

# Provider Monthly Newsletter

NL200605

May 2006

## Table of Contents

<b>Provider News</b> .....	2
New Bulletins on the IHCP Web Site .....	2
First Steps Web Site Update .....	2
National Provider Identifier Web Page .....	2
Ventricular Assist Devices.....	2
Web interChange Audit Reports .....	4
Web interChange Password Guidelines Update .....	4
File Exchange Updates .....	5
Completing Form 8A and EOB 2600.....	5
The 835 Electronic Remittance Transaction .....	6
<b>Pharmacy Services</b> .....	<b>6</b>
State MAC Legend Drug Rate Updates .....	6
Albuterol Inhalers, PDL Status .....	6
Medicare Prescription Drug Benefit .....	6
<b>Provider Workshops</b> .....	<b>6</b>
2006 Second Quarter Medicaid Provider Workshops .....	6
<b>Contact Information</b> .....	<b>8</b>
Provider Field Consultants, Effective May 1, 2006.....	8
Field Consultants for Bordering States, Effective May 1, 2006 .....	9
Member and Provider Relations Leaders, Effective March 1, 2006 .....	9
<b>Indiana Health Coverage Programs Quick Reference, Effective March 10, 2006 .....</b>	<b>10</b>
<b>Provider Workshop Registration</b> .....	<b>11</b>
<b>State MAC Legend Drug Rate Updates</b> .....	<b>12</b>
<b>Hints for Ensuring Efficient IHCP Claims Processing</b> .....	<b>14</b>
<b>Notice to Provider of Recipient Deductible, Form 8A</b> .....	<b>16</b>
<b>Ventricular Assist Devices Code Tables</b> .....	<b>17</b>

## Abbreviations in this Newsletter

ACN	attachment control number	IHCP	Indiana Health Coverage Programs
ACE	angiotensin-converting enzyme	ISP	Internet service provider
ACS	Affiliated Computer Services	IV	intravenous
ARB	angiotensin receptor blockers	LVAD	left ventricular assist device
AVR	Automated Voice Response	LVEF	left ventricular ejection fraction
CCF	Claim Correction Form	MAC	maximum allowable cost
CHIP	Children's Health Insurance Plan	MCO	Managed Care Organization
CMS	Centers for Medicare & Medicaid Services	MHS	Managed Health Service
CPT	Current Procedural Terminology	NPI	National Provider Identifier
DME	durable medical equipment	NYHA	New York Heart Association
DRG	drug-related grouping	OMPP	Office of Medicaid Policy and Planning
DUR	Drug Utilization Review	PA	prior authorization
EDI	electronic data interchange	PDL	preferred drug list
EDS	Electronic Data Systems	PBM	Pharmacy Benefits Manager
EFT	electronic funds transfer	PCCM	Primary Care Case Management
EOB	explanation of benefits	PHI	personal health information
FDA	Food and Drug Administration	PMP	primary medical provider
HCE	Health Care Excel	ProDUR	Prospective Drug Utilization Review
HCPCS	Healthcare Common Procedure Coding System	RVAD	right ventricular assist device
HIPAA	Health Insurance Portability and Accountability Act	SUR	Surveillance and Utilization Review
HFA	hydrofluoroalkane	TPL	third party liability
ICD-9	International Classification of Diseases, 9th Revision	UCN	unique control number
		VAD	ventricular assist device

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## Provider News

### New Bulletins on the IHCP Web Site

A complete list of bulletins is available on the IHCP Web site at [http://www.indianamedicaid.com/ihcp/Publications/bulletin\\_results.asp](http://www.indianamedicaid.com/ihcp/Publications/bulletin_results.asp).

The following bulletins were posted to the IHCP Web in April:

- [BT200610](#) – First Steps Bulletin.
- [BT200611](#) – Physical Therapy Assistant Update
- [BT200612](#) – National Provider Identifier
- [BT200613](#) – Emergency Supply and TPL Codes

As new bulletins are posted to the IHCP Web site, IHCP E-mail Notifications are sent to subscribers. Additional information about this service is published in the *April Provider Monthly Newsletter (NL200604)*. To subscribe to it this service, visit the IHCP Web site at [http://www.indianamedicaid.com/ihcp/mailing\\_list/default.asp](http://www.indianamedicaid.com/ihcp/mailing_list/default.asp).

### First Steps Web Site Update

The following new reference items have been posted to the First Steps Web site at

<https://www.infirststeps.com/matrix/default.asp>:

Subscribers to the IHCP E-mail Notification service were notified of these changes on April 19, 2006. To subscribe to this service visit the IHCP Web site at [http://www.indianamedicaid.com/ihcp/mailing\\_list/default.asp](http://www.indianamedicaid.com/ihcp/mailing_list/default.asp).

- Provider Billing Information Quick Reference (<https://www.infirststeps.com/matrix/docs/misc/TR320-FSBillingQuickReference.pdf>)
- Provider Quick Reference (<https://www.infirststeps.com/matrix/docs/misc/TR329-FSQuickReference.pdf>)
- Reading the Remittance Advice (<https://www.infirststeps.com/matrix/docs/misc/TR318-FSReadingtheRemittanceAdvice.pdf>)

The following links have been added to the *Other Links* section under the **Provider Enrollment** tab:

- Report your National Provider Identifier (NPI) to the IHCP (<http://www.indianamedicaid.com/ihcp/ProviderServices/npi.asp>)
- Subscribe to receive IHCP Email Notifications ([http://www.indianamedicaid.com/ihcp/mailing\\_list/default.asp](http://www.indianamedicaid.com/ihcp/mailing_list/default.asp))

Changes have been made to the **Edit Matrix/Log In** tab of the First Steps Web site at <https://www.infirststeps.com/matrix/update/portal/login.asp>. The *What's New!* section of the *Update Your*

*Matrix* page briefly outlines the added functionality. (This page can be accessed after logging into the Matrix.)

- First Steps providers now may update Matrix information regarding their *Fax Number*, *Mobile Number*, and *E-mail Address*.
- The *Misc Info* section has been changed to be the *Agency Info* section. Providers may enter text information regarding the agency similar to the *Additional Comments* section.

### National Provider Identifier Web Page

An NPI Web page has been added to the IHCP Web site at <http://www.indianamedicaid.com/ihcp/ProviderServices/npi.asp>. This page contains information about the *IHCP NPI Implementation Plan*, instructions for obtaining an NPI, links to other resources on the Web, and informational documents like the *NPI Fact Sheet*. The NPI Web page is scheduled to be updated weekly.

### Ventricular Assist Devices

Effective May 1, 2006, the IHCP is instituting changes in the medical necessity criteria for VADs and considers them medically necessary under the following conditions:

- The IHCP covers treatment of postcardiotomy cardiogenic shock when ventricular dysfunction continues after maximum medical therapy or as a means of myocardial recovery support for individuals who are unable to be weaned from cardiopulmonary bypass with maximal inotropic support and use of an intra-aortic balloon pump.
- The IHCP covers bridge-to-transplant for members who meet the following criteria:
  - The member must be at risk of imminent death from nonreversible left ventricular failure (NYHA Class III or IV).
  - The member has received prior authorization for a heart transplant (excluding dual eligible members).
  - The member is listed as a candidate for heart transplantation by a Medicare/Medicaid-approved heart transplant center.
  - If the VAD is implanted at a different site than the Medicare/Medicaid-approved transplant center, the implanting site must receive written permission from the Medicare/Medicaid-approved center where the patient is listed for transplant prior to implantation of the VAD.

- The IHCP covers destination therapy for members who meet the following criteria:
  - The member must **not** be a candidate for a heart transplant.
  - The member must have chronic end-stage heart failure (NYHA Class IV) for at least 90 days, and have a life expectancy of less than two years.
  - The member's Class IV heart failure symptoms must have failed to respond to optimal medical therapy for at least 60 of the last 90 days. Medical therapy must include salt restriction, diuretics, digitalis, beta-blockers, and ARBs or ACE inhibitors (if tolerated).
  - LVEF must be less than 25 percent.
  - The member has demonstrated functional limitation with a peak oxygen consumption of less than 12ml/kg/min; or continued need for IV inotropic therapy due to symptomatic hypotension, decreasing renal function, or worsening pulmonary congestion.
  - The member has the appropriate body size (greater than or equal to 1.5m<sup>2</sup>) to support the LVAD implantation.
  - VAD implantation must occur at a Medicare-/Medicaid-approved heart transplant center.

A VAD is a covered service for postcardiotomy cardiogenic shock or bridge-to-transplant only if it has received approval from the FDA for the intended purpose, and only if it is used according to the FDA-approved labeling instructions for that intended purpose. A VAD is a covered service for destination therapy only if it has received approval from the FDA for destination therapy or as a bridge-to-transplant, or has been implanted as part of an FDA investigational device exemption trial for one of these two indications.

### **Noncovered Services**

- VADs are noncovered for all conditions not listed above.
- Use of a non-FDA approved VAD is considered investigational and is a noncovered service.
- The artificial heart (for example, AbioCor, CardioWest) as a replacement heart for a diseased heart is noncovered by the IHCP.

### **Prior Authorization**

VADs and their surgical implantation do not require PA. However, members who receive bridge-to-transplant or destination therapy, and who can continue therapy on an outpatient basis, require accessory equipment for use with the VAD. The patient supplies and replacement equipment for the VAD require PA.

### **Stationary Power Base and Display Module**

- The power base is the electrical supply unit for the VAD. It provides tethered functioning of the VAD by powering the VAD and simultaneously recharging the batteries. The display module provides pump functioning information for the physician to evaluate patient status.
- The hospital or DME provider purchases the power base as a capital expense and loans it to the member. The hospital or DME provider is reimbursed a rental payment while the equipment is used on an outpatient basis by the member.
- The physician must submit a PA request for HCPCS code L9900 – *Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code* and modifier RR – *Rental use*.

### **Patient Supplies and Replacement Equipment**

- PA is required for patient supplies and replacement equipment.
- Patient supplies and replacement equipment include the system controller, rechargeable batteries, travel case, shower kit, and other miscellaneous supplies. The hospital or DME provider must supply the replacement parts as described in Table 1 of Attachment 6 of this newsletter.

IHCP-covered services for implantation of VADs for postcardiotomy cardiogenic shock, bridge-to-transplant, and destination therapy are subject to post payment review. Providers must maintain documentation in the member's medical record that indicates that **all criteria** listed above have been met for implantation of a VAD. If all of the criteria for implantation are not satisfied, reimbursement of funds may be recouped, including surgical fees, professional fees, and equipment costs.

### **Coding and Billing Instructions**

Tables 2 to 4 of Attachment 6 of this newsletter, list the appropriate codes for billing implantation and removal of the VADs. The tables include the following:

- Table 2 lists the diagnosis codes appropriate for implantation of a VAD. The diagnosis code should be billed on the UB-92 claim form with the corresponding ICD-9-CM procedure code.
- Table 3 lists the applicable ICD-9-CM procedure codes for implantation, repair, and removal of a VAD. The ICD-9-CM code must be billed on the UB-92 claim form and is incorporated into the DRG payment.
- Table 4 lists the applicable CPT® codes for the physician component of the implantation and removal of a VAD. The CPT code should be

billed on a *CMS-1500* claim form or 837P electronic transaction.

The DRG for hospital inpatients using the VAD system includes the following codes and equipment, which are not separately reimbursable:

- *ICD-9-CM* diagnoses (primary, secondary, tertiary, as appropriate)
- *ICD-9-CM* procedures
- VAD (included in the *ICD-9-CM* procedure code)
- Stationary power base and display module (capital purchase by the hospital)
- Rechargeable batteries and harness (for untethered systems)
- Miscellaneous supplies

#### Billing Instructions for Outpatient Equipment Utilizing the CMS-1500 Claim Form

1. PA must be obtained for VAD accessory equipment for outpatient therapy.
2. The description of the power unit and display module should be entered on a detail line with HCPCS code L9900, placed in locator 24d of the *CMS-1500* claim form. The total rental price may not exceed the purchase price.
3. The description of the replacement supplies should be placed on a second detail line with the appropriate HCPCS code in locator 24d of the *CMS-1500* claim form.
4. An invoice for each detail must accompany the *CMS-1500* claim form when submitted.

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#### Web interChange Audit Reports

To protect the integrity and privacy of the information received by Web interChange users, HIPAA security requires that the IHCP audit the user activity and privileges on the interChange Web site.

Effective June 28, 2006, functionality is being added to Web interChange to assist in determining what activity has taken place on the site so it can be determined if the activity is appropriate.

The *Administrative Group Report* for Web interChange administrators and the Group Owner E-mail for group owners is being implemented to allow the auditing of the activity of Web interChange users.

#### Web Administrative Group Report

The *Administrative Group Report* is a tool provided to all Web interChange administrators to allow them to monitor all users with access to the organization's data, the type of access given to each user, and the functions

they can perform. This report currently exists and your organization's report can be viewed by clicking on the **View Group Report** button on the Web interChange *Group Administration* page. It is each administrator's obligation to review his or her report regularly.

Effective June 1, 2006, if an administrator has not reviewed the group report for 90 days, a reminder displays each time the administrator signs-on to Web interChange. A button will be added to the *Group Report* screen for administrators to click to verify that they have reviewed the report.

If a group has more than one administrator, each administrator is prompted to review the report. If a person is the administrator for multiple organizations, the group report must be reviewed for each organization.

#### Group Owner E-mail

Effective June 1, 2006, an e-mail is sent every 90 days to the registered *owner* e-mail address for organizations accessing Web interChange. This e-mail contains a list of the active administrators associated with the owner's organization. This allows the owner to verify that the list is complete and that the appropriate person is the administrator for Web interChange.

Direct questions about Web interChange to the EDS Electronic Solutions Help Desk at (317) 488-5160, option 3 in the Indianapolis area, or 1-877-877-5182.

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#### Web interChange Password Guidelines Update

Effective June 28, 2006, to comply with the *Information Security Policies and Minimum Compliance Policies* document published by the Indiana Office of Technology, the password guidelines for Web InterChange are being changed.

Beginning June 28, 2006, all new Web interChange passwords must comply with the following guidelines:

- The password length requirement is a minimum of eight characters and a maximum of 14 characters.
- The new password must not be the same as the past 13 passwords. Users who attempt to change their passwords to a value that is equal to one of their previous 13, will receive an error message indicating they must choose another password.

Web interChange users are required to change passwords every 90 days. They must comply to the new guidelines the first time they are prompted to change their password after June 28, 2006. If the user does not want to wait for the prompt to change the password, the passwords may be changed at any time

by selecting the **Change Password** button on the *Welcome to Web interChange* page.

The following guidelines are in place, and will not change:

- Passwords must contain at least three of the following items:
  - At least one number (0 – 9)
  - At least one lower case letter
  - At least one upper case letter
  - At least one special character, defined as: ! " # \$ % & ' ( ) \* + , - . / : ; < = > ? @ [ \ ] ^ \_ ` { | }
- Passwords are case sensitive
- Passwords cannot contain the User ID , user name, company name, replicated sequence of characters, or any complete dictionary words
- Invalid password attempts are restricted to three. If after three attempts the user has still not entered the correct password, the user's ID becomes disabled and the user must reset the password. Users who are set up as an administrator can do this themselves with the *Auto-Password Reset*. Otherwise, they must have their administrators reset them. Users who are not set up with administrators must get their passwords reset by calling the EDS Electronic Solutions Help Desk at (317) 488-5160, option 3 in the Indianapolis area, or at 1-877-877-5182.

Additionally, users are reminded:

- Not to share their password or login ID
- Not to post or display the ID and password where others may have access.

Direct questions about Web interChange to the EDS Electronic Solutions Help Desk at (317) 488-5160, option 3 in the Indianapolis area, or 1-877-877-5182.

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## File Exchange Updates

The current direct connection dial-up method trading partners use to electronically exchange data in batch mode with the IHCP does not meet the HIPAA security rule standard, which became effective April 20, 2005. This method of data exchange has the potential for unauthorized access to electronic PHI.

To ensure the security of PHI and enhance data exchange performance, the direct connection dial-up method of data exchange is being eliminated and replaced with a solution that requires access to the Internet through a local ISP. This solution is called File Exchange.

*The IHCP provides File Exchange for secure file processing, storage, and transfer. It is designed to safely and securely collect, store, manage, and*

distribute sensitive information between the IHCP and provider organizations.

The following are advantages of File Exchange:

- Ensures secure data transfer between trading partners
- Allows for faster uploads and downloads – dependent upon the chosen method of connection
- Results in possible cost savings – eliminates long distance charges for direct connection dial-up
- Provides capability to send files 24 hours a day, seven days a week
- Allows incoming files to be zipped.
- Maintains outgoing files in the trading partner's home directory for 30 days

**All trading partners who connect directly with the IHCP to exchange data are required to transition to using File Exchange.**

*Note: Providers who send transactions through a clearinghouse are not required to make any changes to the way they submit to the clearinghouse. Providers are encouraged to contact their clearinghouse to make sure they are aware of the conversion to File Exchange. This change does not apply to providers who send interactive transactions, use Web interChange to submit claims, or use the Omni eligibility system.*

The *File Exchange How To Guide* is available on the IHCP Web site at <http://www.indianamedicaid.com/ihcp/TradingPartner/pdf/FileExchg.pdf> and the *Companion Guide: Electronic Data Interchange Communications* is available at <http://www.indianamedicaid.com/ihcp/TradingPartner/CompanionGuides/comm.pdf>. These documents provide step-by-step assistance to trading partners switching from the direct connection dial-up method to data exchange using File Exchange.

Direct questions about File Exchange to the EDS Electronic Solutions Help Desk at (317) 488-5160 in the Indianapolis local area, or 1-877-877-5182.

Questions can also be sent by e-mail to [inxixTradingPartner@eds.com](mailto:inxixTradingPartner@eds.com)

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## Completing Form 8A and EOB 2600

EOB 2600 – *Claim denied because the following information was missing or invalid on the 8A Form; County Name and Address; Provider Name and Address; Caseworker Name; County Director Signature Missing; Recipient Name; Medicaid Number; Spend-down Effective Date; Deductible Amount* occurs due to incomplete information provided on the *Notice*

to Provider of Recipient Deductible, State Form 11971 (R5/8-00)/FI0008A, known as the Form 8A or 8A Form.

This EOB code is returned when the provider has received a CCF and resubmits the corrected claim without the aforementioned information.

All fields must be completed on the Form 8A.

A copy of the Form 8A is included as Attachment 5 of this newsletter.

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## The 835 Electronic Remittance Transaction

Effective April 1, 2006, the 835 Electronic Remittance Transaction returns a UCN for each transaction, regardless of payment. Prior to April 1, 2006, the TRN02, Check/EFT Trace Number contained the text, *NO PAYMENT*, and a date and time stamp that was specific to the minute. If a trading partner had multiple claims with \$0 payment reported on the 835, the TRN02 values would be identical. Per the *National*

*Electronic Data Interchange Transaction Set Implementation Guide: Health Care Claim Payment/Advice: 835: ASC X12N 835 (004010X091) and (004010X091A1) Addenda TRN02 field description, This number must be unique within the sender/receiver relationship.*

To correct this issue, the IHCP sends the Transaction Set Control Number also found in the ST02 segment instead of a time stamp in TRN02. The IHCP creates a UCN for each transaction sent to a trading partner, so duplicate TRN02 values should no longer be created. The full TRN02 value for a \$0 payment 835 is, *NO PAYMENT-YYYYMMDDXXXXXXXXXX*, where YYYYMMDD is the date the transaction is created and XXXXXXXXXX is the Transaction Set Control Number.

Direct questions about this article to the EDS Electronic Solutions Help Desk at (317) 488-5160, in the Indianapolis local area, or 1-877-877-5182, or by e-mail at [INXIXElectronicSolution@eds.com](mailto:INXIXElectronicSolution@eds.com).

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## Pharmacy Services

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### State MAC Legend Drug Rate Updates

Attachment 3 of this newsletter contains the updates to the State MAC rates and rate lists with effective dates for the changes.

Direct questions about the State MAC for legend drugs to the Myers and Stauffer Pharmacy Unit at (317) 816-4136 in the Indianapolis local area, or 1-800-591-1183, or by e-mail at [pharmacy@mslc.com](mailto:pharmacy@mslc.com).

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### Albuterol Inhalers, PDL Status

In response to reports of sporadic supply problems associated with albuterol metered dose inhalers, effective Monday, April 3, 2006, the OMPP made the following changes to the Indiana Medicaid PDL:

- Proventil HFA inhaler moved from non-preferred to preferred.
- Ventolin HFA inhaler moved from non-preferred to preferred.
- Xopenex HFA inhaler moved from non-preferred to preferred.

Existing quantity limits that currently apply to albuterol inhalers also apply to these products.

For current information related to the albuterol inhaler shortage, refer to the *Drug Shortages* page of the U.S. Food and Drug Administration Web site at <http://www.fda.gov/cder/drug/shortages/default.htm>.

Direct PA requests and questions about the PDL to the ACS Clinical Call Center at 1-866-879-0106.

Direct questions about this bulletin to EDS Customer Assistance at (317) 655-3240, in the Indianapolis local area, or 1-800-577-1278. Option 1 is for pharmacy.

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### Medicare Prescription Drug Benefit

The IHCP continues to provide information about Medicare Part D in banner pages, the IHCP provider newsletter, bulletins, and on the IHCP Web site at <http://www.indianamedicaid.com/ihcp/ProviderServices/medicareD.asp>.

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## Provider Workshops

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### 2006 Second Quarter Medicaid Provider Workshops

The OMPP, CHIP, and EDS offer IHCP 2006 second quarter workshops free of charge. Sessions are offered at several locations in Indiana. Table 5.1 lists the time, session topic, and description. The schedule allows for a lunch period from noon until 1 p.m.; however, lunch

is not provided. **Seating is limited in all locations. Registrations are processed in the order received and registration does not guarantee a spot at the workshop.** Confirmation letters are sent upon receipt of registrations. If a confirmation letter is not received, the workshop seating capacity has been reached.

All workshops begin promptly at 8 a.m., local time. General directions to workshop locations are available

on the IHCP Web site at <http://www.indianamedicaid.com/ihcp/ProviderServices/workshops.asp>. Consult a map or other location tool for specific directions to the exact location.

Workshops are presented free of charge to providers.

Seating for the workshops is limited to two registrants per provider number.

A copy of the *Provider Workshop Registration* form is included as Attachment 2 of this newsletter. Print or type the information requested on the registration form. List one registrant per form. Fax completed registration

forms to EDS at (317) 488-5376. EDS processes registrations chronologically based on the date of the workshop. A letter or fax confirming registration is sent before the workshop.

Direct questions about the workshop to a field consultant at (317) 488-5072.

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

Table 5.1 – 2006 Second Quarter Workshop Session Times, Topics, and Descriptions

Time	Topic	Description
8 a.m. – 10:45 a.m.	Medicaid 101	This session provides an overview of the IHCP, eligibility verification methods, the restricted card program, managed care programs, and more. This session is ideal for new IHCP billers or those needing an IHCP refresher course.
10:45 a.m. – 11 a.m.	Break	
11 a.m. – 12 p.m.	Waiver Services	This is an educational session designed for new and current waiver providers. An overview of the new <i>Waiver Provider Manual</i> will be presented. This session is ideal for new providers to learn the processes of waiver billing, documentation, and audit criteria.
12 p.m. – 1 p.m.	Lunch Break	Lunch is not provided
1 p.m. – 1:30 p.m.	Managed Care Presented by MDwise representatives	This session is designed for MDwise to present valuable information to assist providers in the billing of their claims. A question and answer period follows.
1:30 p.m. – 2 p.m.	Managed Care Presented by MHS representatives	This session is designed for MHS to present valuable information to assist providers in the billing of their claims. A question and answer period follows.
2 p.m. – 2:30 p.m.	Managed Care Presented by Molina Healthcare, Inc. representatives	This session is designed for Molina Healthcare to present valuable information to assist providers in the billing of their claims. A question and answer period follows.
2:30 p.m. – 2:45 p.m.	Break	
2:45 p.m. – 3:15 p.m.	Managed Care Presented by Harmony Health Plan representatives	This session is designed for Harmony Health Plan to present valuable information to assist providers in the billing of their claims. A question and answer period follows.
3:15 p.m. – 3:45 p.m.	Managed Care Presented by CareSource representatives	This session is designed for CareSource to present valuable information to assist providers in the billing of their claims. A question and answer period follows.

Table 5.2 lists the workshop dates, registration deadlines, and Indiana locations for each workshop.

Table 5.2 – 2006 Second Quarter Workshop Dates, Registration Deadlines, and Locations

Workshop Date	Registration Deadline	Location
Friday, June 2, 2006	Friday, May 26, 2006	Home Hospital 415 N. 26th St. Lafayette, IN 47904
Monday, June 5, 2006	Monday, May 29, 2006	Ball Memorial Hospital Auditorium 2401 University Ave. Muncie, IN 47303
Tuesday, June 6, 2006	Tuesday, May 30, 2006	Wishard Hospital Myers Auditorium 1001 W. 10th St. Indianapolis, IN 46202
Tuesday, June 13, 2006	Tuesday, June 6, 2006	Lutheran Hospital Kachmann Auditorium 7950 W. Jefferson Blvd. Fort Wayne, IN 46807
Friday, June 16, 2006	Friday, June 9, 2006	St. Joseph Regional Medical Center Educational Center 801 E. LaSalle Ave. South Bend, IN 46617
Thursday, June 22, 2006	Thursday, June 15, 2006	Bloomington Hospital Wegmiller Auditorium 601 W. 2nd St. Bloomington, IN 47403
Tuesday, June 27, 2006	Tuesday, June 20, 2006	Floyd Memorial Hospital 1850 State St. New Albany, IN 47150
Wednesday, June 28, 2006	Wednesday, June 21, 2006	Deaconess Hospital Bernard Schnacke Auditorium 600 Mary St. Evansville, IN 47747

### Contact Information

A map of provider representative territories and updated information about the provider field consultants are available on the IHCP Web site at [http://www.indianamedicaid.com/ihcp/ProviderServices/pr\\_list\\_frameset.htm](http://www.indianamedicaid.com/ihcp/ProviderServices/pr_list_frameset.htm). The *Indiana Health Coverage Programs Quick Reference* is available on the IHCP Web site at [http://www.indianamedicaid.com/ihcp/Misc\\_PDF/Quick\\_Reference.pdf](http://www.indianamedicaid.com/ihcp/Misc_PDF/Quick_Reference.pdf). These Web documents are updated whenever changes occur.

### Provider Field Consultants, Effective May 1, 2006

Territory Number	Provider Consultant	Telephone	Counties Served
1	Jean Downs	(317) 488-5071	Jasper, Lake, LaPorte, Newton, Porter, Pulaski, Starke
2	Susan Bresson	(317) 488-5080	Allen, Dekalb, Elkhart, Fulton, Kosciusko, Lagrange, Marshall, Noble, St. Joseph, Steuben, Whitley
3	Keith Coleman	(317) 488-5197	Benton, Boone, Carroll, Cass, Clinton, Fountain, Hamilton, Howard, Miami, Montgomery, Tippecanoe, Tipton, Warren, White

(Continued)



**Provider Field Consultants, Effective May 1, 2006**

<b>Territory Number</b>	<b>Provider Consultant</b>	<b>Telephone</b>	<b>Counties Served</b>
4	Daryl Davidson	(317) 488-5388	Adams, Blackford, Delaware, Grant, Hancock, Henry, Huntington, Jay, Madison, Randolph, Wabash, Wayne, 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, Washington
7	Lori Bishop	(317) 488-5148	Clay, Greene, Johnson, Hendricks, Lawrence, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo
8	Jenny Atkins (temp)	(317) 488-5153	Crawford, Daviess, Dubois, Gibson, Knox, Martin, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick
9	Tina King (temp)	(317) 488-5123	Out-of-State

**Field Consultants for Bordering States, Effective May 1, 2006**

<b>State</b>	<b>City</b>	<b>Representative</b>	<b>Telephone</b>
Illinois	Chicago/Watseka	Jean Downs	(317) 488-5071
	Danville	Lori Bishop	(317) 488-5148
Kentucky	Owensboro	Jenny Atkins (Temp)	(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, Effective March 1, 2006**

<b>Title</b>	<b>Name</b>	<b>Telephone</b>
Director of Member and Provider Relations	Marcia Meece-Bagwell	(317) 488-5345
Provider Relations Supervisor	Phyllis Salyers	(317) 488-5154

If you need additional copies of this newsletter, please download them from the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Publications/newsletters.asp>. To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at [http://www.indianamedicaid.com/ihcp/mailling\\_list/default.asp](http://www.indianamedicaid.com/ihcp/mailling_list/default.asp).

**Indiana Health Coverage Programs Quick Reference, Effective March 10, 2006**

Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization				
AVR System (including eligibility verification) (317) 692-0819 1-800-738-6770	EDS Administrative Review Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Customer Assistance (317) 655-3240 1-800-577-1278 Opt 1 = Pharmacy, Opt 2 = First Steps	EDS Electronic Solutions Help Desk (317) 488-5160 or 1-877-877-5182 <a href="mailto:INXIXElectronicSolution@eds.com">INXIXElectronicSolution@eds.com</a>	
EDS Forms Requests P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Member Hotline (317) 713-9627 1-800-457-4584 Opt 1 = First Steps, Opt 2 = Pharmacy	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 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 1-800-457-4515	
HCE Provider and Member Concern Line (Fraud and Abuse) (317) 347-4527 or 1-800-457-4515		IHCP Web Site <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a>		
Pharmacy Benefit Manager				
ACS Drug Rebate ACS State Healthcare ACS – Indiana Drug Rebate P. O. Box 2011332 Dallas, TX 75320-1332	EDS Pharmacy Services Help Desk for POS claims processing 317-655-3240 1-800-577-1278 or <a href="mailto:INXIXPharmacy@EDS.com">INXIXPharmacy@EDS.com</a>	EDS Pharmacy Claims P.O. Box 7268 Indianapolis, IN 46207-7268	Indiana DUR Board <a href="mailto:INXIXDURQuestions@acs-inc.com">INXIXDURQuestions@acs-inc.com</a>	
EDS Pharmacy Claims Adjustments P.O. Box 7265 Indianapolis, IN 46207-7265	Indiana Administrative Review/ Pharmacy Claims EDS Pharmacy Claims Admin. Review P.O. Box 7263 Indianapolis, IN 46207-7263	PA For Pro-DUR and Preferred Drug List – ACS Clinical Call Center 1-866-879-0106 Fax: 1-866-780-2198	To make refunds to IHCP for pharmacy claims send check to: EDS Pharmacy Refunds P.O. Box 2303, Dept 130 Indianapolis, IN 46206-2303	
Hoosier Healthwise (Managed Care Organizations and PCCM) and Medicaid Select				
CareSource Claims <a href="http://www.caresource-indiana.com">http://www.caresource-indiana.com</a> 1-866-930-0017 Member Services 1-800-488-0134 PA 1-866-930-0017 Provider Services 1-866-930-0017	Harmony Health Plan <a href="http://www.harmonyhmi.com">http://www.harmonyhmi.com</a> 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) <a href="http://www.managedhealthservices.com">http://www.managedhealthservices.com</a> 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 <a href="http://www.mdwise.org">http://www.mdwise.org</a> Claims 1-800-356-1204 or (317) 630-2831 Member Services 1-800-356-1204 or (317) 630-2831 PA/Medical Management 1-800-356-1204 or (317) 630-2831 Provider Services 1-800-356-1204 or (317) 630-2831 Pharmacy (317) 630-2831 or 1-800-356-1204	
Molina Healthcare <a href="http://www.molinahealthcare.com">http://www.molinahealthcare.com</a> Claims 1-800-642-4509 Member Services 1-800-642-4509 PA 1-800-642-4509 Provider Services 1-800-642-4509	Prime Step (PCCM) <a href="http://www.healthcareforhoosiers.com">http://www.healthcareforhoosiers.com</a> Claims - EDS Customer Assistance 1-800-577-1278 or (317) 655-3240 Member Services 1-800-889-9949, Option 1 Prior Authorization HCE: 1-800-457-4518 or (317) 347-4511 Provider Services for PMPs 1-800-889-9949, Option 3 Pharmacy – see Pharmacy Benefit Manager section above	Medicaid Select <a href="http://www.medicaidselect.com">http://www.medicaidselect.com</a> Claims - EDS Customer Assistance 1-800-577-1278 or (317) 655-3240 Member Services 1-877-633-7353, Option 1 PA HCE: 1-800-457-4518 (317) 347-4511 Provider Services for PMPs 1-877-633-7353, Option 3 Pharmacy – see 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**



**PROVIDER WORKSHOP REGISTRATION**

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

<b>Medicaid 101</b>		
<input type="checkbox"/> Lafayette, June 2, 2006	<input type="checkbox"/> Muncie, June 5, 2006	<input type="checkbox"/> Indianapolis, June 6, 2006
<input type="checkbox"/> Fort Wayne, June 13, 2006	<input type="checkbox"/> South Bend, June 16, 2006	<input type="checkbox"/> Bloomington, June 22, 2006
<input type="checkbox"/> New Albany, June 27, 2006	<input type="checkbox"/> Evansville, June 28, 2006	

<b>Waiver Services</b>		
<input type="checkbox"/> Lafayette, June 2, 2006	<input type="checkbox"/> Muncie, June 5, 2006	<input type="checkbox"/> Indianapolis, June 6, 2006
<input type="checkbox"/> Fort Wayne, June 13, 2006	<input type="checkbox"/> South Bend, June 16, 2006	<input type="checkbox"/> Bloomington, June 22, 2006
<input type="checkbox"/> New Albany, June 27, 2006	<input type="checkbox"/> Evansville, June 28, 2006	

<b>MCO Presentations (Select date and presentations)</b>	
Lafayette, June 2, 2006 <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.	Muncie, June 5, 2006 <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.
Indianapolis, June 6, 2006 <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.	Fort Wayne, June 13, 2006 <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.
South Bend, June 16, 2006 <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.	Bloomington, June 22, 2006 <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.
New Albany, June 27, 2006 <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.	Evansville, June 28, 2006 <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.

<b>Registrant Information (One registrant per form)</b>	
Name of Registrant:	_____
Provider Name:	_____ Provider Number: _____
Provider Address:	_____
City:	_____ State: _____ ZIP: _____
Provider Telephone:	_____ Provider Fax: _____
Provider E-mail Address:	_____

## State MAC Legend Drug Rate Updates

### Changes Effective April 28, 2006

Table 1 – Additions to the State MAC Rate List for Legend Drugs, Effective April 28, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
AMPICILLIN-SULBACTAM 3 GM VL	1.50504	POLYETHYLENE GLYCOL 3350 POWDER	0.07060
ANAGRELIDE HCL 0.5 MG CAPSULE	0.37520	PROMETHAZINE 50 MG TABLET	0.63040
D5-1/2NS/KCL 10 MEQ/L IV SOL	0.00377	QUINAPRIL/HCTZ 20/12.5 TABLET	1.01950

Table 2 – Decreases to the State MAC Rates for Legend Drugs, Effective April 28, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
AMANTADINE 100 MG CAPSULE	0.28926	IPRATROPIUM BR 0.02% SOLN	0.05748
BRIMONIDINE 0.2% EYE DROP	3.02340	PERMETHRIN 5% CREAM	0.14450
CIPROFLOXACIN HCL 750 MG TAB	0.19353	PROCHLORPERAZINE 25 MG SUPP	1.17650
CYPROHEPTADINE 4 MG TABLET	0.13632	RANITIDINE 150 MG TABLET	0.04265
DIGOXIN 125 MCG TABLET	0.10488	SULFAMETHOXAZOLE/TMP DS TAB	0.08468
ECONAZOLE NITRATE 1% CREAM	0.33440	SULINDAC 200 MG TABLET	0.23447
GABAPENTIN 300 MG CAPSULE	0.34480	TRAMADOL HCL-ACETAMINOPHEN TAB	0.57873
GABAPENTIN 600 MG TABLET	0.96261	TRIAMCINOLONE 0.1% CREAM	0.04195
GABAPENTIN 800 MG TABLET	1.14227	TRIAMTERENE/HCTZ 37.5/25 CP	0.05411
HYDROCHLOROTHIAZIDE 25 MG TB	0.02316	VERAPAMIL 120 MG TABLET	0.07650
HYDROCODONE/APAP 10/500 TAB	0.15317	VERAPAMIL 120 MG TABLET SA	0.47612
OMEPRAZOLE 20 MG CAPSULE DR	0.97695		

### Changes Effective May 1, 2006

Table 3 – State MAC Legend Drug Rate List Terminations, Effective May 1, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
HYDROCODONE/APAP ELIXIR	0.02603	METRONIDAZOLE ER 750 MG TAB	5.43153
LINDANE 1% SHAMPOO	1.67970		

### Changes Effective June 1, 2006

The State MAC rates for Fentanyl patches only apply to generic products.

Table 4 – Additions to the State MAC Legend Drug Rate List, Effective June 1, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
FENTANYL 100 MCG/HR PATCH	31.35660	FENTANYL 50 MCG/HR PATCH	14.63580
FENTANYL 25 MCG/HR PATCH	8.15820	FENTANYL 75 MCG/HR PATCH	22.85400

Table 5 – **Decreases** to the State MAC Legend Drug Rate List, Effective June 1, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
MUPIROCIN 2% OINTMENT	0.82255	NABUMETONE 750 MG TABLET	0.48256
ALBUTEROL 0.83 MG/ML SOLUTION	0.04059	LEVOTHYROXINE 137 MCG TABLET	0.39315
WARFARIN SODIUM 1MG TABLET	0.18681	MORPHINE SULF ER 15 MG TABLET	0.39177
AMANTADINE 100 MG CAPSULE	0.26901	ALLOPURINOL 300 MG TABLET	0.09237
PREDNISOLONE AC 1% EYE DROP	0.94080	FLUVOXAMINE MAL 100 MG TAB	0.45723
ERYTHROMYCIN 2% SOLUTION	0.03645	WARFARIN SODIUM 4 MG TABLET	0.17022
PREDNISONE 5 MG TABLET	0.02187	BUPROPION SR 100 MG TABLET	0.87453
SULFASALAZINE 500 MG TABLET	0.10281	PROMETHAZINE W/DM SYRUP	0.01530
CLOTRIMAZOLE 10 MG TROCHE	1.11767	LOVASTATIN 20 MG TABLET	0.36525
LOVASTATIN 40 MG TABLET	0.67277	CLARITHROMYCIN 250 MG TABLET	1.42512

Direct any questions regarding the State MAC for legend drugs to the Myers and Stauffer Pharmacy Unit at (317) 816-4136, in the Indianapolis local area, or 1-800-591-1183, or e-mail at [pharmacy@mslc.com](mailto:pharmacy@mslc.com).

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## Hints for Ensuring Efficient IHCP Claims Processing

This document contains information to help providers submit claims to the Indiana Health Coverage Programs (IHCP) and ensure more effective and efficient adjudication. Providers may submit claims electronically or on paper.

### Electronic Claims

Providers may electronically submit claims using the 837 HIPAA-compliant claim submission or Web interChange.

#### 837 Transactions

Providers may electronically submit claims using an **approved** software vendor, clearinghouse, billing service, managed care organization (MCO), or value-added network. The provider must submit a completed *Trading Partner Agreement* to the IHCP.

For more information about electronic submission of claims, see the *IHCP Provider Manual*, Chapter 3 available on the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Publications/manuals.htm> or contact the EDS EDI Solutions helpdesk at 317-488-5160 or toll free at 1-877-877-5182.

#### Web interChange

Web interChange is a Web-based application for electronic claims submission, with capability to inquire about claims status and payment information, verify member eligibility, view provider profile information, and submit and view prior authorizations. The application is free to all IHCP providers who have Internet connectivity.

To apply for a user ID and password, complete the interChange Administrator Request Form found under How To Obtain An ID at <https://interchange.indianamedicaid.com>. Print and mail the application to the following address:

**EDS Indiana Title XIX  
Electronic Solutions Help Desk  
950 North Meridian Street, Suite 1150  
Indianapolis, IN 46204-4288**

You are encouraged to keep a copy for your records. You will be notified via e-mail when your application is approved.

For more information about Web interChange, see the *IHCP Provider Manual*, Chapter 3, Section 3.

Direct questions about Web interChange to the EDS Electronic Solutions Help Desk at (317) 488-5160 in the Indianapolis local area, or 1-877-877-5182, or by e-mail at [INXIXElectronicSolution@eds.com](mailto:INXIXElectronicSolution@eds.com).

#### Attachments for Electronic Claims Submission

If a claim requires an attachment, all attachments must be submitted on paper, even if the claim was submitted electronically. If an electronic claim requires an attachment, it will suspend for processing until the attachment arrives.

When sending supporting documentation for an electronic claim submission, the provider must write a unique attachment control number (ACN) at the top of each page of the attachment.

#### Unique ACNs

If a claim is resubmitted to the IHCP, the provider must use a different ACN when resubmitting the attachment. The ACN is unique and therefore, may be used only once. In addition to the ACN, the provider must complete an attachment control cover sheet for each claim submitted. The *Attachment Coversheet* is available on the IHCP Web site <http://www.indianamedicaid.com/ihcp/Publications/forms.asp> under the heading *Claim Forms (Non-Pharmacy)*.

This form is available as an Adobe® Acrobat or Microsoft Word® file. The form contains detailed instructions for completion.

## **Paper Claims**

Providers who follow these guidelines help ensure that their claims are processed in a more accurate and timely manner:

- Do not staple, glue, or paper clip claim forms, attachments, or any additional documentation. Doing so may cause damage to the document while scanning.
- Place the billing provider number and location code in the appropriate area of the claim form.
- Submit attachments on standard 8½" × 11" paper.
- Do not include any paper smaller than 8½" × 11".
- Do not include plastic x-rays, photos or any attachments on non standard 8½" × 11" paper.
- Do not include any stickers, stray marks or Xs on the claim form.
- Do not enter commas or dashes. This includes diagnosis pointers on the detail lines. For example, 12.34 should read 1234.
- Do not write or type any information, other than the appropriate address, on the claim form above the red line box.
- Minimize or eliminate information hand printed on medical claim forms. When hand printed information is necessary, use block letters and numbers within the boxes provided on the form.
- When possible, use a font that places a slash through zeros or use strikethrough. This helps eliminate confusion between zeros and the letter O.
- Ensure all data appears within the boxes on the form. Data outside the boxes can cause errors and delay processing.

## **Crossover Claims on CMS-1500 Claim Forms**

When billing Medicare Part B Crossover claims on the *CMS-1500* claim form, providers must report the combined total of the Medicare co-insurance, the deductible, and the psychiatric reduction on the left side of Field 22 under the *Medicaid Resubmission Code* heading. In addition, the Medicare paid amount (the actual dollar amount received from Medicare) must appear in Field 22 on the right side under the heading *Original RefNo*. If the IHCP receives Medicare Part B crossover claims on the *CMS-1500* claim form and this information is not included in Field 22, the claim will be returned to the provider.

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**Notice to Provider of Recipient Deductible, Form 8A**



**NOTICE TO PROVIDER OF  
RECIPIENT DEDUCTIBLE**  
State Form 11971 (R5 / 8-00 / FI 0008A)

County Office of Family and Children
Address (number and street, city, state, ZIP code)

Name of provider
Address (number and street, city, state, ZIP code)

*INSTRUCTIONS TO PROVIDER: The original of this form must be attached to your claim to the Indiana Medicaid program for services rendered on the effective date specified below. Failure to do so will result in your claim being suspended. This form will not be provided to you for services rendered after the spend-down effective date, as it is not needed for payment to be made.*

Name of recipient	Medicaid number (RID)
Spend-down effective date	Deductible
Name of person completing notice	Date completed

Signature of County Director (or authorized designee)

DISTRIBUTION: White - Provider; Canary - Provider; Pink - Case Record



### Ventricular Assist Devices Code Tables

Table 1 – VAD Replacement Supply Codes Requiring Prior Authorization, Effective October 1, 2005

Code	Description
Q0480	Driver for use with pneumatic ventricular assist device, replacement only
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only
Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0485	Monitor control cable for use with electric ventricular assist device, replacement only
Q0486	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only
Q0487	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only
Q0488	Power pack base for use with electric ventricular assist device, replacement only
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only
Q0490	Emergency power source for use with electric ventricular assist device, replacement only
Q0491	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only
Q0492	Emergency power supply cable for use with electric ventricular assist device, replacement only
Q0493	Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacement only
Q0494	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0496	Battery for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0497	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0498	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0499	Belt/vest for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0500	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0501	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0502	Mobility cart for pneumatic ventricular assist device, replacement only
Q0503	Battery for pneumatic ventricular assist device, replacement only, each
Q0504	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type
Q0505	Miscellaneous supply or accessory for use with ventricular assist device

Table 2 – ICD-9-CM Diagnosis Codes

Code	Description
410.xx	Acute myocardial infarction
411.1	Intermediate coronary syndrome
411.81	Acute coronary occlusion without myocardial infarction
414.9	Chronic ischemic heart disease, unspecified
422.xx	Acute myocarditis in diseases classified elsewhere

(Continued)

Table 2 – ICD-9-CM Diagnosis Codes

Code	Description
425.x	Cardiomyopathy
426.xx	Conduction disorders
427.xx	Cardiac dysrhythmias
428.xx	Heart Failure
429.4	Functional disturbances following cardiac surgery
785.51	Cardiogenic shock
997.1	Cardiac complications

\* xx represents diagnosis code placeholders. For example, 410.xx means all diagnoses in the 410 series are applicable.

Table 3 – ICD-9 Procedure Codes

Code	Description
37.63	Repair of heart assist system Replacement of parts of an existing VAD
37.64	Removal of heart assist system
37.65	Implant of external heart assist system <ul style="list-style-type: none"> <li>• Device (outside the body but connected to heart) with external circulation and pump</li> <li>• Includes open chest procedure for cannula attachments</li> </ul>
37.66	Implant of implantable heart assist system <ul style="list-style-type: none"> <li>• Device directly connected to the heart and implanted in the upper left quadrant of peritoneal cavity</li> <li>• Includes the following: <ul style="list-style-type: none"> <li>– LVAD</li> <li>– Pulsatile heart assist system</li> <li>– RVAD</li> <li>– Rotary pump heart assist system</li> <li>– Transportable, implantable heart assist system</li> <li>– VAD, not otherwise specified</li> </ul> </li> </ul>

Table 4 – CPT Procedure Codes

Code	Description
33975	Insertion of ventricular assist device; extracorporeal, single ventricle
33976	Insertion of ventricular assist device; extracorporeal, biventricular
33977	Removal of ventricular assist device; extracorporeal, single ventricle
33978	Removal of ventricular assist device; extracorporeal, biventricular
33979	Insertion of ventricular assist device, implantable, intracorporeal, single ventricle
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle
0048T	Implantation of a ventricular assist device, extracorporeal, percutaneous transeptal access, single or dual cannulation
0049T	Prolonged extracorporeal percutaneous transeptal ventricular assist device, greater than 24 hours, each subsequent 24 hours period
0050T	Removal of a ventricular assist device, extracorporeal, percutaneous transeptal access, single or dual cannulation