



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 annual update of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) is effective October 1, 2004. The ICD-9-CM diagnosis and procedure codes are billable and reimbursable effective October 1, 2004. To ensure Health Insurance Portability and Accountability Act (HIPAA) compliance, the 90-day grace period will no longer apply to the ICD-9-CM updates. Providers are to use the diagnosis and procedure codes valid for the date of service. For questions call Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.
- Effective November 1, 2004, Anthem Midwest clearinghouse will no longer accept Indiana Health Coverage Programs (IHCP) claims. Providers using Anthem Midwest electronic data interchange (EDI) clearinghouse to send claims electronically to the IHCP must choose a different software developer or clearinghouse.

In order to assist providers with this issue, providers may access the EDI Solutions page on the IHCP Web site at <http://www.indianamedicaid.com>. This Web site contains a list of approved software vendors and clearinghouses. For more information or questions on contact the EDI Solutions helpdesk at (317) 488-5160 in the Indianapolis local area or 877-877-5182.

- The IHCP Web site contains valuable information for providers and 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

To Managed Care Providers:

- The information outlined in this banner page article updates the section titled *IHCP Managed Care Members Electing* of the *IHCP Hospice Benefit* in section 3 of the *IHCP Hospice Provider Manual*, revised March 2004.

Effective November 1, 2004, the IHCP will no longer issue expenditure payouts as a form of reimbursing hospice providers for one day admissions, weekend admissions and other scenarios that meet the parameters for an expenditure payout. The Health Care Excel (HCE) Medicaid Prior Authorization (PA) Unit will notify providers regarding the authorization of appropriate dates of service that can be billed through the *IHCP Prior Review and Authorization Request Decision* form. Hospice providers will be able to bill the IHCP directly for dates of service approved on the *IHCP Prior Review and Authorization Request Decision* form.

Hospice providers are reminded that they must still follow the procedures outlined in the *IHCP Hospice Provider Manual* by checking eligibility and faxing the *IHCP Hospice Election* form to the HCE PA Unit and comply with the timeliness requirements for subsequent hospice benefit periods. Failure to comply with these policies will result in denial of dates of service for untimely submission. HCE will note which dates of service have been denied on the *IHCP Prior Review and Authorization Request Decision* form. It is the responsibility of the hospice provider to preserve their appeal rights by filing a timely administrative review or appeals request as outlined in section 3 of the *IHCP Hospice Provider Manual*.

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

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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 Pharmacy Providers:

- IHCP pharmacies may have recently received a letter, dated September 19, 2004, from Prudent Rx requesting copies of specific prescriptions subsequent to a recent desktop review performed on IHCP pharmacy claims. The data provided to Prudent Rx for analysis contained errors. As a result of the errors identified in that data, pharmacies are being asked to discard any letters dated September 19, 2004.

A follow-up letter with corrected information will be issued should any further action on your part be required. If you have already responded to the September 19, 2004, letter, Prudent Rx will retain the prescription on file for use should a future audit of this claim be necessary. Again, the errors affect *only* the September 19, 2004, letter. Please direct any questions regarding this notice to the audit department at Prudent Rx at (310) 642-1700.

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 reinstatement 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.

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