

Monthly News

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Frequently Used Acronyms

AVR	Automated Voice Response
CMS	Centers for Medicare & Medicaid Services
DFC	Division of Family and Children
EVS	Eligibility Verification Systems
FDA	Food and Drug Administration
HCE	Health Care Excel
HCPCS	Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act
IFSSA	Indiana Family and Social Services Administration
IHCP	Indiana Health Coverage Programs
OMPP	Office of Medicaid Policy and Planning
PA	Prior Authorization
RBRVS	Resource-Based Relative Value Scale

CDT-3/2000 and CDT-4 (including procedure codes, definitions (descriptions) and other data) is copyrighted by the American Dental Association. © 1999 American Dental Association. All rights reserved. Applicable Federal Acquisition Regulation System/Department of Defense Acquisition Regulation System (FARS/DFARS) Apply.

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Provider News

Paper Claims Processing

To assist providers using paper claims, the IHCP has discovered reasons for processing delays and increased paper claims processing errors. To avoid this, providers should adhere to the following paper claim billing processes:

- Submit paper claims on standard CMS-approved redlined claim forms.
- Use Helvetica, Times New Roman, or Courier font type with 12 point or 14 point font size.
- Do not hand-write information on claim forms.

For questions about this information, contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

Radioimmunotherapy

The IHCP will provide reimbursement for radioimmunotherapy for treatment of refractory low-grade B-cell non-Hodgkin's lymphoma retroactive to May 1, 2003. The IHCP will provide reimbursement for additional radioimmunotherapy regimens used in the treatment of B-cell, non-Hodgkin's lymphoma as

approved by the FDA. The Zevalin® therapeutic regimen is administered in two separate steps. The first step is diagnostic to determine radiopharmaceutical biodistribution of radiolabeled antibodies. The second step is the therapeutic administration of targeted radiolabeled antibodies.

This article addresses billing of this treatment regimen for Zevalin® in 2003. Billing instructions for 2004 will be published separately and are forthcoming.

Billing for Outpatient Setting

Table 1 provides information about billing for outpatient facility treatment using Zevalin®. The outpatient provider must bill G0273 or G0274 and revenue code 333 on a UB-92 claim form or 837I electronic transaction. Reimbursement for the radiopharmaceutical is included in the reimbursement for the procedure. The physician must bill on a CMS-1500 claim form or 837P electronic transaction with G0273-26 or G0274-26. The infusion of Rituxumab® prior to the administration of Zevalin® is separately billable.

Table 1 – Zevalin® Therapy Provided in an Outpatient Setting
(Effective May 1, 2003 – December 31, 2003)

CPT Code	Description	Reimbursement
G0273 (outpatient provider)	Radiopharmaceutical biodistribution, single or multiple scans on one or more days, pre-treatment planning for radiopharmaceutical therapy of non-Hodgkin's lymphoma, includes administration of radiopharmaceutical (e.g., radiolabeled antibodies)	\$1,719.48 (max fee)
G0274 (outpatient provider)	Radiopharmaceutical therapy, non-Hodgkin's lymphoma, includes administration of radiopharmaceutical (e.g., radiolabeled antibodies)	\$12,505.30 (max fee)
G0273-26 (physician)	Radiopharmaceutical biodistribution, single or multiple scans on one or more days, pre-treatment planning for radiopharmaceutical therapy of non-Hodgkin's lymphoma, includes administration of radiopharmaceutical (e.g., radiolabeled antibodies)	\$33.36 (professional) (RBRVS)
G0274-26 (physician)	Radiopharmaceutical therapy, non-Hodgkin's lymphoma, includes administration of radiopharmaceutical (e.g., radiolabeled antibodies)	\$80.19 (professional) (RBRVS)

Billing for Physician Office Setting

Table 2 provides information about billing for radiopharmaceutical therapy services performed in the physician office setting using Zevalin®. Radioimmunotherapy services provided in the physician office setting separately reimburses for

the radiopharmaceutical and the procedure. The physician office provider must bill on a CMS-1500 claim form or 837P electronic transaction with G0273 and A9522 for the diagnostic portion or G0274 and A9523 for the therapeutic portion of the radioimmunotherapy services.

Table 2 – Zevalin® Therapy Provided in a Physician Office Setting
(Effective May 1, 2003 – December 31, 2003)

CPT Code	Description	Reimbursement
G0273	Radiopharmaceutical biodistribution, single or multiple scans on one or more days, pre-treatment planning for radiopharmaceutical therapy of non-Hodgkin’s lymphoma, includes administration of radiopharmaceutical (e.g., radiolabeled antibodies)	\$322.28 (RBRVS fee)
G0274	Radiopharmaceutical therapy, non-Hodgkin’s lymphoma, includes administration of radiopharmaceutical (e.g., radiolabeled antibodies)	\$194.23 (RBRVS fee)
A9522	Supply of radiopharmaceutical diagnostic imaging agent, indium-111 ibritumab tiuxetan, per mci	\$1,363.84 (max fee)
A9523	Supply of radiopharmaceutical therapeutic imaging agent, yttrium 90 ibritumab tiuxetan, per mci	\$12,391.26 (max fee)

The published criteria for determining appropriate biodistribution involve making a qualitative comparison of isotope uptake in several organ systems between the two scans. Therefore, these scans cannot be read in isolation and codes G0273 and G0274 must be reported only once no matter how many scans are performed during the treatment regimen. The supply of the radiopharmaceutical imaging agent codes must be reported once during the treatment regimen, regardless of the dosage administered. Payment for codes A9522 and A9523 represents a total payment amount, rather than a per millicurie rate.

CPT codes 78990 and 78999 for diagnostic administration of radiopharmaceuticals, and 78800-78803 for diagnostic scanning are not separately reimbursed and must **not** be reported when billing HCPCS code G0273 for diagnostic administration of Zevalin®. CPT code 79900 for therapeutic administration of radiopharmaceuticals, 79100 and 79400 for radiopharmaceutical therapy, and 77750 for infusion or instillation of radioelement solution are not separately reimbursed and must not be reported when billing HCPCS code G0274 for therapeutic administration of Zevalin®.

Additional Information

Refer questions about information in this article to the HCE Medical Policy Department at (317) 347-4500.

2004 Annual IHCP Seminars

The annual IHCP seminars will be held October 19, 20, and 21, 2004, at the Clarion Hotel and Conference Center in Speedway, Ind. These seminar sessions consist of both general sessions (for example, Medicaid 101) and sessions for provider types and specialties (such as mental health or transportation). An upcoming IHCP provider bulletin will describe the sessions offered with specific dates and times. Additional information about the hotel, seminar registration, and so forth will also be published in the upcoming bulletin.

2004 Third Quarter Workshops for Medicaid Providers

The OMPP, Children’s Health Insurance Program (CHIP), and EDS offer IHCP 2004 third quarter workshops free of charge. Sessions are offered at several locations in Indiana. Table 3 lists the time, name, and description of each

session. The schedule allows for a lunch period from noon until 1:30 p.m.; however, lunch is not provided. **Seating is limited in all locations. Registrations are processed in the order received and registration does not guarantee a**

spot at the workshop. Confirmation letters are sent upon receipt of registrations. If a confirmation letter is not received, the seating capacity has been reached for that workshop.

Table 3 – Third Quarter Workshop Session Times, Name, and Description

Time	Session	Description
9 a.m. to noon	Medicaid 101	This session provides an overview of the IHCP, eligibility verification methods, the restricted card program, managed care programs, and more. This session is ideal for new IHCP billers or those needing an IHCP refresher course.
Noon to 1:30 p.m.	Lunch Break	Lunch is not provided.
1:30 p.m. to 3:30 p.m.	Code Sets and Provider Enrollment – What Are They and How Do They Affect Me?	This session educates providers about code sets and the implementation process. This session also reviews how setting up provider enrollment files affects billing and reimbursement. This session primarily affects providers who bill on the CMS-1500 claim form, but also reviews provider enrollment issues. Education about enrollment forms is included such as which ones to complete and when. Provider types and specialties are reviewed as well.

Table 4 lists the dates and Indiana locations for each workshop.

Table 4 – Third Quarter Workshop Dates, Deadlines, and Locations

Workshop Date	Registration Deadline	Location
August 11, 2004	August 4, 2004	Central Indiana Orthopedics, Anderson Conference Room 2610 Enterprise Drive
August 18, 2004	August 11, 2004	Clark Memorial Hospital, Jeffersonville Conference Center – Lower Level 1220 Missouri Avenue
August 24, 2004	August 17, 2004	Unity Health Care, Lafayette 1345 Unity Place Room D
August 24, 2004	August 17, 2004	Union Hospital, Terre Haute ISU School of Nursing 1606 N. 7 th St.
August 31, 2004	August 24, 2004	St. Joseph Regional Medical Center, South Bend Educational Center 801 E. LaSalle Ave.
September 1, 2004	August 25, 2004	Lutheran Hospital, Fort Wayne Kachmann Auditorium 7950 W. Jefferson Blvd.
September 2, 2004	August 26, 2004	Wishard Hospital, Indianapolis Myers Auditorium 1001 W. 10 th St.

All workshops begin promptly at 9 a.m. local time. General directions to workshop locations are available on the IHCP Web site at www.indianamedicaid.com. To access directions on the Web site click **Provider Services/Education Opportunities/Provider Workshops**. Consult a map or other location tool for specific directions to the exact location.

Workshops are presented free of charge to providers and seating for the workshops is limited to two registrants per provider number. Fax completed registration forms to EDS at (317) 488-5376. EDS processes registrations

chronologically based on the date of the workshop. A letter or fax confirming registration will be sent before the workshop. Direct questions about the workshop to a field consultant at (317) 488-5072.

For comfort, business casual attire is recommended. Consider bringing a sweater or jacket due to the possible room temperature variations.

The *Provider Workshop Registration* form can be found on page 8 of this newsletter. Please print or type the information requested on the registration form. List one registrant per form.

IHCP Provider Field Consultants Effective July 14, 2004

Territory Number	Provider Consultant	Telephone	Counties Served
1	Sharon Page	(317) 488-5071	Jasper, Lake, LaPorte, Newton, Porter, Pulaski, and Starke
2	Debbie Williams	(317) 488-5080	Allen, Dekalb, Elkhart, Fulton, Kosciusko, Lagrange, Marshall, Noble, St. Joseph, Steuben, and Whitley
3	Chris Kern	(317) 488-5326	Benton, Boone, Carroll, Cass, Clinton, Fountain, Hamilton, Howard, Miami, Montgomery, Tippecanoe, Tipton, Warren, and White
4	To be determined	(317) 488-5388	Adams, Blackford, Delaware, Grant, Hancock, Henry, Huntington, Jay, Madison, Randolph, Wabash, Wayne, and Wells
5	Relia Manns	(317) 488-5187	Marion
6	Tina King	(317) 488-5123	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, and Washington
7	Phyllis Salyers	(317) 488-5148	Clay, Greene, Johnson, Hendricks, Lawrence, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, and Vigo
8	Pam Martin	(317) 488-5153	Crawford, Daviess, Dubois, Gibson, Knox, Martin, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, and Warrick
9	Jessica Ferguson	(317) 488-5197	Out-of-State

Field Consultant for Bordering States

State	City	Representative	Telephone
Illinois	Chicago/Watseka	Sharon Page	(317) 488-5071
	Danville	Chris Kern	(317) 488-5326
Kentucky	Louisville/Owensboro	Pam Martin	(317) 488-5153
Michigan	Sturgis	Debbie Williams	(317) 488-5080
Ohio	Cincinnati/Hamilton/Harrison/Oxford	Tina King	(317) 488-5123

Out-of-state providers not located in these states, or those with a designated out-of-state billing office supporting multiple provider sites throughout Indiana should direct calls to (317) 488-5139.

Statewide Special Program Field Consultants

Special Program	Consultant	Telephone
590	Laura Merkel	(317) 488-5356
Dental	Pat Duncan	(317) 488-5101
Waiver	Mona Green	(317) 488-5152

Client Services Department Leaders

Title	Name	Telephone
Director	Darryl Wells	(317) 488-5013
Supervisor	Connie Pitner	(317) 488-5154

Note: For a map of provider representative territories or for updated information about the provider field representatives, visit the IHCP Web site at www.indianamedicaid.com.

Indiana Health Coverage Programs Quick Reference Effective July 14, 2004

Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization		Pharmacy Benefits Manager		
EDS Customer Assistance (317) 655-3240 1-800-577-1278	EDS Forms Requests P.O. Box 7263 Indianapolis, IN 46207-7263	Indiana Drug Utilization Review Board INXIXDURQuestions@acs-inc.com		
EDS Member Hotline (317) 713-9627 1-800-457-4584	Indiana Health Coverage Programs Web Site www.indianamedicaid.com	ACS PBM Call Center for Pharmacy Services/POS/ProDUR 1-866-645-8344 Indiana.ProviderRelations@acs-inc.com		
EDS OMNI Help Desk 1-800-284-3548	HCE Prior Authorization Department P.O. Box 531520 Indianapolis, IN 46253-1520 (317) 347-4511 1-800-457-4518	ACS Preferred Drug List Clinical Call Center 1-866-879-0106		
EDS Provider Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	HCE Medical Policy Department P.O. Box 53380 Indianapolis, IN 46253-0380 (317) 347-4500	PA For ProDUR and Indiana Rational Drug Program – ACS Clinical Call Center 1-866-879-0106 fax 1-866-780-2198		
AVR System (317) 692-0819 1-800-738-6770	HCE Provider and Member Concern Line (Fraud and Abuse) (317) 347-4527 1-800-457-4515	Indiana Pharmacy Claims/Adjustments c/o ACS P. O. Box 502327 Atlanta, GA 31150		
EDS Electronic Solutions Help Desk (317) 488-5160 1-877-877-5182 INXIXElectronicSolution@eds.com	HCE SUR Department P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 1-800-457-4515	Indiana Administrative Review/Pharmacy Claims c/o ACS P.O. Box 502327 Atlanta, GA 31150		
EDS Provider Enrollment/Waiver P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750	EDS Administrative Review Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	Drug Rebate ACS State Healthcare ACS – Indiana Drug Rebate P. O. Box 2011332 Dallas, TX 75320-1332		
EDS Third Party Liability (TPL) (317) 488-5046 1-800-457-4510 Fax (317) 488-5217	Hoosier Healthwise (Managed Care Organizations and PCCM) and Medicaid Select		To make refunds to IHCP for pharmacy claims send check to: ACS State Healthcare – Indiana P.O. Box 201376 Dallas, TX 75320-1376	
Harmony Health Plan www.harmonyhmi.com Claims 1-800-504-2766 Member Services 1-800-608-8158; TTY: 1-877-650-0952 Prior Authorization/Medical Management 1-800-504-2766 Provider Services 1-800-504-2766 Pharmacy 1-800-608-8158	MDwise www.mdwise.org Claims 1-800-356-1204 or (317) 630-2831 Member Services 1-800-356-1204 or (317) 630-2831 Prior Authorization/Medical Management 1-800-356-1204 or (317) 630-2831 Provider Services 1-800-356-1204 or (317) 630-2831 Pharmacy (317) 630-2831 1-800-356-1204	Managed Health Services (MHS) www.managedhealthservices.com Claims 1-800-414-9475 Member Services 1-800-414-5946 Prior Authorization/Medical Management 1-800-464-0991 Provider Services 1-800-414-9475 Nursewise 1-800-414-5946 ScripSolutions (PBM) 1-800-555-8513	PrimeStep (PCCM) www.healthcareforhoosiers.com Claims - EDS Customer Assistance 1-800-577-1278 or (317) 655-3240 Member Services 1-800-889-9949, Option 1 Prior Authorization HCE: 1-800-457-4518 or (317) 347-4511 Provider Services for PMPs 1-800-889-9949, Option 3 Pharmacy – see ACS in Pharmacy Benefit Manager section above	Medicaid Select www.medicaidselect.com Claims - EDS Customer Assistance 1-800-577-1278 or (317) 655-3240 Member Services 1-877-633-7353, Option 1 Prior Authorization HCE: 1-800-457-4518 or (317) 347-4511 Provider Services for PMPs 1-877-633-7353, Option 3 Pharmacy – see ACS in Pharmacy Benefit Manager section above
Claim Filing				
EDS 590 Program Claims P.O. Box 7270 Indianapolis, IN 46207-7270	EDS Adjustments P.O. Box 7265 Indianapolis, IN 46207-7265	EDS CCFs P.O. Box 7266 Indianapolis, IN 46207-7266	EDS Dental Claims P.O. Box 7268 Indianapolis, IN 46207-7268	EDS CMS-1500 Claims P.O. Box 7269 Indianapolis, IN 46207-7269
Claim Attachments P.O. Box 7259 Indianapolis, IN 46207-7259	EDS Waiver Programs Claims P.O. Box 7269 Indianapolis, IN 46207-7269	EDS Medical Crossover Claims P.O. Box 7267 Indianapolis, IN 46207-7267	EDS Institutional Crossover/UB-92 Inpatient Hospital, Home Health, Outpatient, and Nursing Home Claims P.O. Box 7271 Indianapolis, IN 46207-7271	
Check Submission (non-pharmacy)				
To make refunds to IHCP: EDS Refunds P.O. Box 2303, Dept. 130 Indianapolis, IN 46206-2303		To Return Uncashed IHCP Checks: EDS Finance Department 950 N. Meridian St., Suite 1150 Indianapolis, IN 46204-4288		

Indiana Health Coverage Programs



P R O V I D E R W O R K S H O P R E G I S T R A T I O N

Please **print or type** the information below and fax to (317) 488-5376.

Medicaid 101

Please indicate the workshop you will be attending in Indiana:

- | | | |
|----------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Anderson, August 11, 2004 | <input type="checkbox"/> Jeffersonville, August 18, 2004 | <input type="checkbox"/> Lafayette, August 24, 2004 |
| <input type="checkbox"/> Terre Haute, August 24, 2004 | <input type="checkbox"/> South Bend, August 31, 2004 | <input type="checkbox"/> Ft. Wayne, September 1, 2004 |
| <input type="checkbox"/> Indianapolis, September 2, 2004 | | |

Code Sets and Provider Enrollment – What Are They and How Do They Affect Me?

Please indicate the workshop you will be attending in Indiana:

- | | | |
|----------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Anderson, August 11, 2004 | <input type="checkbox"/> Jeffersonville, August 18, 2004 | <input type="checkbox"/> Lafayette, August 24, 2004 |
| <input type="checkbox"/> Terre Haute, August 24, 2004 | <input type="checkbox"/> South Bend, August 31, 2004 | <input type="checkbox"/> Ft. Wayne, September 1, 2004 |
| <input type="checkbox"/> Indianapolis, September 2, 2004 | | |

Registrant Information

Name of Registrant:	_____
Provider Number:	_____
Provider Name:	_____
Provider Address:	_____
City:	_____ State: _____ ZIP: _____
Provider Telephone:	_____ Provider Fax: _____
Provider E-Mail Address:	_____