

# Provider Monthly Newsletter

NL200511

November 2005

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## Abbreviations and Acronyms Used in this Newsletter

1915(b)	Social Security Act section	IAC	Indiana Administrative Code
ACS	Affiliated Computer Services	ICD	International Classification of Diseases
ASC	Ambulatory Service Center	IHCP	Indiana Health Coverage Programs
AVR	Automated Voice Response	LMP	last menstrual period
CCF	Claim Correction Form	MCO	Managed Care Organization
CDT	Current Dental Terminology	MHS	Managed Health Service
CMS	Centers for Medicare and Medicaid Services	MRT	Medical Review Team
DUR	Drug Utilization Review	OMPP	Office of Medicaid Policy and Planning
EDI	electronic data interchange	PA	prior authorization
EDS	Electronic Data Systems	PBM	Pharmacy Benefit Manager
EDD	estimated date of delivery	PCCM	Primary Care Case Management
FAQ	frequently asked questions	PMP	primary medical provider
FFS	fee for service	POS	place of service
HCE	Health Care Excel	ProDUR	Prospective Drug Utilization Review
HCPCS	Healthcare Common Procedure Coding System	RBMC	Risk-Based Managed Care
HIPAA	Health Insurance Portability and Accountability Act	RID	recipient identification number
HMS	Health Management Services	SRS	stereotactic radiosurgery
		SUR	Surveillance and Utilization Review
		TPL	third party liability

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## Provider News

### New IHCP SRS Reimbursement Rates

The IHCP currently covers three types of SRS as represented by HCPCS codes G0173, G0242, and G0251. In addition, the IHCP covers pre-operative planning under HCPCS code G0243 or G0338. Reimbursement for physician services is bundled into the pre-operative planning service. Currently, all SRS procedures are manually priced by the IHCP. In order to more closely

align IHCP pricing with Medicare, the IHCP will amend pricing for SRS procedures as reflected in Table 11.1 that follows, effective December 15, 2005. Providers must bill SRS therapy and pre-operative planning with revenue code 333 on the UB-92 claim form or 837I transaction.

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

Table 11.1 – New IHCP SRS Reimbursement Rates, Effective December 15, 2005

Code	Description	Reimbursement
G0173	Linear accelerator-based stereotactic radiosurgery; complete course of therapy in one session	\$5,250
G0242	Multi-source photon stereotactic radiosurgery (cobalt 60 multi-source converging beams) plan, including dose volume histograms for target and critical structure tolerances, plan optimization performed for highly conformal distributions, plan positional accuracy and dose verification; all lesions treated, per course of treatment	\$1,450
G0243	Multi-source photon stereotactic radiosurgery; delivery including collimator changes and custom plugging, complete course of treatment, all lesions	\$5,250
G0251	Linear accelerator-based stereotactic radiosurgery; delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session; maximum five sessions per course of treatment	\$1,150
G0338	LINAC-based stereotactic radiosurgery plan, including dose volume histograms for target and critical structure tolerances, plan optimization performed for highly conformal distributions, plan positional accuracy and dose verification; all lesions treated, per course of treatment	\$1,450

### ICD-9-CM Codes Update

Updates to ICD-9-CM codes are in effect. Refer to the tables that follow this article to view these updated codes. The new, revised, and discontinued codes may be viewed at <http://www.cms.hhs.gov/medlearn/icd9code.asp>. To ensure HIPAA compliance, the 90-day grace period no longer applies to ICD-9-CM updates. Providers must use the appropriate ICD-9-CM diagnosis and procedure codes that are valid for the date of service. Codes not valid for the dates of service will deny. The ICD-9-CM diagnosis and procedure codes were billable and reimbursable October 1, 2005.

The new ICD-9-CM diagnosis codes found in Table 11.2 are added to Table 8.13 – *Emergency*

*Department Diagnosis Codes* in the *IHCP Provider Manual, Chapter 8, Section 2*. These codes were effective October 1, 2005.

The ICD-9-CM diagnosis codes found in Table 11.3 have been removed from Table 8.13 – *Emergency Department Diagnosis Codes* in the *IHCP Provider Manual, Chapter 8, Section 2* effective October 1, 2005. These codes are no longer valid.

The new ICD-9-CM diagnosis codes found in Table 11.4 are added to Table 8.63 – *High Risk Pregnancy – ICD-9-CM Diagnosis Codes* in the *IHCP Provider Manual, Chapter 8, Section 3*. These codes were effective October 1, 2005.

The ICD-9-CM diagnosis codes found in Table 11.5 have been removed from Table 8.63 *High Risk Pregnancy – ICD-9-CM Diagnosis Codes* in

the *IHCP Provider Manual, Chapter 8, Section 3* effective October 1, 2005. These diagnosis codes are no longer valid.

The new ICD-9-CM procedures found in Table 11.6 are not covered by the IHCP. According to the IAC 405 IAC 5-29-1 (3), experimental

treatment or procedures are not covered by the IHCP.

For questions contact customer assistance at (317) 655-3240 in the Indianapolis local area, or toll free at 1-800-577-1278.

Table 11.2 – ICD-9-CM Diagnosis Codes Added to Table 8.13 <i>Emergency Department Diagnosis Codes</i>						
276.50	276.51	276.52	567.21	567.22	567.23	567.29
567.31	567.38	567.39	567.81	567.82	567.89	585.6
599.60	599.69	651.70	651.71	651.73	760.77	760.78
763.84	770.10	770.11	770.12	770.13	770.14	770.15
770.16	770.17	770.18	770.85	770.86	779.84	799.01
799.02	996.40	996.41	996.42	996.43	996.44	996.45
996.46	996.47	996.49	V46.14	V62.84		

Table 11.3 – Invalid ICD-9-CM Diagnosis Codes Removed From Table 8.13 <i>Emergency Department Diagnosis Codes</i>						
276.5	567.2	567.8	599.6	770.1	799.0	996.4

Table 11.4 – ICD-9-CM Diagnosis Codes Added to Table 8.63 <i>High Risk Pregnancy – ICD-9-CM Diagnosis Codes</i>						
276.50	276.51	276.52	278.02	287.30	287.31	287.33
287.39	291.82	362.07	426.82	567.21	567.22	567.23
567.29	567.31	567.38	567.39	567.81	567.89	585.1
585.2	585.3	585.4	585.5	585.6	585.9	599.60
599.69	651.70	651.71	651.73	V46.13	V46.14	V62.84
V85.0	V85.21	V85.22	V85.23	V85.24	V85.25	V85.30
V85.31	V85.32	V85.33	V85.34	V85.35	V85.36	V85.37
V85.38	V85.39	V85.4				

Table 11.5 – Invalid ICD-9-CM Diagnosis Codes Removed From Table 8.63 <i>High Risk Pregnancy – ICD-9-CM Diagnosis Codes</i>	
287.3	585

Table 11.6 – ICD-9-CM Non-Covered Services	
Code	Description
37.41	Implantation of prosthetic cardiac support device around the heart
84.58	Implantation of interspinous process decompression device

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## Coverage of Hippotherapy

The IHCP initiated coverage of hippotherapy for physical therapy effective April 1, 2005. To be covered, services must be provided by a licensed physical therapist and should be billed using the appropriate HCPCS code from the following list:

- 97110 – Therapeutic exercises to develop strength and endurance, range of motion, and flexibility
- 97112 – Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, or proprioception for sitting or standing activities
- 97530 – Therapeutic activities to improve functional performance
- 97533 – Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands. This code can only be used for patients with a diagnosis of traumatic brain injury (TBI). Refer to the IHCP provider newsletter NL200505.

Services must be ordered by a physician and included in the patient's treatment plan. Existing PA requirements for physical therapy apply to hippotherapy.

*Note: Procedure code S8940 (hippotherapy per person, equestrian, hippotherapy, per session) was a new HCPCS code effective January 1, 2005, and is **not** covered by the IHCP.*

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## Web InterChange Password Rules Enforced September 30, 2005

Web interChange password regulations were modified in January 2005 to conform to stricter password standards. Many users were unable to immediately adopt all of the new password standards. In order to allow providers the opportunity to assign Web administrators for their organizations to facilitate adoption of the new policy, the changes were not implemented. EDS has implemented the remaining provisions of the password policy to continue proper enforcement of HIPAA security rules.

The following password regulations are now enforced:

- Invalid password attempts are restricted to three. If after three attempts the user has not entered the correct password, the user's ID

will be disabled and the user will have to reset the password. Users who are set up under an administrator can do this themselves with the auto-password reset, or they can have their administrators reset them. Users who are not set up with administrators must call the EDS EDI Solutions Help Desk at (317) 488-5160, option 3 in the Indianapolis area or toll free at 1-877-877-5182 to have their passwords reset.

- When users change their passwords, it cannot be one of their previous six passwords. If users attempt to change their passwords to a value that is equal to one of their previous six, they will receive an error message indicating that they must choose another password.

The following password regulations are already in place and will continue:

- Users are required to change passwords every 90 days. Passwords may be changed at any time by selecting the **Reset Password** button on the left side of the *Welcome to Web interChange* page.
- Passwords must be in the HIPAA-compliant format for strong passwords. Valid user ID and password format instructions can be found in the *User IDs and Passwords* section of Help on the interChange Web site.
- Direct any questions about Web interChange to the EDS EDI Solutions Help Desk at (317) 488-5160, option 3 in the Indianapolis area or toll free at 1-877-877-5182.

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## Reporting Personal Injury Claims

Providers should notify the EDS TPL Casualty Department if a request for medical records is received from an IHCP member's attorney about a personal injury claim, or if information is available about a personal injury claim being pursued by an IHCP member. When notifying the TPL Casualty Department, include the IHCP member's name, member identification number, date of injury, insurance carrier information, and attorney name, phone number, and address, if available.

The TPL Casualty Department has prepared a form to use when submitting this information; however, use of this form is not required. The *Provider TPL Referral* form (Attachment 6) is also available on the Forms page of the IHCP Web site at <http://www.indianamedicaid.com/>

[ihcp/Publications/forms.asp](http://ihcp/Publications/forms.asp) under *Third Party Liability (TPL) Forms*.

Send this form to the TPL Casualty Department by e-mail at <mailto:INXIXTPLCasualty@eds.com>, by facsimile at (317) 488-5217, or by U.S. Mail to the following address:

**EDS TPL Casualty Department  
P.O. Box 7262  
Indianapolis, IN 46207-7262**

The EDS TPL Casualty Department may be contacted by telephone at (317) 488-5046 in the Indianapolis local area or toll-free at 1-800-457-4510.

credit balances subtracted from future Medicaid payments, adjustments are processed on a weekly basis. Although only selected providers are receiving a letter and credit balance worksheet each quarter, all providers are welcome to use this credit balance process to return any type of overpayments. For questions regarding the credit balance collection process or requests for copies of the credit balance worksheet and instructions, contact HMS Provider Relations at 1-877-264-4854 (toll free). The credit balance worksheet and instructions can be downloaded from the Forms page of the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Publications/forms.asp>.

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### All Providers: TPL Credit Balance Project

HMS is partnering with EDS to collect credit balances owed to the IHCP. Quarterly, HMS mails letters and credit balance worksheets to select providers notifying them that the date for refunding credit balances is 60 days from the date of the letter. Please reply promptly to these notices. A copy of the worksheet and instructions (Attachment 7) are included with this newsletter. For providers who want to have

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### 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 11.7) and replaces the 96100 SE U1 and 96100 SE U2 with the information contained in Table 11.8.

Table 11.7 – 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)	\$80.00 per hour
		SE State and/or Federally funded programs/services	
		U1 IQ Evaluation	
Psychological Testing 1 Unit = 1 Hour (Partial Unit Billing Allowed)	96100 SE U2	96100 Psychological testing (includes psychodiagnostic assessment of personality)	\$80.00 per hour
		SE State and/or Federally funded programs/services	
		U2 Psychological Testing	

Table 11.8 – 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	<b>96100</b> Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour	\$80.00 per hour
		<b>SE</b> State and/or Federally funded programs/services	

**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 11.9 in this publication) with the information contained in Table 11.10.

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 11.9 – Form Locator 24A

Form Locator	Narrative Description/Explanation	Complete for PASRR	
		Yes	No
	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. For multiple services over a span of time, which apply to the same procedure code, the following apply: <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ 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.</li> </ul>		
24A	<b>DATE OF SERVICE</b> – Provide the FROM and TO dates in MMDDYY format. Up to six date ranges are allowed per form. <b>Required.</b>	X	

Table 11.10 – Form Locator 24A – Correction

Form Locator	Narrative Description/Explanation	Complete for PASRR	
		Yes	No
	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.		
24A	<b>DATE OF SERVICE</b> – Provide the FROM and TO dates in MMDDYY format. Up to six FROM and TO dates are allowed per form. <b>FROM and TO dates must be the same – no date ranges are allowed. Required.</b>	X	

**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.

## Pharmacy Services

### New Pharmacy Reimbursement Rule

This notice is to advise providers that, in response to rapidly escalating expenditures for Medicaid-covered drugs, and in order to stay within available appropriations while maintaining beneficiary access to services, the office will be adopting an emergency rule that amends pharmacy reimbursement for Medicaid and HoosierRx. Specifically, estimated acquisition cost (EAC) for brand name legend drugs will change from AWP minus 13.5% to AWP minus 16% with a dispensing fee of \$4.90. (This change also applies to HoosierRx.) At the same time, in order to bring consistency to reimbursement policy for insulins, OTC insulins will commence being paid in accordance with applicable legend drug EAC methodology. These changes are effective with dates of service taking place on or after October 1, 2005.

### New Medicare Prescription Drug Benefit

Effective January 1, 2006, the Centers for Medicare and Medicaid Services (CMS) is implementing the new Medicare prescription drug coverage. This coverage, also known as Medicare Part D, is a new benefit to help Medicare members pay for prescription drugs.

The IHCP will provide information as it becomes available with banner pages, the IHCP provider newsletter, bulletins, and the IHCP Web site. The annual IHCP Seminar and fourth quarter provider

workshops will include materials and training about the new Medicare Prescription Drug Benefit.

For more information about the Medicare Prescription Drug Benefit visit the CMS Web site at <http://www.cms.gov/medicarerereform/>.

You may also learn more about this topic by accessing a fact sheet from the CMS Web site at <http://www.cms.hhs.gov/medicarerereform/factsheets.asp>.

### 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 11.11 provides a listing of the pharmacy directors for each Hoosier Healthwise MCO. Pharmacies participating in the Hoosier Healthwise program should refer to Table 11.11 for assistance in the transition.
2. Attachment 4 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 11.11 – 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	<a href="mailto:lharrison@centene.com">lharrison@centene.com</a>
MDwise 1099 N. Meridian St., Suite 320 Indianapolis, IN 46204	Kelly Henderson, PharmD, CDM Director of Pharmacy	(317) 829-8161	(317) 829-5530	<a href="mailto:khenderson@mdwise.org">khenderson@mdwise.org</a>
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	<a href="mailto:chris.johnson@wellcare.com">chris.johnson@wellcare.com</a>
Molina Healthcare, Inc. 8001 Broadway Suite 400 Merrillville, IN 46410	Avis Davis, RPh, MBA	1-800-642-4509 Ext 163216 (toll free)	(219) 736-9140	<a href="mailto:avis.davis@molinahealthcare.com">avis.davis@molinahealthcare.com</a>
CareSource One Dayton Centre One South Main Street Dayton, OH 45402	Jon Keeley Director of Pharmacy	(937) 531-2011	(937) 531-2434	<a href="mailto:jon.keeley@care-source.com">jon.keeley@care-source.com</a>

## Contact Information

### IHCP Provider Field Consultants, Effective October 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	Susan Bresson	(317) 488-5080	Allen, Dekalb, Elkhart, Fulton, Kosciusko, Lagrange, Marshall, Noble, St. Joseph, Steuben, and Whitley
3	Jenny Atkins (temp)	(317) 488-5071	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	Phyllis Salyers (temp)	(317) 488-5154	Clay, Greene, Johnson, Hendricks, Lawrence, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, and Vigo
8	Cynthia Spear-Duncan	(317) 488-5153	Crawford, Daviess, Dubois, Gibson, Knox, Martin, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, and Warrick
9	Tina King (temp)	(317) 488-5123	Out-of-State

### Field Consultants for Bordering States

State	City	Representative	Telephone
Illinois	Chicago/Watseka	Jenny Atkins (temp)	(317) 488-5312
	Danville	Phyllis Salyers (temp)	(317) 488-5154
Kentucky	Owensboro	Cynthia Spear-Duncan	(317) 488-5153
	Louisville	Tina King	(317) 488-5123
Michigan	Sturgis	Susan Bresson	(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) 488-5154

*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](http://www.indianamedicaid.com).*

**Indiana Health Coverage Programs Quick Reference, Effective October 1, 2005**

<b>Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization</b>				
<b>AVR System</b> (including eligibility verification) (317) 692-0819 or 1-800-738-6770	<b>EDS Administrative Review</b> Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	<b>EDS Customer Assistance</b> (317) 655-3240 or 1-800-577-1278	<b>EDS Electronic Solutions Help Desk</b> (317) 488-5160 or 1-877-877-5182 <a href="mailto:INXIXElectronicSolution@eds.com">INXIXElectronicSolution@eds.com</a>	
<b>EDS Forms Requests</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>EDS Member Hotline</b> (317) 713-9627 or 1-800-457-4584	<b>EDS Provider Written Correspondence</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>EDS Provider Enrollment/Waiver</b> P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750	
<b>EDS Third Party Liability (TPL)</b> (317) 488-5046 or 1-800-457-4510 Fax (317) 488-5217	<b>HCE Medical Policy Department</b> P.O. Box 53380 Indianapolis, IN 46253-0380 (317) 347-4500	<b>HCE Prior Authorization Department</b> P.O. Box 531520 Indianapolis, IN 46253-1520 (317) 347-4511 or 1-800-457-4518	<b>HCE SUR Department</b> P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 or 1-800-457-4515	
<b>HCE Provider and Member Concern Line (Fraud and Abuse)</b> (317) 347-4527 or 1-800-457-4515		<b>IHCP Web Site</b> <a href="http://www.indianamedicaid.com">www.indianamedicaid.com</a>		
<b>Pharmacy Benefit Manager</b>				
<b>ACS Drug Rebate</b> ACS State Healthcare ACS – Indiana Drug Rebate P. O. Box 2011332 Dallas, TX 75320-1332	<b>EDS Pharmacy Services Helpdesk for POS claims processing</b> 317-655-3240 or 1-800-577-1278 or <a href="mailto:INXIXPharmacy@EDS.com">INXIXPharmacy@EDS.com</a>	<b>EDS Pharmacy Claims</b> P.O. Box 7268 Indianapolis, IN 46207-7268	<b>Indiana DUR Board</b> <a href="mailto:INXIDURQuestions@acs-inc.com">INXIDURQuestions@acs-inc.com</a>	
<b>EDS Pharmacy Claims Adjustments</b> P.O. Box 7265 Indianapolis, IN 46207-7268	<b>Indiana Administrative Review/Pharmacy Claims</b> EDS Pharmacy Claims Administrative Review P.O. Box 7263 Indianapolis, IN 46207-7268	<b>PA For Pro-DUR and Preferred Drug List – ACS Clinical Call Center</b> 1-866-879-0106 or Fax: 1-866-780-2198	<b>To make refunds to IHCP for pharmacy claims send check to:</b> EDS Pharmacy Refunds P.O. Box 2303, Dept 130 Indianapolis, IN 46206-2303	
<b>Hoosier Healthwise (Managed Care Organizations and PCCM) and Medicaid Select</b>				
<b>CareSource Claims</b> <a href="http://www.caresource-indiana.com">www.caresource-indiana.com</a> 1-866-930-0017 <b>Member Services</b> 1-800-488-0134 <b>PA</b> 1-866-930-0017 <b>Provider Services</b> 1-866-930-0017	<b>Harmony Health Plan</b> <a href="http://www.harmonyhmi.com">www.harmonyhmi.com</a> <b>Claims</b> 1-800-504-2766 <b>Member Services</b> 1-800-608-8158; TTY: 1-877-650-0952 <b>PA/Medical Management</b> 1-800-504-2766 <b>Provider Services</b> 1-800-504-2766 <b>Pharmacy</b> 1-800-608-8158	<b>Managed Health Services (MHS)</b> <a href="http://www.managedhealthservices.com">www.managedhealthservices.com</a> <b>Claims</b> 1-800-414-9475 <b>Member Services</b> 1-800-414-5946 <b>PA/Medical Management</b> 1-800-464-0991 <b>Provider Services</b> 1-800-414-9475 <b>Nursewise</b> 1-800-414-5946 <b>ScripSolutions (PBM)</b> 1-800-555-8513	<b>MDwise</b> <a href="http://www.mdwise.org">www.mdwise.org</a> <b>Claims</b> 1-800-356-1204 or (317) 630-2831 <b>Member Services</b> 1-800-356-1204 or (317) 630-2831 <b>PA/Medical Management</b> 1-800-356-1204 or (317) 630-2831 <b>Provider Services</b> 1-800-356-1204 or (317) 630-2831 <b>Pharmacy</b> (317) 630-2831 or 1-800-356-1204	
<b>Molina</b> <a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a> <b>Claims</b> 1-800-642-4509 <b>Member Services</b> 1-800-642-4509 <b>PA</b> 1-800-642-4509 <b>Provider Services</b> 1-800-642-4509	<b>PrimeStep (PCCM)</b> <a href="http://www.healthcareforhoosiers.com">www.healthcareforhoosiers.com</a> <b>Claims - EDS Customer Assistance</b> 1-800-577-1278 or (317) 655-3240 <b>Member Services</b> 1-800-889-9949, Option 1 <b>Prior Authorization</b> HCE: 1-800-457-4518 or (317) 347-4511 <b>Provider Services for PMPs</b> 1-800-889-9949, Option 3 <b>Pharmacy</b> – see Pharmacy Benefit Manager section above	<b>Medicaid Select</b> <a href="http://www.medicaidselect.com">www.medicaidselect.com</a> <b>Claims - EDS Customer Assistance</b> 1-800-577-1278 or (317) 655-3240 <b>Member Services</b> 1-877-633-7353, Option 1 <b>PA</b> HCE: 1-800-457-4518 or (317) 347-4511 <b>Provider Services for PMPs</b> 1-877-633-7353, Option 3 <b>Pharmacy</b> – see Pharmacy Benefit Manager section above		
<b>Claim Filing</b>				
<b>EDS 590 Program Claims</b> P.O. Box 7270 Indianapolis, IN 46207-7270	<b>EDS Adjustments</b> P.O. Box 7265 Indianapolis, IN 46207-7265	<b>EDS CCFs</b> P.O. Box 7266 Indianapolis, IN 46207-7266	<b>EDS Dental Claims</b> P.O. Box 7268 Indianapolis, IN 46207-7268	<b>EDS CMS-1500 Claims</b> P.O. Box 7269 Indianapolis, IN 46207-7269
<b>EDS Claim Attachments</b> P.O. Box 7259 Indianapolis, IN 46207-7259	<b>EDS Waiver Programs Claims</b> P.O. Box 7269 Indianapolis, IN 46207-7269	<b>EDS Medical Crossover Claims</b> P.O. Box 7267 Indianapolis, IN 46207-7267	<b>EDS Institutional Crossover/UB-92 Inpatient Hospital, Home Health, Outpatient, and Nursing Home Claims</b> P.O. Box 7271 Indianapolis, IN 46207-7271	
<b>Check Submission (Non-Pharmacy)</b>				
<b>To make refunds to IHCP:</b> <b>EDS Refunds</b> P.O. Box 2303, Dept. 130 Indianapolis, IN 46206-2303 P.O. Box 7263 Indianapolis, IN 46207-7263		<b>To Return Uncashed IHCP Checks:</b> <b>EDS Finance Department</b> 950 N. Meridian St., Suite 1150 Indianapolis, IN 46204-4288		

ICD-9-CM Diagnosis Codes for At Risk of Preterm Birth or Poor Pregnancy Outcome Medical Factors

Medical Factor	Code	Medical Factor	Code
Anemias, Acquired and Hereditary	282.0 – 282.3, 282.4X, 282.5, 282.6X, 282.7 – 282.9, 283.1X – 283.9, 284.X, 285.0 – 285.9, 287X, 288X, 648.20, 648.23	Other (for Medical High-Risk-Pregnancy)	Examples include V23.1, V23.4X, V23.8X, and V23.9
Current Drug or Alcohol Abuse	304.00 – 304.93, 648.30, 648.33	Other Specified Complications of Pregnancy	646.80, 646.83
Current Malignancy or Leukemia	140.0 – 174.9, 176.0 – 184.9, 188.0 – 214.3, 214.8 – 221.9, 223.0 – 233.3, 233.7 – 236.3, 236.7 – 239.9	Pregnancy with History of Abortion	646.30, 646.33, V23.2
Diabetes	648.00, 648.03, 648.80, 648.83	Preterm Complications, History of or with Current Pregnancy	640.00, 640.03, 640.80, 640.83, 640.90, 640.93, 641.00, 641.03, 641.10, 641.13, 641.20, 641.23, 641.30, 641.33, 641.80, 641.83, 641.90, 641.93, 658.10, 658.13, 671.30, 671.33, 760.5
Excessive Vomiting in Pregnancy	643.00, 643.03, 643.10, 643.13, 643.20, 643.23, 643.80, 643.83, 643.90, 643.93	Preterm Labor in Current Pregnancy or Previous Pregnancy	644.00, 644.03, 644.10, 644.13, 644.20, 654.50, 654.53, V13.21
History of a Previous Pregnancy Resulting in a Congenital Anomaly or Complication to Infant	286.0 – 286.4, 317, 318.X, 319, V19.5, V23.41	Potential Structural Complications of Pregnancy or Delivery	629.23, 648.70, 648.73, 654.00, 654.03, 654.10, 654.13, 654.20, 654.23, 654.50, 654.53, 654.60, 654.63, 654.70, 657.00, 657.03, 658.00, 658.03
Infections Affecting Pregnancy	041.02, 042, 079.5X, 090.X – 099.XX, 616.10, 647.33, 647.53, 655.33, 795.71, V01.6, V08	Primigravida, less than 17 years or more than 35 years	659.40, 659.43, 659.50, 659.53, 659.60, 659.63, V23.81 – V23.84
Hypertension and Related Disorders in Current or Previous Pregnancy	642.00, 642.03, 642.10, 642.13, 642.20, 642.23, 642.30, 642.33, 642.40, 642.43, 642.50, 642.53, 642.60, 642.63, 642.70, 642.73, 642.90, 642.93	Renal Complications and Infections	580.0 – 593.9, 646.20, 646.23, 646.60, 646.63
Maternal Diseases or History Affecting Pregnancy	345.00 – 345.91, 523.0 – 523.9, 646.13, 646.70, 646.73, 646.80, 646.83, 648.10, 648.13, 648.50, 648.53, 648.60, 648.63, 656.23, V23.82, V23.84, V42.0 – V42.9	Respiratory Disease, History of or Acquired	480.0 – 487.0, 491.0 – 491.9, 493.0X – 493.92, V46.1X
Multiple Gestation/Grand Multipara	651.00, 651.03, 651.10, 651.13, 651.20, 651.23, 651.30, 651.33, 651.40, 651.43, 651.50, 651.53, 651.60, 651.63, 651.80, 651.83, 651.90, 651.93, 659.40, 659.43, V23.3	Smoking, more than 10 cigarettes per day	305.1, 648.33, V15.82

### 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](http://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](http://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](http://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](http://www.care-source.com)

**CDT-5 Codes Allowed for Package E Members**

<b>CDT-5 Code</b>	<b>Description</b>
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**

<b>CDT-5 Code</b>	<b>Description</b>
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.

**Provider TPL Referral Form**

Indiana Health Coverage Programs



**P R O V I D E R T P L R E F E R R A L F O R M**

*Providers: Please complete if you have received a request for medical records from an IHCP member's attorney relating to a personal injury claim or if you have information about a personal injury claim being pursued by an IHCP member.*

1. Name of IHCP Member: \_\_\_\_\_
2. Member Number: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Social Security Number: \_\_\_\_\_
5. Member's Home Address: \_\_\_\_\_
6. Member's Telephone Number: \_\_\_\_\_
7. Date of Accident or Injury: \_\_\_\_\_
8. Brief Description of Accident and Injuries:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Member's Attorney Name, Address, and Phone Number:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Insurance Information (Name of liability insurance carrier, policy number, claim number, adjuster's name, address, and phone number)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please send this information to the TPL Casualty Department by e-mail at [INXIXCasualty@eds.com](mailto:INXIXCasualty@eds.com), by facsimile at (317) 488-5217, by telephone at (317) 488-5046 in the Indianapolis local area or 1-800-457-4510, or by U.S. mail to the following address:*

**EDS TPL Casualty Department  
P.O. Box 7262  
Indianapolis, IN 46207-7762**

*Form Number: TPL0006  
Revision Date: March 2005*

**INDIANA OFFICE OF MEDICAID POLICY AND PLANNING - CREDIT BALANCE WORKSHEET**

**1. PROVIDER NAME:** \_\_\_\_\_ **4. DATE:** \_\_\_\_\_

**2. MEDICAID PROVIDER #:** \_\_\_\_\_ **5. CONTACT PERSON:** \_\_\_\_\_

**3. TELEPHONE NUMBER:** \_\_\_\_\_ **6. THIRD PARTY TYPE:** HEALTH\_\_\_ MEDICARE\_\_\_ CASUALTY\_\_\_ OTHER\_\_\_

<b>7. PATIENT NAME</b>	<b>8. MEDICAID ID NUMBER</b>	<b>9. MEDICARE ID NUMBER</b>	<b>10. EMPLOYER NAME</b>
<b>11. INSURER NAME</b>	<b>12. POLICY HOLDER NAME</b>	<b>13. POLICY NUMBER</b>	<b>14. GROUP NUMBER</b>

<b>HMS PROJECT</b> (OFFICE USE ONLY)
General

<b>15. PAY TO PROVIDER NUMBER</b>	<b>16. CLAIM CONTROL NUMBER</b>	<b>17. SERVICE DATES</b>		<b>18. MEDICAID PAID AMOUNT</b>	<b>19. REFUND AMOUNT</b>
		BEGIN	END		

<b>22. TOTAL THIS PAGE</b>
----------------------------

<b>20. TOTAL REFUND AMOUNT FROM ALL PAGES</b>	<b>21. CLAIM LEVEL ADJUSTMENT TO OCCUR IMMEDIATELY?</b>
	YES / NO

**INDIANA HEALTH CARE PROGRAMS (IHCP)  
CREDIT BALANCE WORKSHEET INSTRUCTIONS**

1. **PROVIDER NAME** – This field must contain the name of the provider that received payment from IHCP.
2. **MEDICAID PROVIDER #** – This field must contain the nine (9) digit provider number assigned by IHCP.
3. **TELEPHONE NUMBER** – This field must contain the telephone number of the contact person.
4. **DATE** – This field must contain the current date.
5. **CONTACT PERSON** – This field must contain the name of the person in your organization familiar with the listed credit balances.
6. **THIRD PARTY TYPE** – This field must be checked to determine what other payor type was involved in the credit balance, if any.
7. **PATIENT NAME** – This field must contain the name of the patient.
8. **MEDICAID ID NUMBER** – This field must contain the twelve (12)-digit Recipient Identification number (RID), assigned to the recipient.
9. **MEDICARE ID NUMBER** – This field must contain the Health Insurance Claim number assigned by Medicare.
10. **EMPLOYER NAME** – This field must contain the name of the employer.
11. **INSURER NAME** – This field must contain the name of the third party insurer, if any.
12. **POLICY HOLDER NAME** – This field must contain the name of the policy holder or employee.
13. **POLICY NUMBER** – This field must contain the policy number assigned by the third party insurer.
14. **GROUP NUMBER** – This field must contain the insurer's number for the employer's plan.
15. **PAY TO PROVIDER NUMBER** – This field must contain the nine (9)-digit provider number assigned by IHCP that the refund originates from. Be sure to include your service location.
16. **CLAIM CONTROL NUMBER** – This field must contain the thirteen (13) digit number assigned to the claim.
17. **SERVICE DATES** – This field must contain the service dates of the claim.
18. **MEDICAID PAID AMOUNT** – This field must contain the amount paid by IHCP.
19. **REFUND AMOUNT** – This field must contain the amount owed to IHCP as refund.
20. **TOTAL REFUND AMOUNT FROM ALL PAGES** – This field must include the total refund amount from all pages.
21. **CLAIM LEVEL ADJUSTMENT TO OCCUR IMMEDIATELY** – “YES” must be circled if an adjustment is to occur immediately. “NO” must be circled if an adjustment is not to occur immediately.
22. **TOTAL THIS PAGE** – This field must contain page number information. Example “1 of3”.