



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

BR 200106

F E B R U A R Y 6 , 2 0 0 1

To All Indiana Health Coverage Programs Providers:

- Effective February 1, 2001, medical supplies, non-medical supplies, and routine durable medical equipment (DME) items billed to the Indiana Health Coverage Programs (IHCP) for members residing in long-term care facilities will deny. Long-term care facilities are defined as: nursing facilities, intermediate care facilities for the mentally retarded (ICFs/MR), and community residential facilities for the developmentally disabled (CRFs/DD). The IHCP policy stipulates that providers cannot bill the IHCP directly for medical supplies, non-medical supplies, or routine DME items provided to an IHCP member residing in a long-term care facility. The costs for these services are included in the facility per diem rate, and the pharmacy, medical supplier, or DME company should bill the long-term care facility directly for such services. For further information, refer to *405 IAC 5-13-3* and *405 IAC 5-31-4*, or refer to *Appendix A* of the *IHCP Provider Manual*.
 - Health Care Financing Administration (HCFA) common procedure coding system (HCPCS) codes for medical supplies, non-medical supplies, or routine DME items will deny with explanation of benefit (EOB) code *2034 - MEDICAL AND NON-MEDICAL SUPPLIES AND ROUTINE DME ITEMS ARE COVERED IN THE PER DIEM RATE PAID TO THE LONG TERM CARE FACILITY AND MAY NOT BE BILLED SEPARATELY TO THE IHCP.*
 - National drug code (NDC), universal product code (UPC), or health-related items (HRI) codes for medical supplies, non-medical supplies, or routine DME items will deny with EOB code **2011 - MEDICAL AND NON-MEDICAL SUPPLIES AND ROUTINE DME ITEMS ARE COVERED IN THE PER DIEM RATE PAID TO THE LONG TERM CARE FACILITY AND MAY NOT BE BILLED SEPARATELY 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.

- Providers filing crossover claims that have **not** automatically crossed over to the Indiana Health Coverage Programs (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 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 explanation of benefit (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

- The following product has been **deleted** from the Medicaid Federal Upper Limit (FUL) effective February 25, 2001.

Generic Name

Propoxyphene Hydrochloride 65 mg. Capsule, Oral, 100 ct

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.