

# PROVIDER *news*

INDIANA HEALTH COVERAGE PROGRAMS NL201307 JULY 2013



## OPR and service provider enrollments differ

HP Provider Enrollment has received enrollment packets attempting to enroll a provider as both an Indiana Health Coverage Programs (IHCP) service provider and as an IHCP ordering, prescribing, and referring (OPR) provider. As a reminder, the more limited enrollment as an OPR provider allows Medicaid to reimburse other IHCP service providers for services or medical supplies resulting from the OPR practitioner's order, prescription, or referral. OPR-only providers do not perform payable services under the IHCP nor do they submit claims for IHCP reimbursement.

In contrast, enrollment as an IHCP service provider allows a provider to render and bill for IHCP-covered services. Because they are already enrolled as an IHCP provider, there is no need for service providers to also enroll as OPR providers. Clarification on the enrollment-related distinction between these provider types is outlined on the [Provider Enrollment](#) page at [indianamedicaid.com](http://indianamedicaid.com) and in [Chapter 4](#) of the *IHCP Provider Manual*, also available at [indianamedicaid.com](http://indianamedicaid.com).

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## System updates scheduled in preparation for the future ICD-10 implementation

To accommodate format changes required for the **future** ICD-10 implementation on October 1, 2014, the Indiana Health Coverage Programs (IHCP) will implement system updates the weekend of September 21, 2013. To see what system changes will take place September 21, 2013, visit the [ICD-10 Decisions](#) page at indianamedicaid.com.

September 2013						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Claims received before midnight Wednesday, September 18, will be processed and included on the Tuesday, September 24, Remittance Advice/835 transaction. Claims submitted after midnight Wednesday, September 18, will not be processed until the following Monday and will not appear on the September 24, 2013, Remittance Advice. They will appear on the October 1, 2013, Remittance Advice.

September 2013						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Claims submitted after midnight Wednesday, September 18, will not be visible on the Web interChange Inquiry window until 8 a.m. Monday, September 23.

## ICD-10 Question of the Month—please let us know

Thank you for responding to the June 2013 ICD-10 Question of the Month.

### Responses to June 2013 question

Has your organization begun internal testing for ICD-10?

- [Yes](#) – 3
- [No](#) – 24
- [Not affected by ICD-10](#) – 0

Please note: You may continue to reply to last month's question by clicking the appropriate response and including any additional information you want to share in the body of the email.

### Implications of July 2013 question

The IHCP has begun testing ICD-10 claims. We're getting ready for ICD-10; are you? The October 1, 2014, ICD-10 implementation date that once seemed so far off is now only 15 months away. If you are ready to test, we are. If you are not yet ready to test – start getting ready now!

For answers to these and other ICD-10 questions, visit the [ICD-10 FAQs](#) page at indianamedicaid.com.

### New ICD-10 link added to indianamedicaid.com

- [2014 ICD-10-PCS and GEMs](#), CMS News Update, May 17, 2013

### JULY 2013 QUESTION

**Are you aware the Indiana Health Coverage Programs (IHCP) is ready to begin testing ICD-10 claims?**

*(Click the link below that corresponds to your answer. An email containing your answer will be created. Add your comments to the email and click **Send**.)*

- [Yes](#)
- [No](#)
- [Not affected by ICD-10](#)

## Waiver mini-workshop scheduled for July 31

The Indiana Health Coverage Programs (IHCP) is offering a 90-minute workshop for prospective and current Home and Community-Based Services (HCBS) waiver providers.

An overview of the Indiana waiver program will be presented. Providers will learn about:

- Member eligibility
- Provider enrollment
- Billing
- Common reasons for claim denials

This session is ideal for all waiver providers and case managers billing for waiver program services. The workshop is scheduled to begin at 9 a.m. (Eastern Time) Wednesday, July 31, 2013, via Virtual Room.

To register for the waiver workshop, go to the [Provider Education](#) page at indianamedicaid.com.



## Sign up now for third-quarter IHCP workshops

The Indiana Health Coverage Programs (IHCP) is offering one-day educational workshops to providers in third-quarter 2013 – see dates and locations in Table 1. The workshops include the following sessions:

- **Transportation ...the Right Way (8:00 a.m.-8:45 a.m.):** This session explains new enrollment requirements specifically for transportation providers and describes the difference between revalidation and recertification. The session also reviews billing and prior authorization guidelines, including ways to prevent common denials and avenues of resolution.
- **Introduction to IHCP (8:55 a.m.-9:55 a.m.):** This session covers the overall structure of Indiana Medicaid. You will learn about Traditional Medicaid, *Care Select*, Healthy Indiana Plan (HIP), and Hoosier Healthwise programs, as well as about the contractors involved with each program. This session is ideal for those who are new to Medicaid.
- **IHCP Updates (10:05 a.m.-10:50 a.m.):** This session provides an overview of newly released and updated information regarding Web InterChange, ICD-10, Medicare Replacement Claim changes for electronic claims, and provider enrollment form changes.
- **Indiana *Care Select* Top 10 Most Common Questions, Concerns, or Issues (11:00 a.m.-noon):** Presented by representatives of MDwise Inc., and ADVANTAGE Health Solutions, this session provides a third-quarter overview of the *Care Select* program administered by both care management organizations (CMOs), including:
  - *Care Select* Eligibility
  - Adding providers for members in the Right Choices Program
  - Member reassignment process
  - Prior authorization for *Care Select* and Traditional Medicaid
  - Common reasons for a prior authorization request denial
  - Appealing a prior authorization decision
  - Provider profile updating: terminations, location changes, and panel changes
- **EPSDT and Bright Futures (1:00 p.m.-1:45 p.m.):** This joint managed care entity (MCE) session on Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is ideal for primary care providers, billing staff, clinical staff, and office management. (*Note: The content of this presentation is not relevant to specialty offices.*) The presentation provides a program overview, description of covered services, billing guidelines, outreach strategies, and strategies to maximize opportunities when providing EPSDT services. The session also includes information on the Bright Futures program and how it relates to EPSDT along with individual updates from each MCE.
- **Anthem Hoosier Healthwise and HIP Updates (1:55 p.m.-2:40 p.m.):** Please join Anthem representatives for updates covering Hoosier Healthwise, HIP, and behavioral health. An opportunity for questions and answers will follow the update.



- **Life of a Claim at MDwise (2:50 p.m.-3:35 p.m.):** During this session, attendees receive an overview of the life of a claim at MDwise. The session includes top 10 claim denials, information about the new claims payer, the MDwise delivery systems, *Claims Inquiry Form*, and claims disputes and appeals for Hoosier Healthwise, HIP, and behavioral health.
- **Managed Health Services and Cenpatico Behavior Health Third-Quarter Updates (3:45 p.m.-4:30 p.m.):** Managed Health Services and Cenpatico Behavioral Health provide prior authorization updates, billing tips and reminders, and general program updates. This session is open to all provider types.

*Table 1 – Third-quarter IHCP workshops dates and locations*

Date	Location	Address
August 7, 2013	Virtual training	<a href="#">Attend</a> the virtual training session
August 13, 2013	IU Health Bloomington Bloomington, Indiana	Wegmiller Auditorium 601 W. 2 <sup>nd</sup> Street
August 15, 2013	Lutheran Hospital Ft. Wayne, Indiana	Kachmann Auditorium 7950 W. Jefferson
August 20, 2013	Virtual training	<a href="#">Attend</a> the virtual training session
August 22, 2013	Unity Hospital Lafayette, Indiana	Medical Pavilion Conference Room 1345 Unity Place
August 28, 2013	Community Hospital Munster, Indiana	Auditorium 901 MacArthur Boulevard
September 17, 2013*	Wishard Hospital Indianapolis, Indiana	Myers Auditorium 1001 W. 10 <sup>th</sup> Street

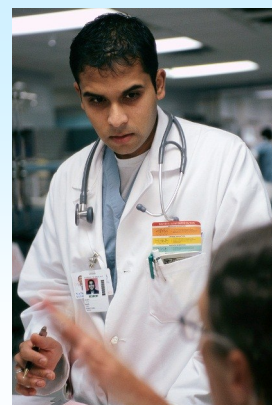
**\*Please note: Wishard Hospital workshop scheduled for September 17, 2013, will begin at 8:30 a.m., and all session times will be adjusted accordingly.**

### Session registration

Be sure to register early, as spaces fill up quickly. To register, visit the [Workshop Registration](#) page at indianamedicaid.com. The registration page provides instructions, including the Workshop Registration Tool Quick Reference. If you register online, you will receive immediate confirmation.

## Sign up for the EHR incentive program

Incentive payments for the Electronic Health Records (EHR) initiative amount to more than \$120 million since the program's introduction in May 2011. A total of 1,683 eligible professionals and 106 eligible hospitals have benefited from these payments. For more information about EHR, see the [EHR Incentive Program](#) page at indianamedicaid.com.



## RECENTLY PUBLISHED TO THE IHCP WEBSITE

### BULLETINS

- [BT201315](#) – Provider enrollment changes effective July 1, 2013
- [BT201316](#) – Supplemental payment adjustment to be made for qualified ambulance services
- [BT201317](#) – Automated PA system enhancements, mental health utilization edits update, and Preferred Drug List changes
- [BT201318](#) – Coverage updates to the Family Planning Eligibility Program
- [BT201319](#) – Coverage and billing information for the July 2013 quarterly CPT/HCPCS code updates

### PROVIDER MANUAL UPDATES

The Revision History at the front of each manual (or chapter) provides detailed information about the updates made in the most recent revision.

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

- [Chapter 13](#) – *IHCP Pharmacy Services Benefit*

[Division of Aging Home and Community-Based Services Waiver Provider Manual](#)

[Division of Disability and Rehabilitative Services Home and Community-Based Services Waiver Provider Manual](#)

[HealthWatch/EPSTD Manual](#)

### NEWS FROM RECENT BANNER PAGES

- [Coordination of Benefits update implemented for pharmacy claims](#)
- [IHCP makes a change to provider enrollment application requirements](#)
- [HCPCS Evaluation and Management codes removed from Hearing Services Code Set](#)
- [Changes made to the NCPDP Version D.0 Transaction Payer Sheet](#)
- [Psychiatric diagnostic evaluation procedure code 90791 SE covered for MRT determinations only](#)
- [Twenty-visit limitation for mental health services to be applied to CPT codes 90839, 90840, and 90889](#)
- [CDT code D7951 no longer covered](#)
- [CPT code 85397 linked to revenue code 305](#)
- [CPT code 70555 linked to revenue code 611](#)
- [Procedure code Q3025 linked to revenue code 636](#)
- [System updates scheduled in preparation for the future ICD-10 implementation](#)

## 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.
- Subscribe to [IHCP E-mail Notifications](#).
- Contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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