IMPORTANT INFORMATION

BR200218 APRIL 30, 2002

To All Providers:

- EDS, along with the Office of Medicaid Policy and Planning (OMPP), Health Care Excel (HCE), and provider associations, is mailing the updated version of the *Indiana Health Coverage Programs* (IHCP) *Provider Manual* beginning April 29, 2002. The manual is in CD-ROM format, and will be sent to billing providers' *Mail To* addresses. Mailing will take several weeks to complete. If a billing provider does not receive a copy of the manual by **May 31, 2002,** contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis area or 1-800-577-1278 outside the Indianapolis area.

- Current Procedural Technology (CPT) code 90700 is temporarily exempt from IHCP claim edits limiting reimbursement to a maximum of $8 for administration of a vaccine from the Vaccines for Children (VFC) program because of a shortage of the immunization active Diphtheria, tetanus, acellular pertussis vaccine (DTaP). Effective for dates of service (DOS) on or after January 1, 2002, providers can either bill the IHCP their usual and customary fee for DTaP (CPT code 90700) if private stock is administered, or bill the VFC administration fee of $8, or less, if VFC vaccine stock is administered. Also effective for DOS on or after January 1, 2002, providers can submit adjustments for claims paid at the $8 VFC administration rate when private vaccine stock was administered.

  This temporary exemption from VFC claims editing remains in effect until the Indiana State Department of Health determines an adequate supply of DTaP vaccine is available for distribution to VFC-participating providers.

- To reduce the length of time for processing claims, providers can use Provider Electronic Solutions^{SM} software to submit claims. By using this software providers can view claim status within two hours of submission on Web interChange. Accepted claims received before 4 p.m. on Wednesday appear on the following week's remittance advice. Order Provider Electronic Solutions by calling the EDS Electronic Solutions Help Desk at (317) 488-5160 or by accessing www.indianamedicaid.com.

- Currently, when claims are received for services performed by a surgeon, and an assistant surgeon with an AS modifier, the first claim to be adjudicated pays, and the second claim denies with edit *5001-Exact Duplicate.* Until the system is modified to recognize that these claims are two separate providers, claims denied for edit *5001-Exact Duplicate* submitted with an AS modifier or for surgeon services denied against a claim with an AS modifier, must be sent to the following address:

  EDS Written Correspondence Unit
  P.O. Box 7263
  Indianapolis, IN 46207-7263

  The denied claims are forwarded to the Claims Unit for reprocessing.

  Claims with an AS modifier incorrectly paid at 100 percent until January 8, 2002. The reference file was changed to recognize this modifier as a pricing modifier. Therefore, claims processed after January 8, 2002, with an AS modifier pay at 20 percent of the IHCP fee. Surgical claims paid inappropriately at 100 percent will be mass adjusted on a future date.

  The AS modifier is only appended to surgical services for claims filed for assistant surgeons who are physician assistants, clinical nurse specialists, and nurse practitioners at surgery. Do not combine the AS modifier with other assistant surgeon modifiers, such as 80, 81, and 82. A review of claims shows the AS modifier is being used inappropriately for services such as durable medical equipment. When the AS modifier is appended to a CPT or Health Care Procedure Coding System code, the reimbursement is reduced to 20 percent.

To All Dental Providers:

- The CDT-3 guidelines state, "*D7120, each additional tooth*. To be reported for an additional extraction in the same quadrant at the same visit." This means *D7110, single tooth,* is billed one time per each quadrant at the same visit. The fee for *D7110, single tooth,* is $72.25, and effective March 25, 2002, the fee for *D7120, each additional tooth,* was changed from $66.50 to $65.02 so reimbursement is consistent with the covered services rule. The *405 IAC 5-14-8* states, "If multiple extractions are performed on the same date of service the maximum allowable payment for additional teeth will be reduced by 10 percent of the maximum allowable for the first tooth." Providers not paid for claims billed using *D7110, single tooth,* for each extraction, must adjust the claims using *D7120, each additional tooth,* in accordance with CDT guidelines. These claims will not be mass adjusted because *D7120* must be billed by the provider to replace *D7110* for reimbursement only once per quadrant.

To All Nursing Facilities and Hospice Providers:

- The Marion County Superior Court ruled against the OMPP in a lawsuit filed by Amhealth challenging the OMPP for imposing emergency rules as of October 1, 2001. The Court's ruling prevents the OMPP from carrying out these rules as of October 1, 2001. These rules change the case mix reimbursement methodology, reimbursement policy for bed hold days for nursing facilities, and hospice program members residing in nursing facilities, and crossover claims payment policies. However, be advised that the OMPP intends to implement the rules as follows:

- Bed hold changes are effective May 1, 2002
- Medicare crossover changes are effective May 1, 2002
- Case mix changes are effective July 1, 2002

Note: The permanent rules were separately promulgated, and are unaffected by the Marion County Superior Court order.

The OMPP continues to evaluate actions that must be taken to comply with the Court's decision. Decisions include, but are not limited to, systems changes as well as rate recalculations. The OMPP must ensure that compliance with the court order is done in an orderly and uniform fashion. Notification to providers with details about reprocessing claims as well as future billing instructions will be given as soon as all decisions are finalized. Additional information and detailed billing instructions will be published in a future provider bulletin.

Direct questions about this information to EDS Customer Assistance at (317) 655-3240 in the Indianapolis area or 1-800-577-1278 outside the Indianapolis area.

To All Prescribers and Pharmacy Providers:

Note: The following information is not directed to providers rendering services in the Risk-Based Managed Care delivery system.

- This notifies of changes to the Medicaid Drug Federal Upper Limit (FUL) because of an insufficient supply of the drug products listed below. These drugs will be removed from the Medicaid Drug FUL list effective May 6, 2002.

Deletions	
Generic Name	**Dosage**
Captopril; Hydrochlorothiazide	25mg; 25mg, Tablet, Oral, 100
	50mg; 15mg, Tablet, Oral, 100
Naproxen Sodium	250mg Base, Tablet, Oral, 100
	500mg Base, Tablet, Oral, 100
Nitrofurantoin, Macrocrystalline	50mg, Capsule, Oral, 100
	100mg, Capsule, Oral, 100

In addition, the following rate changes will be implemented the week of May 6, 2002.

Price Increases		
Generic Name	**Dosage**	**New Price**
Cephalexin	250mg Base, Capsule, Oral, 100	$0.2513 (B)
	500mg Base, Capsule, Oral, 100	$0.4446 (B)
Codeine Phosphate; Promethazine Hydrochloride	10mg/5ml; 6.25mg/5ml, Syrup, Oral, 480ml	$0.0249 (R)
Desoximetasone	0.25%, Cream, Topical, 60gm	$0.6322 (B)
Metoclopramide	10mg, Tablet, Oral, 100	$0.1095 (B)
Metronidazole	500mg, Tablet, Oral, 100	$0.1479 (B)
Quinidine Gluconate	324mg, Tablet, Extended Release, Oral, 100	$0.4500 (B)
Spironolactone	25mg, Tablet, Oral, 100	$0.3000 (B)
Thioridazine Hydrochloride	50mg, Tablet, Oral, 100	$0.2122 (R)