



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 Nursing Facilities and Large and Small Intermediate Care Providers for the Mentally Retarded (ICFs/MR):

- Long-term care claims for dates of service on or after February 1, 2001, will deny when the number of accommodation units known as revenue codes 1xx, 183, or 185 exceeds the number of *from* and *through* days covered at the header of form locator 6 on the UB-92 claim. Claims will deny with EOB code 4219 – *Units Billed Exceed Days Covered*. Please verify and resubmit.

At the request of the Office of Medicaid Policy and Planning (OMPP), EDS has initiated edit 4219. Monthly claims monitoring indicated frequent instances of billing for a higher number of accommodation days than *from* and *through* days on long-term care claims. Prior to the activation of edit 4219, EDS adjusted claims to correctly reflect the number of units billed. Edit 4219 will enable the provider to identify claims that may reflect data entry errors; enabling the provider to analyze the quality and accuracy of claim submission to EDS.

In summary, any long-term care claim billed for dates of service on or after February 1, 2001, will deny when the number of accommodation units known as revenue codes 1xx, 183, or 185 exceeds the number of *from* and *through* days covered at the header of form locator 6 on the UB-92 claim. The remittance advice will list EOB 4219 - *Units Billed Exceed Days Covered*. Please verify and re-submit. After this denial is received, the provider should correct the number of accommodation units and **re**-submit the claim. Please direct any questions to 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 Pharmacy Providers:

Note: The information referenced below is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system.

- The following product has been **deleted** from the Medicaid Federal Upper Limit (FUL) effective December 8, 2000:

Generic Name

Albuterol

0.09 mg/Inh, Aerosol, Metered, Inhalation, 17gm

To All Indiana Health Coverage Programs Providers:

- On January 1, 2001, all 2001 HCFA Common Procedure Coding System (HCPCS) codes were entered into IndianaAIM effective for dates of service January 1, 2001, forward. However, approximately 780 HCPCS codes in IndianaAIM are currently under review for coverage determination. These HCPCS codes do not have an associated RBRVS price segment; therefore, claims billed with these HCPCS codes will deny for explanation of benefit (EOB) code 4014 – *Claim being reviewed for pricing*. It is anticipated that most of these codes will be non-covered by the Indiana Health Coverage Programs (IHCP), as HCPCS or current procedural terminology (CPT) codes already exist that can be used in place of the new 2001 HCPCS codes. Most of these HCPCS codes fall in the ranges of C1000 to C9702, S0085 to S9555, and H0001 to H0030.

Once a determination has been made regarding whether the codes will be reimbursed by the IHCP, EDS will systematically reprocess all claims with 2001 HCPCS codes that denied for EOB 4014. However, the majority of claims will deny for EOB 4013 – *This procedure code not covered for the date of service billed*. Therefore, providers must find an appropriate HCPCS or CPT code that is valid for the date of service billed, and should resubmit the claim. If a new procedure code represents a service that is non-covered by the IHCP, neither the code nor the service will be reimbursed. Please monitor forthcoming banner page articles for further information. Please direct any questions to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

Note: The enhanced IHCP Fee Schedule, which was to be released in January 2001, will not be released until all 2001 HCPCS codes are updated in IndianaAIM.

- Providers filing crossover claims that have **not** automatically crossed over to the IHCP are encouraged to begin use of the crossover form(s) referred to in Bulletin *BT200101* which had an effective date of March 5, 2001. The mandatory date has been extended to **July 2, 2001**. Forms are available on the IHCP Web site at www.indianamedicaid.com and can be downloaded free of charge for electronic use or printing. As a reminder, these forms should only be utilized for claims that do not crossover automatically to the IHCP. Please direct any questions to 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 Dental Providers:

- It is the policy of Indiana Health Coverage Programs to reimburse for posterior resin restorations at the same rate as amalgam restorations. This policy was published June 29, 1995, in Bulletin *E95-41*. However, this policy was not reflected in the increased rates adopted May 1, 1998. Rates for resin-based composite restoration codes D2380, D2381, D2382, D2385, D2386, D2387, and D2388 will be revised to reflect this policy, effective March 10, 2001. Please direct any questions to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.