PROVIDER *news*

INDIANA HEALTH COVERAGE PROGRAMS NL201205 MAY 2012

Make it your practice to delete or cover all personal information that could be protected health information (PHI). As an example, all possible PHI was scrubbed from the computer screen in the photo at left before publishing.

Doing business with Medicaid

Does your organization have procedures for transmitting PHI?

Are all employees in your organization as careful as they should be about transmitting protected health information (PHI) in daily communications? It can be easy to overlook places where PHI might appear, such as:

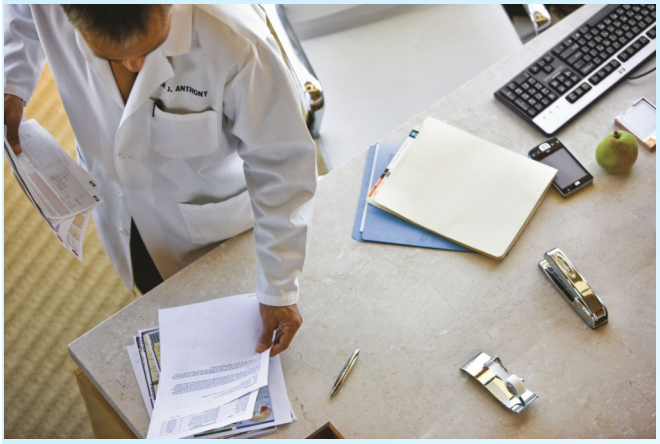
- In emails sent to Indiana's Office of Medicaid Policy and Planning (OMPP), the Indiana Health Coverage Programs (IHCP), private insurance companies, managed care entities (MCEs), other providers, vendors, and so on – If you must send PHI via email (either in the body of an email or as an attachment), be sure you use a data encryption tool for email, such as Certified Mail. If you don't have Certified Mail installed on your computer, send the information in a secure format other than email that will keep the PHI private. One option is to lock the document and send the password separately.
- In computer screen shots and presentations – PHI can be overlooked in graphics, particularly in screen shots. In addition, because screen shots often contain diverse data in multiple boxes, sometimes two or more pieces of otherwise harmless information could be combined to identify PHI or personal information. Make it your practice to delete or cover all personal information.

To maintain the integrity of all your patients' PHI, monitor your email communications, presentations, and other communication documents and be sure PHI is used only as necessary to complete required work functions. If you accidentally receive an email not meant for you that contains PHI, notify the sender immediately. If you have questions about PHI, see *Chapter 3* of the *IHCP Provider Manual* or visit the Electronic Data Interchange (EDI) Solutions page on indianamedicaid.com.

INSIDE STORIES

- Report your correct taxonomy code
- Long-term care news
- ICD-10 update
- Pharmacy updates
- Cost invoices for DME
- Second-quarter workshops

Be sure to report your correct taxonomy code



Taxonomy codes are national codes providers use to indicate their specialties when submitting claims. Submission of a taxonomy code on a claim is required when multiple entities share a common National Provider Identifier (NPI) and when one or more locations are within the same ZIP Code. Reporting the correct NPI, ZIP Code + 4, and taxonomy combination ensures that claims —both paper and electronic 837 transactions — are processed under the correct service location and provider type.

You may have multiple service locations or provider types that use the same NPI. To be sure your claims are processed under the correct service location or provider type, the taxonomy code linked to that service location and provider type must be entered on the claim. When an erroneous NPI and taxonomy combination is entered on the claim, it can cause claims to deny, or to process to the wrong service location or provider type. Providers are encouraged to check with their vendors and clearinghouses to ensure that the correct taxonomy is being entered on their claims.

To find out what taxonomy is linked to your NPI for your service locations, go to the provider profile on Web interChange and choose the Specialty tab for each of your locations.

For more information or questions, contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278; or contact your provider relations field consultant.

Long-term care news

- The revised Minimum Data Set Supportive Documentation Guidelines Resource Utilization Group (RUG)-III, Version 5.12, 34 Grouper Overview, effective June 1, 2012, have been posted to the MDS 3.0 page of indianamedicaid.com. For more information about the guidelines, see bulletin BT201214.
- You can reap the benefits from Indiana Health Coverage Programs (IHCP) audits of other long-term care facilities. The February and March Monthly Summary Reports of LTC Facilities Reviewed have been posted to indianamedicaid.com. The reports, which detail some of the most common problems IHCP auditors find when they review LTC facilities, are available with a click of the links under “Current LTC Monthly Report.” Visit today!

ICD-10 update

Bookmark these featured links from the ICD-10 pages on indianamedicaid.com

- ICD-10 Information page – This web page is full of valuable resources about making the transition to the International Classification of Diseases, Tenth Revision (ICD-10). A few featured links from the Centers for Medicare & Medicaid Services (CMS) follow:
  - CMS Informational Bulletins. Subscribers to CMS bulletins receive email notifications of publications on various topics, including ICD-10.
  - FAQs: ICD-10 Transition Basics, July 2011. This CMS link takes you to a list of frequently asked questions (FAQs) about the steps to transition to ICD-10.
  - Submit a Request. This link takes you to the CMS site for submitting a question. Select a topic and subtopic from the list provided and submit your question, and the CMS support team will respond.
- ICD-10 Frequently Asked Questions (FAQs) page – This page provides answers to questions on a number of ICD-10 topics. Sample questions and answers on the topic of ICD-10 Impact, Assessment, and Benefits follow:

Q. Everything I read states we should be getting ready for ICD-10. Where do I start?

A. Begin by accessing the ICD-10 Training page for links to the CMS ICD-10 Implementation Handbooks and the ICD-10 and Version 5010 Compliance Timelines Widgets. These publications are free and provide detailed guidance for assessment and planning for ICD-10.

Q. What should we be doing about our computer systems?

A. Review your file layouts and where your files are stored to be sure the fields and your system can accommodate the additional code length. Contact your software vendor to resolve concerns. Here are other ways to prepare:

- Familiarize yourself with the ICD-10 code set and coding guidelines to help assess the impact on your system.
- Note that the CMS-1500 form is in revision and the diagnosis codes are expanding from four to 12 entries. Watch for information about the new release of this form.
- Do not stop assessment and planning while awaiting the final decision by CMS about implementation.

Continue

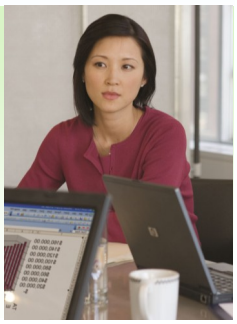
Pharmacy updates

- Corrections to the Pediatric and Adult OTC Drug Formularies – Recent reviews of the Over the Counter (OTC) Drug Formularies have shown that nondrug products covered by the Indiana Health Coverage Programs (IHCP) have been inadvertently listed on the formularies. Only drugs are eligible for inclusion on the OTC Drug Formularies. For more information, see banner page BR201217.
- Updates to the Preferred Diabetic Supply List – The FreeStyle InsuLinx Meter and corresponding test strips from Abbott Diabetes Care, and the Accu-chek Nano Smartview Meter and corresponding test strips from Roche Diagnostics, have been added to the Preferred Diabetic Supply List (PDSL). See bulletin BT201215 for details.

Cost invoices no longer required for manually priced DME, supplies, and hearing aids

Effective for dates of service on or after May 18, 2012, the manually priced Healthcare Common Procedure Coding System (HCPCS) codes for DME, supplies, and hearing aids, as listed in BT201213, will no longer require submission of a manufacturer's cost invoice with the claim for adjudication. A manufacturer's retail invoice or a manufacturer's suggested retail price (MSRP) continues to be required. To clarify what is considered acceptable forms of documentation for MSRP, see BT201213 and BR201206.

Sign up now for second-quarter training!



- Home and community-based waiver virtual training – May 3, 1:30 p.m. – 2:30 p.m.
- Second-quarter provider workshops – Various dates around the state from May 31 through June 26, 2012; also available as virtual training

For more information and to register, visit the Provider Education page of indianamedicaid.com.

RECENTLY PUBLISHED TO THE IHCP WEB SITE

BULLETINS

- BT201211 – Coverage and Billing Information for the April Quarterly HCPCS Code Updates
- BT201212 – Facility Reimbursement Rates for Birthing Centers
- BT201213 – Cost Invoices No Longer Required for Manually Priced DME, Supplies, and Hearing Aids
- BT201214 – Minimum Data Set Supportive Documentation Guidelines RUG-III, Version 5.12, 34 Grouper Overview Revised Effective June 1, 2012
- BT201215 – Updates to the Preferred Diabetic Supply List

PROVIDER MANUAL UPDATES

IHCP Provider Manual – The following chapter of the manual has been updated:

- *Chapter 2* – Member Eligibility and Services

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.

RECENT BANNER PAGE ARTICLES

- Clarification About Units Allowed for CPT Code 99140 – *Anesthesia complicated by emergency conditions*
- Home and Community-Based Waiver, Web inter-Change Training Available from the Comfort of Your Office
- Participating in Online Training Is as Easy as 1-2-3
- Transportation of Recipients Between Hospitals
- CPT Codes 80104/82043/82565 on the CLIA-waived List
- Pharmacy Claims for Noncovered OTC Products to Be Mass Adjusted
- Corrections to the Pediatric/Adult OTC Drug Formularies
- Providers That Do Not Revalidate Their IHCP Enrollments on Time
- Alternate Code for S9075
- Professional/Outpatient Claims to Be Mass Adjusted
- HCPCS Code C9363 Noncovered

FOR MORE INFORMATION

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