



## 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:

- Indiana Health Coverage Programs (IHCP) reimbursement rates are subject to a two percent reduction for dates of service effective February 15, 2005, through June 30, 2005, pursuant to the Medicaid office's emergency rule to avoid an anticipated budgetary shortfall and to remain within the available Medicaid appropriation. If any funds remain at the end of state fiscal year 2005, amounts up to the two percent reduction will be proportionately distributed to providers.

Disproportionate share hospital (DSH), safety net, Health Care for the Indigent (HCI) add-on, upper price limit (UPL), state facility, Medicaid Rehabilitation Option (MRO), transportation, and Primary Care Case Management (PCCM) payments are excluded from the reduction.

- Currently, the Indiana Health Coverage Programs (IHCP) limits the reimbursement of joint injections to three injections per joint site, per provider, per month. As standard courses of treatment may require more frequent injections, the IHCP modified the policy to allow as many as four injections per joint site, per provider, per month, as medically necessary, retroactive to dates of service beginning April 1, 2003. Providers submitting claims for more than four joint injections for the same member in a one month period must attach supporting documentation to indicate that the injections involve different joint sites and that no more than four injections were administered to a single joint. This change in policy affects the following Current Procedural Terminology (CPT®) codes:

Table 1 – CPT Codes

Code	Description
20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)

Providers may resubmit previously denied claims with supporting documentation for the fourth joint injection per joint site, per provider, per month. For claims past the one year filing limit, providers may use a copy of this banner page as supporting documentation to waive the filing limit. Providers may direct questions about this article to customer assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

### To All Dental Providers:

- IHCP provider bulletin *BT200433*, published December 23, 2004, stated that procedure code *D7283 – placement of a device to facilitate eruption of an impacted tooth*, was a covered service effective January 1, 2005. Further review indicates that this procedure is performed as an orthodontic service. The IHCP covers comprehensive orthodontic services with prior authorization (PA), as outlined in IHCP provider bulletin *BT200230*, published June 19, 2002. Procedure code *D7283* includes placement of an orthodontic bracket or band to facilitate eruption of an unerupted tooth after surgical exposure. Placement of an orthodontic bracket is included in the reimbursement for comprehensive orthodontic services; therefore, procedure code *D7283* is not separately reimbursed. Providers should direct questions about this article to the Health Care Excel (HCE) Medical Policy Department at (317) 347-4500.

### To All Outpatient Hospitals and Ambulatory Surgery Centers:

- Upon implementation of the new outpatient reimbursement policy as stated in IHCP provider bulletin *BT200420*, published September 15, 2004, the IHCP discovered a payment issue related to outpatient surgeries. When providers billed only one surgery or one unit of service, the system calculated the rate at 150 percent instead of 100 percent. This calculation resulted in overpayments. This impacted outpatient claims with paid dates from October 5, 2004, through November 9, 2004. Therefore, the IHCP will initiate a systematic mass adjustment for all affected claims. Providers can expect adjusted claims to appear on the remittance advice (RA) statement dated March 8, 2005.

### To All Pharmacy Providers:

*Note: The information in this banner page article is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system*

- The OMPP received notice on January 16, 2005, that the Centers for Medicare & Medicaid Services (CMS) has issued an updated communication regarding information released in banner page *BR200452A*, published December 28, 2004. This communication states that CMS has verified that the National Drug Codes (NDCs) listed in Table 2 have been properly listed with the Food and Drug

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Administration (FDA) and should not be deleted from Medicaid coverage as specified in banner page, BR200452A. Therefore, the NDCs listed in Table 2 are covered under Medicaid effective January 1, 2005. All other NDCs referenced in banner page BR200452, will remain non-covered by Medicaid until further notice. The OMPP sincerely regrets any confusion caused to providers from this federal action.

Table 2 – NDC List

NDC List	NDC List	NDC List	NDC List	NDC List
00064-1001-33	00185-0041-09	00430-2782-17	00781-5184-01	60793-0120-01
00064-4010-13	00185-0041-10	00430-2783-15	00781-5189-01	61314-0012-05
00074-1275-32	00185-0042-09	00525-0503-90	00781-5185-01	61314-0012-10
00074-2012-32	00185-0042-10	00525-0906-90	00781-5190-01	61570-0081-01
00074-2336-10	00185-0047-09	00603-0281-32	00781-5186-01	62794-0255-13
00074-2337-25	00185-0047-10	00603-3739-34	00781-5191-01	62794-0255-37
00074-4181-03	00378-0018-01	00603-3741-28	00781-7069-03	63304-0573-01
00074-4191-03	00378-0441-01	00603-2544-28	00781-7069-27	63323-0307-51
00074-4191-05	00378-3422-01	00603-3740-21	00781-7069-35	63323-0665-01
00121-4655-05	00378-4745-01	00603-3741-32	00904-5671-20	63868-0201-02
00121-4655-10	00378-4725-01	00603-2544-32	00904-5691-24	63868-0203-03
00121-4655-15	00378-4745-05	00603-3740-32	00904-5699-87	64980-0125-09
00172-7411-42	00378-0443-01	00603-3739-21	37205-0381-53	64980-0127-09
00172-7411-60	00378-4725-05	00603-3740-34	44087-3388-07	66424-0315-12
00172-7411-70	00378-4775-01	00603-3739-32	44087-9005-01	66591-0612-41
00172-7414-70	00378-0444-01	00603-3741-21	44087-9005-06	66591-0631-41
00172-7416-42	00378-4735-01	00615-0378-31	45802-0395-10	68094-0171-62
00172-7416-60	00378-4775-05	00615-1349-39	49348-0639-04	68094-0214-62
00172-7417-23	00378-0447-01	00615-3546-39	49348-0651-12	51079-0978-57
00172-7418-21	00378-4735-05	00615-4595-39	49348-0640-34	00172-7418-23
00378-6172-01	00615-0378-39	49348-0654-01	00172-7419-21	00430-0023-24
00615-1349-63	49348-0641-34	00172-7420-20	00430-0781-19	00615-3570-39
49348-0642-27	00182-2693-01	00430-2782-15	00615-5572-39	49348-0645-73
50111-0915-01	66663-0330-01	00615-0378-63	49884-0739-01	50111-0916-01
66663-0668-01	00615-1554-39	49884-0907-61	50111-0917-01	66870-0120-01
00615-3599-39	49884-0856-06	50580-0843-13	66993-0611-28	00615-5573-39
49884-0907-88	51079-0923-57	66993-0842-25	00615-0829-39	49884-0856-92
52555-0769-01	67754-0975-71	00615-1561-39	49884-0967-01	53489-0550-01
67767-0137-01	00615-4519-39	49884-0856-93	58468-0041-01	67767-0137-10
00615-1349-31	49884-0968-01	58768-0773-52	67767-0138-01	00615-3520-39
49884-0856-94	59366-2336-08	67767-0139-11	00615-4591-39	49884-0969-01
59366-2621-06	67767-0139-35	00781-5182-01	59930-1523-03	59366-2621-08
68013-0002-01	00781-5187-01	59930-1523-04	59930-1523-01	68032-0104-06
00781-5183-01	60793-0104-01	59930-1523-02	68094-0171-61	00781-5188-01
60793-0105-01				

Providers should direct all questions about this information to the ACS Pharmacy Services Help Desk at 1-866-645-8344.

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