



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

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To: All Providers**Subject: Policy Changes for Incontinence, Ostomy, and
Urological Supplies****Overview**

The Indiana Health Coverage Programs (IHCP) has contracted with three vendors to provide incontinence, ostomy, urological, and other supplies including diapers, underpads, ostomy bags, and gloves. The contracted vendors are listed below:

- Binson's Home Health Care Centers
1-888-217-9610
www.binsons.com
- Healthcare Products Delivery (HPD), Inc.
1-800-291-8011
www.hpding.net
- J&B Medical Supply Company
1-866-674-5850
www.jandbmedical.com

The contract with the three vendors began February 1, 2008. The IHCP is allowing a transition period to ensure all members affected by this change have the opportunity to select a vendor before June 1, 2008. Effective June 1, 2008, all fee-for-service members, which include those in the Traditional Medicaid, *Medicaid Select*, and *Care Select* programs, will be required to obtain incontinence, ostomy, and urological supplies through mail order from one of the contracted providers. Claims for supplies from non-contracted providers received on or after June 1, 2008, will systematically deny.

Members enrolled in the 590 Program, Medical Review Team (MRT), First Steps, Pre-Admission Screening and Resident Review (PASRR), Long Term Care, and risk-based managed care (RBMC) programs are excluded from this policy change.

Members with Medicare or third-party insurance must follow the guidelines of Medicare and/or their primary insurance plan to receive reimbursement of these products. Crossover claims and claims with a third-party payment amount indicated for these supplies are not affected by this policy change.

Before supplying these products, providers must verify the following:

- Member's Medicare eligibility and product coverage for the date of service
- Member's eligibility and product coverage from the primary carrier for the date of service

If Medicare or the primary carrier does not cover this type of service, the claims will process following Medicaid rules as though Medicaid is primary. In this case, claims from a non-contracted vendor will be denied.

Table 1.1 lists the procedure codes for supplies affected by this change. Claims for these supplies will be denied if billed by non-contracted providers on and after June 1, 2008.

Table 1 – Procedure Codes Covered Under Contract

T4521	T4522	T4523	T4524	T4525
T4526	T4527	T4528	T4529	T4530
T4531	T4532	T4533	T4534	T4535
T4536	T4537	T4539	T4540	T4541
A4542	A4310	A4311	A4312	A4313
A4314	A4315	A4316	A4320	A4321
A4322	A4326	A4327	A4328	A4331
A4332	A4333	A4334	A4338	A4340
A4344	A4346	A4348	A4349	A4351
A4352	A4353	A4354	A4355	A4356
A4357	A4358	A4359	A4361	A4362
A4363	A4364	A4365	A4366	A4367
A4368	A4369	A4371	A4372	A4373
A4375	A4376	A4377	A4378	A4379
A4380	A4381	A4382	A4383	A4384
A4385	A4387	A4388	A4389	A4390
A4391	A4392	A4393	A4394	A4395
A4396	A4397	A4398	A4399	A4400
A4402	A4404	A4405	A4406	A4407
A4408	A4409	A4410	A4411	A4412
A4413	A4414	A4415	A4416	A4417
A4418	A4419	A4420	A4422	A4423
A4424	A4425	A4426	A4427	A4428
A4429	A4430	A4431	A4432	A4433
A4434	A4450	A4452	A4455	A4458
A4927	A5051	A5052	A5053	A5054
A5055	A5061	A5062	A5063	A5071
A5072	A5073	A5081	A5082	A5093
A5102	A5105	A5112	A5113	A5114
A5120	A5121	A5122	A5126	A5131

All IHCP members will receive a bulletin explaining the policy change related to these supplies. In addition, IHCP members who have received these supplies in the past six months will receive a bulletin with information about the three vendors that includes contact information, a list of available supply brands, and instructions for obtaining emergency supplies. Refer to bulletins [BT200812](#) and [BT200813](#) on the IHCP Web site to review information provided to members. Members are encouraged to review the vendor information prior to choosing a vendor. Members can order from any of the contracted vendors and are not prevented from changing vendors.

Members are required to participate in a nursing assessment to assist with determining the appropriate products, brands, and quantities. All nursing assessments are performed by a licensed nurse who is employed by the vendor.

Non-contracted providers should encourage members who require incontinence, ostomy, and urological supplies to review the information provided and contact one of the three contracted vendors on or after February 1, 2008, to begin service prior to June 1, 2008.

Contact Information

If you have questions about this bulletin, contact EDS Customer Assistance at 317-655-3240 in the Indianapolis area or toll-free at 1-800-577-1278.

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