



## B A N N E R P A G E

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## All Providers

### Change to Web interChange Password Guidelines

Effective June 28, 2006, the password guidelines for Web interChange users are changing. All new Web interChange passwords must comply with the following new guidelines:

- Passwords must be a minimum of eight characters and a maximum of 14 characters in length.
- New passwords may not be the same as any of the user's previous 13 passwords.

Web interChange users are required to change passwords every 90 days and must comply with the new guidelines the first time they receive a prompt to change passwords after June 28, 2006.

The following guidelines are currently in place, and do not change:

- Passwords must contain a combination of at least three of the following items:
  - At least one number (0 – 9)
  - At least one lower case letter (a-z)
  - At least one upper case letter (A-Z)
  - At least one special character, defined as: ! " # \$ % & ' ( ) \* + , - . / : ; < = > ? @ [ \ ] ^ \_ ` { | }
- Passwords are case sensitive
- Passwords cannot contain the user ID
- Invalid password attempts are restricted to three. If after three attempts the user has not entered the correct password, the user's ID is disabled and the user must reset the password. Users who are accessing Web interChange using a unique user ID (not a provider number) can use the auto-password reset, or they can have their administrators reset their password. Users accessing Web interChange using a provider number must call the EDS Electronic Data Interchange (EDI) Solutions Help Desk at (317) 488-5160, option 2 in the Indianapolis area, or toll free at 1-877-877-5182 to have their passwords reset.

### Reminder for Web interChange Users:

- Do not share your interChange user ID or password. This is a violation of the HIPAA Security rule.
- All providers using Web interChange must assign an administrator for their organization. Instructions for assigning a Web interChange administrator can be found by following the **How To Obtain An ID** link on the *Welcome to Web interChange* page of the IHCP Web site at <https://interchange.indianamedicaid.com>.
- Do not post or display your user ID and password where others may have access.

### 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.

### National Provider Identifier Information

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

### OTC Drug Formulary Addition

As referenced in bulletin *BR200614*, Magonate liquid is added to the Over-the-Counter (OTC) Drug Formulary, and the following rate of 0.04125 is assigned to this product. This rate is effective on July 1, 2006.

### 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
LABELALOL HCL 200 MG TABLET	0.16725	WARFARIN SODIUM 5 MG TABLET	0.16770
LIDOCAINE HCL 2% JELLY	0.34220		