



## 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:

- To address an immediate need for immunizations and a shortage of available influenza vaccines, the Indiana Health Coverage Programs (IHCP) is **not** limiting reimbursement for any influenza vaccines, regardless of availability from the Vaccines For Children (VFC) program. This will allow providers to obtain reimbursement for using privately purchased influenza vaccine if they do not have VFC vaccine due to the shortage crisis. When administering privately purchased influenza vaccine, providers may bill for both the cost of the vaccine plus its administration, and the IHCP-allowable reimbursement will include payment for both.

Refer to IHCP provider bulletin, *BT200151*, published December 14, 2004, for information about use of administration codes 90782 or 90788, as appropriate for the \$2.90 administration reimbursement rate, when an immunization is provided using a provider's private stock. Use these codes in addition to the Current Procedure Terminology (CPT) code because reimbursement for the vaccine CPT code is for the vaccine itself.

*NOTE: If you are administering free vaccine obtained from the VFC program, bill the appropriate influenza vaccine procedure code but do not charge more than the \$8.00 VFC vaccine administration fee.*

For more information about billing for influenza, refer to the April 2004 provider monthly newsletter available on the IHCP Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).

- Web interChange has been enhanced with a new functionality titled *Membership*. *Membership* enforces Health Insurance Portability and Accountability Act (HIPAA) security regulations for password usage. All new Web interChange passwords must follow the HIPAA compliant format. All passwords are now case sensitive. Entering passwords that are not in the proper case or format can cause your password to be disabled. Detailed information about the valid format of Web interChange passwords can be found in the *Frequently Asked Questions (FAQ)* document on the interChange Web site. *Membership* also allows organizations to assign one or more administrators to oversee their members' use of the interChange Web site. Detailed information about Web *Membership* and administrator access will be available at the IHCP Provider Seminar held on October 19, through 21, 2004, and is available on the interChange Web site. Web Membership and password questions should be directed to the EDI Solutions helpdesk at (317) 488-5160 in the Indianapolis local area or 1-877-877-5182.
- The information outlined in the IHCP provider bulletin, *BT200417*, published August 1, 2004, announced a new billing practice for the submission of End Stage Renal Disease (ESRD) dialysis services claims. New G codes G0308-G0327 were identified in this provider bulletin with an effective date of September 15, 2004. Based on the new G codes being billable on a per month basis, the IHCP is modifying the effective date to October 1, 2004. Direct questions to Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.
- The IHCP will perform an adjustment to remove the dollars from the patient deductible amount on CMS-1500 crossover claims from remittance advice (RA) dates October 7, 2003, through May 4, 2004. These adjustments will begin to appear on RA statements on or after October 19, 2004. There should be minimal or no financial impact to providers because of this adjustment.

### To Pharmacy and Prescribing Physicians:

- Effective December 3, 2004, the State Maximum Allowable Cost (SMAC) rate for the following drug groups will be updated.

	Drug Name	SMAC Rate
99	Hydrocodone/APAP 5 MG/500MG Tab	\$0.0453
214	Amox TR-K CLV 875-125MG Tab	\$2.9956
219	Potassium CL 20MEQ Tab SA	\$0.2555
218	Metformin HCL 500MG Tablet	\$0.1181

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](mailto:pharmacy@mslc.com).

**To Ophthalmologists:**

- The IHCP has determined that Healthcare Common Procedure Coding System (HCPCS) code 65775 – *Corneal wedge resection for correction of surgically induced astigmatism* is inappropriately non-covered in the IndianaAIM system. This procedure is performed to correct surgically induced astigmatisms and not for correcting naturally occurring astigmatisms. Effective immediately, HCPCS code 65775 is covered retroactively to January 1, 1998.

**To Pharmacy Providers Servicing Long Term Care Facilities:**

- OMPP was recently advised of the concerns of some pharmacy providers that existing Indiana Medicaid policies and procedures pertaining to returned medication crediting (reference Chapter 9, Indiana Medicaid Pharmacy Provider Manual and Chapter 11, Paid Claim Adjustment Procedures) might possibly be in conflict with provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Subsequent to a thorough review of the matter by OMPP, including consultation with legal counsel, it was determined that the perceived conflicts do not exist. As such, the Office strongly urges pharmacy providers servicing nursing facilities to continue, in compliance with the provisions of applicable state law (reference IC 25-26-13-25 and 856 IAC 1-21-1), to accept returned medications and credit to Medicaid those medications deemed suitable for re-dispensing. Doing so will ensure that tax-funded medications are not wasted.

**To Hospice 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 Transportation Providers:**

- The IHCP provider newsletter, *NL200409*, published September 15, 2004, contained an incorrect HCPCS code for mileage. On page 11 of this publication, transportation providers were instructed that HCPCS code S0215 was replaced with HCPCS code A0425 U4 for non-ambulatory/wheelchair van mileage. The correct replacement code for non-ambulatory/wheelchair van mileage is HCPCS code A0425 U5. Table 1 displays the correct HCPCS codes for mileage as of July 1, 2004. Direct questions to Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

Table 1 – Correct Mileage HCPCS Codes as of July 1, 2004

End-Dated Code	Description	Replacement Code	Description
S0215	Non-emergency transportation; mileage, per mile	A0425 U1	ALS ground mileage, per statute mile
		A0425 U2	BLS ground mileage, per statute mile
		A0425 U3	CAS ground mileage, per statute mile
		A0425 U5	NAS ground mileage, per statute mile

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