

# PROVIDER *news*

INDIANA HEALTH COVERAGE PROGRAMS NL201206 JUNE 2012



## Not all providers must pay a provider enrollment application fee

Before you send a provider enrollment application fee to the Indiana Health Coverage Programs (IHCP), make sure your provider type requires an application fee! Not all provider types and specialties must pay an application fee. The Provider Type Application Fee and Risk Assignment Matrix (for [Non-Waiver](#) and [Waiver](#) providers) on [indianamedicaid.com](http://indianamedicaid.com) provides a full list of provider types, and indicates which are subject to an application fee. Also keep in mind that a provider application fee is **NOT** required when you update your provider profile. Application fees at revalidation are also being eliminated – watch for upcoming publications detailing this change.

## Be sure your account is credited for the provider enrollment application fee you send to the IHCP

- When you submit a check or money order to the Indiana Health Coverage Programs (IHCP) for a provider enrollment application fee, always include paperwork indicating the check's purpose. Including paperwork ensures that HP credits the payment to the correct account. In addition, the "memo" section of a check or money order should always provide identifying information – for example, the provider's National Provider Identifier (NPI), business name, and so forth – to easily associate the payment with the corresponding provider, in case the check is inadvertently separated from the related paperwork.
- Provider enrollment application fees paid through HP Convenience Pay – by telephone or online via electronic funds transfer (EFT), debit card, or credit card – generate confirmation numbers that must be reported. Double-check to make sure the confirmation number is accurate before you submit the form.

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## HIPAA 5010 final deadline

As of May 23, 2012, 96% of all Indiana Health Coverage Programs (IHCP) trading partners had successfully converted to *Health Insurance Portability and Accountability Act* (HIPAA) ASC X12 version 5010. Beginning July 1, 2012, all incoming and outgoing electronic data interchange (EDI) transactions must be version 5010-compliant. This includes:

- Incoming claims – 837I, 837P, 837D
- Eligibility Inquiry and Response – 270/271
- Claim Status Request and Response – 276/277
- Electronic Remittance Advice – 835

Trading partners and providers that have not converted their electronic transactions to version 5010 by July 1 risk claim rejection and delay in payment of claims submitted electronically.

If you are still submitting and receiving version 4010 transactions, contact the EDI Solutions Help Desk immediately – call (317) 488-5160 or 1-877-877-5182 for assistance.

Providers using Web interChange to submit claims or verify eligibility do not need to take any action. Web interChange transactions are now version 5010-compliant.

### Reminder for providers who use Omni terminals for eligibility verification

To activate version 5010 changes, providers using Omni terminals must download the enhancements to their Omni terminals before July 1, 2012. No previous versions of the Omni software will be functional after June 30, 2012. See bulletin [BT201156](#) for detailed instructions on downloading version 5010 to your Omni terminal.



## DEA collects record amount of unneeded medications during Drug Take-Back Day

A record-breaking 552,161 pounds (276 tons) of unwanted or expired medications were turned in for safe disposal at collection sites across the country, as part of the Drug Enforcement Administration (DEA) National Prescription Drug Take-Back Day in April. To date, more than 1.5 million pounds (774 tons) of unneeded medication have been collected for safe disposal through the take-back day.

## ICD-10 update

Links to the [ICD-10 Information page](#) located on indianamedicaid.com are now available from the Indiana State Medical Association (ISMA) and the Indiana Hospital Association (IHA) websites. In addition, announcements of upcoming ICD-10 IHCP Provider Readiness Surveys are included in communications from these associations.

### ICD-10 news

#### [The NUCC Approves a Revised 1500 Health Insurance Claim Form](#)

On March 27, 2012, the National Uniform Claim Committee (NUCC) announced the release of a revised [1500 Health Insurance Claim Form \(version 02/12\)](#). This revised version updates the current 1500 Claim Form (version 08/05), often referred to as the "HCFA 1500" or "CMS-1500." This new version is not fully approved and not yet accepted for claim submissions. The IHCP will notify you when the form is approved and available for use.

The CMS-1500 form revision includes changes to accommodate International Classification of Diseases, Tenth Revision (ICD-10), code changes, but does not rely on the implementation of ICD-10 to become active. More information is available from the [NUCC website](#) at [nucc.org/](#).

### ICD-10 Frequently Asked Questions (FAQs) page

The [ICD-10 Frequently Asked Questions \(FAQs\) page](#) is divided into sections according to topic. This month's featured section is ICD-10 Codes and Claims.

#### **Q. Will Medicaid accept claims with both ICD-10 and ICD-9 codes?**

A. The IHCP will accept claims only if International Classification of Diseases, Ninth Revision (ICD-9), and ICD-10 codes are submitted as separate claims. Claims submitted with both ICD-9 and ICD-10 codes will reject based on the ICD-10 compliance date.

#### **Q. Will Medicaid require the use of a decimal point on electronic claim submissions?**

A. No decimal point will be required on electronic claim submissions.

#### **Q. Is the IHCP going to publish the new ICD-10 codes that relate to policies?**

A. Yes. The codes or the actual clinical groupings will be published in bulletins before ICD-10 implementation.



[Continue](#)



### ICD-10 Information page

The [ICD-10 Information page](#) is divided into sections according to what organization offers the resources. This month's featured links are from the American Medical Association (AMA):

- [American Medical Association \(AMA\) website](#). This link takes you to the AMA website.
- [AMA ICD-10 web page](#). This link takes you to the AMA's ICD-10 web page, which contains links to many resources.
- [AMA Wire](#). This link takes you to the AMA's weekly electronic newsletter, where you can search by topic, and review and download articles; however, to receive email notifications of weekly publications, you must subscribe.

### ICD-10 Training page

The [ICD-10 Training page](#) is divided into sections according to what organization offers the information. This month's featured organization is the AMA.

- **ICD-10 Fact Sheets, June 2, 2010.** A series of eight documents on ICD-10-related topics:

1. [ICD-10 101: What It Is and Why It's Being Implemented](#)
2. [The Difference Between ICD-9 and ICD-10](#)
3. [ICD-10 Timeline: Meeting the Compliance Date](#)
4. [Implementing ICD-10 in Your Practice - Part 1](#)
5. [Implementing ICD-10 in Your Practice - Part 2](#)
6. [Testing Your Readiness for ICD-10](#)
7. [Crosswalking between ICD-9 and ICD-10](#)
8. [Partial Freeze to ICD-9 and ICD-10 for Smoother Transition](#)

- [ICD-10 Checklist, November 18, 2010](#). This checklist, developed by the AMA, guides your practice through the implementation of ICD-10.
- [ICD-10 Implementation Project Plan Templates, June 2009](#). This link takes you to an Excel workbook created by the AMA that leads you through compiling a project plan.

### ICD-10 Mailbox

If you have an ICD-10-related question, submit it to [INXIX.ICD10Questions@hp.com](mailto:INXIX.ICD10Questions@hp.com).

## Provider education

### Mark your calendars now for the 2012 IHCP Annual Provider Seminar!

The Indiana Health Coverage Program's (IHCP's) Annual Provider Seminar is scheduled for October 23-25, 2012, at the Caribbean Cove Hotel and Water Park in northwest Indianapolis. Watch for more information coming your way in IHCP publications and on [indianamedicaid.com](http://indianamedicaid.com). Plan now to attend!



### Don't miss second-quarter provider workshops, now through the end of June

The Indiana Health Coverage Program's (IHCP's) second-quarter provider workshops continue throughout the state now through June 26. Sessions include an HP Virtual Room session June 21. For [more information](#) and [to register](#), see the Provider Education page of [indianamedicaid.com](http://indianamedicaid.com).

### Sign up for training: Minimum Data Set 3.0 Case Mix Audit Review and Supportive Documentation Guidelines

Indiana Health Coverage Programs (IHCP) will conduct two virtual training sessions on the Minimum Data Set (MDS) 3.0 Case Mix Audit Review and the Supportive Documentation Guidelines (SDGs). The training will be presented via the computer and combined with an audio conference telephone number at the following times:

- Friday, June 15, 2012, at 10 a.m. (Eastern Standard Time)
- Monday, July 2, 2012, at 10 a.m. (Eastern Standard Time)

The target audience for this training is MDS coordinators, MDS consultants, long-term care (LTC) administrators, and any other LTC facility team members responsible for completion or oversight of the MDS. Preregistration is not required. For more information, see the [Long Term Care page](#) on [indianamedicaid.com](http://indianamedicaid.com).



### Are you getting your share of the EHR reimbursements Medicaid providers have received?

Have you signed up for the Indiana Medicaid Electronic Health Records (EHR) Incentive Program? As of May 30, 2012, Indiana Medicaid providers have received more than \$64.5 million in incentive reimbursements through the EHR incentive program, which provides financial incentives for eligible professionals and hospitals demonstrating meaningful use of certified EHR technology. For more information and to find out whether you're eligible, visit the [EHR page](#) at [indianamedicaid.com](http://indianamedicaid.com).

## RECENTLY PUBLISHED TO THE IHCP WEBSITE

### BULLETINS

- [BT201216](#) – Additional Coverage and Billing Information for the April Quarterly HCPCS Code Updates
- [BT201217](#) – Hospital Assessment Fee
- [BT201218](#) – Changes to the Preferred Drug List
- [BT201219](#) – POA Indicator Required for All Medicaid-Enrolled Hospitals Effective July 1, 2012

### PROVIDER MANUAL UPDATES

[IHCP Provider Manual](#) – The following chapters of the manual have been updated:

- [Chapter 5](#) – *Third Party Liability*
- [Chapter 8](#) – *Billing Instructions*

[Qualified Provider Presumptive Eligibility Manual](#)

### LOOKING FOR MORE INFORMATION ABOUT PROVIDER MANUAL UPDATES?

- Subscribe to [IHCP E-mail Notifications](#).
- The Revision History at the front of each manual (or chapter) provides detailed information about the updates made in the most recent revision.

## NEWS FROM RECENT BANNER PAGES

- [Pricing Correction for HCPCS Codes Q0112 and Q0114](#)

- [Second-Quarter Training](#)
- [Clarification of Billing Requirements for HIPAA 5010 Primary Diagnosis Codes](#)
- [We Want Your Feedback about ICD-10](#)
- [Individual Education Plan \(IEP\) Nursing Rate for Calendar Year 2012](#)
- [Indiana Pharmacy Benefit Manager Changes Its Name from ACS to Xerox](#)
- [Revenue Code Linkages for CPT Code 86336 and HCPCS Code G0283](#)
- [Outpatient Billing Instructions for CPT Codes 94780 and 94781](#)
- [Billing and Reimbursement Changes for Revenue Codes 460 and 469](#)
- [Mental Health Utilization Edits](#)

## FOR MORE INFORMATION

- Contact your [Provider Relations Field Consultant](#).
- [IHCP Provider Quick Reference](#) – This reference contains a complete list of addresses, telephone numbers, and fax numbers for the IHCP and IHCP vendors.

