



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 Healthcare Common Procedure Coding System (HCPCS) code J1565 -- *Injection, respiratory syncytial virus immune globulin, intravenous, 50mg*, current procedural terminology (CPT) code 90379 – *Respiratory syncytial virus immune globulin (RSV-IGIV), human, for intravenous use*, and CPT code 90378 – *Respiratory syncytial virus (RSV) immune globulin, for intramuscular use, 50mg* all require prior authorization (PA). These codes represent the respiratory syncytial virus (RSV) 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 a PA was required for these codes. This is not a change in policy, as Respigam (J1565 and 90379) and Synagis (90378) have required a PA since April 15, 2002, refer to IHCP provider bulletin, BT200210, published March 1, 2002. PA criteria for Respigam and Synagis can also be found in banner pages, BR200239 and BR200240, published September 24, 2002 and October 1, 2002. The IndianaAIM system has been updated to require PA for these codes beginning with the upcoming RSV season, effective October 1, 2004.

Physicians, hospitals, and clinics who provide Respigam or Synagis products in the office or outpatient setting may bill for the immune globulin product using the appropriate code and claim format. A pharmacy, or any of the previously listed provider types dually enrolled as a pharmacy, must submit claims for Respigam and 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 Respigam or Synagis utilizing either of these methods.

PA requests for the provision of either Respigam or Synagis that is billed using J1565, 90379, or 90378 must be requested from Health Care Excel (HCE) Prior Authorization (PA) Department. The HCE PA Department can be contacted by calling 1-800-457-4518 or (317) 347-4511. It is recommended that providers submitting PA requests to HCE attach the ACS Synagis request form that is available on the IHCP Web site. If a pharmacy provider is providing the Respigam or Synagis, the claim must be submitted using the NDC and prior authorization must be requested from ACS State Healthcare. Providers can contact ACS by calling 1-866-879-0106. As previously stated, pharmacy providers must submit claims for Respigam and Synagis using the NDC on the drug claim form.

As a reminder Respigam and Synagis treatment is only approved during the RSV season. Respigam administration can be performed in a clinic, physician's office, or a hospital. Synagis administration is permitted in any setting where intramuscular (IM) injections are appropriate, including home administration. 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 Respigam or Synagis to IHCP members utilizing procedure codes J1565, 90379, or 90378 may be subject to post-payment review. Patient records must document medical necessity for the provision of Respigam or Synagis. In addition, treatment provided outside of the typical RSV season of October 1st through April 30th of the following year will be subject to investigation and possible recoupment of IHCP reimbursement.

To All HCBS Waiver Providers:

- Several trends have been identified by the EDS Waiver Teams during their on-site audits. Examples of these issues are:
 - The authorization and provision of Home and Community Based Services (HCBS) waiver services when appropriate services are available through the Medicaid State Plan (prior authorization) or another payer source such as Medicare or private insurance.
 - The authorization and provision of services that do not meet the service definition and parameters

The EDS teams will coordinate with the Bureau of Aging and In Home Services (BAIHS) and Bureau of Developmental Disabilities Services (BDDS) waiver specialists. The specialist will contact the waiver case manager for each of the identified members; the case manager will have ninety days to establish a revised *Plan of Care/Notice of Action*.

Please be advised that it is incumbent upon each provider to understand the service definitions and parameters for each service authorized on the *Notice of Action*. Each provider is ultimately responsible for the rendering and billing of services in accordance with the published service definitions and parameters. Therefore, it is suggested that each provider agency review the appropriate *Indiana Administrative Code – Indiana rules (IAC)* sections, IHCP and BDDS provider bulletins and IHCP banner pages to facilitate their compliance with the HCBS waiver standards.

To Pharmacy and Prescribing Physicians:

- The State Maximum Allowable Cost (SMAC) rate for Ranitidine 150mg tablets has been updated to \$0.1428, effective October 6, 2003. Providers that have dispensed Ranitidine 150mg tablets since October 6, 2003, and who have not been reimbursed \$0.1428 may adjust their claims.

Group	Drug Group Name	SMAC
46	RANITIDINE 150MG	.1428

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 August 25, 2004, the 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.