



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:

- On January 1, 2005, the Annual Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) code updates will be loaded in IndianaAIM with program coverage and pricing determinations. Provisions of the Health Insurance Portability and Accountability Act (HIPAA) require usage of national medical code sets and modifiers that are valid at the time that the service is provided. The new 2005 HCPCS codes will be available for claims processing effective January 1, 2005. Claims billed with deleted 2004 HCPCS and CPT codes, on or after January 1, 2005, will be denied. Providers will receive notification of the deleted 2005 HCPCS and CPT codes and a list of the new HCPCS and CPT codes in a November IHCP provider bulletin. Providers will receive notification in a December IHCP provider bulletin of coverage determinations for the new 2005 HCPCS and CPT codes. Direct any questions to Customer Assistance at (317) 655-3240 in the Indianapolis local area, or 1-800-577-1278.
- 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. NOTE: If you administer free VFC vaccine, 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.
- 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 Durable Medical Equipment Providers:

- The IHCP recently discovered that crossover claims for dually eligible Medicaid and Medicare members for HCPCS codes *E0561 – non-heated humidifier*, and *E0562 – heated humidifier*, are denying when billed with the RR modifier. The IHCP will temporarily cover the RR modifier in order to facilitate processing of crossover claims for these devices. Prior authorization (PA) requests for HCPCS codes *E0561 RR* or *E0562 RR* for traditional Medicaid members will be denied. Providers should maintain documentation of medical necessity and member eligibility in the member's chart. Payments of all claims are subject to post payment review and recoupment if paid inappropriately by either a rental or purchase.

To Ophthalmologists:

- The IHCP has determined that CPT 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

astigmatism and not for correcting naturally occurring astigmatism. Effective immediately, CPT code 65775 is covered retroactively to January 1, 1998.

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

To Pharmacy and Prescribing Physicians:

- Effective on the date of this notice, the following drug groups will be dropped from the State Maximum Allowable Cost (SMAC) rate list.

	Drug Name
540	Acebutolol 200mg capsule
617	Acebutolol 400mg capsule
174	Amoxil 125mg/5ml suspension
541	Betamethasone va 0.1% cream
231	Carbidopa/levo 50/200 tb sa
280	Enpresse-28 tablet
633	Gentamicin 0.1% cream
184	Hydrochlorothiazide 25mg tb
526	Hydrocodone/apap 2.5/500 tb
443	Hydrocortisone 1% cream
386	Hydroxyzine hcl 50mg tablet
242	Loperamide 2mg capsule
27	Lorazepam 2mg/ml

Group	Drug Names
371	Medroxyprogesterone 10mg tb
439	Medroxyprogesterone 2.5mg
508	Medroxyprogesterone 5mg tab
672	Nifedipine 20mg capsule
503	Nystatin 100000u/gm oint
182	Nystatin 100000u/ml susp
543	Nystatin 500000u oral tab
453	Orphenadrine comp forte tab
135	Phenytoin sod ext 100mg cap
1	Vancomycin 1gm
502	Verapamil 120mg cap pellet
485	Verapamil 180mg cap pellet
383	Verapamil 240mg cap pellet

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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