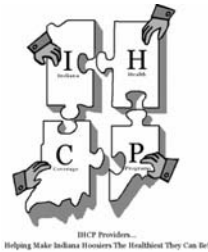


IHCP Provider

Monthly News

Indiana Health Coverage Programs

<http://www.indianamedicaid.com>



What's New Inside!

- Deficit Reduction Act of 2005
- New Online Provider Enrollment and Maintenance Forms
- Age Restriction Code Changes
- What's My Location?
- How Spend-Down Automation Works
- Changes to Electronic Eligibility Verification System
- 2007 Indiana Health Coverage Provider Seminar



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Abbreviations Used in this Newsletter

ADA	American Dental Association	MHS	Managed Health Services
AVR	Automated Voice Response	MRO	Medicaid Rehabilitation Option
CFR	Code of Federal Regulations	NDC	National Drug Code
CMS	Centers for Medicare & Medicaid Services	NOA	Notice of Action
CPT	Current Procedural Terminology	NPI	National Provider Identifier
DME	Durable Medical Equipment	NPPES	National Plan and Provider Enumeration System
EDI	Electronic Data Interchange	NUBC	National Uniform Billing Committee
EDS	Electronic Data Systems	NUCC	National Uniform Claim Committee
EOB	Explanation of Benefits	OMPP	Office of Medicaid Policy and Planning
EPSDT	Early Periodic Screening, Diagnosis, and Treatment	PA	prior authorization
EVS	Eligibility Verification Systems	PMP	primary medical provider
HCE	Health Care Excel	PRTF	Psychiatric Residential Treatment Facility
HCPCS	Healthcare Common Procedure Coding System	RBMC	risk-based managed care
HIPAA	Health Insurance Portability & Accountability Act	SSN	Social Security number
IHCP	Indiana Health Coverage Programs	SUR	Surveillance and Utilization Review
LC	Limited Corporation	TIN	tax identification number
LPI	Legacy Provider Identifier	TPL	third-party liability
MAC	maximum allowable cost	VAN	value-added network
MCO	managed care organization		

All Provider News

New Bulletins and Manuals Posted to the IHCP Web Site

The following bulletins and manuals were posted to the Indiana Health Coverage Programs (IHCP) Web site in August and September:

- [BT200721](#) – *Changes to the Preferred Drug List*
- [BT200722](#) – *2007 Indiana Health Coverage Programs Provider Seminar*
- [BT200723](#) – *Indiana Care Select*
- [BT200724](#) - *Tamper-Resistant Prescription Pads*

A complete list of bulletins is available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/bulletin_results.asp. E-mail notifications are sent to subscribers as new bulletins are posted. To subscribe, visit the IHCP Web site at http://www.indianamedicaid.com/ihcp/mailling_list/default.asp and click **Open New Account**.

To access the [Explanation of Benefits \(EOB\)](#) codes from the IHCP Web site, click **Provider Services** and then click **EOB descriptions**. Follow the directions at the top of the EOB Web page to print or download the EOB list.

Deficit Reduction Act of 2005: Healthcare Common Procedure Coding System and National Drug Code Requirement

Effective January 1, 2008, the Centers for Medicare & Medicaid Services (CMS) requires all Medicaid providers who submit procedure coded claims for drugs to Indiana Medicaid via the paper UB-04, electronic 837I transaction, and Web interChange, to submit the National Drug Code (NDC), NDC quantity, and the NDC unit of measure. The NDC information is required in addition to the procedure code that corresponds to the drug billed. Claims submitted without the required information will deny. Future provider communications will provide details about this change and related claim submission requirements. The IHCP advance notification allows the Providers sufficient time for business process changes and any related software changes necessary to support this program requirement.

Provider bulletin [BT200713](#) provided the details about submitting procedure codes with the corresponding NDC information for services billed on the CMS-1500, 837P, and Web interChange for professional claims.

Reminder – New Online Provider Enrollment and Maintenance Forms

New IHCP provider enrollment and profile maintenance forms are planned for publication in October. The new online forms are easy to access and streamline enrollment and profile maintenance activities for providers. For more information, please see the article in [September's provider newsletter](#).

2007 Indiana Health Coverage Programs Provider Seminar

The Office of Medicaid Policy and Planning (OMPP), the Children's Health Insurance Program (CHIP), and EDS invite Indiana Health Coverage Programs (IHCP) providers to attend the **2007 IHCP Provider Seminar October 22 to 24, 2007**. There is no cost for the seminar.

Seminar sessions are offered at various times during the three-day event. EDS provider field consultants and representatives from AmeriChoice, Health Care Excel (HCE), provider associations, other EDS departments, and managed care organizations (MCOs) will be present.

The seminar will be held at the following location:

Indianapolis Marriott East
7202 E. 21st St.
Indianapolis, IN 46219
1-800-228-9290 (for hotel reservations only)
317-352-1231 (for hotel information only)

For more information please visit <http://www.indianamedicaid.com> or refer to [BT200722](#).

Age Restriction Code Changes

The IHCP will be changing the age restrictions for International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) codes 760-779 effective July 1, 2004. The codes in Table 1, according to the 2007 Expert ICD-9-CM, have the N symbol, making their age restriction 0-1.

Table 1 – ICD-9-CM Codes with Age Restriction 0-1

ICD-9-CM Code	Code Description
760.77	Fetus or newborn affected by maternal conditions, which may be unrelated to present pregnancy; Noxious influences affecting fetus or newborn via placenta or breast milk; Anticonvulsants
760.78	Fetus or newborn affected by maternal conditions, which may be unrelated to present pregnancy; Noxious influences affecting fetus or newborn via placenta or breast milk; Antimetabolic agents
763.81	Fetus or newborn affected by other complications of labor and delivery; Other specified complications of labor and delivery affecting fetus or newborn; Abnormality in fetal heart rate or rhythm before the onset of labor
763.82	Fetus or newborn affected by other complications of labor and delivery; Other specified complications of labor and delivery affecting fetus or newborn; Abnormality in fetal heart rate or rhythm during labor
763.83	Fetus or newborn affected by other complications of labor and delivery; Other specified complications of labor and delivery affecting fetus or newborn; Abnormality in fetal heart rate or rhythm, unspecified as to time of onset
763.89	Fetus or newborn affected by other complications of labor and delivery; Other specified complications of labor and delivery affecting fetus or newborn; Unspecified complications of labor and delivery affecting fetus or newborn
768.7	Intrauterine hypoxia and birth asphyxia; Hypoxic-ischemic encephalopathy [HIE]
770.87	Other respiratory conditions of fetus and newborn; Other respiratory problems after birth; Respiratory arrest of newborn
770.88	Other respiratory conditions of fetus and newborn; Other respiratory problems after birth; Hypoxemia of newborn
771.1	Infections specific to the perinatal period; Congenital cytomegalovirus infection
772.11	Fetal and neonatal hemorrhage; Intraventricular hemorrhage of fetus or newborn; Intraventricular hemorrhage; Grade I
772.12	Fetal and neonatal hemorrhage; Intraventricular hemorrhage of fetus or newborn; Intraventricular hemorrhage; Grade II
775.81	Endocrine and metabolic disturbances specific to the fetus and newborn; Other neonatal endocrine and metabolic disturbances; Other acidosis of newborn
775.89	Endocrine and metabolic disturbances specific to the fetus and newborn; Other neonatal endocrine and metabolic disturbances
779.85	Other and ill-defined conditions originating in the perinatal period; Other specified conditions originating in the perinatal period; Cardiac arrest of newborn

The codes in Table 2, according to the 2007 Expert ICD-9-CM, do not have the N symbol, making their age restriction 0-999.

Table 2 – ICD-9-CM Codes with Age Restriction 0-999

ICD-9-CM Code	Code Description
760.0	Fetus or newborn affected by maternal conditions, which may be unrelated to present pregnancy; Maternal hypertensive disorders
760.2	Fetus or newborn affected by maternal conditions, which may be unrelated to present pregnancy; Maternal infections
760.3	Fetus or newborn affected by maternal conditions, which may be unrelated to present pregnancy; Other chronic maternal circulatory and respiratory diseases

Table 2 – ICD-9-CM Codes with Age Restriction 0-999

ICD-9-CM Code	Code Description
760.4	Fetus or newborn affected by maternal conditions, which may be unrelated to present pregnancy; Maternal nutritional disorders
760.6	Fetus or newborn affected by maternal conditions, which may be unrelated to present pregnancy; Surgical operation on mother
760.8	Fetus or newborn affected by maternal conditions, which may be unrelated to present pregnancy; Other specified maternal conditions affecting fetus or newborn
760.9	Fetus or newborn affected by maternal conditions, which may be unrelated to present pregnancy; Unspecified maternal condition affecting fetus or newborn
761.1	Fetus or newborn affected by maternal complications of pregnancy; Premature rupture of membranes
761.2	Fetus or newborn affected by maternal complications of pregnancy; Oligohydramnios
761.3	Fetus or newborn affected by maternal complications of pregnancy; Polyhydramnios
761.4	Fetus or newborn affected by maternal complications of pregnancy; Ectopic pregnancy
761.5	Fetus or newborn affected by maternal complications of pregnancy; Multiple pregnancy
761.6	Fetus or newborn affected by maternal complications of pregnancy; Maternal death
761.9	Fetus or newborn affected by maternal complications of pregnancy; Unspecified maternal complication of pregnancy affecting fetus or newborn

What's My Location?

Any provider can use the Automated Voice Response (AVR) system. However, many providers experience difficulty when prompted to enter their location code in the automated system.

The AVR system is used to obtain eligibility, benefits, benefit limitations, check information, prior authorizations, and claim status. All information obtained on the AVR system is confidential.

Using a voice response application, information about the Indiana Health Coverage Programs (IHCP) is accessible with a touch-tone telephone. This system, through a series of prompts and responses, asks providers to enter certain data using the telephone keypad.

How to Enter Your Location Code

Because the AVR system requires numeric information, all alphabetic data, such as the location code suffix at the end of a provider number, must be converted to numeric data.

The asterisk converts data from numeric to alphanumeric and the pound indicates that the provider is finished entering the information on the keypad. The first digit represents the key position on the telephone. The second digit represents the corresponding position of the alphabetic character on the numbered keys on the keypad. For example, the number 2 key has the letters "A B C". The letter "A" is the first letter on the key. As an example, an A location provider would enter their location code as *21#. Providers can also use their National Provider Identifier (NPI) on the AVR system. The same procedure is used for entering the letters in their taxonomy codes if needed.

Table 3 shows how to translate alphabetic data into numeric data for the AVR system.

Table 3 – Alphabetic Data to Numeric Data Translation

Letter	Enter	Letter	Enter	Letter	Enter
A	*21#	J	*51#	S	*74#
B	*22#	K	*52#	T	*81#
C	*23#	L	*53#	U	*82#
D	*31#	M	*61#	V	*83#

Table 3 – Alphabetic Data to Numeric Data Translation

Letter	Enter	Letter	Enter	Letter	Enter
E	*32#	N	*62#	W	*91#
F	*33#	O	*63#	X	*92#
G	*41#	P	*71#	Y	*93#
H	*42#	Q	*72#	Z	*94#
I	*43#	R	*73#		

How Spend-Down Automation Works

Here is a reminder about automated spend-down and how it works. Spend-down automation information was originally published in provider bulletin [BT200527](#), available at www.indianamedicaid.com.

Spend-down is a dollar amount that some Medicaid members must pay to providers each month. When a member's spend-down has not been met, the spend-down liability is deducted automatically from claims in the order they are processed. Providers are prohibited from collecting money for spend-down from members at the time of service, except for point of sale (POS) pharmacy claims. POS claims adjudicate immediately; therefore, pharmacy providers may collect money for spend-down at the time of service.

Providers can bill the amount credited to spend-down to the member after the claim adjudicates. The amount listed beside *ARC 178* on the remittance advice identifies the amount credited to spend-down on each line of a claim.

Members are obligated to pay the amount of the spend-down credit after receipt of the *Medicaid Spend-down Summary Notice*, which is mailed to members by EDS on the second business day of the following month.

Non-claim transactions continue to be credited to spend-down by the local Division of Family Resources office (DFR). These items cannot be submitted to EDS in the form of a Medicaid claim. Examples include:

- Medical expenses incurred by the member's non-member spouse or parent, in certain circumstances
- Allowable expenses incurred for services provided by a non-Medicaid provider

- Allowable expenses that are reimbursed by a state or local program such as CHOICE or Township Trustee assistance

Questions about the spend-down process may be directed to EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278.

Changes to Electronic Eligibility Verification Systems (EVS)

Changes are currently being made to the Eligibility Verification System that will restrict providers from accessing member eligibility information for dates of service that are not within a provider's active program eligibility date segment. Member eligibility information is only available to providers who are actively enrolled with the Indiana Health Coverage Programs (IHCP) for the dates of service being requested.

The change will be made to the IHCP EVS, which includes Omni, Web interChange, and the telephone Automated Voice Response (AVR) used by providers to verify member eligibility. The changes will be implemented in October 2007. Please note that you can verify member eligibility for any dates of service for which you are actively enrolled with the IHCP. The EVS is only restricting eligibility verification for dates of service that are not within your active IHCP program eligibility segment.

Providers should only perform eligibility inquiries using an assigned IHCP provider number that authorizes access to member eligibility information. In addition, providers who must recertify their IHCP provider eligibility, based on license or program requirements, will not be able to access member eligibility for dates of service that occur after the recertification date.

Contact Information

A map of provider representative territories and updated information about the provider field consultants are available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/ProviderServices/pr_list_frameset.htm. The *Indiana Health Coverage Programs Quick Reference* is available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/Misc_PDF/Quick_Reference.pdf. These Web documents are updated whenever changes occur.

Provider Relations Field Consultants

Territory Number	Provider Relations Consultant	Telephone	Counties Served
1	Jean Downs	(317) 488-5071	Jasper, Lake, LaPorte, Newton, Porter, Pulaski, Starke
2	Rhonda Rupel	(317) 488-5080	Allen, Dekalb, Elkhart, Fulton, Kosciusko, Lagrange, Marshall, Noble, St. Joseph, Steuben, Whitley
3	Tawanna Danzie	(317) 488-5197	Benton, Boone, Carroll, Cass, Clinton, Fountain, Hamilton, Howard, Miami, Montgomery, Tippecanoe, Tipton, Warren, White
4	Daryl Davidson	(317) 488-5388	Adams, Blackford, Delaware, Grant, Hancock, Henry, Huntington, Jay, Madison, Randolph, Wabash, Wayne, Wells
5	Bill Woodruff	(317) 488-5098	Marion
6	Shantel Silnes	(317) 488-5123	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington
7	Virginia Hudson	(317) 488-5148	Clay, Greene, Johnson, Hendricks, Lawrence, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo
8	Ken Guth	(317) 488-5153	Crawford, Daviess, Dubois, Gibson, Knox, Martin, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick
9	Tawanna Danzie	(317) 488-5197	Out-of-State

Provider Relations Field Consultants for Bordering States

State	City	Provider Relations Consultant	Telephone
Illinois	Chicago/Watseka	Jean Downs	(317) 488-5071
	Danville	Virginia Hudson	(317) 488-5148
Kentucky	Owensboro	Ken Guth	(317) 488-5153
Kentucky	Louisville	Shantel Silnes	(317) 488-5123
Michigan	Sturgis	Rhonda Rupel	(317) 488-5080
Ohio	Cincinnati/Hamilton/Harrison/Oxford	Shantel Silnes	(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) 488-5197.

For Provider Concerns

Name	Title	Telephone
Tina King	Provider Relations Supervisor	(317) 488-5154



Attachment 1: Indiana Health Coverage Programs Quick Reference

Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization					
AVR System (including eligibility verification) (317) 692-0819 1-800-738-6770	EDS Administrative Review Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Customer Assistance (317) 655-3240 1-800-577-1278 Opt 1 = Pharmacy, Opt 2 = First Steps	EDS Electronic Solutions Help Desk (317) 488-5160 or 1-877-877-5182 INXIXElectronicSolution@eds.com		
EDS Forms Requests P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Member Hotline (317) 713-9627 1-800-457-4584 Opt 1 = First Steps, Opt 2 = Pharmacy	EDS Omni Help Desk (317) 488-5051 1-800-284-3548	EDS Provider Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263		
EDS Provider Enrollment and Waiver P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750	EDS TPL (317) 488-5046 1-800-457-4510 Fax (317) 488-5217	HCE Medical Policy Department P.O. Box 53380 Indianapolis, IN 46253-0380 (317) 347-4500	HCE Prior Authorization until 10/31/2007 P.O. Box 531520 Indianapolis, IN 46253-1520 (317) 347-4511 or 1-800-457-4518		
HCE Provider and Member Concern Line (Fraud and Abuse) (317) 347-4527 1-800-457-4515	HCE SUR Department P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 or 1-800-457-4515	IHCP Web Site http://www.indianamedicaid.com	Advantage Health Solutions Prior Authorization – Effective 11/1/2007 P.O. Box 40789 Indianapolis, IN 46240 1-800-269-5720		
Pharmacy Services Contact Information					
ACS Drug Rebate ACS State Healthcare ACS – Indiana Drug Rebate P. O. Box 2011332 Dallas, TX 75320-1332	EDS Pharmacy Services Help Desk for POS Claims Processing (317) 655-3240 1-800-577-1278 or INXIXPharmacy@EDS.com	EDS Pharmacy Claims P.O. Box 7268 Indianapolis, IN 46207-7268	EDS Pharmacy Claims Adjustments P.O. Box 7265 Indianapolis, IN 46207-7265		
Indiana DUR Board INXIDURQuestions@acs-inc.com PDI@fssa.state.in.us	Indiana Administrative Review/ Pharmacy Claims EDS Pharmacy Claims Admin. Review P.O. Box 7263 Indianapolis, IN 46207-7263	PA For Pro-DUR and Preferred Drug List – ACS Clinical Call Center 1-866-879-0106 Fax: 1-866-780-2198	To make refunds to IHCP for pharmacy claims send check to: EDS Pharmacy Refunds P.O. Box 2303, Dept 130 Indianapolis, IN 46206-2303		
Hoosier Healthwise – Risk Based Managed Care (MCOs), Care Select (CMOs) and Medicaid Select					
Managed Care Helplines	Medicaid Select	Managed Care Organizations (MCOs)			
AmeriChoice - Hoosier Healthwise http://www.healthcareforhoosiers.com 1-800-889-9949, Option 3 for Providers EDS - Hoosier Healthwise Package C Premium Collection Services Package C Payment Line 1-866-404-7113 Package C Payment Mailing Address Hoosier Healthwise P.O. Box 3127 Indianapolis, IN 46206-3127	http://www.medicaidselect.com Claims - EDS Customer Assistance (317) 655-3240 or 1-800-577-1278 Member Services 1-877-633-7353, Option 1 PA HCE: (317) 347-4511 or 1-800-457-4518 Provider Services for PMPs 1-877-633-7353, Option 3 Pharmacy See Pharmacy Benefit Manager section	Anthem http://www.anthem.com Claims 1-888-232-9613 Member Services 1-866-408-6131 1-888-232-9613 (Prospective Member) TTY: 1-866-408-7188 Fax: 1-866-408-7087 PA 1-866-408-7187 Fax: 1-866-406-2803 Provider Services 1-866-408-6132 1-800-618-3141 (Prospective Provider) Fax: 1-866-408-7087 Transportation 1-800-508-7230 TTY: 1-866-910-1603 Fax: (317) 291-9446 Pharmacy 1-866-629-1608 TTY: 1-800-905-9821 PA Fax: 1-866-408-7103	Managed Health Services (MHS) http://www.managedhealthservices.com Claims, Member Services, PA/Medical Management, Provider Services, and Nursewise 1-877-MHS-4U4U or 1-877-647-4848 Pharmacy - US Script (PBM) 1-800-460-8988 Pharmacy PA 1-866-399-0928 Fax: 1-866-399-0929		
Care Management Organizations (CMOs)					
Advantage Health Solutions http://www.advantageplan.com/ Member Services 1-800-784-3981 Provider Services 1-866-504-6708 PA 1-800-282-8148	MDwise http://www.mdwise.org Member Services and Provider Services 1-866-440-2449 Member Services Fax: 1-877-822-7188 PA 1-866-440-2449	Harmony Health Plan http://www.harmonyhmi.com Claims and Provider Services (317) 423-3000 or 1-800-504-2766	MDwise http://www.mdwise.org Claims, Member Services PA/Medical Management, Provider Services, and Pharmacy (317) 630-2831 or 1-800-356-1204		
Claims - Customer Assistance (317) 655-3240 or 1-800-577-1278	Maximus 1-866-963-7383	Pharmacy See Pharmacy Benefit Manager section	CareSource http://www.caresource-indiana.com Claims and Provider Services 1-866-930-0017		
Molina Healthcare http://www.molinahealthcare.com Claims and Provider Services 1-800-642-4509					
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	
EDS 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)			Rate Setting		
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	Myers and Stauffer, LC http://www.msclindy.com 9265 Counselors Row, Suite 200 Indianapolis IN 46240	(317) 846-9521 1-800-877-6927 Fax (317) 571-8481 MDS Help Desk: (317) 816-4122	