



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 Physicians, Pharmacists, End Stage Renal Disease Clinics, Home Health Agencies, and Medical Supply and Durable Medical Equipment Providers:

- Provider bulletin *BT200031* instructed providers to use only local codes Z5110 and Z5111 for sterile and non-sterile gloves. The bulletin also indicated that all NDC/HRI/UPC codes for sterile and non-sterile gloves would not be reimbursed effective October 23, 2000. The Indiana Health Coverage Programs (IHCP) conducted a utilization review of the NDC/HRI/UPC codes, and found these codes are still used. Therefore, the NDC/HRI/UPC codes will be end-dated to prevent reimbursement for gloves under these codes. The Medicaid explanation of benefits (EOB) will indicate the code is non-covered. The purpose of this banner is to alert providers of this change and to reiterate appropriate coding for sterile and non-sterile gloves. Utilization data for providers not in compliance with the instructions in bulletin *BT200031* has been given to the Health Care Excel Surveillance and Utilization Review (SUR) department for appropriate action.

As a reminder, sterile and non-sterile gloves are covered only when used for medical purposes by non-paid caregivers. Additionally, end stage renal disease providers should not bill gloves because gloves are included in the composite reimbursement. The policy is in bulletin *BT200031* and is located on the Web site at www.indianamedicaid.com. For questions or comments about this information, please contact the HCE Medical Policy Department at (317) 347-4500.

To All Indiana Health Coverage Programs Transportation Providers:

- Update: The mass adjustment performed March 6, 2001, for transportation providers billing procedure codes X3033, A0150, and Y9001, will be corrected October 15, 2001. The recoupment date on accounts receivable established as result of the mass adjustment will be changed to October 15, 2001. EDS will systematically reprocess all affected claims, and providers will not need to reprocess any claims. Please direct questions to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.
- Prior authorization (PA) is required for one-way trips in excess of 20 units for several types of transportation services. Effective November 2, 2001, local codes X3039, Y9001, and Y9201, for wheelchair van transportation, will be excluded from the audit for this group of services. The PA requirement for wheelchair van transportation trips in excess of 50 miles will not be changed.

To All Indiana Health Coverage Programs Providers:

- Electronic crossover claim tapes were not received for the dates listed below, and EDS has not processed claims for the following:
 - Part B for July 14, July 28, and August 11
 - DMERC for June 9 and July 7
 - Part A and C for July 14

Administar will recreate the Part B claim tapes for July 14, July 28, and August 11, and the DMERC tape for July 7. These claims will be processed by EDS, and no provider action is necessary.

Administar cannot recreate tapes for the June 9 DMERC claims or the July 14 Part A and C claims; therefore, providers should submit these claims on paper. Please direct questions about this information to EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278.

- 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.

To All Indiana Health Coverage Programs Acute Care Hospital Providers:

- This banner message is to clarify the current reimbursement policy for outpatient treatment room services. Treatment room services include emergency department visits, clinic visits, cast room, labor room and delivery, and observation. Treatment rooms are billed using revenue codes 45X, 51X, 52X, 70X, 72X, and 76X.

Emergency department services are furnished to ill and injured patients who require immediate, unscheduled medical or surgical care. Clinic services are furnished for diagnostic, preventative, curative, and rehabilitation services to ambulatory patients. Cast room services include cast application, maintenance, and removal. Labor room and delivery services are provided by specially trained nursing personnel for prenatal care during delivery, assistance during delivery, postnatal care, and minor gynecologic procedures. Observation room services are furnished by a hospital, on the hospital's premises, and include the use of a bed and periodic monitoring by the hospital's nursing staff. Observation room services are reasonable and necessary to evaluate the patient's condition or determine the need for possible admission to the hospital as an inpatient. Services are covered only when ordered by a physician or other individual authorized by state licensure law and hospital bylaws to admit patients to the hospital or to order outpatient tests.

Treatment room services are reimbursed at a flat rate that includes most drugs and supplies. Reimbursement is limited to one unit per day, per patient, per provider. If after reasonable and necessary evaluation of the patient's condition, it is determined that the patient should be admitted as an inpatient, the hospital is permitted to receive reimbursement for both the outpatient treatment room service, up to and including the day of admission, and the inpatient diagnosis related group or level of care payment. Stand-alone services may be billed in conjunction with treatment room services.

Please refer to Chapters 7 and 8 of the *Indiana Health Coverage Programs Provider Manual*, available on the Web site at www.indianamedicaid.com, for more information regarding the outpatient prospective payment system and billing guidelines. Please direct questions to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or (800) 577-1278.