



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 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 federal upper limit (FUL) changes will be implemented September 24, 2001:

| <u>Generic Name and Strength</u> | <u>Price per Tablet</u> |
|----------------------------------|-------------------------|
| Benzotropine Mesylate | |
| 0.5 mg. Tablet, Oral, 100 | \$0.0898 |
| 1 mg. Tablet, Oral, 100 | \$0.0930 |
| 2 mg. Tablet, Oral, 100 | \$0.1027 |

To All Indiana Health Coverage Programs Physicians, Podiatrists, Dentists, Hospitals, Clinics, Mental Health Providers, and Pharmacies:

- Prior authorization (PA) requests for brand medically necessary drugs will be verified as approved or denied with a response from the automated voice response (AVR) system. The AVR responds *Approved* if the PA is approved, and no dollar or unit amount is stated. The AVR responds *Denied* if the PA is denied, with no dollar or unit amount stated. Additionally, the requestor will receive a PA letter for documentation and verification, which will have zeros in the fields for dollars and units respectively. Providers are asked to ignore the dollars and units fields, and focus on the *decision status* column for the response of either *Approved* or *Denied* for the PA request.

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 has been extended to September 12, 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.
- Vincente Reid, Medicare Recovery Specialist, will be in attendance at the IHCP seminar on September 18 and 19 to meet with providers and address questions.

- 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*.

- This article is to update all providers of continued efforts, by EDS, to increase the number of trading partners from whom the IHCP receives Medicare crossover claims. EDS currently receives electronic crossover claim data from the following:

BCBS of Alabama – Part B
Wisconsin – Part A/C
Omaha – Part A/C
BCBS of Florida – Part B

AdminaStar – Part A/C, B, and DMERC
Wisconsin Physician Services – Part B
BCBS of South Carolina – Part B
Railroad Benefits for South Carolina – Part B

EDS has received the first electronic crossover claim transmission from Riverbend of Tennessee. Providers using this Medicare intermediary should allow six weeks for claims to be received and adjudicated by EDS before submitting paper crossover claims.

EDS is also working with BCBS of Georgia to complete the paperwork and testing necessary to initiate the electronic claim transmissions. Providers submitting Medicare crossover claims to the IHCP who do not find their intermediary listed above should contact EDS with the company name and contact person of their intermediary so EDS can discuss this option with them. Questions about the above information can be directed to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

- 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.

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 UB-92 and physician services are paid for claims billed on the HCFA-1500.