IMPORTANT INFORMATION

BR200135   AUGUST 28, 2001

To All Indiana Health Coverage Programs Providers:

- The Office of Medicaid Policy and Planning (OMPP), the Office of Children's Health Insurance Program (CHIP), Health Care Excel (HCE), and EDS invite all providers to attend the 2001 Indiana Health Coverage Programs (IHCP) seminars. EDS, HCE, and the OMPP have worked together to determine the most critical education and billing issues, as well as the most frequently asked questions from the provider community. Seminar sessions have been developed to resolve these issues by educating the provider community. Specific seminar sessions will be offered at various times during the four-day seminar. Providers will be able to obtain information about HIPAA, medical policy, and prior authorization by attending the seminar sessions. This will also be an opportunity to interact in HCFA-1500, UB-92, and managed care roundtable discussions. Specialized sessions about certain provider types and specialties will also be available. In addition to EDS provider consultants and other EDS staff, representatives from Lifemark, Managed Health Services (MHS), MDwise, Harmony, HCE, and various provider associations will be in attendance.

  The 2001 Seminars will be held September 18, through September 21, 2001, at the Four Points by Sheraton, located on the east side of Indianapolis. **The registration deadline is September 4, 2001.** Specific information about registration is located in the August 10, 2001, *Indiana Health Coverage Programs (IHCP) Provider Bulletin BT200131.* This information is also available on the Website at www.indianamedicaid.com Please direct any questions to EDS at (317) 488-5195.

- Please send any provider file updates such as, but not limited to, address changes, recertifications, group member additions or disenrollments, or changes of ownership to the following address:

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

  Please use the update form, available for download on the Web site at www.indianamedicaid.com or by contacting EDS Customer Assistance at the phone number listed below. Provider file changes must be submitted on an update form. Changes are no longer accepted on letterhead or via fax. Please direct questions about updates to EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278, *option 3*.

- EDS encourages providers to use electronic funds transfer (EFT) for receipt of IHCP payments, allowing direct deposit of IHCP payments into a provider's designated bank account. EFT decreases the administrative processing required by paper checks. EFT is safe and only allows the deposit of funds into an account. EFT payments can be established on a billing provider number by submitting a completed EFT form to the EDS Provider Enrollment Unit. The form is available for download on the Web site at www.indianamedicaid.com, or by calling EDS Customer Assistance. Please contact EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278 for more information about establishing EFT payments.

- Claims for services rendered to Package B eligible members must be coded to indicate pregnancy as the principal diagnosis in order for claims to pay. The pregnancy-related code must be indicated in form locator 24E of the HCFA-1500 claim form. This includes **V** codes and **600 series** pregnancy diagnosis codes. If the specific reason for the visit/care is not adequately addressed by any pregnancy diagnosis code, the visit/care diagnosis must also be included as a secondary or tertiary diagnosis on the claim form. The pregnancy indicator **P** must be entered in form locator 24H. Services for pregnant women are considered medically necessary if the health or well-being of the mother or baby could be adversely affected if the mother is not treated. Claims for Package B members enrolled in risk-based managed care (RBMC) should be sent to the appropriate managed care organization (MCO). Detailed instructions are available in chapter 8 of the *Indiana Health Coverage Programs Provider Manual*. 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 Medicaid 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 labelers have entered into drug rebate agreements and have joined the rebate program with a mandatory coverage date of October 1, 2001:
  > Actelion Pharmaceticals, Labeler Code 66215
  > Baxter Healthcare Corporation, Labeler Code 10019
  > CollaGenex Pharmaceuticals, Inc., Labeler Code 64682
  > D & K HealthCare Resources, Inc., Labeler Code 05304
  > D & K HealthCare Resources, Inc., Labeler Code 07985
  > D & K HealthCare Resources, Inc., Labeler Code 65759
  > D & K HealthCare Resources, Inc., Labeler Code 78622
  > Leader, Labeler Code 08881
  > Leader, Labeler Code 36652
  > Leader, Labeler Code 56151
  > Llorens Pharmaceutical, Labeler Code 54859
  > NuPharmx, LLC, Labeler Code 66460
  > Pharmaceutical Ventures, Ltd., Labeler Code 50057

- The following labeler is being terminated effective October 1, 2001:
  > ICN Pharmaceuticals, Labeler Code 53095

- The following labeler is being voluntarily terminated effective October 1, 2001:
  > Drug Emporium, Inc., Labeler Code 62865

To All Indiana Health Coverage Programs Outpatient Hospital and Ambulatory Surgical Center Providers:

- One of the most **frequent claim denials for outpatient treatment services occurs when an evaluation and management (E & M) code is submitted in conjunction with a treatment or emergency room revenue code**. For example, when a claim is submitted on a UB-92 claim form with a 450 revenue code in locator 42 and a HCPCS code in the range 99281 through 99285 in locator 44, the claim denies for edit 4108 - *No ASC on file*.

  As stated in *Chapter 8* of the *Indiana Health Coverage Programs Provider Manual*, treatment rooms are billed using revenue codes 45X, 51X, 52X, 70X, 71X, 72X, and 76X. If a treatment room or emergency room revenue code is billed with a non-surgical HCPCS code, the claim denies for edit 4108 - *No ASC on file*. If a claim denies for edit 4108 and an E & M code was billed with one of the above revenue codes, remove the E & M code from and resubmit the claim.

  All professional services, such as the treatment or emergency room physician services, must be reported on the HCFA-1500, using the professional number associated with the facility and the unique rendering provider number assigned to the physician. The facility is paid for claims billed on the UB92 and physician services are paid for claims billed on the HCFA-1500.