



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:

- Provider claims submitted between October 16, 2003, and August 12, 2004, with procedure code 99140 may have inappropriately denied with explanation of benefits (EOB) 6156 – *procedure code 99140 must be billed with an anesthesia code*. The affected claims will be adjusted and will begin appearing on the remittance advice (RA) dated September 7, 2004. For questions call Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.
- The purpose of this article is to remind providers that current procedural terminology (CPT) code 90378 – *Respiratory syncytial virus (RSV) immune globulin, for intramuscular use, 50mg* requires prior authorization (PA). CPT code 90378 represents the immune globulin product only and not the administration of the product. The Indiana Health Coverage Programs (IHCP) has discovered that the IndianaAIM system did not accurately indicate that PA was required for CPT procedure code 90378. This is not a change in policy, as Synagis has required prior authorization since April 15, 2002, as stated in IHCP provider bulletin, *BT200210*, published March 1, 2002. Prior authorization criteria for Synagis can also be found in IHCP banner page, *BR200239* and *BR200240*, published September 24, 2002 and October 1, 2002. The IndianaAIM system has been updated to require PA for procedure code 90378 beginning with the upcoming respiratory syncytial virus (RSV) season, effective October 1, 2004.

Physicians, hospitals, and clinics that provide Synagis product in the office or outpatient setting may bill for the immune globulin product using CPT code 90378 on the appropriate claim form. A pharmacy, or any of the previously listed provider types dually enrolled as a pharmacy, must submit claims for Synagis using the National Drug Code (NDC) on the drug claim form. In addition, providers are reminded that it is not appropriate for those solely enrolled as durable medical equipment (DME) suppliers to submit claims for Synagis utilizing either of these methods.

Prior authorization requests for the provision of Synagis that are billed using CPT code 90378 must be made by contacting Health Care Excel (HCE) Prior Authorization (PA) Department at 1-800-457-4518 or (317) 347-4511. If Synagis is being provided by a pharmacy provider the claim must be submitted using the NDC, and prior authorization must be requested from ACS State Healthcare by calling 1-866-879-0106. As previously stated, pharmacy providers must submit claims for Synagis using the NDC on the drug claim form.

As a reminder Synagis treatment is only approved during the RSV season. The approval period is from October 1st through April 30th of the following year. As stated in previous publications, approval will consist of a total of six doses and administration of a seventh dose will require a separate PA.

Providers, who previously provided Synagis to IHCP members utilizing procedure code 90378, may be subject to post-payment review. Patient records must document medical necessity for the provision of Synagis. In addition, Synagis provided outside of the typical RSV season of the following year will be subject to investigation and possible recoupment of the IHCP reimbursement.

- Effective October 1, 2004, provider code sets will be implemented for each of the following provider specialties, Optometrists, Opticians, Audiologists, Hearing Aid Dealers, and HIV Care Coordinators. Claims submitted by these provider specialties will be subject to edit 1012 – *Rendering provider specialty not eligible to render procedure code*. The development of the vision services code set, hearing services code set, and HIV care coordinator code set does not involve any policy change, but instead identifies procedure codes that are appropriate for reimbursement by these enrolled provider specialties. Providers must ensure that they are enrolled under the correct provider specialty with the Indiana Health Coverage Programs (IHCP). 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. Enrolled providers billing within current IHCP guidelines should not experience difficulty with claim adjudication associated with the implementation of these code sets. More information regarding the individual code sets will be in the September *IHCP Monthly Newsletter*.

The code sets will be available on the IHCP Web site, www.indianamedicaid.com, prior to implementation. These code sets are subject to change and will be updated accordingly on the IHCP Web site based on annual and quarterly Healthcare Common Procedure Coding System (HCPCS) updates and policy changes. Providers should monitor the Web site for changes to the code sets. Reimbursement will continue to be subject to current applicable policies, edits, or audits. Questions should be directed to the Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

- On June 29, 2004, the IHCP corrected the max fee rate for Healthcare Common Procedure Coding System (HCPCS) code *Q4055 – Injection, Epoetin Alfa, 1,000 units (For ESRD on Dialysis)*. The rate was originally entered on May 18, 2004, as \$56.08, effective for dates of service on or after January 1, 2004. However, the rate has been updated and should be \$14.02, effective for dates of service on or after January 1, 2004. During the week of September 6, 2004, EDS will systematically mass adjust all affected claims that adjudicated between May 18, 2004, and June 29, 2004.

To Pharmacy and Prescribing Physicians:

- Effective August 25, 2004, the State Maximum Allowable Cost (SMAC) rate for the following drug group will be updated.

Group	Drug Group Name	SMAC
406	ACETYLCYSTEINE 10% VIAL	.4042

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.

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