

Provider Monthly Newsletter

NL200507

July 2005

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Abbreviations and Acronyms Used in this Newsletter

1915(b) Social Security Act section	MHS Managed Health Service
ACS Affiliated Computer Services	MRT Medical Review Team
AVR Automated Voice Response	NCPDP National Council for Prescription Drug Programs
BIN Bank Identification Number (RxBIN)	OMPP Office of Medicaid Policy and Planning
CCF Claim Correction Form	OOS out of system
CDT Current Dental Terminology	PA Prior Authorization
CHIP Children's Health Insurance Program	PASRR Pre-Admission Screening and Resident Review
CMS Centers for Medicare and Medicaid Services	PBM Pharmacy Benefit Manager
DEA Drug Enforcement Agency	PCCM Primary Care Case Management
DUR Drug Utilization Review	PCN Primary Care Network (RxPCN)
EDS Electronic Data Systems	PDL Preferred Drug List
EVS Eligibility Verification System	PMP primary medical provider
FQHC Federally Qualified Health Center	POS place of service
HCE Health Care Excel	ProDUR Prospective Drug Utilization Review
HIPAA Health Insurance Portability and Accountability Act	PRTF Psychiatric Residential Treatment Facility
ICF/MR Intermediate Care Facility for the Mentally Retarded	RA remittance advice
IEP Individual Education Plan	RBMC Risk-Based Managed Care
IHCP Indiana Health Coverage Programs	RHC Rural Health Clinic
IPDP Indiana Prescription Drug Program	SUR Surveillance and Utilization Review
ISDH Indiana State Department of Health	
MCO Managed Care Organization	

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Indiana Health Coverage Programs

Monthly News

HIPAA Modifications

Effective June 6, 2005 several HIPAA modifications were implemented. These modifications affected IndianaAIM and Web interChange. Bulletin *BT200511* outlined the changes that were implemented. This information is also available on the IHCP Web site at www.indianamedicaid.com on the [What's New for](#)

[Providers](#) Web page. In addition, providers can refer to the IHCP Companion Guides: [837 Institutional Claims and Encounters Transaction](#), [837 Professional Claims and Encounters Transaction](#), and [837 Dental Claims Transaction](#).

Provider News

Correction – MRT Providers

Effective immediately, this article deletes lines 2 and 3 of *Table 1 - The Medical Review Team (MRT) Procedure Codes and Fee Schedule*

published in IHCP Provider bulletin *BT200514* (Table 7.1) and replaces the 96100 SE U1 and 96100 SE U2 with the information contained in Table 7.2.

Table 7.1 – MRT Replacement Code 96100

MRT Code	Replacement Code	Description	MRT Rate
IQ Eval 1 Unit = 1 Hour (Partial Unit Billing Allowed)	96100 SE U1	96100 Psychological testing (includes psychodiagnostic assessment of personality) SE State and/or Federally funded programs/services U1 IQ Evaluation	\$80.00 per hour
Psychological Testing 1 Unit = 1 Hour (Partial Unit Billing Allowed)	96100 SE U2	96100 Psychological testing (includes psychodiagnostic assessment of personality) SE State and/or Federally funded programs/services U2 Psychological Testing	\$80.00 per hour

Table 7.2 – MRT Replacement Code 96100 – Correction

MRT Code	Replacement Code	Description	MRT Rate
Psychological Testing/IQ Eval 1 Unit = 1 Hour Max Units: 2 Hours (Partial Unit Billing Allowed)	96100 SE	96100 Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour SE State and/or Federally funded programs/services	\$80.00 per hour

Correction – MRT and PASRR Providers

Effective immediately, this article replaces information published in IHCP provider bulletins, *BT200513* and *BT200514* for form locator 24A in *Table 2 – CMS-1500 Claim Form Locator Descriptions* (Table 7.3 in this publication) with the information contained in Table 7.4.

Providers **should not bill** date ranges, but only for the single date of service. For example, if a provider renders services on June 30, 2005 and July 1, 2005, then the provider must bill each date of service as a separate line item on the claim. The provider cannot bill the service on one line using the date range of June 30, 2005 to July 1, 2005.

Table 7.3 – Form Locator 24A

Form Locator	Narrative Description/Explanation	Complete for PASRR	
		Yes	No
	<p>Date of service is the date the specific services were actually supplied, dispensed, or rendered to the patient. For services requiring authorization, the FROM date of service cannot be prior to the date the service was authorized. The TO date of service cannot exceed the date the specific service was terminated.</p> <p>For multiple services over a span of time, which apply to the same procedure code, the following apply:</p> <ul style="list-style-type: none"> ▪ If the dates of service are consecutive, for example, one service per day, the FROM and TO dates of service can include the span of time with respective service units indicated in field 24G. Example – One unit of service per day for five days is submitted FROM 100102 TO 100502 for five units. ▪ If the dates of service are non-consecutive, each date of service is indicated on a separate line. Example – one service on each of the following days: 100102, 100502, 100602, and 101502 are not submitted FROM 100102 TO 101502. Rather, 100102 and 101502 are submitted on individual service lines with one unit of service each and 100502 through 100602 are submitted with two units of service on the same line. 		
24A	DATE OF SERVICE – Provide the FROM and TO dates in MMDDYY format. Up to six date ranges are allowed per form. Required.	X	

Table 7.4 – Form Locator 24A – Correction

Form Locator	Narrative Description/Explanation	Complete for PASRR	
		Yes	No
	<p>Date of service is the date the specific services were actually supplied, dispensed, or rendered to the patient. For services requiring authorization, the FROM date of service cannot be prior to the date the service was authorized. The TO date of service cannot exceed the date the specific service was terminated.</p>		
24A	DATE OF SERVICE – Provide the FROM and TO dates in MMDDYY format. Up to six FROM and TO dates are allowed per form. FROM and TO dates must be the same – no date ranges are allowed. Required.	X	

State-Wide Hoosier Healthwise Mandatory MCO Transition

The OMPP is implementing Hoosier Healthwise mandatory RBMC enrollment across all Indiana counties in 2005. This transitions current PrimeStep Hoosier Healthwise managed care members from PCCM into enrollment with a local MCO in the RBMC delivery system. Providers rendering services to members in the affected counties should review the following to determine the impact of the upcoming changes:

- Mandatory MCO enrollment does not apply to *Medicaid Select* members. These members continue their PCCM coverage.
- Mandatory MCO enrollment does not apply to IHCP members who have spend-down or have a level of care designation for nursing home, ICF/MR, waiver, or hospice. These members continue their traditional fee-for-service IHCP coverage.

This article contains information for physicians, FQHCs and RHCs, hospitals, and ancillary providers.

Mandatory MCO Enrollment

The OMPP submitted a request for federal approval for modification of Indiana’s 1915(b) waiver to the CMS. The State anticipates that these counties will be approved for mandatory MCO enrollment in the near future. Table 7.5 lists the scheduled transition dates, by region, by county. As of July 1, 2005, the Southern Region is complete. The map in Figure 7.1 provides a graphic representation of the transition schedule. Table 7.6 provides MCO contact information.

Table 7.5 – Mandatory MCO Transition and Key Dates by Region, by County

County					PMP/MCO Contracts Signed and at MCOs	PrimeStep Members Enrolled in MCOs
Northern Region Counties						
Adams	Cass	Dekalb	Fulton	Huntington	July 1, 2005	September 1, 2005
Jasper	Kosciusko	LaGrange	Marshall	Miami		
Newton	Noble	Pulaski	Starke	Steuben		
Wabash	Wells	White	Whitley			
Central Region Counties						
Benton	Blackford	Boone	Carroll	Clinton	September 1, 2005	November 1, 2005
Fayette	Fountain	Hamilton	Hancock	Hendricks		
Henry	Jay	Montgomery	Parke	Putnam		
Randolph	Rush	Shelby	Tippecanoe	Tipton		
Union	Vermillion	Warren	Wayne			

Mandatory MCO Enrollment Information for Primary Medical Providers

PMPs who render services to members in the affected counties should review the following to determine the impact of the upcoming changes:

- PMPs in the affected counties can choose to contract with one of the Hoosier Healthwise MCOs. PrimeStep PMPs who complete the switch to one of the MCOs before the final transition date will retain their current Hoosier Healthwise PrimeStep members.
- Disenroll as a Hoosier Healthwise PMP
- PMPs can also choose to disenroll as a PMP and remain an IHCP provider limited to non-Hoosier Healthwise managed care members and/or provide services to MCO members by referral as an out-of-network provider.
- An MCO may offer a variety of contracting options for their PMPs, including flexible reimbursement arrangements. Contracting with an MCO may result in the following:
 - Reduced office practice administrative processes
 - Access to distribution of MCO provider communications
 - MCO Provider Relations Representative

Contact the MCOs to discuss what options are available for your practice.

MCO Member Benefits

MCOs can provide additional services to members complementing services provided by the PMPs. Examples include 24-hour nurse telephone services, enhanced transportation arrangements, and case management services. Contact the MCOs to discuss what additional member benefits are available.

Mandatory MCO Enrollment Information for Non Primary Medical Providers

Do I need to sign a contract with an MCO to provide services?

Specialists, hospitals, and ancillary providers may have various MCO arrangements. Some of the MCO networks are currently open, meaning that any IHCP provider can render services to the MCO members. However, some MCOs have closed networks. With closed networks, MCO-contracted providers or in-network providers usually render the services. In-network providers are paid according to their contract with the MCO. Out-of-network providers are paid at 100 percent of the Medicaid rate when the MCO has the obligation to pay for the service. Such services include emergency care and self-referral services. With the exception of some self-referral services, the MCO can require members to access services from MCO-contracted providers.

How does this affect carve out services?

The carve out services are dental, IEP, and a portion of behavioral health services. Generally, behavioral health services, which are not rendered in an acute care setting or the PMP’s office, are not the responsibility of the MCO. Mandatory MCO changes do not affect providers rendering care to MCO members for carved out services only. Claims for these carve out services continue to be processed by EDS. The November 2004 IHCP *Provider Monthly Newsletter, NL200411*, provides more information about coverage and payment of carve out services.

How does this affect self-referral services?

These changes affect where the self-referral providers such as podiatrists, vision care, and

chiropractors submit claims for services. MCOs are responsible for payment of the self-referral services for their members. Claims for these services must be sent to the appropriate MCO for payment.

Can an FQHC or RHC contract with an MCO?

An FQHC or RHC can contract with an MCO. MCO provider contracts must specify the contractual arrangements to ensure that FQHCs and RHCs are reimbursed for services.

Table 7.6 lists active MCOs in Indiana along with phone numbers and Web sites.

More FQHC/RHC questions and answers are available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/HoosierHealthwise/content/FAQ/managed_care.asp

Additional Information

Additional information is available on the IHCP Web site at www.indianamedicaid.com. The

Direct questions about the information in this article to the appropriate MCO listed in Table 7.6 or AmeriChoice at 1-800-889-9949, Option 3.

Table 7.6 – Managed Care Organizations

Organization	Provider Service Phone Number	Web site
CareSource	1-866-930-0017	www.caresource-indiana.com
Harmony Health Plan	1-800-504-2766	www.harmonyhmi.com
Managed Health Services (MHS)	1-800-414-9475	www.managedhealthservices.com
MDwise	1-800-356-1204 or (317) 630-2831	www.mdwise.org
Molina Healthcare	1-800-642-4509	www.molinahealthcare.com

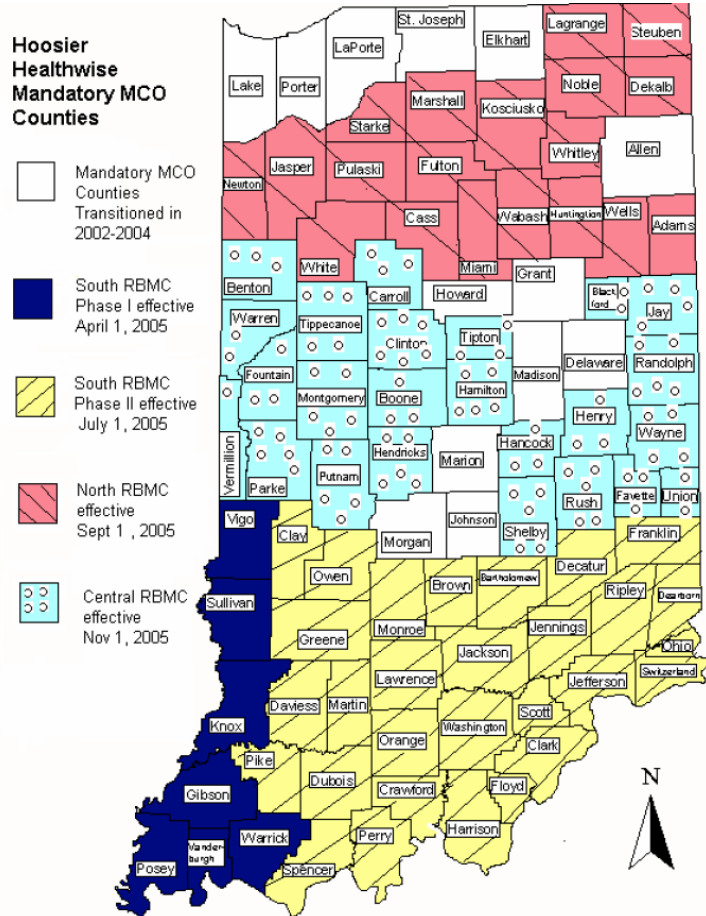


Figure 7.1 – Map of Mandatory MCO Counties

Dental Services

Correction – Package E Dental Provider Notice

The *CDT-5 Codes Allowed for Package E Members* table published in IHCP provider newsletter NL200506, Attachment 5 is included as Attachment 5 in this newsletter with the following corrections:

- Code D7110 is corrected to read D7111.
- Codes D7530, D7540, and D7550 are removed as they are non-covered in IndianaAIM.

Providers should direct questions about this information to customer assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

HoosierRx

HoosierRx Program Transition

Effective June 27, 2005, EDS assumed processing of claims for the IPDP, also known as the HoosierRx program. All claims billed on or after June 27, 2005 are being processed by EDS, regardless of date of service.

Prior to June 27, 2005, providers transmitted all HoosierRx claims to ACS State Healthcare. ACS continued to accept HoosierRx claims until Sunday afternoon, June 26, 2005.

Providers are reminded that prescriptions filled on or after June 27, 2005 are still subject to all

applicable edits, member benefit dollar limits, and member copayment amounts.

All POS pharmacy claims transactions continue to follow the *NCPDP Version 5.1* standard. Table 7.7 contains the significant changes to the *HoosierRx (NCPDP) Transactions Payer Sheet*.

The complete *NCPDP 5.1 Transactions Payer Sheets*, effective for HoosierRx pharmacy transactions for EDS submission, can be found on the HoosierRx Web site at www.in.gov/fssa/hoosierx/ or through the HoosierRx link under Pharmacy Services on the IHCP Web site at www.indianamedicaid.com.

Table 7.7 – HoosierRx (NCPDP) Transactions Payer Sheet Changes

Field	Field Name	Current Value	Value(s) for Use Effective 06/27/05
101-A1	BIN Number	610084	610467
104-A4	Processor Control Number	DRSHPROD – production DRSHACCP – test	INCAIDPROD – production INCAIDTEST – test
202-B2	Service Provider ID Qualifier	07 – NCPDP Provider ID	05 – Medicaid
201-B1	Service Provider ID	NCPDP/NABP number	10-character billing pharmacy provider ID number assigned by the IHCP or the IPDP
302-C2	Cardholder ID	10-digit IPDP Member ID number	12-digit IPDP Member ID number (starts with '70')
301-C1	Group ID	INSENR100	INSENR100 (This value stays the same in the transition)
466-EZ	Prescriber ID Qualifier	12 – DEA Number 13 – State Issued 99 – Other	08 – State License
411-DB	Prescriber ID	DEA number or state license number of the prescriber	8-digit IN license number (See Payer Sheet for license numbers for OOS prescribers)

Pharmacies not enrolled as HoosierRx providers may access the *HoosierRx Pharmacy Provider Agreement* through the IHCP Web site. Submit the completed form to:

EDS Provider Enrollment
P.O. Box 7263
Indianapolis, IN 46207-7263

Calls regarding the HoosierRx pharmacy claims or program should be directed to the EDS Call Center at 1-866 834-9824 (toll free).

Pharmacy Services

Hoosier Healthwise Mandatory RBMC Enrollment

The OMPP is implementing Hoosier Healthwise mandatory RBMC enrollment across all Indiana counties in 2005. (See IHCP provider bulletin *BT200506*.)

This article provides information to assist pharmacies with the transition to RBMC via two resources:

1. Table 7.8 provides a listing of the pharmacy directors for each Hoosier Healthwise MCO. Pharmacies participating in the Hoosier Healthwise program should refer to Table 7.8 for assistance in the transition.
2. Attachment 4 to this newsletter is a compendium of pharmacy-related contact information. It focuses on billing assistance, claims, and PA-related matters for each of the Hoosier Healthwise MCOs.

Table 7.8 – Pharmacy Directors for Hoosier Healthwise MCOs

MCO	Contact	Phone	Fax	E-mail
Managed Health Services (MHS) 1099 N. Meridian St., Suite 400 Indianapolis, Indiana 46204	Larry Harrison, RPh, MBA Director of Pharmacy	(317) 684-9478 Ext 20173	(317) 684-9280	lharrison@centene.com
MDwise 1099 N. Meridian St., Suite 320 Indianapolis, IN 46204	Kelly Henderson, PharmD, CDM Director of Pharmacy	(317) 829-8161	(317) 829-5530	khenderson@mdwise.org
Harmony Health Plan 41 E. Washington St., Suite 305 Indianapolis, IN 46204	Chris Johnson Director of Pharmacy	1-866-231-1338 (toll free)	(317) 917-8090	chris.johnson@wellcare.com
Molina Healthcare, Inc. 8001 Broadway Suite 400 Merrillville, IN 46410	Avis Davis, RPh, MBA	1-800-642-4509 Ext 163203 (toll free)	(219) 736-9140	avis.davis@molinahealthcare.com
CareSource One Dayton Centre One South Main Street Dayton, OH 45402	Jon Keeley Director of Pharmacy	(937) 531-2011	(937) 531-2434	jon.keeley@care-source.com

Provider Workshops

Third Quarter 2005 Workshops for Medicaid Providers

The OMPP, CHIP, and EDS offer IHCP workshops free of charge. Sessions are offered at several locations in Indiana. Table 7.9 gives the time, topic, and description of each session. The schedule includes a lunch period from noon until 1 p.m.; however, lunch is not provided.

Seating is limited to two registrants per provider number in all locations. EDS processes registrations based on the date of the workshop and in the order received. Registration does not guarantee a spot in the workshop.

A confirmation letter or fax is sent upon receipt of a registration. If a confirmation letter is not received, the seating capacity has been reached for that workshop.

All workshops show local times and begin promptly. Workshop location address information is available on the IHCP Web site at www.indianamedicaid.com. Click on *Provider Services, Education Opportunities, Provider Workshops*. Consult a map or other location tool for specific directions to the location.

The *2005 Provider Workshop Registration* form is available as Attachment 3 of this newsletter. Print or type the information requested on the registration form. List one registrant per form and fax the completed registration forms to EDS at (317) 488-5376. For questions about the workshop, contact a field consultant at (317) 488-5072.

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

Table 7.9 – Third Quarter 2005 Workshop Session Times, Name, and Description

Time	Session	Description
9 a.m. – 10 a.m.	Pharmacy	For All Prescribing Providers and Pharmacies: This is a comprehensive presentation that contains information about the transfer of pharmacy claims processing to EDS. This course includes agenda topics such as <i>Changes to Pharmacy Points of Contact, Claim Submission and Processing</i> , and other key points related to the transition and ongoing Pharmacy Benefits Management.
10:15 a.m.– 11:45 a.m.	Spend-down	For All Providers: This is a comprehensive presentation that contains information about the automation of spend-down. This course includes agenda topics such as, <i>Claims Submission and Adjudication, Medicare Crossovers, RA, EVS, Member Monthly Obligation Notice</i> , and other key points related to the automation of spend-down.
11:45 a.m. – 1 p.m.	Lunch Break	Lunch is not provided.
1 p.m. – 2:30 p.m.	Managed Care Roundtable	This session allows providers to direct questions to the five MCOs contracted with the state as of January 1, 2005. The provider community will find this session especially informative as the IHCP moves toward statewide mandatory RBMC coverage for members of the Hoosier Healthwise population. This session is specific to RBMC.

Table 7.10 lists the dates and Indiana locations for each workshop.

Table 7.10 – Third Quarter 2005 Workshop Dates, Deadlines, and Locations

Workshop Date	Registration Deadline	Location	Workshop Date	Registration Deadline	Location
August 16	August 9	Ball Memorial Hospital Auditorium 2401 University Ave. Muncie	August 29	August 22	Bloomington Hospital Wegmiller Auditorium 601 W. 2nd St. Bloomington
August 17	August 10	Unity Health Care 1345 Unity Pl., Room D Lafayette	August 31	August 24	St. Catherine’s Hospital Birthing Center 4321 Fir St. East Chicago
August 18	August 11	Lutheran Hospital Kachmann Auditorium 7950 W. Jefferson Blvd. Fort Wayne	September 1	August 25	Deaconess Hospital Bernard Schnacke Auditorium 600 Mary St. Evansville
August 22	August 15	St. Joseph Regional Medical Center Educational Center 801 E. LaSalle Ave. South Bend	September 6	August 30	Wishard Hospital Myers Auditorium 1001 W. 10th St. Indianapolis
August 25	August 18	Clarksville Holiday Inn 505 Marriott Drive Clarksville			

Contact Information

IHCP Provider Field Consultants, Effective June 1, 2005

Territory Number	Provider Consultant	Telephone	Counties Served
1	Jenny Atkins (temp)	(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	Pat Duncan	(317) 488-5101	Benton, Boone, Carroll, Cass, Clinton, Fountain, Hamilton, Howard, Miami, Montgomery, Tippecanoe, Tipton, Warren, and White
4	Daryl Davidson	(317) 488-5388	Adams, Blackford, Delaware, Grant, Hancock, Henry, Huntington, Jay, Madison, Randolph, Wabash, Wayne, and Wells
5	Natalie Snow	(317) 488-5356	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	Mona Green	(317) 488-5326	Clay, Greene, Johnson, Hendricks, Lawrence, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, and Vigo
8	Jessica Ferguson (temp)	(317) 488-5197	Crawford, Daviess, Dubois, Gibson, Knox, Martin, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, and Warrick
9	Jessica Ferguson	(317) 488-5197	Out-of-State

Field Consultants for Bordering States

State	City	Representative	Telephone
Illinois	Chicago/Watseka	Jenny Atkins (temp)	(317) 488-5312
	Danville	Mona Green	(317) 488-5326
Kentucky	Owensboro	Jessica Ferguson	(317) 488-5197
	Louisville	Tina King	(317) 488-5123
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) 488-5197.


Member and Provider Relations Leaders

Title	Name	Telephone
Director of Member and Provider Relations	Marcia Meece-Bagwell	(317) 488-5345
Team Coordinator	Phyllis Salyers	(317) 488-5148

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

Indiana Health Coverage Programs Quick Reference, Effective April 1, 2005

Assistance, Enrollment, Eligibility, Help Desk, and Prior Authorization				
AVR System (including eligibility verification) (317) 692-0819 or 1-800-738-6770	EDS Administrative Review Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Customer Assistance (317) 655-3240 or 1-800-577-1278	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 or 1-800-457-4584	EDS Provider Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Provider Enrollment/Waiver P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750	
EDS Third Party Liability (TPL) (317) 488-5046 or 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 Department P.O. Box 531520 Indianapolis, IN 46253-1520 (317) 347-4511 or 1-800-457-4518	HCE SUR Department P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 or 1-800-457-4515	
HCE Provider and Member Concern Line (Fraud and Abuse) (317) 347-4527 or 1-800-457-4515		IHCP Web Site www.indianamedicaid.com		
Pharmacy Benefit Manager				
ACS Drug Rebate ACS State Healthcare ACS – Indiana Drug Rebate P. O. Box 2011332 Dallas, TX 75320-1332	ACS PBM Call Center for Pharmacy Services/POS/Pro-DUR 1-866-645-8344 or Indiana.ProviderRelations@acs-inc.com	ACS Preferred Drug List Clinical Call Center 1-866-879-0106	Indiana DUR Board INXIDURQuestions@acs-inc.com	
Indiana Pharmacy Claims/Adjustments c/o ACS P. O. Box 502327 Atlanta, GA 31150	Indiana Administrative Review/Pharmacy Claims c/o ACS P.O. Box 502327 Atlanta, GA 31150	PA For Pro-DUR and Indiana Rational Drug Program – ACS Clinical Call Center 1-866-879-0106 Fax: 1-866-780-2198	To make refunds to IHCP for pharmacy claims send check to: ACS State Healthcare – Indiana P.O. Box 201376 Dallas, TX 75320-1376	
Hoosier Healthwise (Managed Care Organizations and PCCM) and Medicaid Select				
CareSource Claims www.caresource-indiana.com 1-866-930-0017 Member Services 1-800-488-0134 PA 1-866-930-0017 Provider Services 1-866-930-0017	Harmony Health Plan www.harmonyhmi.com Claims 1-800-504-2766 Member Services 1-800-608-8158 TTY: 1-877-650-0952 PA/Medical Management 1-800-504-2766 Provider Services 1-800-504-2766 Pharmacy 1-800-608-8158	Managed Health Services (MHS) www.managedhealthservices.com Claims 1-800-414-9475 Member Services 1-800-414-5946 PA/Medical Management 1-800-464-0991 Provider Services 1-800-414-9475 Nursewise 1-800-414-5946 ScripSolutions (PBM) 1-800-555-8513	MDwise www.mdwise.org Claims (317) 630-2831 or 1-800-356-1204 Member Services (317) 630-2831 or 1-800-356-1204 PA/Medical Management (317) 630-2831 or 1-800-356-1204 Provider Services (317) 630-2831 or 1-800-356-1204 Pharmacy (317) 630-2831 or 1-800-356-1204	
Molina www.molinahealthcare.com Claims 1-800-642-4509 Member Services 1-800-642-4509 PA 1-800-642-4509 Provider Services 1-800-642-4509	PrimeStep (PCCM) www.healthcareforhoosiers.com Claims - EDS Customer Assistance (317) 655-3240 or 1-800-577-1278 Member Services 1-800-889-9949, Option 1 Prior Authorization HCE: (317) 347-4511 or 1-800-457-4518 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 (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 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
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)				
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
 <div style="text-align: center;"> <h2 style="margin: 0;">2005 PROVIDER WORKSHOP REGISTRATION</h2> </div>

Indicate the workshop you will be attending in Indiana. **Print** or **type** the information below and fax to (317) 488-5376.

Pharmacy		
<input type="checkbox"/> Muncie, August 16	<input type="checkbox"/> Lafayette, August 17	<input type="checkbox"/> Ft. Wayne, August 18
<input type="checkbox"/> South Bend, August 22	<input type="checkbox"/> Clarksville, August 25	<input type="checkbox"/> Bloomington, August 29
<input type="checkbox"/> East Chicago, August 31	<input type="checkbox"/> Evansville, September 1	<input type="checkbox"/> Indianapolis, September 6
Spend-down		
<input type="checkbox"/> Muncie, August 16	<input type="checkbox"/> Lafayette, August 17	<input type="checkbox"/> Ft. Wayne, August 18
<input type="checkbox"/> South Bend, August 22	<input type="checkbox"/> Clarksville, August 25	<input type="checkbox"/> Bloomington, August 29
<input type="checkbox"/> East Chicago, August 31	<input type="checkbox"/> Evansville, September 1	<input type="checkbox"/> Indianapolis, September 6
Managed Care Roundtable		
<input type="checkbox"/> Muncie, August 16	<input type="checkbox"/> Lafayette, August 17	<input type="checkbox"/> Ft. Wayne, August 18
<input type="checkbox"/> South Bend, August 22	<input type="checkbox"/> Clarksville, August 25	<input type="checkbox"/> Bloomington, August 29
<input type="checkbox"/> East Chicago, August 31	<input type="checkbox"/> Evansville, September 1	<input type="checkbox"/> Indianapolis, September 6
Registrant Information <i>(One registrant per form)</i>		
Name of Registrant: _____		
Provider Name: _____		Provider Number: _____
Provider Address: _____		
City: _____		State: _____ ZIP: _____
Provider Telephone: _____		Provider Fax: _____
Provider E-mail Address: _____		

Hoosier Healthwise Mandatory RBMC Enrollment



Pharmacy Help Desk
1-800-558-1655

To Process Claim:
RxBIN: **600428**
RxPCN: **03210000**
Hoosier Healthwise Card #
Date of Birth
Prescriber DEA #

PDL and PA forms found at:
www.mdwise.org
(Clinical PAs should be submitted by the prescriber)



Pharmacy Help Desk
1-877-647-7473

To Process Claim:
RxBIN: **603286**
RxPCN: **01410000**
RxGroup: **476257**
Hoosier Healthwise Card #
Date of Birth
Prescriber DEA #

PDL and PA forms found at:
www.harmonyhmi.com
(Clinical PAs should be submitted by the prescriber)



Pharmacy Help Desk
1-800-213-5640

To Process Claim:
RxBIN: **900020**
RxPCN: **CLAIMWT**
RxGroup: **MHSINN**
MHSINC
MHSINS
MHSINTS

Hoosier Healthwise Card #
Date of Birth
Prescriber DEA #

PDL and PA forms
or Rx questions:
1-800-944-9661



Pharmacy Help Desk
1-800-642-4509
Fax: (219) 736-9140

To Process Claim:
RxBIN: **610473**
RxPCN: **Not required**
RxGroup: **Not required**
Hoosier Healthwise Card #
Date of Birth
Prescriber DEA #

PDL and PA forms found at:
www.molinahealthcare.com
(Clinical PAs should be submitted by the prescriber)



ESI Pharmacy Help Desk
1-800-417-8164
CareSource Pharmacy
PA and Help Desk
1-800-488-0134
PA Fax: 1-866-930-0019

To Process Claim:
RxBIN: **003858**
RxPCN: **A4**
RxGroup: **C4SA**
Hoosier Healthwise Card #
Date of Birth
Prescriber DEA #

PDL found at:
www.care-source.com

CDT-5 Codes Allowed for Package E Members

CDT-5 Code	Description
D0140	Limited oral evaluation – problem focused
D0210	Intraoral – complete series (including bitewings)
D0220	Intraoral – periapical – first film
D0230	Intraoral – periapical – each additional film
D0240	Intraoral – occlusal film
D0270	Bitewing – single film
D0272	Bitewings – two films
D0274	Bitewings – four films
D0330	Panoramic film
D7111	Extraction, coronal remnants – deciduous tooth *
D7140	Extraction, erupted tooth or exposed root
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D7220	Removal of impacted tooth – soft tissue
D7230	Removal of impacted tooth – partially bony
D7240	Removal of impacted tooth – completely bony
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications
D7250	Surgical removal of residual tooth roots (cutting procedure)
D7260	Oroantral fistula closure
D7261	Primary closure of sinus perforation
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7280	Surgical access of unerupted tooth (impacted tooth not intended for extraction)
D7282	Mobilization of erupted or malpositioned tooth to aid eruption
D7285	Biopsy of oral tissue – hard
D7286	Biopsy of oral tissue – soft
D7288	Brush biopsy – transepithelial sample collection
D7510	Incision and drainage of abscess – intraoral soft tissue
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
D7520	Incision and drainage of abscess – extraoral soft tissue
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body
D7610	Maxilla – open reduction (simple fracture)
D7620	Maxilla – closed reduction (simple fracture)
D7630	Mandible – open reduction (simple fracture)
D7640	Mandible – closed reduction (simple fracture)
D7650	Malar and/or zygomatic arch – open reduction (simple fracture)
D7660	Malar and/or zygomatic arch – closed reduction (simple fracture)
D7670	Alveolus – closed reduction, may include stabilization of teeth (simple fracture)
D7671	Alveolus – open reduction, may include stabilization of teeth (simple fracture)

(Continued)

CDT-5 Codes Allowed for Package E Members

CDT-5 Code	Description
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches (simple fracture)
D7710	Mandible – open reduction (compound fracture)
D7720	Mandible – closed reduction (compound fracture)
D7730	Malar and/or zygomatic arch – open reduction (compound fracture)
D7740	Malar and/or zygomatic arch – closed reduction (compound fracture)
D7750	Alveolus – closed reduction, may include stabilization of teeth(compound fracture)
D7760	Alveolus – open reduction, may include stabilization of teeth (compound fracture)
D7770	Facial bones – complicated reduction with fixation and multiple surgical approaches (compound fracture)
D7771	Mandible – open reduction (compound fracture)
D7780	Mandible – closed reduction (compound fracture)
D7910	Suture of small wounds up to 5cm (excludes surgical incisions)
D7911	Complicated suture – up to 5cm (excludes surgical incisions)
D7912	Complicated suture – greater than 5cm (excludes surgical incisions)
D7999	Unspecified oral surgery procedure - by report (use for supernumerary tooth extractions)
D9220	General anesthesia – first 30 minutes. (Only covered if medically necessary. Only covered in the office setting for members less than 21 years of age. Only covered for members 21 years of age and older in the hospital (inpatient or outpatient) or ASC setting.)
D9221	General anesthesia – each additional 15 minutes. (See D9220)
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide. (Only covered for members 20 years of age and younger and limited to one unit per visit.)
D9241	Intravenous conscious sedation/analgesia – first 30 minutes. (Covered for oral surgical procedures only.)
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes. (Covered for oral surgical procedures only.)
D9248	Non-intravenous conscious sedation
D9920	Behavior management

* Correction to code published in IHCP provider newsletter *NL200506*, Attachment 5.

Codes D7530, D7540, and D7550 are removed from this table as they are non-covered in IndianaAIM.