, 2005. Providers may attempt to send transactions prior to that time.

This system maintenance will not affect the providers' ability to submit batch claims by modem dial-up. However, claims submitted January 13, 2005, after 5 p.m. will not be included that week's financial cycle, and the claims will not appear on the remittance advice (RA) the following week. Additionally, batch claims received January 14, 2005, after 5 p.m. will be held and processed after the system maintenance is complete. The 997 *Functional Acknowledgments and Biller Summary Reports* for batches received during the weekend will be available the morning of January 17, 2005.

Questions about this system maintenance announcement should be addressed to the Electronic Data Interchange (EDI) Solutions Help Desk at (317) 488-5160 in the Indianapolis local area or 1-877-877-5182.

- The Office of Medicaid Policy and Planning (OMPP) will hold a series of public meetings on the transition to mandatory risk-based managed care in southern Indiana. The details of the next scheduled public meetings on the transition to mandatory risk-based managed care is as follows:
 - Vanderburgh County area public meeting: The meeting will be held from noon to 1 p.m. on January 12, 2005, at Deaconess Hospital's Bernard Schnacke Auditorium, 600 Mary Street, Evansville, IN.

The agenda will include a brief presentation from OMPP and all the Managed Care Organizations (MCO) will be available to answer questions.

To All Outpatient Hospitals and Ambulatory Surgery Centers:

- Upon implementation of the new outpatient reimbursement policy as stated in IHCP Provider Bulletin, *BT200420*, published September 15, 2004. The IHCP discovered a payment issue with regard to outpatient surgeries. When only one surgery or one unit of service was billed the system calculated the rate at 150 percent instead of 100 percent resulting in overpayments. Outpatient claims with paid dates between October 5, 2004, through November 9, 2004, were impacted. Therefore, the IHCP will initiate a systematic mass adjustment for all affected claims. Providers can expect adjusted claims to appear on the remittance advice (RA) statement dated March 8, 2005.

To Hospice and Nursing Facilities Providers:

- The IHCP has a change order in place for IndianaAIM, Indiana Medicaid's claims processing system that will expedite the adjustment of hospice claims for room and board under the IHCP hospice benefit. A change order is a request to modify IndianaAIM to accommodate changes to prior authorization (PA) or claims payment procedures. The purpose of this banner page is to provide an update on the status of this change order.

The nursing facility retro rate adjustment process currently adjusts nursing facility claims when a rate change occurs during the quarters beginning January 1, April 1, July 1, and October 1 of the calendar year. This process does not currently look for hospice claims billed under bill type 822, hospice revenue codes 653, 654, 659, 183 and 185. The modification change order would permit IndianaAIM to identify hospice claims with the previously mentioned hospice revenue codes to mass claims adjust similar to the nursing facility claims. The IHCP had estimated that this change order would be completed by December 29, 2004; however, this date is not feasible due to the complexity of the system changes. Providers are asked to look for further notification about this change order in upcoming IHCP banner pages and IHCP newsletter articles.

To Pharmacy and Prescribing Physicians:

- Effective December 23, 2004, the State Maximum Allowable Cost (State MAC) rate for Levothyroxine 150 MCG tablets was updated to \$0.3541. Please direct questions concerning the State MAC for legend drugs program to the Myers and Stauffer Pharmacy Help Desk at (317) 846-9521 or (800) 591-1183, or by e-mail at pharmacy@mslc.com.
- The Myers and Stauffer Pharmacy Help Desk telephone number has been changed to (800) 591-1183. This telephone number will ring directly to the Pharmacy Help Desk, which is operational 8 a.m. to 5 p.m. Monday through Friday. After hours callers may leave a message or submit comments by e-mail to pharmacy@mslc.com. The telephone number (800) 877-6927 may still be used for non-pharmacy related inquiries.