

#### BANNER PAGE

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# **All Providers**

#### **CMS Web Links**

In January 2006, the Centers for Medicare and Medicaid Services (CMS) redesigned its Web site. As a result of the redesign, some of the information presented on the site has changed. Old links are not automatically redirected to new locations, however, they continue to link to the CMS Web site. Indiana Health Coverage Programs (IHCP) bulletin *BT200602*, dated February 3, 2006, contained an expired link to place of service (POS) codes posted on the CMS Web site. To access the POS code listing directly, go to <a href="http://new.cms.hhs.gov/PlaceofServiceCodes/Downloads/POSDataBase.pdf">http://new.cms.hhs.gov/PlaceofServiceCodes/Downloads/POSDataBase.pdf</a>.

## **HCPCS Codes Non-Covered by Medicare**

The 2006 annual code and modifier updates to the Healthcare Common Procedure Coding System (HCPCS) identified the codes in Table 1 as non-covered by Medicare.

Table 1 – HCPCS Codes Non-Covered by Medicare, Effective February 7, 2006

92630	92633	A6530	A6533	A6534	A6535	A6536
A6537	A6538	A6539	A6540	A6541	A6542	A6543
A6544	A6549	E0172	E0641	J7306	S2078	S2079

EDS added these codes to the Medicare bypass table in IndianaAIM. Claims with these codes bypass Medicare third party liability edits and process for appropriate adjudication.

# **IHCP E-Mail Notifications Program**

On January 17, 2006, EDS and the IHCP launched the IHCP E-Mail Notifications program. This program automatically issues e-mails to subscribers when IHCP publications and announcements are posted to the IHCP Web site.

This service is **free** and available to both providers and non-providers. It is possible to have multiple subscriptions to provide notifications at office, home, or to other e-mail addresses for associates and staff. To subscribe to the service, visit the IHCP Web site at <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a>.

On the *IHCP E-mail Notifications* page, click the **Open New Account** button, complete the profile information, and select the publications for e-mail notifications. You will receive a Subscription Request e-mail with instructions and a link to activate your subscription. You must follow the link in the e-mail to activate your registration. Once your subscription is activated you will receive a Welcome! e-mail to verify the activation.

Publications are posted to the Web site on Tuesdays and Thursdays of each week. For a period of time *both* e-mail notifications and paper copies of the publications will be provided.

You may subscribe or unsubscribe at any time. Each notification e-mail contains a link for updating your subscription profile or unsubscribing to the service.

# **Pharmacies and Prescribing Providers**

### State Maximum Allowable Cost Legend Drug Rate List Updates

Effective March 31, 2006, the drug groups in Table 4 will be added to the State Maximum Allowable Cost (State MAC) for legend drugs rate list.

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Table 2 - State MAC Rate List Added, Effective March 31, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
CALCITRIOL 1 MCG/ML SOLUTION	10.81170	FEXOFENADINE HCL 60 MG TABLET	1.24840
CEFTRIAXONE 2 GM VIAL	18.49570	GANCICLOVIR 500 MG CAPSULE	7.15980
CEFTRIAXONE 500 MG VIAL	5.45400	GLIMEPIRIDE 2 MG TABLET	0.21500
CHOLESTYRAMINE LIGHT PACKET	1.00560	GLIMEPIRIDE 4 MG TABLET	0.35640
DIDANOSINE 250 MG DR CAPSULE	5.59890	SULFADIAZINE 500 MG TABLET	1.35200
DIDANOSINE 400 MG DR CAPSULE	8.74440		

Effective February 14, 2006, State MAC rates for the drugs in Table 5 increased.

Table 3 – State MAC Rate List Increase, Effective February 14, 2006

Drug Name	State MAC Rate Drug Name		State MAC Rate
AMITRIPTYLINE HCL 50 MG TAB	0.03880	THEOPHYLLINE ER 300 MG TABLET	0.16670
CLINDAMYCIN PH 1% SOLUTION	0.09540	TRIAMCINOLONE 0.1% CREAM	0.04930
SULFAMETHOXAZOLE/TMP DS TAB	0.09450		

Effective March 31, 2006, State MAC rates for the drugs in Table 6 will decrease.

Table 4 – State MAC Rate Decrease, Effective March 31, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
BACLOFEN 10 MG TABLET	0.14210	METOPROLOL 50 MG TABLET	0.02960
BUSPIRONE HCL 15 MG TABLET	0.12260	MIRTAZAPINE 30 MG TABLET	0.26390
CLARITHROMYCIN 500 MG TABLET	1.32770	MORPHINE SULF 60 MG TAB SA	1.29620
ETH ESTRADIOL/DESOGEST 30/0.15 TAB	0.78170	NORTRIPTYLINE HCL 10 MG CAP	0.03620
GABAPENTIN 600 MG TABLET	1.03100	PREDNISONE 5 MG TABLET	0.02390
GABAPENTIN 800 MG TABLET	1.21460	PROMETHAZINE W/COD SYRUP	0.01620
HYDROCODONE/APAP 10/325 TAB	0.21010	RANITIDINE 150 MG TABLET	0.05020
HYDROXYZINE 10 MG/5 ML SYRUP	0.01020	TORSEMIDE 20 MG TABLET	0.36920
HYDROXYZINE PAM 50 MG CAP	0.07710	TRAMADOL HCL-ACETAMINOPHEN TAB	0.61280
KETOCONAZOLE 2% CREAM	0.52590		

Direct questions about the State MAC for legend drugs to the Myers and Stauffer Pharmacy Unit at (317) 816-4136 in the Indianapolis local area, or 1-800-591-1183, or by e-mail at <a href="mailto:pharmacy@mslc.com">pharmacy@mslc.com</a>.

## Medicare Prescription Drug Coverage - Medicare Part D

Effective January 1, 2006, the Centers for Medicare and Medicaid Services (CMS) implemented the new Medicare prescription drug coverage, also known as Medicare Part D. This coverage is a new benefit to help Medicare members pay for prescription drugs.

The IHCP Web site includes a section titled *Medicare Prescription Drug Coverage*. Providers should visit this section periodically at <a href="http://www.indianamedicaid.com/ihcp/ProviderServices/MedicareD.asp">http://www.indianamedicaid.com/ihcp/ProviderServices/MedicareD.asp</a> for the latest information.

For more information about the Medicare prescription drug benefit, visit the CMS Web site at <a href="http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/">http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/</a>.