



## All Providers

### 2006 April Quarterly HCPCS Codes Update

This article is to notify providers of the coverage determinations for the April 2006 quarterly updates to the HCPCS codes. The tables available on Attachment 4 of this newsletter contain the following information:

- Table 1: A list of the new alphanumeric and CPT® codes for the 2006 April HCPCS update
- Table 2: A list of the deleted codes and their replacements.

Providers should direct questions about this article to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

**New HCPCS Codes:** Table 6.6 identifies the new April 2006 quarterly HCPCS codes by code, description, and coverage. These codes are in the IndianaAIM claims processing system, with their respective effective dates, and fees are posted on the IHCP Web site. Providers may bill the new codes for dates of service on or after April 1, 2006. The standard global billing procedures and edits apply when using the new codes.

**Deleted HCPCS Codes:** Table 6.7 identifies the deleted April 2006 quarterly HCPCS codes by code, description, and replacement code.

**Effective July 1, 2006:** Research shows that there is insufficient evidence supporting the effect of coronary computed tomographic angiography on health outcomes. Effective for dates of service on or after July 1, 2006, the IHCP no longer covers computed tomographic angiography.

Also effective for dates of service on or after July 1, 2006, the IHCP requires prior authorization (PA) for kyphoplasty, procedure codes 22523, 22524, and 22525. Providers are required to submit documentation supporting the medical necessity of the procedure.

**Changed HCPCS Codes:** The changed April 2006 quarterly HCPCS codes are in the IndianaAIM claims processing system for dates of service on or after April 1, 2006. The changes do not affect claims adjudication. The April 2006 quarterly HCPCS code changes may be accessed at <https://www.cms.hhs.gov/HCPCSReleaseCodeSets>.

Table 1 – New April 2006 Quarterly HCPCS Codes, Effective April 1, 2006<sup>1</sup>

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
S0345	Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station; 24-hour attended monitoring, including recording, monitoring, receipt of transmissions, analysis, and physician review and interpretation; per 24-hour period	Not applicable for all programs	Not applicable	Non-covered for all programs
S0346	Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station; 24-hour attended monitoring, including recording, monitoring, receipt of transmissions, and analysis; per 24-hour period	Not applicable for all programs	Not applicable	Non-covered for all programs
S0347	Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station; 24-hour attended monitoring, including physician review and interpretation; per 24-hour period	Not applicable for all programs	Not applicable	Non-covered for all programs

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Table 2 – Deleted April 2006 Quarterly HCPCS Codes, Effective March 31, 2006<sup>2</sup>

Procedure Code	Description	Replacement Code
Q3019	ALS vehicle used, emergency transport, no ALS services furnished	Non-covered code, no replacement
Q3020	ALS vehicle used, non-emergency transport, no ALS level service furnished	Non-covered code, no replacement
S0133	Histerelin, implant, 50 mg	Non-covered code, no replacement
S2362	Kyphoplasty, one vertebral body, unilateral or bilateral injection	22523 <sup>3</sup> , 22524 <sup>3</sup>
S2363	Kyphoplasty, one vertebral body, unilateral or bilateral injection; each additional vertebral body	22525 <sup>3</sup>
S3701	Immunoassay for nuclear matrix protein 22 (NMP-22), quantitative	Non-covered code, no replacement
S8093	Computed tomographic angiography, coronary arteries, with contrast material(s)	0146T <sup>4</sup> , 0147T <sup>4</sup>
S8260	Oral orthotic for treatment of sleep apnea, includes fitting, fabrication, and materials	Non-covered code, no replacement

<sup>1</sup>Effective for dates of service on or after April 1, 2006      <sup>2</sup>Effective for dates of service through March 31, 2006

<sup>3</sup>PA required effective July 1, 2006. Providers are required to submit documentation supporting medical necessity.

<sup>4</sup>Covered effective April 1, 2006 through June 30, 2006

## Claims Billing, Adjustment, and Edit Updates

### Procedure Code 90658 Adjustment Notice

The IHCP discovered a discrepancy in the pricing of the flu vaccine code 90658 – *Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular or jet injection use –per 0.5 ml* for claims billed from January 2, 2006, through March 28, 2006. This discrepancy resulted in the overpayment of claims for this service. The pricing has been changed from \$26.38 per 0.5 ml to the correct rate of \$13.19 per 0.5 ml.

Beginning on July 20, 2006, the IHCP will adjust all affected claims for code 90658, paid from January 3, 2006, through March 28, 2006.

### Contact Information

Direct questions about information contained in the *Claims Billing, Adjustment, and Edit Updates* articles to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or 1-800-577-1278.

Providers who disagree with a mass adjustment may request an administrative review by writing to the following address:

**EDS Administrative Review  
Written Correspondence  
P.O. Box 7263  
Indianapolis, IN 46207-7263**

In the request, the provider must explain the reason for disagreement and include copies of all pertinent documentation. The administrative review process is set forth in more detail in the *IHCP Provider Manual, Chapter 10, Section 6* available on the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Publications/manuals.htm>.

## National Provider Identifier Information

### National Provider Identifier Web Page

The IHCP Web site features an NPI Web page at <http://www.indianamedicaid.com/ihcp/ProviderServices/npi.asp>. This page contains information about the *IHCP NPI Implementation Plan*, instructions for obtaining an NPI, links to other resources on the Web, and informational documents like the *NPI Fact Sheet*.

### NPI Transition: Confirm Mail To Address Is Current

The IHCP is mailing notification letters advising providers to start reporting their NPI to the IHCP when the NPI Reporting Tool is implemented on July 27, 2006. The notification letter provides important instructions on how providers are to report their NPI to the IHCP. All providers must have a current *Mail To* address (location where the

IHCP sends correspondence) on file with the IHCP. If a provider's *Mail To* address has changed at any time, the provider should confirm that the IHCP has a current address on file.

To verify the *Mail To* address on file with the IHCP, providers can logon to Web interChange at <https://interchange.indianamedicaid.com>. From Web interChange, access the **Provider Profile** section and verify the *Mail To* information. Providers can also verify their *Mail To* address by calling the EDS Provider Enrollment and Waiver line at 1-877-707-5750.

If a *Mail To* address is incorrect, the provider may download the *Provider Update Form* from the *Provider Services* section of the IHCP Web site. The form is available as an Acrobat (pdf) file at <http://www.indianamedicaid.com/ihcp/ProviderServices/pdf/ProviderUpdate.pdf> or as a Word file at <http://www.indianamedicaid.com/ihcp/ProviderServices/pdf/ProviderUpdate.doc>. Providers should complete sections 1 and 4, and have an authorized official sign the last page. Providers who do not have Web access may request a copy of the *Provider Update Form* from the EDS Provider Enrollment and Waiver line.

Providers who do not have access to Web interChange can request access from the *Welcome to Web interChange* page at <https://interchange.indianamedicaid.com/Administrative/logon.asp> and select the **How to Obtain an ID** link.

## Pharmacies and Prescribing Providers

### State MAC Rate Update

State maximum allowable cost (MAC) rates for the drugs in Table 3 will be **decreased** effective for dates of service on or after June 30, 2006.

Table 3 – State MAC Rates Decreased, Effective June 30, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
ALLOPURINOL 100 MG TABLET	0.05367	METHYLPHENIDATE 5 MG TABLET	0.09843
AMANTADINE 100 MG CAPSULE	0.24807	MORPHINE SULF 30 MG TAB SA	0.59193
BENZAEPRILOL HCL 20 MG TABLET	0.09666	MORPHINE SULF ER 15 MG TABLET	0.30378
CICLOPIROX 0.77% CREAM	0.66993	OXYCODONE/APAP 5/325 TAB	0.05633
CYANACOBALAMIN 1,000 MCG/ML	0.36936	PROCHLORPERAZINE 10 MG TAB	0.07245
HYDROCHLOROTHIAZIDE 25 MG TB	0.01995	SILVER SULFADIAZINE 1% CREAM	0.08165
KETOCONAZOLE 2% CREAM	0.44325	SOTALOL HCL 80 MG TABLET	0.14751
METFORMIN HCL ER 500 MG TAB	0.07771		

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 email at [pharmacy@mslc.com](mailto:pharmacy@mslc.com).

### Pharmacy Claims Adjustment

After a post-payment review of claims, EDS, the IHCP pharmacy claims processor, discovered an overpayment affecting pharmacy claims submitted between October 1, 2005, and February 9, 2006, for OTC insulin. These claims reimbursed at AWP minus 13.5 percent or the provider's actual billed amount, whichever was less. The claims should have reimbursed at AWP minus 16 percent or the provider's actual billed amount, whichever was less. Providers do not need to take action. The affected claims will be systematically adjusted beginning on July 20, 2006. Providers should direct questions about this mass adjustment to the EDS Pharmacy Services Help Desk at (317) 655-3240, in the Indianapolis local area, or 1-800-577-1278. Press option 1 for pharmacy.

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