B A N N E R   P A G E

BR200650   DECEMBER 12, 2006

All Providers

Omni Upgrade Requirements

Beginning November 30, 2006, EDS made enhancements to the managed care information portion of the Omni member eligibility inquiries. In order to view the managed care information, providers who have an Omni terminal must download the latest Omni software version..

Detailed download instructions can be found in Table 1.5 of bulletin *BT200303*. The Omni managed care enhancements are included in bulletin *BT200628* published December 7, 2006. These bulletins can be accessed from the Indiana Health Coverage Programs (IHCP) Web site at http://www.indianamedicaid.com.

Direct questions about the information in this article to the Omni Help Desk at (317) 488-5051 in the Indianapolis local area, or toll free at 1-800-284-3548.

New Version Indiana Health Coverage Programs Provider Manual Is Available

A new version of the *IHCP Provider Manual* is available on the IHCP Web site at http://www.indianamedicaid.com. Providers **will not** automatically receive copies of this version of the manual by mail, and are encouraged to visit the Web site to view, print, or download copies of the manual.

Revisions to the *IHCP Provider Manual* are posted to the IHCP Web site and they are not automatically mailed. Providers and non-providers may request copies of the manual on CD-ROM or paper according to the following schedule:

Providers		Non-providers	
Download from the Web site	Free	Download from the Web site	Free
CD-ROM	Free	CD-ROM	$20 each
Original paper copy	Free	Paper copies	$105 each
Additional paper copies	$105 each		

Requests for copies of the manual should be made by telephone to customer assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278 or in writing to the following address:

> **EDS Written Correspondence Unit**
> **c/o Provider Manual Request**
> **P.O. Box 7263**
> **Indianapolis, IN 46207-7263**

Requests that require payment must be made by mail and the requestor must supply a mailing address and include full payment. Make checks payable to EDS and allow 10-14 business days for processing.

Timeline for Revised Paper Claim Forms

> *The following information does not apply to providers rendering services in the risk based managed care (RBMC) delivery system. These providers should contact the managed care organization (MCO) with whom they are contracted for information about paper claim form transition.*

The National Uniform Claim Committee (NUCC), the National Uniform Billing Committee (NUBC), and the American Dental Association (ADA) have revised the layouts of the institutional, professional, and dental paper claim forms. The current institutional UB-92 claim form will be replaced with the institutional UB-04. The current professional CMS-1500 health insurance claim form will be revised to the 08-05 version. The ADA dental claim form will be replaced with J400D. The EDS pharmacy claim forms will be revised to include National Provider Identifier (NPI) information. These forms will be available May 23, 2007, and may be obtained from the *Forms* page of the Indiana Health Coverage Programs (IHCP) Web site at http://www.indianamedicaid.com/ihcp/Publications/forms.asp.

The IHCP will be transitioning to the new paper claim forms with the timelines noted in Table 1. The transition period is where both old and new claim forms will be accepted. All claim forms will have a transition period excluding the Pharmacy claim form. Table 1 outlines the transition period and cutover dates for each type of paper claim form.

Table 1 – Timeline Revised Paper Claim Forms

Current Form	New Form	Transition Period (Old and New Forms Accepted)		New Forms Only Accepted (Cutover Date)
		Start Date	**End Date**	
CMS-1500	08-05	February 15, 2007	March 31, 2007	April 1, 2007
UB-92	UB-04	April 1, 2007	May 22, 2007	May 23, 2007
Dental	J400D	April 15, 2007	May 22, 2007	May 23, 2007
Pharmacy	Pharmacy	No Transition Period		May 23, 2007

Contact Information: Providers with questions about this bulletin should contact Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll free at 1-800-577-1278.

All Dental Providers

Dental Claims: Rendering Provider Number Required

This article updates information that was published in IHCP banner page *BR200527* on July 5, 2005, and addressed billing guidelines for dental billing and rendering providers.

The billing guidelines are required for HIPAA compliance and will be implemented again beginning on January 1, 2007. The billing guidelines are as follows:

Per IHCP provider bulletin *BT200511*, published June 1, 2005, all dental group providers must use their rendering provider numbers. To expedite claims, providers should follow these guidelines when submitting claims:

- *Group provider using a paper claim* – Enter the group number and location code(s) in Field 44A on the ADA Dental claim form. Enter the individual rendering number(s) in the *Administrative* column adjacent to each detail.

- *Group provider using Web interChange* – Enter the group number and location code in the provider numbers field. Enter the individual rendering number in the rendering provider field.

- *Individual billing provider using a paper claim* – Enter the individual billing number and location code in Field 44A on the ADA Dental claim form. Enter the individual billing number in the *Administrative* column adjacent to each detail.

- *Individual billing provider using Web interChange* – Enter the individual billing number and location code in the provider number field. Enter their individual billing number in the rendering provider field.

Dental providers will receive denials for the following situations:

- *231 – Rendering provider number is missing – The entire nine-digit number must be used and must be in Field 24K. Please provide and resubmit.*

- *232 – Rendering provider number is invalid – The entire nine-digit number must be used and must be in Field 24K. Please verify and resubmit.*

> *Note: For edits 231 and 232, Field 24K refers to CMS-1500 claim forms. For dental claims, the rendering must be in the* Adm *Field.*

- *1004 – Rendering provider not enrolled in the program billed for the dates of service. Please verify provider number and resubmit.*

- *1008 – The rendering provider must be an individual provider. Please verify provider number and resubmit.*

- *1010 – Rendering provider is not an eligible member of billing group or the billing provider is equal to the rendering provider. Please verify provider number and resubmit.*

- *7509 – Rendering provider on prepayment review.*

Providers who have Administrator access in Web interChange can view their provider profiles to access a list of the rendering providers linked to the group. Providers can contact the Provider Enrollment Helpline at 1-877-707-5750 to discuss any updates that need to be made to the provider group information.

All Durable Medical Equipment Providers

Power Wheelchairs

Pending final review of the expanded power wheelchair codes, providers should continue to bill using the following existing codes and fee schedule amounts. Prior authorization (PA) is required for power wheelchairs and accessories. Refer to existing provider notifications for current PA requirements.

- K0010, *Standard-weight frame motorized/power wheelchair*, $4238.90 new, $282.59 rental
- K0011, *Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking*, $5270.30 new, $351.35 rental
- K0012, *Lightweight portable motorized/power wheelchair*, $3233.10 new, 215.54 rental
- K0014, *Other Motorized/power wheelchair base,* manually priced
- E1230, Power Operated vehicle (three- or four-wheel nonhighway), specify brand name and model number, manually priced
- E1239,Wheelchair, pediatric size, not otherwise specified, manually priced

If you have any questions, contact Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll free at 1-800-577-1278.

If you need additional copies of this banner, please download them from the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/banner_results.asp. To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at http://www.indianamedicaid.com/ihcp/mailing_list/default.asp.