



## I M P O R T A N T I N F O R M A T I O N

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**To All Providers:**

- EDS requests that providers not staple or paper clip claims to their attachments. Not stapling or paper clipping allows claims to process more effectively and efficiently for 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 time for processing claims, providers can use Provider Electronic Solutions<sup>SM</sup> 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](http://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 paid for claims billed using D7110 for each extraction, must adjust the claims using D7120 for each additional extraction in accordance with CDT guidelines. These claims will not be mass adjusted because D7120 must be billed by the provider to replace D7110, so D7110 is reimbursed only once per quadrant.

**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.

Table 1 – Medicaid Drug FUL 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 were implemented the week of May 6, 2002.

Table 2 – Medicaid Drug FUL Price Increase

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)
Spirolactone	25mg, Tablet, Oral, 100	\$0.3000 (B)
Thiuridazine Hydrochloride	50mg, Tablet, Oral, 100	\$0.2122 (R)

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