



**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 Indiana Medicaid Providers:**

- This article is the second in a series about the implementation of phase two of the Children’s Health Insurance Program (Hoosier Healthwise Package C previously referred to as CHIP II).

The Office of the Children’s Health Insurance Program (CHIP), the Office of Medicaid Policy and Planning (OMPP), and EDS are working with the Indiana State Medical Association (ISMA) and Hoosier Healthwise managed care organizations to offer a training opportunity to medical providers for managed care and phase II of the Children’s Health Insurance Program. The training series will feature presentations by EDS, LifeMark, and Managed Health Services (MHS). The training agenda offers a full day of training. The morning sessions will be focused on managed care and the afternoon sessions will review the implementation of Hoosier Healthwise Package C.

For additional information about the program and registration, contact the ISMA at (317) 261-2060 or 1-800-257-4762. The training schedule is provided below by date, city and location.

Date	City	Location	Phone Number
11/2/99	Muncie	Radisson	(765) 741-7777
11/9/99	Vincennes	Executive Inn	(812) 886-5000
11/10/99	Jeffersonville	Riverfront Ramada	1-800-537-3612
11/11/99	Indianapolis	Holiday Inn Airport	(317) 244-6861
11/16/99	Lafayette	Radisson	(765) 447-0575
11/30/99	Merrillville	Radisson Star Plaza	(219) 769-6311
12/1/99	South Bend	Holiday Inn Downtown	(219) 232-3941
12/2/99	Fort Wayne	Holiday Inn Northwest	(219) 484-7711

Additional Hoosier Healthwise Package C training sessions will be offered in early 2000. Providers will be informed of training dates in future articles and bulletins.

- Claims submitted to the Indiana Medicaid Program using the HCFA 1500 and the Dental claim form that denied for Explanation of Benefit (EOB) code 0249, *the place of service is invalid*, were recently reviewed. It was noted during the review that many providers had entered the two-digit place of service code in a format that was invalid. The correct format for a place of service code is two numeric digits, between 11 and 99. Dental providers using the HCFA 1500 claim form must enter the correct two-digit code in field number 22 on the claim form. All other providers billing on the HCFA 1500 claim form must enter the correct two-digit place of service code in field number 24B. It is important to note that the only accepted codes for dental providers, using the HCFA 1500 claim form are 11 for

office, 22 for hospital, 23 for extended care facility (ECF), and 99 for other. If a dental claim is submitted with a place of service code other than the ones mentioned previously, the dental claims will deny with EOB code 0249, *the place of service is invalid*.

A complete listing of all the place of service codes for use on the HCFA 1500 claim form can be found in the *Indiana Medicaid Programs Provider Manual, Chapter 11, page 11M-2-6*.

- Indiana Medicaid has received inquiries from providers regarding how the injectable drug product BOTOX (botulinium toxin type A, code J0585) should be billed, when less than a full vial is administered in a single treatment session. Indiana Medicaid is aware that this product has an extremely short shelf life, once reconstituted, and that because of this short shelf life some wastage of the product may be unavoidable. The Medicare carriers' policy regarding this drug has been reviewed and Indiana Medicaid is adopting the following provisions as policy.

*Since botulinium toxin type A is supplied in 100 unit vials, it will be appropriate for the provider to bill the entire 100 units to Indiana Medicaid when less than 100 units are injected in a single treatment session AND the balance of the product is discarded. If more than 100 units are injected in a single treatment session, and the remainder is not used for another patient, round the number of units billed on the claim up to the nearest 100 units. Whenever unused botulinium toxin type A is billed, both the amount of the agent actually administered and the amount discarded is to be documented in the patient's medical record.*

Indiana Medicaid intends to contact the distributor of this product regarding whether or not alternative packaging is possible, such that wastage of the product would not be inherent with its use. If and as our reimbursement policy changes in regard to botulinium toxin type A, we will notify providers well in advance of the fact.

## **To All Indiana Medicaid Outpatient Providers:**

- Claims for outpatient services submitted to the Indiana Medicaid Program on the UB92 claim form were recently reviewed. It was noted during the review that many providers had omitted the date of service in form locator 45, on the UB92 claim form. Providers are required to enter the date of service in a MMDDYY format for each revenue code billed on an outpatient claim, to include all ancillary services. For example, free standing renal dialysis providers must enter the date of service for all drugs and supplies associated with the dialysis procedure. This is required for both Medicaid primary and crossover claims.

Claims without a date of service entered for all revenue codes billed will deny with Explanation of Benefit (EOB) code 0264, *date of service is missing, the correct format is MMDDYY, please provide and resubmit*.