



All Providers

Implementation of Paperless Provider Communications

To move toward a greener, paperless, operating environment, the Indiana Health Coverage Programs (IHCP) will no longer print and mail certain provider communications. Effective September 1, 2009, the following communications will only be available online:

- Banner pages
- Newsletters (including Drug Utilization Review Board newsletters)
- Bulletins
- Remittance Advices (RAs) (generated from EDS)

Banner pages, newsletters, and bulletins are currently published online, in addition to being printed and mailed. On or after September 1, 2009, providers must access these documents on the IHCP provider Web site at <http://www.indianamedicaid.com/ihcp/index.asp>.

- To keep informed of current communications and policy updates, providers are encouraged to enroll in the IHCP's E-mail Notifications. To enroll, go to http://www.indianamedicaid.com/ihcp/mailling_list/default.asp. Providers who are already enrolled should verify that their e-mail addresses are correct.

RAs are currently printed and mailed to the provider's Pay To address weekly. As of September 1, 2009, RAs will no longer be printed. Instead, all providers rendering services to Care Select and traditional Medicaid members will be able to access RAs online through our secure Web site via Web interChange.

Providers that do not have access to Web interChange are encouraged to apply as quickly as possible to ensure that access to Remittance Advices is not interrupted. Please refer to [BT200912](#), dated May 19, 2009, for Web interChange access instructions.

Paper checks will continue to be mailed on or after September 1, 2009, for providers that are not enrolled in electronic funds transfer (EFT).

Pharmacy Providers and Prescribing Practitioners

Prescription Coverage and Presumptive Eligibility for Pregnant Women

Presumptive Eligibility (PE) for Pregnant Women began on July 1, 2009. Women covered under PE will have coverage beginning on the date of PE determination; however, the eligibility verification systems (EVS) take one day to update. It will take as much as two additional business days for information to be passed from the managed care organization (MCO) to the pharmacy benefits managers (PBM) for each managed care organization.

Women covered under PE will have member identification numbers (RIDs) that begin with the numbers 550 and are 12 digits in length. With the exception of Anthem members, PE members will not receive identification cards from Hoosier Healthwise. The PE determination notice will serve as a form of proof of eligibility. Providers must also check the EVS to verify eligibility and MCO enrollment.

More information about PE, including an example of a PE member approval/acceptance letter, can be found at [http://provider.indianamedicaid.com/about-indiana-medicaid/member-programs/special-programs/presumptive-eligibility-\(pe\).aspx](http://provider.indianamedicaid.com/about-indiana-medicaid/member-programs/special-programs/presumptive-eligibility-(pe).aspx).

Providers are encouraged to advise women with PE coverage to wait two to three days after PE determination before filling prescriptions. If an emergency prescription is needed, the MCOs will work with pharmacy providers to expedite manual transmission of eligibility information to PBMs and pharmacies.

Table 1 indicates each MCO’s timeline and processes for emergency transmission of eligibility information to PBMs. Women enrolled in fee-for-service will need to wait until the day after PE determination for information to be available in the EDS system that processes pharmacy claims.

Table 1 – MCO Eligibility Timing for PBM

Managed Care Organization (MCO)	Standard PBM Timing	Process for Emergency Prescriptions
Anthem www.Anthem.com Telephone: 1-866-408-6132	PE information will be in the PBM system two business days after the PE approval.	Call Anthem at 1-866-408-6132.
MDwise www.MDwise.org Telephone: 1-800-356-1204	PE information will be in the PBM system 5 p.m. Eastern Time the second business day after the PE approval.	Call MDwise at 1-800-356-1204.
MHS www.managedhealthservices.com Telephone: 1-877-647-4848.	PE information will be in the PBM system within two days of MHS’ receipt of the eligibility file from EDS.	Call MHS at 1-877-647-4848.

Providers of Services to Pregnant Women

Submitting PE Applications for Residents of Marion County

Qualified providers should fax Presumptive Eligibility (PE) applications for members residing in Marion County to the Marion County Division of Family Resources (DFR) located in the Center Township Trustee’s (CTT) office at 863 Massachusetts Avenue. The fax number is (317) 232-2038. Please address faxes to the attention of Eric Pangburn or Carol Heckel.

When received, the Hoosier Healthwise applications will be registered in the Indiana Client Eligibility System (ICES). Once an application is registered, an appointment will be scheduled with the client and the appropriate worker, and a notice will be generated and sent to the client.

After the phone or in-person appointment is completed, the worker will advise the client via the U.S. Mail™ (with a clearly defined deadline for return) about additional verifications needed and how to submit them. If the client happens to submit the verifications to a different office, the receiving office will be able to review the case in ICES, and identify the name and location of the worker assigned to the case. The receiving office can then forward the verifications to the CTT office via fax or U.S. Mail.

Optometrists

Updates to Vision Code Sets

The Common Procedural Terminology (CPT^{®1}) codes listed in Table 2 have been removed from the Optometrist Code Set – Provider Specialty 180. These codes fall under the definition of a surgical procedure, as defined by

¹ CPT[®] is a registered trademark of the American Medical Association.

Indiana Code IC 25-22.5-1-1(a), sub-section (C), and are outside the scope of practice for optometrists. The codes are invalid for reimbursement to provider specialty types 180 (optometrists).

Table 2 – Updated Vision Codes

CPT Code	Description
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
65600	Multiple punctures of anterior cornea (e.g., for corneal erosion, tattoo)
67825	Correction of trichiasis; epilation by other than forceps (e.g., by electrosurgery, cryotherapy, laser surgery)
67938	Removal of embedded foreign body, eyelid
80048 through 89356	Pathology and laboratory procedures, as allowed by provider CLIA certification on file
92230	Fluorescein angiography with interpretation and report
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report
92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report
92265	Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with interpretation and report

Primary Medical Providers, Clinics, and Hospitals

Reimbursement for Tobacco Cessation Counseling

Earlier this year, the federal tax on cigarettes and all other tobacco products increased. Providers are encouraged to discuss tobacco cessation with members. The IHCP covers tobacco cessation counseling and prescription cessation aids.

Providers may refer any Indiana patient to the Indiana Tobacco Quitline, 1-800-QUIT-NOW, which offers education and coaching over the telephone, similar to the toll-free smoking quit lines across the country. The services offered by the Quitline are confidential and provided free of charge to Indiana residents.

Telephone counseling has proved effective in improving overall quit rates (a 15 percent quit rate when phone counseling is provided, versus a 10 percent quit rate with no phone counseling). The quit rate further improves when phone counseling is combined with pharmacotherapy – a 28 percent quit rate for phone counseling plus medications versus a 23 percent rate with medication alone). (Source: Surgeon General’s Treating Tobacco Use and Dependence: 2008 Update, <http://www.surgeongeneral.gov/tobacco/>.)

The Quitline also has online resources for tobacco users, healthcare providers, family/friends, and employers at <http://www.indianatobaccoquitline.net>. The Indiana Tobacco Quitline is a program of the Indiana Tobacco Prevention and Cessation Agency (ITPC). Contact ITPC at (317) 234-1787 if you have any questions about Quitline services.

The Quitline is designed so you can easily refer clients to the program and is staffed by professionally trained smoking cessation Quit Coaches. The Indiana Tobacco Quitline offers a fax referral program for Indiana residents and physicians. Providers can simply ask, advise, and refer tobacco users to the Indiana Quitline using the fax referral form found at <http://www.indianatobaccoquitline.net/documents/QLfaxreferral.pdf>. Instructions are also available at <http://www.indianatobaccoquitline.net/documents/HCproviderinstructions.pdf>.

The Quitline staff will even fax back a report to your office to tell you if the client was reached, enrolled in services, and planned to quit.

The effectiveness of counseling is comparable to pharmacotherapy alone. Counseling plus medication provides additive benefits. Preferred tobacco deterrent agents include bupropion SR 150, Chantix, Commit lozenges, Nicoderm, Nicorette, nicotine gum, and nicotine patches.

Even brief counseling is effective for facilitating quit attempts. If you choose to counsel patients in your office, the IHCP covers tobacco cessation counseling with Healthcare Common Procedure Coding System (HCPCS) code S9075 – Smoking – Smoking cessation treatment. One unit of S9075 is 15 minutes of service. Further instructions can be found in the IHCP Provider Manual, Chapter 8.

FQHC and RHC Providers

Federally Qualified Health Center and Rural Health Clinic Workshop Scheduled for July 29, 2009

EDS Provider Relations is offering a workshop for Federally Qualified Health Center (FQHC) and rural health center (RHC) providers. There is no cost for the workshop. Participating with EDS will be representatives from the managed care organizations (MCOs) and care management organizations (CMOs) that help administer Care Select. This is an excellent opportunity to become more familiar with Medicaid policies, procedures, and billing specific to FQHCs and RHCs.

Workshops will be presented Tuesday, July 29. Details are below:

Union Hospital
Landsbaum Center, Classroom 3
1433 6½ Street
Terre Haute, IN 47804
Time: 9 a.m. to noon

The agenda includes the following:

- How to check eligibility
- How to file a claim
- How to bill services
- What causes claims to deny
- Avenues to resolve denied claims
- An extensive question-and-answer period

Providers may enroll in the workshop at <http://www.indianamedicaid.com> by selecting **Provider Services, Education Opportunities, Workshop Registration**. If you have questions, please call Provider Relations at (317) 488-5072.

Provider Workshops

Third-quarter Workshops

The IHCP is offering quarterly provider workshops free of charge. Topics include Hoosier Healthwise open enrollment; Care Select; Early and Periodic Screening, Diagnosis, and Treatment (EPSDT); a managed care and Healthy Indiana Plan (HIP) roundtable; blood lead testing; and Presumptive Eligibility/Notification of Pregnancy. Workshop agendas, dates, registration deadlines, and locations are online at <http://provider.indianamedicaid.com/general-provider-services/provider-education/workshop-registration.aspx>. You may register online or by using the registration form printed in the IHCP provider newsletter. For more information about the workshops, please contact the workshop line at (317) 488-5072.