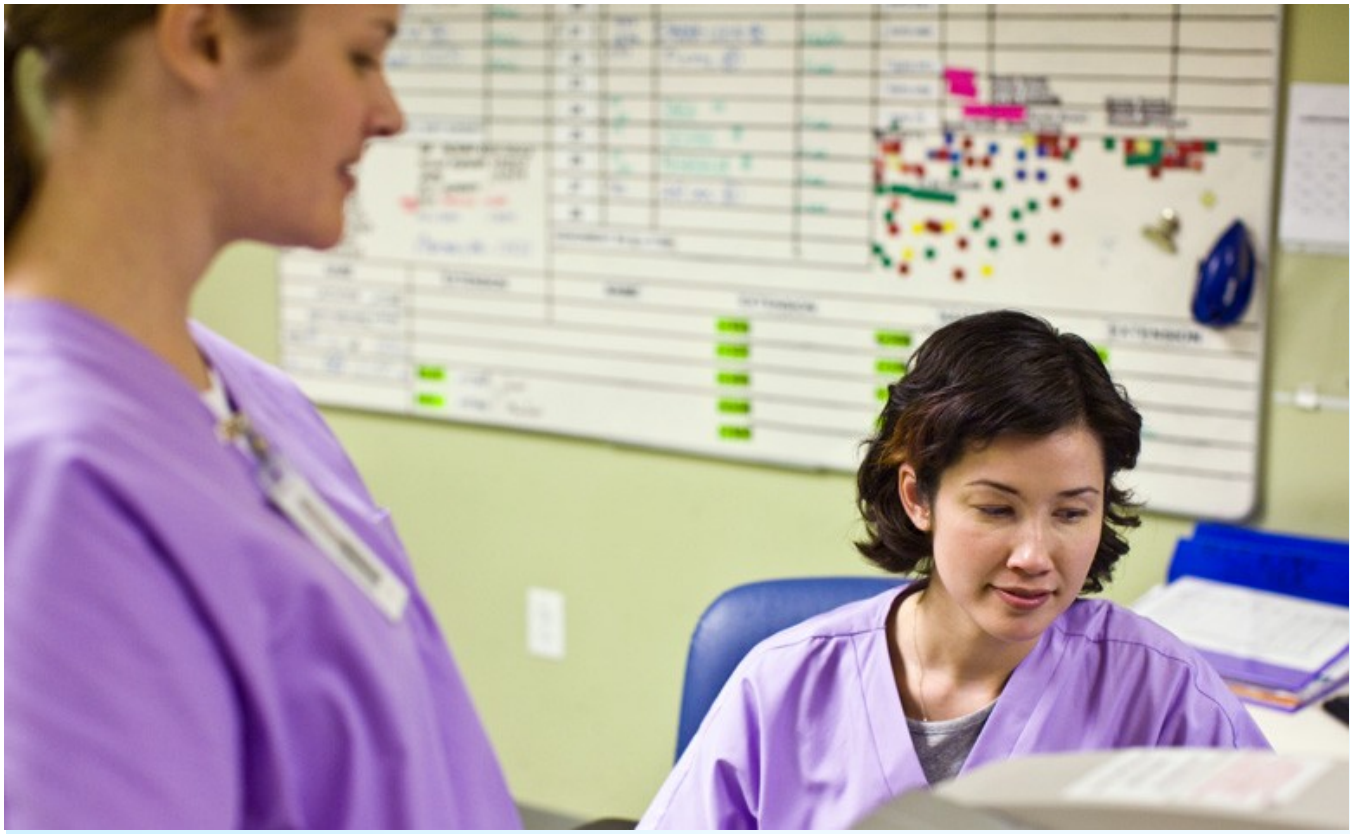
PROVIDER *news*

INDIANA HEALTH COVERAGE PROGRAMS NL201012 DECEMBER 2010



Doing business with Medicaid

New IHCP Preferred Diabetic Supply List

The state of Indiana's Office of Medicaid Policy and Planning (OMPP) has chosen Abbott Diabetes Care and Roche Diagnostics as preferred vendors to supply blood glucose monitors and diabetic test strips for all Indiana Medicaid and Healthy Indiana Plan members.

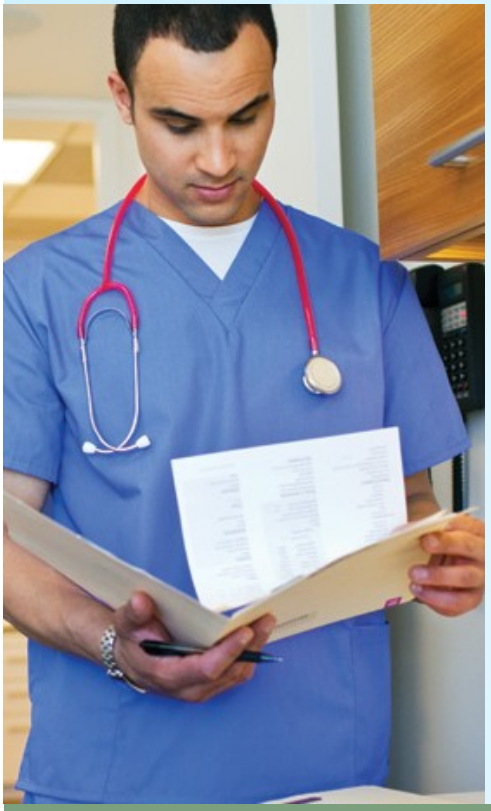
The Preferred Diabetic Supply List (PDSL) on the next page is for professional claims, including paper CMS-1500 and electronic 837P, and affects all Web interChange, batch, and professional Medicare crossover claims with dates of service on or after January 1, 2011. All Indiana Medicaid and Healthy Indiana Plan members now using a blood glucose monitor will be required to convert to one of the preferred blood glucose monitors and corresponding test strips listed below. The conversion will be at no additional cost to the member or provider community.

Continue

TOP STORIES

Preferred Diabetic Supply List

Blood glucose monitor	Corresponding test strip
Freestyle Lite System Kit	Freestyle Lite Test Strips
Freestyle Freedom Lite System Kit	Freestyle Lite Test Strips
Precision Xtra Meter	Precision Xtra Test Strips
Accu-chek Aviva Care Kit	Accu-chek Aviva



Billing instructions

Professional claims, including paper CMS-1500, electronic 837P, and Medicare crossover claims for blood glucose monitors and diabetic test strips, must be submitted to the fee-for-service (FFS) medical benefit for all Indiana Medicaid and Healthy Indiana Plan members. A new modifier will be required with the procedure codes for blood glucose monitors and diabetic test strips that are not on the PDSL. The corresponding 11-digit National Drug Code (NDC) will also be required to identify the product being dispensed. If the NDC is missing, invalid, not in the proper format, or does not correspond with the procedure code and modifier provided, claims will be denied.

This change affects all providers who submit electronic or paper claims for blood glucose monitors and/or diabetic test strip procedure codes. Because the State may pay up to the 20 percent Medicare B copayment for dually eligible individuals, the NDC and/or modifier will also be required on Medicare crossover claims for all applicable procedure codes. For more information, please see BT201055, dated November 30, 2010, and the PDSL FAQs posted on indianamedicaid.com.

Billing with NU/RR modifiers

Effective January 1, 2011, the modifiers NU (indicating a new product) and RR (indicating a rental product) will no longer be used. Claims with a date of service of January 1, 2011, and after which contain these modifiers will be denied. For claims with dates of service prior to January 1, 2011, the NU and RR modifiers will still be required for claims payment.

HHW Hoosier Healthwise Health Care Program | HIP HEALTHY INDIANA PLAN Health Coverage + Peace of Mind | Indiana Care Select

INSTRUCTIONS FOR ENROLLMENT AND CREDENTIALING WITH HOOSIER HEALTHWISE (HHW), HEALTHY INDIANA PLAN (HIP) AND CARE SELECT MANAGED CARE ENTITIES

To reduce the need for practitioners to complete multiple enrollment and credentialing forms for participation in multiple IHCP Managed Care MCO/CMOs, the following forms have been developed. ***Please complete all applicable forms and return to the MCO/CMO with which you seek participation.***

PRACTITIONERS (HHW, HIP AND CARE SELECT):

All practitioners must complete the ***IHCP MCO/CMO Provider Enrollment Form***. If you participate in the Council for Affordable Quality Healthcare (CAQH), the Provider Enrollment Form is the only form you will be required to submit for the enrollment/credentialing process. Please add the appropriate IHCP MCO/CMO as an authorized plan, giving permission to print a provider CAQH application.

CAQH is a credentialing data warehouse that allows you to keep all of your credentialing information in a central location. This information can be accessed by a variety of credentialing entities and can save you time when seeking participation with multiple health plans.

If you do not participate in CAQH, you must also complete and submit a credentialing application. OMPP will require utilization of the CAQH application as the universal credentialing application. You may obtain the application through a link at the OMPP Web site at www.indianamedicaid.com or directly from the CAQH Web site at *https://upd.caqh.org*.

PROVIDERS (HHW, HIP AND CARE SELECT):
Facilities such as hospitals, home health agencies, etc, are not eligible to participate in CAQH. As such, you must fill out the ***Hoosier Healthwise Managed Care Organization Hospital/Ancillary Credentialing/Enrollment Form*** and return to the appropriate MCO/CMO with the required documentation

If you have any questions about the enrollment or credentialing process, please contact the appropriate MCO/CMO at:

ADVANTAGE Health Solutions
Phone: 1-866-504-6708
Web: www.advantageplan.com

Anthem
Phone: 1-800-455-6805
Web: www.anthem.com

Managed Health Services
Phone: 1-877-647-4848
Web: www.managedhealthservices.com

MDwise
Phone: 1-800-356-1204
Web: www.mdwise.org

New forms for managed care entities now online

A universal Prior Authorization Request Form for managed care entities (MCEs) is now available on indianamedicaid.com.

This form may be used for all MCE and IHCP prior authorization requests. In addition, you will find a new MCE Provider Enrollment Form and an MCE Provider Credentialing Form that can be used for all MCEs. NOTE: The enrollment and credentialing forms may be used *only* for MCEs.

HP encourages providers to call the MCE about using the new forms, but as of January 1, 2011, only the new forms will be accepted.

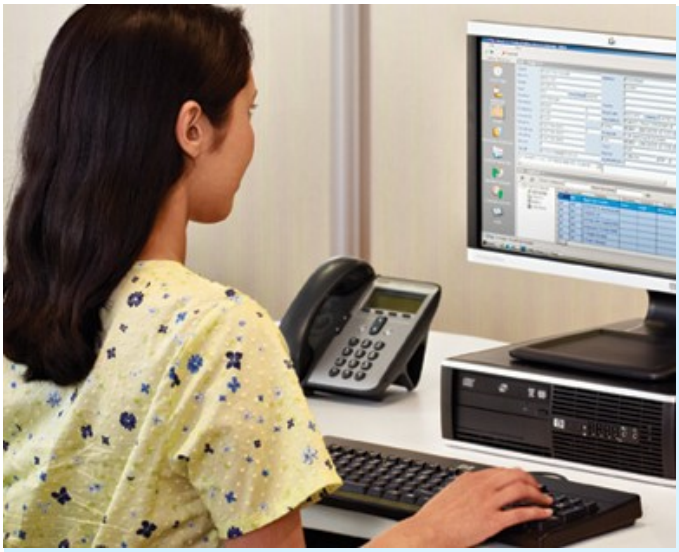
Reminder: The IHCP no longer accepts D7999 claims

Effective for dates of service of January 1, 2010, and after, the IHCP adopted the American Dental Association (ADA) tooth designations for supernumerary tooth services, which are billed using the appropriate Current Dental Terminology (CDT) procedure code with the appropriate tooth number combination. Each dental procedure must have its own specific code, and no attachment is required. Adoption of the ADA designation criteria eliminates the necessity of billing procedure code D7999 – *Unspecified oral surgery procedure, by report* or submitting supporting documentation for these services. For more information, see BR201011.

To subscribe to IHCP e-mail alerts, look for this icon at the bottom of the Quick Links column on the right side of the indianamedicaid.com home page.

For the most up-to-date information from the IHCP, subscribe to e-mail notifications

Throughout the year, provider bulletins, newsletters, and banner page articles are posted to indianamedicaid.com to highlight changes to the Indiana Health Coverage Programs (IHCP). The *IHCP Provider Manual* is a comprehensive resource, but changes appear first in bulletins, banner pages, and newsletters. The publications on indianamedicaid.com contain the most up-to-date information about the IHCP and supersede information that appears in the *IHCP Provider Manual*. To make sure you're aware of new information posted to indianamedicaid.com, check News, Bulletins, and Banners on indianamedicaid.com. Even better, subscribe to IHCP E-mail Notifications, so alerts about changes come directly to you.



Get ready to test!

HIPAA 5010 goes "live" in 13 months

by EDI Solutions Analyst Marcia Reed

January 1, 2012, is fast approaching – that's when physicians, hospitals, payers, clearinghouses, pharmacies, dentists, and software vendors are required to upgrade to Health Insurance Portability and Accountability Act (HIPAA) ANSI version 5010 and National Council for Prescription Drug Programs (NCPDP) D.0.

IHCP 5010 Upcoming Changes documents have been available since November. These documents outline the changes to the X12 transactions that will be implemented by the IHCP for version 5010.

The full *IHCP 5010 Companion Guides* will be available in December. The format of the Companion Guides will be similar to the *National Electronic Data Interchange Transaction Set Implementation Guides*. IHCP Notes will be included in the Companion Guides to indicate information specific to the IHCP.

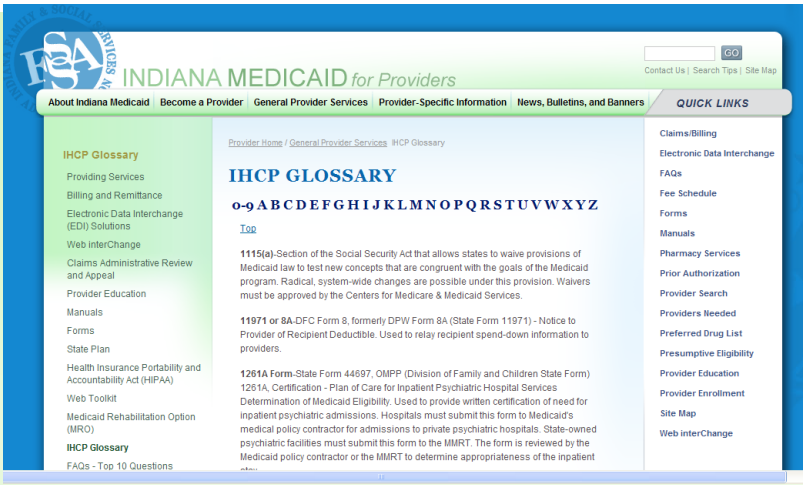
Testing surveys have been submitted to all software vendors and clearinghouses that exchange data with the IHCP. Additional testing information will be sent in December to assign testing dates and instructions. Vendor and clearinghouse testing will begin in January 2011.

Other changes coming with HIPAA 5010

- New compliance and translation software – The IHCP and HP will use EDIFECS for compliance checking and translation. The change to this new translation system may result in differences in front-end editing between the 4010 version and 5010 version.
- New reporting – A new electronic Submission Summary Report (SSR) will replace the Biller Summary Report (BSR) that is returned to trading partners for each 837 claim submission. The SSR contains detailed information about the compliance editing of claim files.
- Testing information – All clearinghouses and vendors that supply transaction software products currently approved to submit 4010 and NCPDP 5.1 versions will be required to test and be approved for 5010 and D.0 transaction compliance. Providers that exchange data with the IHCP using an IHCP-approved software vendor will not be required to test.
- Trading partner agreements – Each trading partner will be required to submit a new Trading Partner Agreement prior to going into production with HIPAA 5010 or NCPDP D.0.

For more information about HIPAA 5010 and NCPDP D.0, see the HIPAA 5010/NCPDP D.0 FAQs posted on indianamedicaid.com. If you have questions, contact INXIXTradingPartner@hp.com or call the Electronic Solutions Service Desk at 1-877-877-5182 or (317) 488-5160.

Indiana Medicaid – from A to Z



Did you know you can find a glossary of terms related to Indiana Medicaid on indianamedicaid.com? From Area Agency on Aging to ZIP Code, you'll find abbreviations, acronyms, and definitions in the online IHCP Glossary. Here is some information from the glossary:

- What is an "enrollment broker"? *Glossary answer*: A state-contracted entity that facilitates initial member enrollment into health plans and performs member-initiated changes to primary medical providers and member disenrollments.
- What does the acronym FDB mean*? Glossary answer*: First DataBank – The supplier of clinical, financial, and informational data points to the MMIS. A business entity that maintains a database of drug information and sells that information.
- What does PASRR stand for? You know what it *means* (federally required screening and evaluation services performed for long-term care residents, payable by the Medicaid program); but what does it *stand for*? *Glossary answer*: Pre-Admission Screening and Resident Review.

Access the IHCP Glossary online or find it under **General Provider Services** > **IHCP Glossary**.

Count down to the implementation of ICD-10-CM

Mark your calendar – as of December 7, there are only 1,028 days until the October 1, 2013, implementation of the *International Classification of Diseases, Tenth Edition, Clinical Modification* codes. The current 17,000 codes will grow 80 percent to more than 141,000, and the new codes will consist of seven alphanumeric codes instead of today's five numeric digits. For more information and a working countdown to implementation, visit the American Academy of Professional Coders online.

Take advantage of IHCP education opportunities

Did you know that IHCP workshop presentations are archived on indianamedicaid.com? Even if you can't get away to attend an IHCP workshop or seminar, you can find information about IHCP updates without leaving your office. And speaking of not leaving your office – the IHCP is using virtual presentations to make it easier than ever to stay up-to-date with Indiana Medicaid. The latest virtual seminar was on the National Correct Coding Initiative (NCCI) in October – check out the archived presentation. Watch for other virtual workshops in the future.

Finally, information about first-quarter IHCP workshops will be coming your way in the January newsletter. And don't forget to check indianamedicaid.com regularly for other education opportunities, as well.

RECENTLY PUBLISHED TO THE IHCP WEB SITE

BULLETINS

- BT201044 – IHCP Managed Care Entities Adopt Provider Enrollment and Credentialing Forms
- BT201045 – The Indiana Health Coverage Programs (IHCP) Adopts New PA Request Form
- *BT201046* – Obsolete
- BT201047 – NEW Indiana Health Coverage Programs Preferred Diabetic Supply List (for prescribers)
- BT201048 – Payment Error Rate Measurement (PERM) Requirements
- BT201049 – Change in Coverage for Vision Services
- BT201050 – Reduction in Podiatry Reimbursement
- BT201051 – Reduction in Chiropractor Reimbursement
- BT201052 – All Medicaid Dental Services To Be Subject to $600 Limitation
- BT201053 – New Prior Authorization (PA) for Elective Hospital Inpatient Admission
- BT201054 – Reduction in Attendant Care Services Reimbursement
- BT201055 – Revised: NEW Indiana Health Coverage Programs Preferred Diabetic Supply List (for DME providers, pharmacy providers, and prescribers)
- BT201056 – Changes to the Preferred Drug List

IHCP PROVIDER MANUAL

The following chapters of the *IHCP Provider Manual* have been updated:

- *Chapter 6 – Prior Authorization*
- *Chapter 13 – Utilization Review*
- *Chapter 14 – Long Term Care*

HEALTHY INDIANA PLAN REIMBURSEMENT MANUAL

LOOKING FOR MORE INFORMATION ABOUT PROVIDER MANUAL UPDATES?

- Subscribe to IHCP E-mail Notifications.
- The Revision History at the front of each section of the *IHCP Provider Manual* provides more detailed information about each revision.

NEWS FROM RECENT BANNER PAGES

- MHQAC Utilization Edits
- The IHCP Needs Your Help to Determine Indiana's Healthcare Technology Needs
- Clarification of HIP Reimbursement
- Changes to CPT Codes 66982, 66983, and 66984
- November 19 NCCI Workshop

FOR MORE INFORMATION

- Contact your Provider Relations Field Consultant
- IHCP Provider Quick Reference – a complete list of addresses, telephone numbers, and fax numbers for the IHCP and IHCP vendors