



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:

- The Indiana Health Coverage Programs (IHCP) is developing changes to the IndianaAIM system to ensure accurate reimbursement to all providers. Audits are being developed to allow for review of codes billed on Medicaid claims to determine if they are appropriate for the provider specialty or type billing. A code set will be developed for each provider type and specialty based upon current coverage and coding guidelines. This process does not involve any change in policy or coverage, but will help to ensure services are paid appropriately. To avoid having claims denied after the code sets are in place, please confirm that you are appropriately enrolled with IHCP under the correct provider specialty. Providers who are correctly enrolled and bill within current guidelines should not experience any difficulty from implementation of these audits.
- Medical claims that posted explanation of benefits (EOB) 6704 -- *One family planning service allowed within a 12-month period*, may have adjudicated incorrectly. The issue relating to claims posting EOB 6704, and creating underpayment as well as incorrect denials has been corrected. Identified claims that were processed on February 24, 2004, will be mass adjusted and reprocessed. This mass adjustment and reprocessing will appear beginning on the April 6, 2004, remittance advice (RA).
- The following table contains corrections to the 2004 Healthcare Common Procedure Coding System (HCPCS) codes published in the Indiana Health Coverage Programs (IHCP) provider bulletin, *BT200401*, dated February 13, 2004. Current Procedural Terminology (CPT) code 99553 – *Home infusion for tocolytic therapy, per visit*, was a 2004 HCPCS deleted code and crosswalked to CPT codes 99601 and 99602.

Code	Description	Coverage
99601	Home infusion/specialty drug administration, per visit (up to 2 hours);	Covered for all programs, covered for Package C
99602	Each additional hour (List separately in addition to primary procedure)	Covered for all programs, covered for Package C

To Optometrist and Optician Providers:

- The purpose of this article is to inform optometrist and optician providers of new billing requirements for rose 1 and rose 2 tints. The 2004 Annual HCPCS Update deleted codes for rose 1 and rose 2 tints, V2740, V2741, V2742 and V2743. These codes were replaced with a single code, V2745 – *Addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens*. According to 405 IAC 5-23-4 (2) the IHCP may only reimburse for tints 1 and 2, as previously represented by V2740 and V2742. The new code, V2745, encompasses tints other than those reimbursable by the IHCP and will remain non-covered. In order to reimburse providers for rose 1 and rose 2 tints, the IHCP has added procedure modifiers to V2745. The following changes are effective April 1, 2004.

Code	Description
V2745 U1	Tint, plastic, rose 1 or 2, per lens (replaces V2740)
V2745 U2	Tint, glass, rose 1 or 2, per lens (replaces V2742)

- In reviewing the history of paid claims for optometrists and opticians, the IHCP discovered several providers enrolled in the optician specialty were billing for, and being reimbursed for, services that they are not qualified to provide, such as eye exams. When the provider code sets become effective, optometrists who are employed by opticians must be enrolled as optometrists, specialty 180, in order to be reimbursed for optometrist services. Opticians, specialty 190, will no longer be reimbursed for services other than those associated with filling optical prescriptions and making spectacles. If there are any questions about provider enrollment, please refer to chapter 4 of the *IHCP Provider Manual*, contact your provider field representative, or call the EDS Provider Enrollment Unit at 1-877-707-5750.

To Transportation Providers:

- The IHCP is implementing transportation provider code set. This code set will restrict transportation providers, specialties 260, 261, 263, 264, 265, and 266, to reimbursement for transportation services only. The codes will be further limited by provider specialty. For example, ambulance providers, 260, will not be reimbursed for codes representing taxi services, and taxi providers, 263, will not be reimbursed for codes representing ambulance services.

More detailed information about the transportation code set, including a listing of the transportation codes covered by the IHCP and the specialties each code will be restricted to, will be published in the May 2004 IHCP Provider Newsletter.

To avoid having claims denied after the code sets are in place, please confirm that you are appropriately enrolled with IHCP under the correct provider specialty. If there are any questions about provider enrollment, please refer to chapter 4 of the *IHCP Provider Manual*, contact your provider field representative, or call the Provider Enrollment Unit at 1-877-707-5750.

To Rural Health Centers and Federally Qualified Health Centers:

- Myers and Stauffer, LC will be notifying all Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) that the 2004 Prospective Payment System (PPS) rate will be forthcoming. Myers and Stauffer, LC will forward the specific PPS rate information to the EDS Provider Enrollment Unit to load the rate for reimbursement, EDS will initiate a mass adjustment to reconcile your payment on previously submitted claims to the correct rate of reimbursement that is on file. Please monitor future RA and banner page articles for specific information regarding this mass adjustment.

To Dental Providers:

- As a reminder, CDT 4 code D7111 is covered by IHCP effective January 1, 2004, and will allow providers to bill for extraction of *coronal remnants -- deciduous tooth* under this specific code rather than D7140.

To Pharmacies and Prescribing Practitioners:

- Effective March 31, 2004, the State Maximum Allowable Cost (SMAC) rate for the following drug group will be updated.

Group	Drug Group Name	SMAC
265	MINOCYCLINE 100MG CAPSULE	\$1.0291
523	MINOCYCLINE 50MG CAPSULE	\$0.4024
107	MEPERIDINE 50MG TABLET	\$0.3679
190	VALPROIC ACID 250MG CAPSULE	\$0.4594
531	PREVALITE POWDER	\$0.1059

Please direct questions concerning the SMAC to the Myers and Stauffer Pharmacy Unit at 317-846-9521 or 1-800-877-6927, or by e-mail at pharmacy@mslc.com.

- Effective May 1, 2004, in accordance with a change to Indiana Medicaid rule *405 IAC 5-24-7*, the Indiana Medicaid drug copay will be \$3.00 for each drug dispensed. This applies to covered legend drugs and over-the-counter (OTC) drugs (both brand name and generic), as well as compounded prescriptions. All other drug copay policies remain unchanged. Please direct any questions to the ACS Pharmacy Services Helpdesk at 1-866-645-8344. This change does not affect risk-based managed care members. For information on pharmacy questions related to risk-based managed care members, please contact the appropriate managed care organization.

To Home Health Providers:

- Home Health rates for this year, 2004, have been finalized, and are effective January 1, 2004. Mass adjustment for the new rates will begin appearing on the remittance advice (RA) starting April 13, 2004. The new rates are as follows:

RN – 99600 TD	\$30.47
LPN – 99600 TE	\$22.11
Home Health Aide – 99600	\$14.49
Physical Therapy – G0151	\$14.07 per 15 minute increments
Occupational Therapy – G0152	\$14.18 per 15 minute increments
Speech Therapy – G0153	\$12.99 per 15 minute increments
Overhead	\$23.41

For questions, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or at 1-800-577-1278.

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