



I M P O R T A N T I N F O R M A T I O N

BR 200030

JULY 25, 2000

To All Indiana Health Coverage Programs Providers:

- Effective immediately, there are two remittance advice changes. Disposition code 8226 has changed since *BR200022* dated May 30, 2000. Please make a note of the new information. Disposition code 8226 will be used if EDS receives a refund from a provider, that cannot be applied because the corresponding claim is no longer on the database. The refund will be retained and applied by EDS, and the following message will appear under non-claim specific refunds from providers on the remittance advice: *8226 CHECK RECEIVED BY EDS FROM PROVIDER FOR CLAIM NOT IN HISTORY*. Also, a new refund disposition code 8306 has been created and will be used when EDS receives a refund from a provider that cannot be applied because the corresponding claim has already been adjusted, and the refund is being returned to the provider. The following message will appear under non-claim specific payouts to providers on the remittance advice when a refund is being returned to the provider: *8306 CHECK RECEIVED BY EDS FOR CLAIM ADJUSTMENT ON PREVIOUSLY ADJUSTED CLAIM. AMOUNT OF REFUND BEING RETURNED TO PROVIDER*. If there are any questions, please contact EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278.
- Providers are reminded to allow Medicare claims ample time to automatically cross over to the Indiana Health Coverage Programs (IHCP) for processing. Providers are asked to review the explanation of Medicare benefits (EOMB) for the status of each claim to determine whether the claim has been forwarded to EDS for processing, or if the provider needs to submit a paper claim to the IHCP. The remark code that appears on the standard paper remittance advice for Medicare Part B HCFA-1500 claims forwarded to EDS for processing is:

MA07 Claim processed as primary and forwarded to IHCP.

The claim status codes that appear on the weekly standard paper remittance advice for Medicare Part A, including UB-92 (HCFA-1450) claims are:

1 Claim not forwarded to IHCP

19 Claim processed as primary and forwarded to IHCP

For Medicare Part A claims, the Medicare MEDA DDE System allows viewing of crossover information. Claim page 6 contains a field, titled *CROSSOVER IND*. If this field is populated with the value of **1**, the claim was forwarded to the trading partner identified in the field, titled *PARTNER ID*. The Indiana Medicaid trading partner identification number is D46204001. If there are any questions please contact Medicare Part B Provider Assistance at (317) 845-2992 or Medicare Part A Customer Service at (513) 852-4535.
- On July 20, 2000, the IHCP Web site www.indianamedicaid.com will be enhanced to include the complete list of explanation of benefit (EOB) codes used to identify claims processing information. In order to access this list, click on the **FAQ** tab, and click on the **EOB List** indicator. Providers have the option to download, view, or print this list. Providers can search for a specific EOB code by typing the EOB code number in the text field and pressing **enter**. Providers can also press **Ctrl+F** to display a *Find* box to search by a keyword. Download and print instructions are available on the Web site.
- The Office of Medicaid Policy and Planning (OMPP), the Office of Children's Health Insurance Program (CHIP), and EDS invite all providers to attend the IHCP seminars. EDS, the OMPP, and provider associations have worked together to determine the most critical education and billing issues and the most frequently asked questions from the provider community. Seminar sessions have been

developed from these issues. The seminar sessions will be offered at various times during each of the three-day seminars. Throughout the seminars, providers will be able to obtain information about the new Windows-based electronic billing software package, Provider Electronic Solutions. Representatives from Managed Health Services (MHS), Lifemark Corporation, Health Care Excel (HCE), various provider associations, EDS provider consultants, and other EDS staff will also be in attendance. HCFA-1500 billers are encouraged to attend the rendering and billing sessions offered at the seminars in anticipation of future claims payment changes.

The Year 2000 IHCP Seminars will be held in Indianapolis, Jeffersonville, and South Bend, Indiana. The dates and locations of the seminars are listed below:

Indiana Health Coverage Programs Seminars			
Date	Registration Deadline	City	Location
August 22 – 24, 2000	August 8, 2000	Indianapolis	Indiana Convention Center
September 13 – 15, 2000	August 31, 2000	Jeffersonville	Ramada Inn
October 10 – 12, 2000	September 26, 2000	South Bend	Century Center

Specific information regarding registration is contained in the May 1, 2000, *Indiana Health Coverage Programs Bulletin, BT200016*. This information is also available on the Medicaid Web site, www.indianamedicaid.com along with additional information that includes the *Indiana Health Coverage Programs Provider Manual* and the fee schedule.

- Effective September 1, 2000, the Provider Enrollment Unit will no longer accept faxed provider enrollment applications. All provider enrollment applications and changes must be mailed to the following address:

**EDS Provider Enrollment
P.O. Box 7263
Indianapolis, IN 46207-7263**

This policy is being implemented because of the high volume of incoming faxes that result in the following issues:

- Faxes sent to the Provider Enrollment Unit are never received
- Faxes contain illegible information due to poor fax reception
- Faxes are received with missing pages

Faxed applications and changes received on or after September 1, 2000, will be returned to the provider, unprocessed. All providers should discontinue faxing provider enrollment applications. If there are any questions, please contact EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278, *Option 3*.

To All Indiana Health Coverage Programs Providers of Laboratory Services:

- As stated in the *Indiana Health Coverage Programs Provider Manual, Chapter 7, Page 7-33*, most clinical diagnostic laboratory procedures performed in a physician's office, by an independent laboratory, or by a hospital lab for its outpatients are reimbursed on the basis of the lower of the submitted charge or the Clinical Lab Fee Schedule. EDS has determined that some blood product, blood related, and exempt lab services have been reimbursed at the submitted charge instead of the lower of the submitted charge and the Clinical Fee Schedule amount. Effective with dates of service August 1, 2000, and after, the lab codes affected by this method of reimbursement will be updated to reflect the correct Clinical Lab Fee Schedule pricing. Providers will not be required to submit claim adjustment requests for lab services affected by this pricing update and EDS will not systematically mass adjust previously affected claims. If there are any questions, please contact EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278.