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 Health Coverage Programs Providers:

- The Indiana Health Coverage Programs (IHCP) recently reviewed provider inquiries for the appropriate billing of the Flutter™ mucus clearance device. This device has been previously covered and billed under code E1399 which required prior authorization. After researching this issue, the IHCP assigned local code **Z5065** to the Flutter™ mucus clearance device. This device is used by patients with cystic fibrosis, bronchiactasis, chronic bronchitis, and other medical conditions requiring positive expiratory pressure (PEP) therapy. This code does not require prior authorization and should be used when submitting claims for the device for dates of service August 1, 1999, and after.

  Note: This change in billing does not result in a change in reimbursement.

- Due to recent changes to the Indiana*AIM* system, claims subject to the multichannel lab bundling logic that previously denied for *explanation of benefits (EOB) code 508, Net Charge Out of Balance*, may be resubmitted for processing. Denial of these claims began in 1996.

  Effective October 4, 1999, providers can resubmit unpaid claims affected by the multichannel lab bundling logic. Claims denied for *EOB code 508* that are **not past** the one-year filing limit should be submitted with individual lab codes to the appropriate EDS post office box and should be eligible for payment.

  Providers should send copies of claims with multichannel lab tests that are **past** the one-year filing limit that have denied for *EOB code 508* with a copy of this banner information to the following address for proper claim adjudication:

  EDS Written Inquiry Unit
  P.O. Box 68420
  Indianapolis, IN 46268

  *Note: The deadline for resubmission of multichannel lab claims that previously denied for EOB code 508 is **March 1, 2000**. Please ensure the claims that are resubmitted do not contain errors that will result in claim denial for other reasons. Do not submit claims that were denied for other reasons to the EDS Written Inquiry Unit.*

- Lab claims that are subject to lab panels with a date of service January 1, 1998, or after must be billed with the appropriate lab test panel code. These claims should be submitted to the EDS Written Inquiry Unit at the address listed above in order to waive the filing limit, if applicable. In the event all lab tests included in the panel are not performed, providers must bill the lab tests performed using the appropriate individual lab codes. More information regarding lab services will be included in future banner information and bulletins.

To All Indiana Health Coverage Programs Optometrists, Ophthalmologists, Opticians, Physicians, Mental Health Providers, and Chiropractors:

- Effective January 10, 2000, benefit limitation information will change on all Eligibility Verification Systems (EVS): Automated Voice Response (AVR), OMNI, and National Electronic Claims Submission (NECS). Benefit limitation information for eyeglasses will be available to providers to verify if individuals have received glasses in the past year if they are 18 years old and younger or in the past two years if they are 19 years old and over. Due to space constraints on the EVS, this benefit limitation information will replace benefit limitation information relating to physician office visits and chiropractor office visits. Physician office visits are limited to 20 visits per year before prior authorization must be obtained and chiropractor office visits are limited to five visits per year.

  Physician office visits can be tracked by each physician office through the billing provider number because the 20 visits are accumulated under the billing number.

  Chiropractors planning to provide an office visit for a new patient should write to the EDS Written Inquiry Unit at the address listed below to determine the number of office visits previously billed for an individual:

  EDS Written Inquiry Unit
  P.O. Box 68420
  Indianapolis, IN 46268

  This must be done prior to seeing a patient to verify if the individual has already received the limit of five office visits. An analysis of chiropractor office visits billed to the Indiana Health Coverage Programs (IHCP) determined that individuals received an average of approximately three office visits per year.

  Physician and chiropractor office visits benefit limitation information will again be available on AVR, OMNI, and NECS in June 2000. IHCP apologizes for any inconvenience this may cause.

Have you seen the Indiana Medicaid Web site, www.indianamedicaid.com? Look for the new Indiana Health Coverage Programs Provider Manual and the results of the recent Baseline Provider Satisfaction Survey on the Web site. This Web site can also be used to retrieve banner pages and bulletins.