

To All Indiana Health Coverage Program Providers:

• The detailed National Health and Nutrition Examination Survey (NHANES) Medical Growth Charts designed for each age group, previously identified in *Bulletin BT200035* as available from the Georgia Chapter, American Board of Pediatrics, are now available from the Center for Disease Control (CDC). The CDC can be contacted at the following address:

National Center for Health Statistics (NCHS) Division of Data Services Hyattsville, MD 20782-2003 (301) 458-4636 www.cdc.gov/growthcharts

Providers are also encouraged to periodically check the CDC/NCHS home page at www.cdc.gov/nchs for announcements and updates about distribution and training materials.

- The IHCP Fee Schedule is currently being updated to include the following:
 - Information regarding covered services by program
 - Prior authorization requirements by program
 - HCPCS 2001 codes

Effective November 29, 2000, all requests for IHCP fee schedules will be held until the updated version can be mailed in order to ensure providers receive the most current version of the fee schedule. These requests will be filled when the 2001 fee schedule is available in January 2001. A banner message will be issued when the updated fee schedule is available on the Website at www.indianamedicaid.com, and available for mailing. Providers who have paid for a fee schedule and do not wish to wait for the updated version may contact EDS Customer Assistance to request the outdated version of the schedule. If there are any questions, please contact the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

• If a legal entity enrolled in the Indiana Health Coverage Programs (IHCP) is purchased by a new owner who wishes to participate in the IHCP, the new owner must enroll in the IHCP. Claims cannot be billed under the IHCP provider number of the previous owner. Enrollment applications can be requested from the following address:

EDS Provider Enrollment Unit PO Box 7263 Indianapolis, IN 46207-7263

If there are any questions, please contact the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

Checks for IHCP approved electronic claims are usually issued in less than nine days. Checks issued for
paper claims can take an average of 25 days. Providers who currently bill on paper are encouraged to
find out more about Provider Electronic Solutions and how it can decrease claim processing time. For
information about Provider Electronic Solutions, or to download the software, please visit the IHCP
Website at www.indianamedicaid.com, or contact the Electronic Solutions Helpdesk at (317) 488-5160.

• The IHCP has a Web site that can be accessed at www.indianamedicaid.com.

To All Indiana Health Coverage Programs HCFA-1500, Home Health, and Outpatient UB-92 Billers:

• During recent system modifications, changes were made to *Explanation of Benefit Code 5001 – Exact Duplicate*. One change caused erroneous payment of HCFA-1500, home health, and outpatient UB-92 claims which should have denied for *EOB 5001*. This change affected claims processed from November 14, 2000, to December 7, 2000. The Office of Medicaid Policy and Planning (OMPP) requested that EDS give providers 45 days notice before mass adjusting affected claims. Mass adjustment of all affected claims will begin the week of February 6, 2001. If there are any questions, please contact the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

To All Indiana Health Coverage Programs Enrolled Hospitals and End Stage Renal Disease Facilities:

 The procedure for submitting claims to the Indiana Health Coverage Programs (IHCP) for Medicare/Medicaid eligible members who receive renal dialysis services has changed. Banner messages in 1997 requested submission of spenddown claims to the appropriate field consultant for special handling. These claims should <u>not</u> be submitted to the field consultants. For faster payment consideration, current claims for spenddown members who do not meet the spenddown deductible amount the first day of the month should be submitted to the normal crossover claim address:

> EDS HCFA 1500 Crossover Claims PO Box 7267 Indianapolis, IN 46207-7267

If there are any questions, please contact the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

To All Indiana Health Coverage Program Dental Providers:

Between November 14, 2000, and November 29, 2000, dental claims billed for services requiring *tooth number* or *surface identification* erroneously denied for *Explanation of Benefit Code 5001 – Exact Duplicate*. All affected claims have been systematically mass-adjusted and mass-reprocessed, and should have appeared on the December 12, 2000 remittance advice. Providers **do not** need to notify EDS or resubmit denied claims. If there are any questions, please contact the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

To All Indiana Health Coverage Program Inpatient Hospital Providers:

• On December 18, 2000, EDS updated Indiana*AIM* to include all 2001 ICD-9 diagnosis and surgical procedure codes on the diagnosis related group (DRG) Mapper. Providers can now bill 2001 ICD-9 diagnosis and surgical procedure codes on the UB-92 claim form for inpatient hospital claims. Claims billed for inpatient services on the UB-92 claim form, that denied in error between October 1, 2000, and December 17, 2000, for *Explanation of Benefit Code 4116 – Diagnosis is not valid for DRG pricing*, will be reprocessed the week of December 18, 2000. The reprocessed claims will appear on the remittance advice dated December 26, 2000. If there are any questions, please contact the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.