



## All Providers

### July 2006, Quarterly HCPCS Codes Update

The purpose of this publication is to notify providers of the July 2006, Quarterly Healthcare Common Procedure Coding System (HCPCS) Update. This publication notifies providers of deleted codes and their replacements, revised codes, and new codes. Coverage determinations for the new HCPCS codes will be published in a future banner page article.

**New HCPCS Codes:** The new July 2006, Quarterly HCPCS codes may be referenced on the Centers for Medicare & Medicaid Services (CMS) Web site at <http://www.cms.hhs.gov/HCPCSReleaseCodeSets>. Coverage determinations will be published at a later date.

**Deleted HCPCS Codes:** The deleted July 2006, Quarterly HCPCS codes are identified in Table 1 by code, description, and replacement code. The deleted codes are effective for dates of service through June 30, 2006.

**Changed HCPCS Codes:** The changed July 2006, Quarterly HCPCS codes are added to the IndianaAIM claims processing system effective for dates of service on or after July 1, 2006. The changes do not affect claims adjudication, and these codes are not covered by the Indiana Health Coverage Programs (IHCP). The changed July 2006, Quarterly HCPCS codes are identified in Table 2 by code, description, and coverage.

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

Table 1 – Deleted July 2006, Quarterly HCPCS Codes, Effective for Dates of Service Through June 30, 2006

Procedure Code	Description	Replacement Code
S0116	Bevacizumab, 100 mg	J9035
S0198	Injection, pegaptanib sodium, 0.3 mg	J2503
S8075	Computer analysis of full-field digital mammogram and further physician review for interpretation, mammography (list separately in addition to code for primary procedure)	Non-covered, no replacement code is necessary
S9022	Digital subtraction angiography (use in addition to CPT code for the procedure for further identification)	Non-covered, no replacement code is necessary

Table 2 – Changed July 2006, Quarterly HCPCS Codes, Effective for Dates of Service On or After July 1, 2006

Procedure Code	Description	Coverage
Q1003	New technology intraocular lens category 3 (reduced spherical aberration)	Non-covered
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	Non-covered

### Deficit Reduction Act of 2005: HCPCS NDC Requirement and Associated Implementation Deadline

Effective January 1, 2007, the CMS is requiring all Medicaid providers who submit HCPCS coded claims for drugs to Indiana Medicaid via the paper CMS-1500, or electronic 837 transaction to also submit the National Drug Code (NDC). The NDC is required in addition to the HCPCS code that corresponds to the drug being billed. Claims submitted without the required information will deny. The details of this change and related claim submission requirements are forthcoming in future provider communications. The IHCP is providing advanced notification to providers to allow sufficient time for business process changes and any related software changes necessary to support this program requirement.

## Nursing Facility Providers: Change of Address

On May 22, 2006, the Nursing Facility Level of Care (LOC) Unit moved to the following address:

**MS21**  
**FSSA Division of Aging**  
**402 W. Washington Street, Room W454**  
**Indianapolis, Indiana 46204**

Ed Neil remains in the Office of Medicaid Policy and Planning (OMPP); however, he will no longer answer the Nursing Facility LOC Unit telephone calls. All Nursing Facility LOC staff members have voice mail. In a May 11, 2006, e-mail, the Area Agencies on Aging (AAAs) were notified to contact Nancy Hopkins with any questions about Form 450B. E-mails to Nancy Hopkins should include case-specific information, such as the AAA contact's name and telephone number, client name and RID, and brief scenario of the problem the AAA is encountering.

The names and telephone numbers of the Nursing Facility LOC Unit staff are as follows:

**Karen Filler**  
(317)232-4651  
[Karen.Filler@fssa.in.gov](mailto:Karen.Filler@fssa.in.gov)

**Mary Gordon**  
(317)232-4355  
[Mary.Gordon@fssa.in.gov](mailto:Mary.Gordon@fssa.in.gov)

**Bhinder Hare**  
(317)232-2036  
[Bhinder.Hare@fssa.in.gov](mailto:Bhinder.Hare@fssa.in.gov)

**Nancy Hopkins**  
(317)232-4359  
[Nancy.Hopkins@fssa.in.gov](mailto:Nancy.Hopkins@fssa.in.gov)

## Home Health and Hospice Providers: Change of Address

Effective May 22, 2006, Michelle Stein-Ordenez has moved to the Division of Aging with the Nursing Facility LOC Unit staff. She continues to work on the Medicaid hospice and home health programs. The following is the contact information for Michelle Stein-Ordenez:

**Michelle Stein-Ordenez**  
**MS21**  
**FSSA Division of Aging**  
**402 W. Washington St., Room W454**  
**Indianapolis, Indiana 46204**  
(317)233-1956  
[Michelle.Stein-Ordenez@fssa.in.gov](mailto:Michelle.Stein-Ordenez@fssa.in.gov)

The *IHCP Hospice Provider Manual* (March 2004) specifies that hospice providers may contact Ed Neil at the OMPP with questions about Form 450B. Ed Neil remains in the OMPP; however, he will no longer answer the Nursing Facility LOC Unit telephone calls. Hospice providers should contact EDS Customer Assistance with questions about current nursing facility LOC for a hospice member. If EDS Customer Assistance cannot resolve an issue, the hospice may contact Michelle Stein-Ordenez for direction.

Contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or 1-800-577-1278.

## National Provider Identifier Information

### CMS News for Health Industry Organizations

Effective May 1, 2006, the CMS announced the capability for health industry organizations to submit health care provider applications for National Provider Identifiers (NPIs) to the National Plan and Provider Enumeration System (NPPES) via electronic file interchange (EFI). With EFI, a CMS-approved health industry organization can submit a health care provider's NPI application data, along with the application data of many other health care providers, in a single electronic file in a CMS-specified format.

EFI is an alternative to health care providers having to apply for their NPIs via the Web-based or paper application process. After the NPPES processes a file, it makes available to the organization a downloadable file containing the NPIs of the enumerated health care providers. Interested health industry organizations should review the EFI materials available from the CMS NPI page (<http://www.cms.hhs.gov/NationalProvIdentStand/>) and from the NPPES page (<https://nppes.cms.hhs.gov>) before downloading and completing the Certification Statement (available at <https://nppes.cms.hhs.gov>) and registering as EFI organizations. A completed Certification Statement must be approved by CMS before an interested health industry organization can participate in EFI.

### National Provider Identifier Web Page

An NPI Web page is now part of the IHCP Web site 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 such as the *NPI Fact Sheet*.

## All Pharmacy and Prescribing Providers

### Pharmacy Adjustments Tips

As a result of the receipt of an increased number of incomplete pharmacy paid claim adjustment forms, EDS is reminding pharmacy providers of the following adjustment tips:

- Submit the void or replacement request on the *Indiana Family and Social Services Administration Pharmacy Paid Claim Adjustment Request* form with the appropriate internal control number (ICN), member identification number (RID), and date of service with non-check or check-related pharmacy void/replacement requests.
- Include *specific* information such as the number of units being adjusted, the amount being sent back per unit, and the third party liability (TPL) payment amounts. Supplying specific information expedites the void or replacement request.

Adherence to these suggestions allows for more efficient processing of pharmacy adjustments and results in fewer adjustment requests being returned to providers for additional information.

The *Indiana Family and Social Services Administration Pharmacy Paid Claim Adjustment Request* form is available in the *Pharmacy Forms* section of the *Forms* page on the IHCP Web site at <http://www.indianamedicaid.com>.

### State MAC Legend Drug Rate Updates

The following tables contain State maximum allowable cost (MAC) rate changes.

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 e-mail at [pharmacy@mslc.com](mailto:pharmacy@mslc.com).

Table 3 – **Increases** to the State MAC Legend Drug Rate,  
Effective for Dates of Service On or After June 27, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
CLINDAMYCIN PH 1% GEL	0.50075		

Table 4 – **Terminated** from the State MAC Legend Drug Rate List,  
Effective for Dates of Service On or After June 27, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
A/B OTIC EAR DROPS	0.15384	NATALCARE THREE TABLET	0.21961
ALBURX (HUMAN) 25% VIAL	1.12777	NATATAB RX TABLET	0.20160
ALBUTEROL 5 MG/ML SOLUTION	0.13935	OXYCODONE 20 MG/ML SOLUTION	0.81054
AMINOSYN 10% IV SOLUTION	0.02662	P-EPHED/HYDROCOD BIT/CP LIQ	0.06030
APAP-BUTALBITAL 325/50 TAB	0.26453	PHENOBARBITAL 15 MG TABLET	0.01452
APAP-ISOMETHEP-DICHLPH CAP	0.08470	PHENOBARBITAL 30 MG TABLET	0.01602
ATROPINE 1% EYE DROPS	0.26455	PILOCARPINE 2% EYE DROPS	0.54928
BENZONATATE 200 MG CAPSULE	0.61930	PILOCARPINE 4% EYE DROPS	0.52091
BENZOYL PEROXIDE 10% GEL	0.24144	POTASSIUM CL 10 MEQ TABLET SA	0.19940
BENZOYL PEROXIDE 5% GEL	0.23656	PROMETHAZINE 50 MG SUPPOS	3.18300
BETAXOLOL HCL 0.5% EYE DROP	3.28740	PSE BROM DM SYRUP	0.05710
CLARITHROMYCIN 125MG/ML SUSP	0.38724	QUININE SULFATE 260 MG TAB	0.24370
CLARITHROMYCIN 250MG/ML SUSP	0.71524	SODIUM ACETATE 2 MEQ/ML VIAL	0.06659
DESMOPRESSIN AC 4 MCG/ML AMP	16.02300	SODIUM CHLORIDE 4 MEQ/ML VL	0.01130
ETOPOSIDE 50 MG CAPSULE	42.97980	TRAZODONE 300 MG TABLET	2.98564
FLUOXETINE 20 MG TABLET	0.67620	TRI-VENT DPC SYRUP	0.04655
HYDRALAZINE 20 MG/ML VIAL	10.50000	TRI-VENT HC SYRUP	0.05293
MICONAZOLE 3 200 MG VAG SUPP	9.51066		

Table 6– **Added** to the State MAC Legend Drug Rate List,  
**Effective for Dates of Service On or After July 28, 2006**

Drug Name	State MAC Rate	Drug Name	State MAC Rate
BROMOCRIPTINE 5 MG CAPSULE	4.05480	MOMETASONE FUROATE 0.1% SOLN	0.88280
MILRINONE 0.2 MG/ML IN D5W	0.24826		

Table 7 – **Decreases** to the State MAC Legend Drug Rate,  
**Effective for Dates of Service On or After July 28, 2006**

Drug Name	State MAC Rate	Drug Name	State MAC Rate
BACLOFEN 10 MG TABLET	0.11678	METHYLPHENIDATE 20 MG TAB SA	0.37269
CYANACOBALAMIN 1,000 MCG/ML	0.18816	METHYLPHENIDATE 5 MG TABLET	0.09087
ETH ESTRADIOL/NORGESTIIMATE 35/35/35/18	0.81123	MORPHINE SULF ER 15 MG TABLET	0.28005
HYDROCORTISONE 2.5% LOTION	0.30697	SOTALOL HCL 80 MG TABLET	0.13407
LABETALOL HCL 200 MG TABLET	0.16725	WARFARIN SODIUM 5 MG TABLET	0.16770
LIDOCAINE HCL 2% JELLY	0.34220		

## Medical Review Team Providers

### Reprocessed Medical Review Team Claims

On May 25, 2006, EDS reprocessed medical review team (MRT) claims processed and denied between July 1, 2005, and May 23, 2006. These claims denied for various reasons. An ICN beginning with 8006146 identifies the reprocessed claims on the provider's remittance advice.

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