



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

B R 2 0 0 0 3 1

A U G U S T   1 ,   2 0 0 0

**To All Indiana Health Coverage Programs Providers:**

- Effective for dates of service after July 31, 2000, *audit 6010, PHYSICAL EXAMS LIMITED TO ONE (1) PER 12 MONTHS-SAME PROVIDER*, will no longer be used. The following evaluation and management procedure codes will no longer be restricted to one per provider, per year:  
99205, 99215, 99303, 99323, 99333, 99343, 99341, and 99381.

The Office of Medicaid Policy and Planning (OMPP) has determined that the frequency of **medically necessary** evaluation and management services should not be restricted. Providers who have had claims deny for any of the procedure codes listed above, should resubmit the affected claims through the normal claims processing address:

**EDS HCFA 1500 Claims  
P.O. Box 7269  
Indianapolis, IN 46207-7269**

If there are any questions, please call EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278.

- The IHCP Provider Seminars are coming soon to your area. Each seminar is three days in length, and consists of six half-day sessions, which may be selected to meet the needs of specific practices. Attendees may participate in one or all sessions. Preregistration is required along with a refundable deposit of \$25.00 per person, per seminar. The deposit will be returned after attendance at this educational event. Checks should be made payable to EDS. Please see bulletin, *BT200016*, dated May 5, 2000, or [www.indianamedicaid.com](http://www.indianamedicaid.com) Web site for detailed information and a registration form.
- 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*.

- 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.

## **To All Indiana Health Coverage Programs Pharmacy Providers:**

- The Health Care Financing Administration (HCFA) advised Indiana Medicaid administrative staff on July 24, 2000, of a delay in the August 1, 2000, scheduled implementation of the updated and revised Federal Upper Limits (FUL) referenced in provider bulletin *BT200025*, dated July 14, 2000. Therefore, current FUL rates will remain in effect until further notice.
  - The following labelers are being voluntarily terminated effective October 1, 2000:
    - Bayer Corporation (Labeler Code 00161)
    - SmithKline Beecham Pharmaceuticals, Inc. (Labeler Code 00484)

*NOTE: THE INFORMATION REFERENCED ABOVE IS NOT DIRECTED TO THOSE PROVIDERS RENDERING SERVICES IN THE RISK-BASED MANAGED CARE (RBMC) DELIVERY SYSTEM*

## **To All Indiana Health Coverage Programs Providers of Laboratory Services:**

- As stated in the *Indiana Health Coverage Programs Provider Manual, Chapter 7*, 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 call EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278.

## **To All Indiana Health Coverage Programs Providers using OMNI or NECS:**

- This message affects providers using version 3 of the OMNI System, who did not participate in the OMNI eligibility verification system download on or after June 29, 2000, and all providers who use the National Electronic Claims Submission (NECS) software. Effective July 19, 2000, a correction was made to version 3 of the OMNI System and the NECS software. The software will again allow the Managed Care Organization (MCO) name and telephone number for risk-based RBMC members to print. This capability was lost on June 29, 2000. Please note that version 4 of the OMNI System and the Automated Voice Response (AVR) systems have always provided this information. If you have any questions about the information in this article, please contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.