



## P R O V I D E R   B U L L E T I N

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**To: All Providers****Subject: Billing Guidelines for Disaster Victims****Overview**

The Office of Medicaid Policy and Planning compiled this urgent information as guidelines for billing services following the recent disasters of May 30, 2008. See Executive Orders 08-09 through 08-11 at [www.in.gov/gov/2425.htm](http://www.in.gov/gov/2425.htm) for specific counties impacted.

The guidelines pertain to the following:

- Replacement of lost or damaged durable medical equipment (DME) or home medical equipment (HME)
- Services rendered to members who reside in the affected counties
- Providers whose service locations are within the affected counties
- Providers rendering services at locations other than their location on file with Medicaid
- Hospitals rendering services to affected members seeking services out of the managed care network
- Long-term care (LTC) facilities rendering services to members who do not have level-of-care (LOC) with the rendering provider

**All Providers*****Durable Medical Equipment and Home Medical Equipment Replacements***

In accordance with 405 IAC 5-3-2 and 405 IAC 5-3-6, providers may contact the member's plan for a prior authorization (PA) by telephone for replacements for damaged or lost DME or HME supplies. Please contact the member's plan for PA and have the following information available:

- Member's identification number (RID) to allow verification of the member's eligibility
- Identification of equipment that was damaged
- Member's county of residence
- Member's county of temporary residence if member has been relocated
- Reason for the loss or damage as related to the disaster
- Whether or not the equipment and/or supplies have been delivered prior to obtaining the PA

## **Services Rendered During or Following the Disaster**

For services rendered to members enrolled in any of the managed care plans or care management plans, please contact the specific plan to obtain PA for the services. The managed care organizations (MCOs) and care management organizations (CMOs) will allow telephone PA for services rendered during or following the natural disaster. When a PA is obtained through the MCOs or CMOs, please have available the same information as listed above. Services rendered prior to obtaining the PA will not be subject to modification or PA time lines during the disaster. Claim submission guidelines will not change.

## **Services Rendered From Other Locations**

Providers rendering services from service locations other than their on-file locations should continue to submit claims using their on-file location. Please identify the claims as services rendered during the disaster to avoid future auditing discrepancies.

## **Pharmacy**

In instances in which PA cannot be immediately obtained, a pharmacist may dispense and be reimbursed for up to a 72-hour supply of a covered outpatient drug as an “emergency supply.”

In addition, to allow for holiday weekends and times when PA offices are closed, operational policy regarding “emergency supply” is that pharmacies can be paid for claims representing a maximum of a four-day supply of a covered outpatient drug, without prior authorization.

## **Long Term Care**

Providers billing for members relocated or transferred to facilities other than their documented LOC provider should contact their LTC provider consultant for assistance with specific billing guidelines.

## **Contact Information**

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

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