



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 Program Providers:

- Providers must remember to maintain medical records of sufficient quality to fully disclose and document the extent of services rendered. This requirement is set out in *405 IAC 1-5-1*. Please note that a claim form is not considered sufficient documentation. Minimally, records must include the following information:

1. Identity of the individual to whom service is rendered
2. Identity of the provider, or provider's employee and position, rendering the service
3. Date of service
4. Diagnosis, excluding transportation providers
5. Narrative description of service rendered
6. Location of service
7. Amount charged for the service

Other requirements exist as specified in the provider manual, bulletins, banner pages, *Indiana Administrative Code*, and statutes. In many cases, written evidence of physician involvement and personal patient evaluation that documents the acute medical need is required. For some services, such as therapy, home health, or mental health services, a plan of treatment and evidence of ongoing evaluation is needed. If there are any questions, please contact EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278.

- 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 99313 99323 99333 99345 99350

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 with dates of service after July 31, 2000, 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 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 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, Session full	August 8, 2000	Indianapolis	Indiana Convention Center, Session full
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.

To All Indiana Health Coverage Programs Providers Billing HCFA Crossover Claims:

- The HCFA crossover Part B claims processed last week and reported on the August 15, 2000, remittance advices appear to contain a large number of previously processed claims. EDS experienced a high denial rate last week of Part B claims for edit *5007 Exact Duplicate Header*. From early research, it appears that these Part B claims were originally processed July 13, 2000, and adjudicated correctly. All providers are advised to verify that Part B claims denied for edit 5007 on the August 15, 2000, remittance advice were previously processed by EDS on the July 18, 2000, or July 25, 2000, remittance advice. 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 Home Health Care Providers:

- The new rates for home health services, effective January 1, 2000, published in bulletin, *BT20023, Change in Reimbursement Rates for Home Health Providers*, dated June 30, 2000, were loaded for claims processed the week of June 26, 2000. Claims are being processed at the new rate beginning with the remittance advice (RA) notice for July 4, 2000. Claims processed for dates of service January 1, 2000, and after, that were paid at the old rate, will be systematically mass adjusted and will appear on the RA notice on or about August 15, 2000. It is not necessary to submit an adjustment request form. Mass adjusted claims are assigned region number 56 as the first two numbers of the internal control number (ICN). If there are any questions, please contact EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278.