

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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EFT payments available for pharmacy reimbursement

Indiana Medicaid offers the benefit of electronic funds transfer (EFT) for pharmacy payments through its Pharmacy Benefit Manager (PBM), Catamaran.

To enroll for this service, providers must complete the [Electronic Funds Transfer \(EFT\) Request Form](#) found on the Forms page under the [Pharmacy Services quick link](#) at indianamedicaid.com and fax it to Catamaran at 866-244-8543. Please include a copy of a voided check or a letter from your financial institution with all the requested information.

Catamaran will process your form and transition your payments to EFT status within approximately 10 days from receipt of a completed form. Questions regarding EFT enrollment should be directed to the Catamaran Provider Relations Department via email at provider.relations@catamaranrx.com.

Additionally, paper Remittance Advices (RAs) are not generated with EFT payments. Instead, electronic forms (835) with remittance information will be provided for each payment cycle.

Providers must register with Catamaran to receive the 835 forms. Providers must complete the [835 Payment Advice Request Form](#) found on the Forms page under the [Pharmacy Services quick link](#) at indianamedicaid.com and fax it to

Catamaran at 866-244-8543. Upon registration, you will receive an email indicating that a file is available to download along with login information. Questions regarding 835 enrollment should be directed to Catamaran via email at pharmacy.operations@catamaranrx.com.

To speak to a customer service representative about this article, contact the Catamaran Clinical and Technical Help Desk by calling toll-free 1-855-577-6317.

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Claims to be mass adjusted to recoup 5% reimbursement reduction for inpatient and outpatient hospital services

The *Indiana Health Coverage Programs (IHCP) Bulletin* [BT201331](#) notified providers that the 5% reimbursement reduction for inpatient and outpatient hospital services was extended until December 31, 2013, and that effective January 1, 2014, through June 30, 2015, the reimbursement reduction will be 3%.

In error, the 5% reimbursement reduction was not applied to claims processed from July 1, 2013, through July 22, 2013, inclusive. The IHCP will mass adjust these claims beginning September 1, 2013, to retroactively apply the 5% reimbursement reduction. Mass adjusted claims will appear on Remittance Advices (RAs) beginning September 3, 2013, and will be identified with internal control numbers (ICNs) that begin with region code 56. The overpayment will appear as an accounts receivable and will be recouped at 100% from future claims paid to the respective provider number.

Maximum fee pricing assigned to CPT code 32555

Effective October 1, 2013, the Indiana Health Coverage Programs (IHCP) has assigned Current Procedural Terminology (CPT^{®1}) code 32555 – *Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance* a maximum fee of \$412.39. This change applies to dates of service on or after October 1, 2013.

The provider [Fee Schedule](#) will be updated on indianamedicaid.com to reflect this change.

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QUESTIONS?

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

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