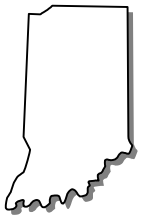

IMPORTANT INFORMATION

BR200437 SEPTEMBER 14, 2004

To All Providers:

- The Indiana Health Coverage Programs (IHCP) Web site contains valuable information for providers and electronic data interchange (EDI) software developers about upcoming IHCP system updates. In the EDI Solutions section, the *What's New For Providers* and *What's New For EDI Vendors* pages contain important system update information.

  Providers should contact their software developer to make sure they are aware of this part of the Web site and the important EDI information. Software developers should view this site regularly to ensure that their systems are updated and tested for the most current system changes.

  It is the providers' and software vendors' responsibility to monitor the EDI updates, and make and test necessary changes to their system. Failure to monitor the EDI updates and make appropriate changes could result in an unexpected outcome, such as, claims rejecting for noncompliance, 835 electronic remittance information displaying differently than expected or providers not being able see updated eligibility information.

  For questions about the content of the EDI Solutions pages contact the EDI Solutions helpdesk at (317) 488-5160 in the Indianapolis local area or 877-877-5182. Contact the EDI Solutions Web site at inxixtradingpartner@eds.com

- 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 IHCP has discovered that the Indiana*AIM* 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 Indiana*AIM* 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 Durable Medical Equipment Providers:

- Effective November 1, 2004, a provider code set will be implemented for durable medical equipment (DME) providers. Claims submitted by DME providers will be subject to edit *1012 – Rendering provider specialty not eligible to render procedure code*. The development of the DME provider code set does not involve any policy change, but instead identifies procedure codes that are appropriate for reimbursement by DME providers. Providers must ensure that they are enrolled under the correct provider specialty with the 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.

  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 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 Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

- The IHCP has determined that HCPCS code S1040 is the most appropriate code for billing cranial molding helmets for members with cranial asymmetry. HCPCS code S1040 will be covered by the IHCP when medically necessary, with prior authorization (PA), retroactively, effective July 1, 2004. Effective immediately, providers should not bill cranial molding helmets using HCPCS codes L1499, L0100, or E1399. These requests will be denied, and any claims paid for cranial molding helmets with these codes after November 1, 2004, will be subject to recoupment. Further details, including PA criteria, for the cranial remolding helmets will be provided in the October *IHCP Provider Newsletter.*

To Mental Health Providers:

- The purpose of this article is to remind providers that CPT codes 90805, 90807, 90809, 90811, 90813, and 90815 for psychotherapy with medical evaluation and management, and CPT code 90862 for pharmacological management are medical services. These services are not reimbursable to clinical social workers and clinical psychologists. Providers will be notified of inappropriate payments, and these payments will be recouped.

To Transportation Providers:

- The following common carrier procedure codes were changed on July 1, 2004, to remove the modifier:

Procedure Code	Replacement Code 07/01/04
T2001 TK	T2001 (patient attendant/ escort)
T2003 U9	T2003 (non-emergency transport)
T2004 TT	T2004 (multi passenger)

Due to this change, some transportation providers may have had difficulty getting claims paid for dates of service on or after July 1, 2004, because the procedure code on PA is no longer covered. The PA file will be updated by September 15, 2004, to allow providers to re-bill the affected claims. For questions call Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

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:

- This communication is being sent to clarify the issue of prior authorization requirements for Geodon® (ziprasidone) due to drug-drug interaction alerts when prescribed concomitantly with a selective serotonin reuptake inhibitor (SSRI's), Risperdal® (risperidone), Haldol® (haloperidol) or Seroquel® (quetiapine).

  These potential interactions were formerly considered to be of significant severity to require a prior authorization (PA). In March 2002, the interactions were downgraded in severity level. The ziprasidone/risperidone interaction was reclassified to a lower severity, and the ziprasidone/SSRI/quetiapine/haldoperidol interaction was removed. Concomitant therapy with ziprasidone and SSRI's/risperidone/haldoperidol/quetiapine should not require a PA due to the reclassified severity levels. Recently, Medicaid providers experienced the reinstitution of a PA for Geodon® when prescribed concurrently with SSRI's/risperidone/haldoperidol/quetiapine due to a misclassification of the most recent drug-drug interaction severity coding.

  After detecting this problem, ACS has been working diligently to correct the detail of the coding to reflect the most current clinical information. A programming change was made to remove the PA requirement thus preventing future alerts. These interactions will no longer require a PA for adjudication.

  If you have any questions regarding denied claims due to drug-drug interactions, please contact the ACS Pharmacy Services Helpdesk at 1-866-645-8344 or the Clinical Call Center at 1-866-879-0106.

- 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