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 Providers:

- The following is an update of an article originally printed September 25, 2001 in BR200139.

  Edit 0232 – Rendering physician number is not in valid format, was inactivated for all crossover claims on July 7, 2000. EDS identified some duplicate claim payments made after that date. Edit 0232 was reactivated effective September 14, 2001, to prevent additional duplicate payments. A systematic mass adjustment was scheduled for November 2, 2001, to correct claims paid in error from July 7, 2000, through September 14, 2001. The mass adjustment is being done by quarters and should be finalized the week of January 21, 2002.

- This reminds providers the change to *405 IAC 5-20-8* was effective September 28, 2001. The rule change will impact providers in two ways:
  - Prior authorization is required for all units of neuropsychological and psychological testing. This applies to Current Procedural Terminology (CPT) codes *96100* (Psychological testing), *96111* (Developmental test extended), and *96117* (Neuropsychological testing battery).
  - Allows one unit of psychiatric diagnostic interviews per provider, per member, per 12 months without prior authorization – all additional units require prior authorization. This rule permits, without prior authorization, a maximum of two units of psychiatric diagnostic interviews per member, per 12 months, if either a physician or a Health Service Provider in Psychology (HSPP) and a midlevel practitioner separately evaluate the member. This applies to CPT code *90801* (Psychiatric diagnostic interview). **NOTE: This section is a correction to the January 1. 2002 banner (BR200201).**

  Direct questions about this information to the Medical Policy Department at Health Care Excel (HCE) at (317) 347-4500.

- The 2002 *Health Care Financing Administration's Common Procedure Coding System* (HCPCS) and *Current Procedural Terminology* (CPT) code updates will be loaded for Crossover Claims only on January 1, 2002. Providers should continue billing 2001 codes until April 1, 2002. The IHCP will deny claims submitted with 2002 codes for dates of service prior to April 1, 2002. Questions can be directed to the Health Care Excel Medical Policy department at (317) 347-4500.

- **The following policy is mandatory only for providers enrolled in the Indiana Health Coverage Programs (IHCP) at the time the service was rendered.** Providers rendering services to members during a period of retroactive eligibility are bound by the following requirements:
  - The provider must refund in full to the member any payments for covered services rendered on or after the eligibility effective date, just as the traditional IHCP retroactive eligibility policy.

– The provider bills the IHCP for the covered service.

For example, an IHCP provider renders an IHCP covered service to a patient on a private-pay basis on June 1, 1997. On October 1, 1997, the patient is enrolled in the IHCP retroactively to May 1, 1997. The patient informs the provider and furnishes a member identification card. When the member informs the provider of the retroactive eligibility, the provider needs to verify program eligibility using one of the Electronic Verifications Systems (EVS). When member eligibility is verified, the provider must adhere to the policy stated above and refund the full amount paid by the member for the services rendered on June 1, 1997. The provider must bill the IHCP within one year of the date the member was retroactively enrolled. Providers must return money paid by the IHCP member as soon as possible according to normal office policy.

For complete details concerning retroactive eligibility, reference Chapter 8 of the *IHCP Provider Manual*

- 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**.**