



## 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:**

- New Hoosier Health Cards are being issued to all Indiana Health Coverage Programs (IHCP) members. Pharmacy copayment information for members enrolled in Package A and Package C is reflected on the front of **all** new Hoosier Health Cards.

Providers should use these new cards to verify member eligibility prior to providing services. The eligibility verification process remains unchanged and will continue to provide confirmation of a member's eligibility status, as well as the member's benefit coverage. If applicable, the eligibility process will provide the pharmacy copayment amount for members enrolled in Package A and Package C.

*Note: Pharmacy copayment amounts apply for members enrolled in Package A and Package C only and do not apply to any members enrolled in the Hoosier Healthwise Managed Care Program.*

- Crossover claims received on HCFA-1500 forms must now contain additional information. The combined total of the Medicare coinsurance, deductible, and psychological (Psych) reduction must be reported on the left hand side of field 22 under the heading *Code*. The Medicare paid amount (actual payment received from Medicare) must be submitted in field 22 on the right hand side under the heading *Original Ref No*. Claims submitted on HCFA-1500 forms that do not contain this information in fields 22 and that are submitted with a Medicare Remittance Notice (MRN) indicating they are crossover claims will be returned to the provider with reason code 7 (Provider must submit Medicare information in field 22 of the HCFA-1500 claim form).
- The *Care Coordination Outcome Report* was updated in April 2002 and is currently available on the Forms section of the IHCP Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com). Care coordinators should destroy any old copies of the form that have small boxes and begin using the form provided on the Web site no later than January 15, 2003. If care coordinators do not have access to the Web site, they can contact Customer Assistance at (317) 655-3240 or 1-800-577-1278 to request a copy of the form. Postpartum care coordination claims with a date of service of January 15, 2003, submitted without the new form attached will be returned. Please see the *Forms* section of the Web site for current versions of all forms.
- This notifies that the interest rate on Medicaid underpayments and overpayments will decrease from six percent to four percent beginning January 1, 2003. IHCP discovered in the spring of 2000 that there is a discrepancy in the Indiana Code that affects how Medicaid establishes the rate paid to certain providers because of statutory requirements to pay interest on late payments as well as the rate collected from providers required to pay the IHCP interest on late payments.

Per *IC 12-15-13-3(F)(1) and (2)*, IHCP uses the same interest rate for both underpayments and overpayments, and IHCP bases its rate for the next calendar year on the interest rate established by the Department of Revenue by November 1 the previous year. Based on the *Department of Revenue Notice #3*, this rate is four percent for 2003. The Department of Revenue is statutorily required to base this announcement on the average yield on state funds, except for pension trust funds, for the fiscal year ending June 30, 2002, published in the State Auditor's Comprehensive Financial Report (CAFR).

- On January 1, 2003, the 2003 Health Care Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) code updates will be loaded in IndianaAIM for crossover claims. The code updates will be effective for normal billing on January 1, 2003, but will not be billable until April 1, 2003. For services beginning January 1, 2003, through March 31, 2003, providers should continue billing 2002 HCPCS and CPT codes. After April 1, 2003, providers must bill 2003 HCPCS and CPT codes. IHCP will deny claims submitted with 2003 codes for dates of service before April 1, 2003. The 2003 HCPCS and CPT codes will be published

in a future IHCP bulletin. Direct questions about this billing practice to Health Care Excel (HCE) Medical Policy Department at (317) 347-4500.

## To All Pharmacy Providers and Prescribing Practitioners:

*Note: The information referenced below is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system.*

- Implementation of prior authorization for Severity Level 1 drug-drug Pro-DUR alert identified in BT200221 dated May 15, 2002, and is described as follows:

*A Severity Level 1 drug-drug interaction occurs when a patient has been prescribed two or more drugs that are contraindicated for simultaneous use and may result in serious harm or death for the patient. Effective January 15, 2003 claims that post Severity Level 1 drug-drug interaction at POS will be denied. Pharmacists will not be permitted to override the alert unless prior authorization is obtained. PA will not be granted unless an extenuating circumstance exists to substantiate the need to dispense products that are contraindicated for simultaneous use, or where one of the drugs has actually been discontinued (false-positive). The dispensing pharmacist can obtain PA when a false-positive Severity Level 1 drug-drug interaction exists. The prescriber must obtain PA when an extenuating circumstance exists to clinically substantiate the need to dispense products that are contraindicated for simultaneous use.*

In instances where PA cannot be immediately obtained, 42 U.S.C. § 1396r-8 provides for dispensing of a 72-hour supply of a covered prescription drug in an emergency situation. Pharmacists who dispense a 72-hour supply of a covered prescription drug will be reimbursed by IHCP if, subsequent to dispensing in an emergency situation, indication is made on the claim that the supply was for an emergency need.

The applicable point of sale (POS) edit code is 0573 Drug-Drug. Refer questions about this policy to the HCE Prior Authorization Department at (317) 347-4511 or 1-800-457-4518.

- The new pharmacy vendor, ACS, reminds providers that provider training will be held at various locations the week of December 9, 2002. Refer to IHCP bulletin BT200259 for a complete list of schedules and locations. For assistance with registration call ACS at 1-866-345-8344.

## To All Ophthalmology, Optometry, and Optician Providers:

- This corrects IHCP banner pages, BR200237, dated September 10, 2002, and BR200238, dated September 17, 2002. The replacement of eyeglasses represents the beginning of a new limitation period. Members younger than 19 years of age that have met the criteria for replacement eyeglasses may be eligible for a new pair of eyeglasses one year from the date the replacement eyeglasses were provided. Members 19 years of age and older that have met the criteria for replacement eyeglasses may be eligible for a new pair of eyeglasses two years from the date the replacement eyeglasses were provided. Refer questions about this policy to HCE Medical Policy Department at (317) 347-4500.

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