



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 Providers:

- The Office of Medicaid Policy and Planning (OMPP) in conjunction with EDS is currently assessing the technical and business process changes to the Indiana Health Coverage Programs (IHCP) that will be required under the Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification final rule. This rule was published August 17, 2000, and has broad implications including coding and electronic format changes for claim submission.

Continue to monitor the www.indianamedicaid.com Web site for HIPAA information as well as Web site links to additional HIPAA information sources.

In order to assess the impact of the Administrative Simplification final rule to the IHCP provider community, the IHCP wants to hear what providers know about HIPAA. Provider responses will supply information to develop provider educational materials. Please access and complete the HIPAA Awareness survey by June 15, 2001, on our web site at www.indianamedicaid.com. This survey is also being mailed to a random sample of providers across Indiana.

Thank-you for taking the time to complete this survey.

- In an effort to reduce the number of returned claims, a single Explanation of Medicare Benefits (EOMB) must be submitted for each claim form. Medicare denied services should not be submitted on the claim form with Medicare paid services. Providers should group all denied line items on one claim and all paid line items on another.

This process applies to the use of the Crossover Claim Form as well as regular crossover submissions. Denied charges should not be submitted on the Crossover Claim Form. Attach the EOMB for denied charges to the HCFA or UB-92 claim form.

- Please send any address changes, recertifications, changes of ownership, etc. to:
EDS Provider Enrollment
PO Box 7263
Indianapolis, IN 46207-7263

Please direct questions to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

- Rendering billing bulletin *BT200115* dated April 15, 2001, was recently issued with information about updating provider enrollment information. Not all providers need to complete the forms included in bulletin *BT200115*. The forms are only for use by providers reporting provider enrollment changes. Use of the forms instead of a letter becomes mandatory May 31, 2001.

Please direct questions to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

- In an effort to minimize the number of duplicate claim submissions, providers are advised to use the HCFA or UB-92 adjustment form whenever requesting additional or decreased reimbursement from the Indiana Health Coverage Programs (IHCP). Submitting corrected claims, instead of adjusting the original claim, will cause denials for duplicate claims based on the claim header information of member name, recipient identification number, date of service and provider number. Complete instructions for requesting adjustments is located in *Chapter 11* of the *Indiana Health Coverage Programs Provider Manual*. Forms

can be downloaded free of charge from the IHCP Web site at www.indianamedicaid.com, or can be requested in writing from EDS at the following address:

**EDS Forms Request
PO Box 7263
Indianapolis, IN 46207-7263**

Please direct 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 Transportation Providers:

- Update: The mass adjustment performed March 6, 2001, for transportation providers who bill procedure codes X3033, A0150, and Y9001 will be corrected June 15, 2001. Accounts receivables established as a result of the mass adjustment will be moved to reflect this date. EDS will systematically reprocess all affected claims.

To All Indiana Health Coverage Programs Providers Using the Dental Claim Form, HCFA-1500 Claim Form, and UB-92 Outpatient Claim Form:

- The Indiana Health Coverage Programs (IHCP) Web site, www.indianamedicaid.com, has been updated to include the IHCP Fee Schedule. Only providers who bill services on Dental Claim Forms, HCFA-1500 Claim Forms, and UB-92 Outpatient Claim Forms should use this fee schedule. The information contained on this fee schedule does not pertain to providers who use UB-92 Inpatient Claim Forms or Pharmacy Claim Forms.

The IHCP Fee Schedule has been enhanced to provide optimum information regarding current procedural terminology (CPT- 4) codes, Health Care Financing Procedure Coding System (HCPCS) and current dental terminology (CDT) codes currently recognized by the IHCP, generally referred to as *procedure codes*.

Information regarding each procedure code, such as program coverage, the maximum allowed fee, prior authorization requirements, and anesthesia base units is available on the fee schedule. Information about individual program benefits is available in the IHCP Provider Manual.

To print the entire or partial fee schedule, please see *Printing Tips* on the Web site. The fee schedule prints on approximately 360 pages. Providers can receive a paper copy by sending a request and a check payable to EDS for \$43.00 to the following address:

**EDS Provider Written Correspondence
PO Box 7263
Indianapolis, IN 46207-7263**

EDS updates the IHCP Fee Schedule monthly, making prior months' **paper** copies obsolete; therefore, it might not be practical to print the fee schedule or order copies frequently. However, providers can access the Web site for the most current information regarding procedure codes recognized by the IHCP.

Please direct questions to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.