



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

- Effective June 29, 2000, Medicaid Rehabilitation Option (MRO) services will only be reimbursed when billed on a HCFA-1500 claim form by a Community Mental Health Center (CMHC). Any MRO services not billed on a HCFA-1500 claim form by a CMHC will deny for edit 1040, *MRO services can only be billed on a HCFA-1500 by a CMHC*. If there are any questions, please contact EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278.
- Since March of 1999, outpatient claims have been denying for edit 4091, *add-on service was billed without a treatment room or stand-alone service*, when billing for add-on services. These claims should have denied only the detail containing the add-on service, not the entire claim. These claims will be reprocessed on July 3, 2000, and will appear on the July 11, 2000, remittance advice. As a reminder for outpatient claims, add-on services will only be reimbursed when billed on the same claim with a payable treatment room or stand-alone service. If there are any questions, please contact EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278.
- The system was recently updated for edits 4045, *Diagnosis not covered for dates of service*, for HCFA-1500 claim type and Edit 4027, *Diagnosis not covered for dates of service*, for inpatient, home health, and outpatient claim types. Effective June 29, 2000, providers billing with more than one diagnosis code per detail and when at least one of the diagnosis is a valid covered diagnosis code, the claim will continue through the normal claim adjudication process. If only one diagnosis code is billed per detail and the diagnosis code is an invalid or noncovered diagnosis code, the claim will deny for edit 4045 or edit 4027, based on the submitted claim type. If there are any questions, please contact EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278.
- On June 29, 2000, the EDS Eligibility Verification System (EVS) will be updated to include additional benefit limitation information. As a result of this update, only version 3.0 and version 4.0 EVS transactions will be accepted on or after June 29, 2000. Version 3.0 was activated in January 2000, and version 4.0 is the new EVS version being activated on June 29, 2000. If Automated Voice Response (AVR) is being used for eligibility verifications, no action needs to be taken. If the Omni swipe card device or the NECS software program is used for verifying eligibility, precautions may need to be taken to ensure that the eligibility service is not interrupted.
 - **What this means to Providers using the OMNI swipe card device for eligibility transactions:**
If version 3.0 of EVS is installed, the *Benefit Limitations Reached?* indicator will contain three benefit limitation types –one *Transportation Service*, and two *Optometry* –when an eligibility transaction is run. If these indicators are not displayed, the system is running either a version 00, 01, or 02. The Omni terminal must be downloaded to receive version 3.0 before June 29, 2000; otherwise, error message 21 – *wrong software version running on POS device*, will be received beginning June 29, 2000. This error message will be received until a successful download is performed. If a download is performed on or after June 29, 2000, version 4.0 will be downloaded.
 - **What this means to Providers using NECS to verify member eligibility:**
To determine whether version 3.0 of NECS is downloaded, view the main menu screen of NECS. The screen will read *Indiana Title XIX NECS Version 3.00*. If the version displayed on the main menu is any version other than 3.00, version 3.00 must be installed to continue receiving eligibility verifications on or after June 29, 2000. If version 3.0 is not installed on or before June 29, 2000, error message 21 – *wrong software version running on POS device* will be received when attempting to verify eligibility. **Please note that NECS will not be upgraded to version 4.0 of EVS.** A new windows based software, Provider Electronic Solutions, will be available from EDS in July of 2000, and will contain version 4.0 of EVS.
 - **What this means to Providers using outside vendors for eligibility verification:**
If using an outside vendor for eligibility verification, please contact the eligibility vendor to verify that version 3.0 of the EDS Eligibility Verification System is running and that testing is in process to upgrade to version 4.0 on June 29, 2000. If using an outside vendor and error message 21 is received on or after June 29, 2000, please contact the eligibility vendor.

If there are any questions or concerns regarding these EVS changes, please contact the EDS Omni Help Desk at 1-800-284-3548 or the EDS Electronic Claims Help Desk at (317) 488-5160.

To All Indiana Health Coverage Programs Transportation Providers

- Effective June 29, 2000, all transportation base rate and related services must be submitted on the same claim form. Failure to submit related transportation services with a paid base rate will result in claim denial for the related services. If a claim is submitted and the base rate is paid but the related transportation service is denied, an adjustment will need to be submitted for both the base rate and the related service in order for payment to be made for the related service. The ICN for the paid base rate must be the Internal Control Number (ICN) denoted on the adjustment form. If there are any questions, please contact EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278.

To All Indiana Health Coverage Programs Dental Providers

- Comprehensive or detailed and extensive oral evaluations are limited to one per member, per provider, per lifetime. Effective June 29, 2000, claims submitted by a provider for a member who has not received payment for either D0150 or D0160 will now bypass audit 6226, *comprehensive/extensive oral examination limited to one/lifetime*. This limitation audit will fail when more than one comprehensive or detailed and extensive oral evaluation is billed for any member by the same provider. If there are any questions, please contact EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278.

To All Indiana Health Coverage Programs Pharmacy Providers and All Providers Administering Infusions, Inhalations, or Injections

Note: This information is not directed to those providers rendering services in the risk-based managed care delivery system

- Banner page BR200013, dated March 28, 2000, advised of forthcoming drug average wholesale price (AWP) modifications to be made by EDS' drug file vendor, First Data Bank. These drug file changes were being made as a result of national investigation by state and federal agencies that revealed, according to the National Association of Medicaid Fraud Control Units (NAMFCU), a pattern of misrepresentation by some drug manufacturers of the AWP and wholesale acquisition costs of certain drug products. The referenced AWP changes were received from First Data Bank by EDS on May 3, 2000, and became effective for claims processing purposes as of May 4, 2000. Unfortunately, it has since become apparent that some of the rates provided to First Data Bank by the NAMFCU are incorrect. Specifically, the rates for certain Vancomycin injection products were inaccurate. The NAMFCU was made aware of the discrepancy and had First Data Bank adjust the Medicaid AWP rates for Vancomycin NDCs, 00074-6533-01 and 00205-3154-15, to \$9.048 and \$9.020, respectively. The rate adjustments became effective for claims processing on June 7, 2000. All claims for those NDC's that were submitted between May 3, 2000, and June 7, 2000, will be identified, and a mass adjustment will occur to pay the correct Medicaid AWP rate. Other rate adjustments may be forthcoming from the NAMFCU. Providers who have discovered reimbursement rate changes for drug products that are below the rate for which the product can be purchased from a wholesaler should notify the POS/ProDUR Help Desk of the situation. The help desk will forward the information to the NAMFCU. We apologize for the inconvenience caused by the flawed data that was provided to First Data Bank and forwarded to the Indiana Health Coverage Programs. Please be assured that we are exerting every effort to correct the discrepancy as soon as possible. If there are any questions about this matter, please contact the POS/ProDUR Help Desk at (877) 877-5182.