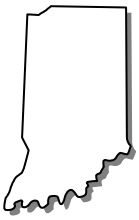

P R O V I D E R B U L L E T I N

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To: **First Steps Providers**

Subject: **First Steps Processor Change**

Overview

Effective February 1, 2006, EDS assumes claims processing responsibility for the Indiana First Steps program. This change impacts First Steps providers in regard to provider enrollment and updates, claim submission, and claim payment. This provider bulletin is designed to outline those changes.

Provider Enrollment and Provider Updates

Provider information for existing First Steps providers has been transferred to EDS and added to the Indiana*AIM* claims processing system. Providers do not need to re-enroll. EDS will send an enrollment letter to providers to notify them of their new First Steps provider number. In addition, current Indiana Health Coverage Programs (IHCP) providers will receive a new provider number to use for First Steps claims. If providers want to consolidate the IHCP provider number and First Steps provider number into one billing number, the providers must send a written request to the Provider Enrollment unit at the address listed below.

Beginning February 1, 2006, the new First Steps provider enrollment and updates form posted on the new First Steps Provider Matrix Web site at https://www.infirststeps.com must be used to enroll new providers or update an existing provider profile. The form is submitted to EDS for processing.

EDS Provider Enrollment will complete an enrollment or update within 10 business days of receipt. However, if documentation is incomplete, the provider will receive a Return to Provider (RTP) letter from EDS along with the submitted application. The RTP letter will explain which pieces of information or documentation are missing from the application. To complete the enrollment or update, the provider must resubmit the requested information along with the application.

The provider enrollment process applies to credentialing, annual re-credentialing, and annual updates.

All updates and new enrollments must be submitted to EDS Provider Enrollment on paper. Completed forms and required supporting documentation must be mailed through the United States Postal Service to the following address:

EDS Provider Enrollment
P.O. Box 7263
Indianapolis, IN 46207-7263

Providers should not send forms by certified mail, delivery service, or hand delivery. Using these methods does not speed processing. All forms follow the same handling process, regardless of how they arrive at EDS.

Provider Profile Information

Providers enrolled in First Steps can view their provider profile information through Web interChange. Clicking on **Provider Profile** allows providers to view information on file with the IHCP, including name, current addresses and phone numbers, and type and specialties. Groups are also able to view all of the rendering providers associated with their practice. In addition, copies of the *Provider Profile* can be printed directly from Web interChange.

To view provider profile information online, providers must be enrolled in Web interChange. To enroll in Web interChange, complete and submit the application located at https://interchange.indianamedicaid.com and clicking the **How to Obtain an ID** link.

Web interChange is a Web-based application that allows providers to submit claims electronically, view authorizations, view claim status, and view their provider file information. Additional information about Web interChange can be found in the claim submission portion of this bulletin.

Claim Submission

Billing Requirements

This section provides an overview of the billing and claim processing guidelines for First Steps providers:

- All providers must be enrolled in the First Steps program as valid providers. See the Provider Enrollment section of this bulletin for more information about how to become a valid First Steps provider.
- All First Steps claims must be submitted electronically using Web interChange, or the 837P transaction. See the Methods of Claim Submission section of this bulletin for more information. Any First Steps claims submitted on paper will be returned to the provider (RTP).
- All claims must be submitted within 60 days of the date of service.
- The use of taxonomy is required on all claim submissions except for Assistive Technology services, however, it will not appear on the remittance advice (RA).

  Taxonomy is an administrative code set that classifies health care providers by type and area of specialization. A given provider may have more than one healthcare provider taxonomy code.
- All claims must be billed using the proper Health Care Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT©) codes. Providers may no longer use local codes to bill for First Steps services. See the New Codes section of this bulletin for a link to the current listing of the new HCPCS codes for First Steps.
- Providers must bill First Steps claims with the proper modifiers. All First Steps services should include the TL (early intervention/individualized family service plan) modifier. See the Modifier section of this bulletin for a complete description of how to use modifiers on First Steps claims.
- Providers must only bill for codes listed on the code set for their provider type and specialty. Provider code sets are posted on the First Steps Web site at https://www.infirststeps.com.

- All First Steps claims must include the proper place of service (POS). The place of service is used to determine proper pricing for the claim. If this information is not included, the claim will deny. See the Place of Service section of this bulletin for a list of the appropriate place of service codes.
- Providers should always bill First Steps for all Indiana First Steps Program services; therefore, providers should not submit First Steps claims to third party funding sources.
- First Steps claims cannot be submitted for payment with a claim for Medicaid or services for any other IHCP program. First Steps claims must be submitted with the unique First Steps member identification number, which begins with 950.
- Pricing for First Steps claims is posted on the First Steps Web site at https://www.infirststeps.com.

Methods

Beginning February 1, 2006, all First Steps claims **must be submitted electronically** to EDS. EDS will not accept paper claims for First Steps. If a provider submits a claim on paper, EDS will return it by mail. Providers may submit claims electronically using Web interChange or the HIPAA-compliant 837P transaction.

Providers may obtain information about how to submit claims using Web interChange and how to submit claims using the electronic 837P transaction by visiting http://www.indianamedicaid.com. This Web site includes Web interChange instructions, *Companion Guides for Electronic Data Interchange (EDI) Solutions Transmissions*, the current *Indiana Health Coverage Programs (IHCP) Provider Manual*, a provider field representative telephone listing, and additional IHCP information. For answers to specific questions, providers may also call the EDS EDI Solutions at (317) 488-5160 in the Indianapolis area or 1-877-877-5182.

Web interChange is a Web-based application provided by EDS. It is fast, free, and does not require special software. It does require Microsoft Internet Explorer 6.0 or above. The functionality includes field help and drop down menus. Web interChange is secure. Only billing providers may access claims information. Encryption and secured socket layer (SSL) connections protect the data in transit. For more information about Web interchange, access it online at https://interchange.indianamedicaid.com.

Providers may also choose to submit claims using the HIPAA-compliant 837P transaction. To exchange data with EDS electronically using this method, providers must review the requirements and specifications published in the *Companion Guide – 837 Professional Claims and Encounters Transaction*. This document is posted on the Indiana Health Coverage Programs Web site at http://www.indianamedicaid.com/ihcp/TradingPartner/CompanionGuides/837p.pdf.

Web interChange

The following are some of the features of Web interChange:

- *Claims Inquiry* allows providers to inquire about previously-submitted claims – even before they make it to the RA summary or transaction. When EDS receives claims electronically through Web interChange, they are accessible within two hours and remain accessible for three years. Providers may search for claims using a date range, claim type, member ID, or internal control number (ICN). When the basic claim information displays in Web interChange, the provider clicks the desired claim for more detail. To meet Centers for Medicare and Medicaid Services (CMS) Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, built-in security features only allow billing providers to view the claims that they submit.
- *Claim Submission* allows providers to submit First Steps claims electronically to EDS. First Steps claims are a professional claim type.
- *Check Inquiry* allows the provider to inquire about previously-received payments. The provider can find checks or electronic funds transfers (EFTs) by searching within a date range or by a specific check number. Basic check information displays and the provider clicks on that line to obtain a list of all claims associated

with that check. Built-in security features allow only the billing provider to view the checks they have received.

Web interChange features on-line help text, frequently asked questions, and *Show Me More* functionality. For more information about Web interChange, access it online at https://interchange.indianamedicaid.com. The *First Steps Provider Billing Manual* contains specific instructions for submitting claims electronically using Web interChange. Providers may access the *First Steps Provider Billing Manual* from the First Steps Web site at https://www.infirststeps.com.

Web Claim Print

Providers may print claims submitted using Web interChange as proof of the submitted information. To print a claim after submission, a provider should follow these steps:

1. Upon submitting a claim, the **Claim Confirmation** window appears. This window displays the claim's assigned ICN, the member's name, and the total charges for the claim. Click the **Print Claim** button on this window.
2. The *Claim Print* window displays all of the information that was entered into the claim form. Click the **Print Claim** button in the top-right corner of the window.
3. A *Print* window displays options to select the desired printer, number of copies, and other print settings. After making the appropriate selections, click the **Print** button to begin printing the submitted claim.
4. Click the **Close** button in the top-right corner of the *Claim Print* window to close the print window. Note that when the *Claim Print* window closes, the claim can only be printed from *Claim Inquiry*.

> *Note: If the submitted claim being printed is a copied claim, clicking the **Close** button on the* Claim Confirmation *window or* Claim Print *window will also close the* Claim Submission *window.*

837 Professional Claims Transaction

The ASC X12N 837P (04010X098) transaction and 004010X098A1 Addendum are the HIPAA-mandated instruments by which professional claim data must be submitted. If a professional claim is submitted electronically, the claim must use this transaction. Data files are transmitted in an electronic envelope. The communication envelope consists of the interchange envelope and any functional groups.

After the 837P transaction is submitted, the transaction is checked for compliance. Then, one 997 Functional Acknowledgement file per transaction and a Biller Summary Report (BSR), for all transactions received in a file, are created in response to the 837 submission. The report provides summary information about the results of the pre-adjudication of the claim being processed. Information on this report indicates rejected claims not processed by the system.

To exchange data with EDS electronically using this method, providers must review the requirements and specifications published in the *Companion Guide – 837 Professional Claims and Encounters Transaction*. This document is posted on the Indiana Health Coverage Programs Web site at http://www.indianamedicaid.com/ihcp/TradingPartner/CompanionGuides/837p.pdf.

Filing Limits

Providers must submit claims for First Steps **within 60 days** of the date of service. Claims submitted on the 61st day following the date of service will deny for EOB *512 – Your claim was filed past the filing time limit*

without acceptable documentation. Denied claims cannot be adjusted. This filing limit will be strictly enforced. The First Steps Program will need to review and approve any exceptions to this.

Providers have 180 days from the date of service to replace claims. Claims can be voided any time.

A void is the cancellation of an entire claim. Providers should note the following related to voids:

- A void cancels a claim.
- A denied claim can not be voided.
- A denied claim can only be replaced via the electronic method using EDI or Web interChange.

Providers are able to submit an electronic void or replacement for a previously submitted claim. A void and replacement can be completed on the same day or in the same week as a claim submission, and after the payment is finalized. New region codes are assigned to post-financial claims for electronic voids or replacements.

Providers can submit an electronic void and replacement through EDI or Web interChange. The Web interChange Help Page at https://interchange.indianamedicaid.com includes more information about submitting electronic voids and replacements.

New Codes

Effective for First Steps claims as of February 1, 2006, new Healthcare Common Procedure Code System (HCPCS) or Current Procedural Terminology (CPT©) codes replace the previous local codes used to bill for First Steps services. A crosswalk of the previous local codes used to bill First Steps to the new HCPCS or CPT codes is posted on the First Steps Web site at https://www.infirststeps.com.

Unlisted Procedure Codes

EDS is following current IHCP logic for processing procedure codes identified as unlisted codes. This allows the procedure code to be manually priced when the claim suspends to an analyst for review. This process applies to procedure code 99199 TL. All electronic claims for procedure code 99199 TL are processed within 21 days, which includes working suspense, when a claim suspends in the system.

Replacement codes for (service coordination) are as follows:

Table 1 – Replacement Codes for X7002

Old Codes	New Codes
X7200 / G9002 U2	G9005 TL
X7300 / G9002 U3	G9009 TL
X7400 / G9002 U4	G9010 TL

Modifiers

All claims for First Steps service must be billed with the TL modifier.

In addition, when billing for services that are measured in minutes, the 52 modifier must be included. When billing for services measured in minutes, one unit equals 15 minutes.

For example, if a provider renders 45 minutes of treatment for speech, language, voice communication, that provider may bill HCPCS code 92507 TL 52 (replaces *X8022 – treatment of speech, language, voice, communication*) with three units.

When billing for services that are provided in a group setting the modifier HQ must be included on the claim.

Claim Payment

All First Steps providers are required to sign up for Electronic Funds Transfer (EFT) upon enrollment in the program. This ensures that payment is automatically deposited in the provider's account when payment is made for First Steps claims. The EFT form is part of the Enrollment Application. EFT begins 18 days following completion of the enrollment process.

The Financial Cycle runs on Friday of each week. Providers may submit claims 24 hours a day, 7 days a week. Claims may require additional information before they can be processed. All claims processed by Friday at 4:30 p.m. will appear on the weekly remittance advice produced on the following Tuesday. EFT payment occurs each Wednesday. However, the time of day when payment appears in an account depends on the updating process of the various financial institutions. Providers should contact their financial institution for questions regarding posting of EFTs to their account.

Place of Service

Each claim must include a Place of Service (POS) code. A complete listing of POS codes can be found at http://cms.hhs.gov/states/poshome.asp and in Table 2 in this document.

Table 2 – Place of Service Codes

Place of Service Code(s)	Place of Service Name
01-02	Unassigned
03	School
04	Homeless Shelter
05	Indian Health Service Freestanding Facility
06	Indian Health Service Provider-based Facility
07	Tribal 638 Freestanding Facility
08	Tribal 638 Provider-based Facility
09-10	Unassigned
11	Office
12	Home
13	Assisted Living Facility*
14	Group Home*
15	Mobile Unit
16-19	Unassigned

(Continued)

Table 2 – Place of Service Codes

Place of Service Code(s)	Place of Service Name
20	Urgent Care Facility
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room – Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
27-30	Unassigned
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
35-40	Unassigned
41	Ambulance – Land
42	Ambulance – Air or Water
43-48	Unassigned
49	Independent Clinic*
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility – Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
57	Non-residential Substance Abuse Treatment Facility*
58-59	Unassigned
60	Mass Immunization Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
63-64	Unassigned
65	End-Stage Renal Disease Treatment Facility
66-70	Unassigned
71	Public Health Clinic**
72	Rural Health Clinic
73-80	Unassigned
81	Independent Laboratory

(Continued)

Table 2 – Place of Service Codes

Place of Service Code(s)	Place of Service Name
82-98	Unassigned
99	Other Place of Service

** New Place of Service Code, effective September 26, 2003.*
*** Revised Place of Service code, effective September 26, 2003.*

Note: The unassigned Place of Service codes in Table 3 are authorized for First Steps billing.

Table 3 – Additional Place of Service Codes Authorized for First Steps Billing

Place of Service Code(s)	Place of Service Name
03	Nursery School/Child Care Center
22 or 11	Outpatient Service Facility
21	Hospital In Patient
95	Family Day Care
97	EI Class/Program
98	Residential Facility

Remittance Advice

For a complete explanation and examples of the remittance advice (RA), refer to the *First Steps Provider Billing Manual* available on the First Steps Web site at https://www.infirststeps.com.

Additional Information

Direct questions about this bulletin to Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

Questions about provider enrollments and provider profiles should be directed to Provider Enrollment at 1-877-707-5750.

Technical questions about Web interChange should be directed to the Electronic Data Interchange Helpdesk at (317) 488-5160 in the Indianapolis local area or 1-877-877-5182.