



## All Providers

### 2007 Behavioral Health Claim Processing Changes

To coordinate comprehensive medical and behavioral health services for Hoosier Healthwise members, the managed care organizations (MCOs) will assume risk for most behavioral health services, including outpatient and free-standing psychiatric facility services, effective January 1, 2007.

Providers must submit all behavioral health claims for members enrolled in Hoosier Healthwise risk-based managed care (RBMC) with dates of service on or after January 1, 2007, directly to the member's MCO for claim processing. The only exceptions are claims for Medicaid Rehabilitation Option (MRO) and Psychiatric Residential Treatment Facility (PRTF) services. Providers should contact the respective MCO for questions about claim submission and authorization guidelines.

Providers should continue to submit claims for dates of service prior to January 1, 2007, and MRO and PRTF claims to EDS. EDS continues to process MRO and PRTF claims as a fee-for-service claims.

Additional information about Hoosier Healthwise and covered benefits for behavioral health are provided in the *RFS-6-68 Attachment D: Scope of Work*, which is posted on the Indiana Health Coverage Programs (IHCP) Web site at <http://www.indianamedicaid.com/ihcp/HoosierHealthwise/content/MCOContractProcurement.asp>.

### 2006 Indiana Health Coverage Programs Provider Seminar Presentations Available on the Web

The presentations from the 2006 IHCP Provider Seminar are available for viewing or downloading on the IHCP Web site at <http://www.indianamedicaid.com>.

The presentations include those made by EDS provider field consultants and representatives from AmeriChoice, Health Care Excel (HCE), provider associations, other EDS departments, and current and new 2007 MCOs.

Direct questions about these presentations to Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll free at 1-800-577-1278.

### To All First Steps Providers

Please **do not report** your NPI to the IHCP until further notice. EDS is in the process of making modifications that will help to ensure an easier and more accurate NPI reporting process. You will be notified when you can resume the NPI reporting process. **This applies to First Steps providers only.**

### Claims Coding Updates

Effective for dates of service on or after October 1, 2006, International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) code 654.53 – *Cervical incompetence, Antepartum* is added to the Emergency Department Diagnosis Codes table in the *IHCP Provider Manual, Chapter 8, Section 2*.

*Providers submitting a claim past the one-year filing limit must re-submit the claim with a copy of this banner.*

Effective for dates of service on or after December 1, 2006, Current Procedural Terminology (CPT®) code 89220 – *Sputum, obtaining specimen, aerosol induced technique* may be billed with revenue code 309 – *Lab/Other*. Pricing for 89220 has been changed from manual pricing to the Resource-Based Relative Values Scale (RBRVS)/Maximum Fee Schedule reimbursement rate of \$10.65.

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### Additional Codes for 2006 July Quarterly HCPCS Codes Update Determined to be Non-Covered

The purpose of this article is to notify providers of the coverage determinations for additional codes with the 2006 July Quarterly Update to the Healthcare Common Procedure Coding System (HCPCS) codes. The new codes are identified in Table 1 by procedure code, description, and program coverage status. Providers may bill these new HCPCS codes for dates of service on or after the effective date of July 1, 2006. Refer to the IHCP banner [BR200628](#) for further information regarding the 2006 July Quarterly HCPCS Codes Update. The standard global billing procedures and edits apply when using the new codes. These 2006 July quarterly HCPCS codes were announced in the Centers for Medicare & Medicaid Services (CMS) *Manual System Pub 100-04 Medicare Claims Processing Transmittal 970*, dated May 30, 2006, and may be accessed at <http://www.cms.hhs.gov/transmittals/downloads/R970CP.pdf>.

*Note: As used in the following table, non-covered indicates that the IHCP does **not** cover the service described in the code; non-reimbursable indicates that the service described in the code is either billable under another code, or is part of global billing.*

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

Procedure Code	Description	Coverage
0155T	Laparoscopy, surgical, implantation or replacement of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Non-Reimbursable for All Programs, Non-Reimbursable for Package C IHCP provides reimbursement for this service to providers billing HCPCS Code S2213.
0156T	Laparoscopy, surgical, revision or removal of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Non-Reimbursable for All Programs, Non-Reimbursable for Package C IHCP provides reimbursement for this service to providers billing HCPCS Code S2213.
0157T	Laparotomy, implantation or replacement of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Non-Reimbursable for All Programs, Non-Reimbursable for Package C IHCP provides reimbursement for this service to providers billing HCPCS Code S2213.
0158T	Laparotomy, revision or removal of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Non-Reimbursable for All Programs, Non-Reimbursable for Package C IHCP provides reimbursement for this service to providers billing HCPCS Code S2213.
0159T	Computer aided detection, including computer algorithm analysis of magnetic resonance imaging (MRI) image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI	Non-Covered for All Programs, Non-Covered for Package C Service remains in Clinical Studies
0160T	Therapeutic repetitive transcranial magnetic stimulation treatment planning	Non-Covered for All Programs, Non-Covered for Package C Service remains in Clinical Studies
0161T	Therapeutic repetitive transcranial magnetic stimulation treatment delivery and management, per session	Non-Covered for All Programs, Non-Covered for Package C Service remains in Clinical Studies

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## All Managed Care Providers

### Alert To All Primary Medical Providers

Current primary medical providers (PMPs) who do not enroll or re-enroll with Anthem, Managed Health Services (MHS), or MDwise by November 1, 2006, will lose their Hoosier Healthwise members. For information about the

managed care organizations (MCOs) and plan information, visit the IHCP Web site at <http://www.indianamedicaid.com/ihcp/HOOSIERHEALTHWISE/content/documents/TR559-HoosierHealthwisePMPNotificationLetter.pdf>.

## All Pharmacy Providers

### State Maximum Allowable Cost Updates

Effective for dates of service on or after October 31, 2006, State Maximum Allowable Cost (State MAC) rates are increased for the drugs in Table 2.

**Table 2 – Increases to the State MAC Legend Drug Rates  
Effective for Dates of Service On or After October 31, 2006**

Drug Name	State MAC Rate	Drug Name	State MAC Rate
BENAZEPRIL-HCTZ 10/12.5 MG TABLET	0.21315	TRIAMCINOLONE 0.1% DENTAL PASTE	4.53920
LEVOTHYROXINE 137 MCG TABLET	0.50733		

Effective for dates of service on or after December 1, 2006, the drugs in Table 3 are added to the State MAC for Legend Drugs Rate List.

**Table 3 – Additions to the State MAC for Legend Drugs,  
Effective for Dates of Service On or After December 1, 2006**

Drug Name	State MAC Rate	Drug Name	State MAC Rate
CABERGOLINE 0.5 MG TABLET	27.61920	NICOTINE 21 MG/24 HR PATCH	5.53670

Effective for dates of service on or after December 1, 2006, the State MAC rates are decreased for the drugs in Table 4.

**Table 4 – Decreases to the State MAC Legend Drug Rates  
Effective for Dates of Service On or After December 1, 2006**

Drug Name	State MAC Rate	Drug Name	State MAC Rate
AMPHETAMINE SALTS 20 MG TABLET	0.28659	LISINOPRIL-HCTZ 20/12.5 MG TABLET	0.11991
CLONAZEPAM 0.5 MG TABLET	0.02192	POLYETHYLENE GLYCOL 3350 POWDER	0.04120
DESOXIMETASONE 0.25% CREAM	0.50515		

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 toll free at 1-800-591-1183, or by e-mail at [pharmacy@mslc.com](mailto:pharmacy@mslc.com).

### Medicare Part D – Prescription Niacin Products

Effective January 1, 2007, CMS will consider all prescription niacin products as drugs to be covered under the Medicare Part D benefit. Therefore, effective January 1, 2007, Indiana Medicaid will **not** cover these products for Medicare Part D eligible members.

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