



## BANNER PAGE

BR200704

JANUARY 23, 2007

## All Providers

### Procedure Code 41830 that Denied for Edit 4108

Effective December 6, 2006, the Indiana Health Coverage Programs (IHCP) assigned an ambulatory surgical center (ASC) rate of five to procedure code 41830 – *Alveolectomy, including curettage of osteitis or sequestrectomy*. The rate for this ASC is \$800.42. Providers should resubmit claims for procedure code 41830 that denied for edit 4108 - *No ASC on file*.

**Contact Information:** Contact Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll free at 1-800-577-1278, with questions about any of these articles.

### Correction to Manual Pricing Article

EDS has obtained rates from the Medicare Fee-for-Service Payment files on the Centers for Medicare & Medicaid Services (CMS) Web site (<http://www.cms.hhs.gov/home/medicare.asp>) for the five Healthcare Coverage Procedure Coding System (HCPCS) codes listed in Table 1. These codes are currently manually priced based on information submitted with the claim. The new rates are effective December 1, 2006. The effective date and information published about code J2353 supersedes the information published in banner page BR200652.

Table 1 – Manual Pricing – New Rates,  
Effective for Dates of Service On or After December 1, 2006

HCPCS Code	Code Description	Rate Effective for Dates of Service On or After December 1, 2006
L1510	THKAO, STANDING FRAME	\$957.56
86336	INHIBIN A	\$21.47
L3002	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	\$130.03*
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	Remains manually priced.
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	\$2.02

\* This rate is a correction to the rate shown in BR200652, BR200701, BR200703, and NL200701.

### Timeline for Revised Paper Claim Forms

*The following information does not apply to providers rendering services in the risk based managed care (RBMC) delivery system. These providers should contact the managed care organization (MCO) with whom they are contracted for information about paper claim form transition.*

The National Uniform Claim Committee (NUCC), the National Uniform Billing Committee (NUBC), and the American Dental Association (ADA) have revised the layouts of the institutional, professional, and dental paper claim forms. The current institutional UB-92 claim form will be replaced with the institutional UB-04. The current professional CMS-1500 health insurance claim form will be revised to the 08-05 version. The ADA dental claim form will be replaced with J400D. The EDS pharmacy claim forms will be revised to include National Provider Identifier (NPI) information. The pharmacy claim forms will be available May 16, 2007\*, and may be obtained from the *Forms* page of the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Publications/forms.asp>. Links to the other new claim forms will be added to the IHCP Web site *Forms* page according to the Start Date in Table 2.

The IHCP will transition to the new paper claim forms with the timelines noted in Table 2. The transition period is where both old and new claim forms will be accepted. All claim forms will have a transition period excluding the Pharmacy claim form. Table 2 outlines the transition period and cutover dates for each type of paper claim form.

\*The availability date of the pharmacy claim forms is changed to allow providers additional time to familiarize themselves with the forms.

Table 2 – Timeline Revised Paper Claim Forms

Current Form	New Form	Transition Period (Old and New Forms Accepted)		Only New Forms Accepted (Cutover Date)
		Start Date	End Date	
CMS-1500	08-05	February 15, 2007	March 31, 2007	April 1, 2007
UB-92	UB-04	April 1, 2007	May 22, 2007	May 23, 2007
Dental	J400D	April 15, 2007	May 22, 2007	May 23, 2007
Pharmacy	Pharmacy	No Transition Period		May 23, 2007

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

### Managed Care Web Pages Updated

The managed care pages of the IHCP Web site have been updated to include 2007 contact information for the Managed Care Organizations (MCOs). The managed care pages can be accessed by clicking on **Managed Care** in the menu bar and selecting a topic.

### Clarification to Bulletin *BT200630* - New 2007 Healthcare Common Procedure Coding System Codes

The *Replacement Code* information for procedure code *D1205 – Topical application of fluoride (including prophylaxis)-adult* as published in bulletin *BT200630*, dated December 29, 2006, is clarified as shown in Table 3. The replacement procedure codes are for members 13 years of age or greater for prophylaxis and for members 1-20 years of age for topical fluoride treatments. For members 12 years of age or younger, use the appropriate procedure code combination.

Table 3 – Deleted 2007 HCPCS Codes,  
Effective for Dates of Service On or Before December 31, 2006

Procedure Code	Description	Replacement Code
D1205	TOPICAL APPLICATION OF FLUORIDE (INCLUDING PROPHYLAXIS)-ADULT	D1110-PROPHYLAXIS – ADULT (Age 13-99 Years) *D1203-TOPICAL APPLICATION OF FLUORIDE-CHILD (Age 1-20 Years) *No coverage for topical application of fluoride for members older than 20 years of age.

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

## All Durable Medical Equipment Providers

### Correction to Power Wheelchairs Article

The billing information for procedure code E1230 as published in *BR200650-BR200701* and *NL200701*, is updated as shown below.

Pending final review of the expanded power wheelchair codes, providers should continue to bill using the following existing codes and fee schedule amounts. Prior authorization (PA) is required for power wheelchairs and accessories. Refer to existing provider notifications for current PA requirements.

- *E1230 – Power operated vehicle (three- or four-wheel no highway)*, specify brand name and model number, max fee price of \$1807.16 for NU and \$171.02 for RR.

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

## All Medical Review Team Providers

### Edits 2029 and 2037

On Friday, January 12, 2007, system modifications were made that will deny medical review team (MRT) claims submitted for members that do not have eligibility on file for the dates of services submitted on the claim. If you are experiencing denials for edits 2037 – *Member not on file for non-IHCP program*, or 2029 – *Non-IHCP member ineligible for dates of service*, and you have approval from the County Office, Division of Family Resources (DFR), you must submit your claim either on paper attaching the DFR letter requesting the services be performed, or electronically with an attachment. The date of the DFR letter must be the same as or before the date of service indicated on the claim.

**Contact Information:** Direct questions about these claims to Customer Assistance at (317) 655-3240 in the Indianapolis area, or toll free at 1-800-577-1278.

## All Pharmacy and Prescribing Providers

### National Drug Codes Deleted from the Medicaid Drug Rebate Master File

The CMS has determined that the products in Table 4 do not meet the definition of a covered outpatient drug. CMS is therefore deleting the National Drug Code (NDC) from the Medicaid Drug Rebate (MDR) master file as of the effective dates in Table 4. As a result of this determination by CMS, these NDCs will not be reimbursable in the Indiana Medicaid fee-for-service pharmacy program.

Table 4 – National Drug Code Deleted from the Medicaid Drug Rebate Master File

NDC	Description	Effective Date	NDC	Description	Effective Date
00121-0530	Ferrous Sulf. Liq	10/1/2006	24385-0528	Ferrous Sulf Slow	10/1/2006
00182-1201	Ferrous Sulf. Elixir	10/1/2006	24385-0630	Ferrous Sulf Soln Drops	10/1/2006
00182-4028-01	Ferrous Sulf Tab	10/1/2006	24385-0875	Ferrous Sulf Iron Tabs	10/1/2006
00182-4028-10	Ferrous Sulf Tab	10/1/2006	49483-0008	Ferrous Sulf	10/1/2006
00182-4028-89	Ferrous Sulf Tab	10/1/2006	50383-0630	Ferrous Sulf Soln Drops	10/1/2006
00182-4029	Ferrous Sulf Tab	10/1/2006	50383-0778	Ferrous Sulf Elixir	10/1/2006
00182-4030	Ferrous Sulf Tab	10/1/2006	52569-0466	Ferrous Sulf Blister Pack	10/1/2006
00182-4082	Ferrous Gluconate Tab	10/1/2006	52735-0019	Vit Ferrous Sulf	10/1/2006
00182-4476	Slow Fe	10/1/2006	52735-0360	FP Ferrous Sulf Slow	10/1/2006
00245-0061	Ferrous Gluconate Tab	10/1/2006	54738-0091	Ferrous Sulf Tab	10/1/2006
00245-0108-01	Ferrous Sulf Enteric Coated Tab	10/1/2006	54838-0001	Ferrous Sulf Elixir	10/1/2006
00245-0108-10	Ferrous Sulf Enteric Coated Tab	10/1/2006	54838-0002	Ferrous Sulf Drops	10/1/2006
00472-1465	Ferrous Sulf Elixir	10/1/2006	59743-0801	Ferrous Sulf Tab	10/1/2006
00536-0650	Ferrous Sulf Elixir	10/1/2006	60258-0182	Ferrous Fumerate	10/1/2006
00536-3478	Ferrous Sulf	10/1/2006	60432-0057	Ferrous Sulf Drops	10/1/2006
00574-0508	Ferrous Gluconate	10/1/2006	60432-0066	Ferrous Sulf Elixir	10/1/2006
00574-0608	Ferrous Gluconate EC	10/1/2006	62107-0044	Ferrous Sulf	10/1/2006
00603-0179	Ferrous Sulf	10/1/2006	63739-0102	Ferrous Sulf	10/1/2006
00603-0762	Ferrous Sulf Drops	10/1/2006	63739-0259	Ferrous Sulf	10/1/2006
00603-0763	Ferrous Sulf Elixir	10/1/2006	63868-0682	Ferrous Sulf	10/1/2006
00677-0069	Ferrous Gluconate	10/1/2006	00904-5118	Pediatric Electrolyte Fruit Flavor	1/1/2007
00677-0070	Ferrous Sulf	10/1/2006	00904-5119	Pediatric Electrolyte Bubblegum	1/1/2007
00677-0071	Ferrous Sulf	10/1/2006	00904-5276	Pediatric Electrolyte Grape Dyed	1/1/2007
00677-0527	Ferrous Sulf	10/1/2006	00904-7659	Pediatric Electrolyte Soln Unflavored	1/1/2007
00677-0990	MultiFerrous Folic	10/1/2006	00904-7660	Pediatric Electrolyte Soln Fruit Flavor	1/1/2007

Table 4 – National Drug Code Deleted from the Medicaid Drug Rebate Master File

NDC	Description	Effective Date	NDC	Description	Effective Date
17714-0024	Ferrous Sulf Tab	10/1/2006	00904-7850	Pediatric Electrolyte Bubblegum	1/1/2007
24385-0137	Iron Tabs, Ferrous Sulf	10/1/2006	66977-0222	Oramagicrx	1/1/2007

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