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All Providers

Claims Reprocessing – Procedure Code V5264

The Indiana Health Coverage Programs (IHCP) is reprocessing medical claims submitted for procedure code *V5264 – Ear mold/insert, not disposable, and type* for claims billed between September 5, 2006, and February 1, 2007. During that period, claims billed with procedure code V5264 inappropriately denied for edit *4209 – No Pricing Segment for Procedure/Modifier Combination*. The reprocessed claims will appear on remittance advice (RA) statements dated April 10, 2007.

Claims Reprocessing – Procedure Code 62368

IHCP is reprocessing medical and crossover claims submitted for procedure code *62368 – Analyze spine infusion pump* for claims billed between February 1, 2005, and March 22, 2006. During that period, claims billed with procedure code 62368 inappropriately denied for edit *4209 – No Pricing Segment for Procedure/Modifier Combination*. The reprocessed claims will appear on remittance advice (RA) statements dated March 13, 2007.

March RAI and MDS Supportive Documentation Guideline Changes

CMS announced the following March 2007 revision to the Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual. In the March 2007 Revision Table, referencing Section P1ac page number 3-182, delete the words "or biological (e.g., contrast material)" from the following sentence: "Includes any drug ~~or biological (e.g., contrast material)~~ given by intravenous push or drip through a central or peripheral port." No change is necessary for the Minimum Data Set Supportive Documentation Guidelines RUG-III, Version 5.12, 34 Grouper document, as this reference has already been omitted.

Please note there is a change to the Supportive Documentation Guidelines Consolidated Q & A section on page 17 of 21. The second sentence in the first (A:) paragraph currently states: "Either the initial assessment for new treatment or the documentation of ongoing respiratory assessments on or before the A3a date is acceptable." This sentence has been changed to read: "Either the initial assessment for new treatment or the documentation of ongoing respiratory assessments **during the observation period are** acceptable."

Billing on the CMS-1500 Form

The National Provider Identifier (NPI) implementation date is May 23, 2007. During the transition period of February 15 to March 31, 2007, providers **must** use the 1D qualifier when submitting the Legacy Provider Identifier (LPI) on the CMS-1500 claim form. Qualifiers indicate the value of the next field and allow for multiple uses of the same field. Qualifiers for referring, rendering, and billing must be submitted when supplying an LPI or a taxonomy code. If a valid qualifier is not used, the claim will be returned to the provider.

Field 17a, R*eferring Provider Number*, Fields 24I and 24J, *Rendering Provider Number*, and Field 33b, *Billing Provider Qualifier and 1D Number*, **must** contain the 1D qualifier when submitting an LPI on the claim form.

Providers submitting claims with LPI during the transition period must use the 1D qualifier to the left of the LPI. The 1D qualifier indicates the value to the immediate right. If the 1D qualifier is not used, the claim will be returned to the provider.

Field 17a – Referring Provider Number

17a.	**1D**	**100000000**
17b.	**NPI**	

Fields 24I and 24J – Rendering Provider Number

24I. ID QUAL	24J. RENDERING PROVIDER ID #
1D	100000000
NPI	

Field 33b – Billing Provider Qualifier and 1D Number

33. BILLING PROVIDER INFO & PH # ( )	
a.	b. 1D 100000000A

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 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 listed in Table 1.

The IHCP will transition to the new paper claim forms with the timelines noted in Table 1. During the transition period, both old and new claim forms will be accepted. All claim forms will have a transition period, except the Pharmacy claim form. Table 1 outlines the transition period and cutover dates for each type of paper claim form.

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

Table 1 – 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
ADA 2000	ADA 2006	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.

All Anesthesia Providers

Mass Adjustment – Procedure Codes 01991, 00539, 00921, 01829, and 01992

Medical claims submitted between October 16, 2003, and April 28, 2005, for procedure code 01991 - *Anesthesia for diagnostic or therapeutic nerve blocks and injections, other than the prone position,* will be mass adjusted. Claims billed with procedure code 01991 were inappropriately reimbursed at the billed amount, thus creating an overpayment to the provider. The request to replace the claims will appear on the RA statement dated May 1, 2007.

In addition, claims submitted between October 16, 2003, and July 12, 2005, with procedure codes 00539 -*Anesthesia for tracheobronchial reconstruction*, 00921 - *Anesthesia for procedure on male genitalia, vasectomy, unilateral/bilateral*, 01829 - *Anesthesia for diagnostic arthroscopic procedure on the wrist*, and 01992 - *Anesthesia for diagnostic or therapeutic nerve blocks and injection, prone position* will also be mass adjusted. These claims were inappropriately reimbursed at the billed amount, thus creating an overpayment to the provider. The request to replace claims will appear on the RA statement dated May 1, 2007.

All Pharmacy and Prescribing Providers

State Maximum Allowable Cost Update

Effective **April 6, 2007**, State maximum allowable cost (MAC) rates for the following drugs will be **added** as listed below in Table 2.

Table 2 – Additions to the State MAC Rates for Legend Drugs

Drug Name	State MAC Rate	Drug Name	State MAC Rate
ALPRAZOLAM XR 0.5 MG TABLET	0.78490	GABAPENTIN 400 MG TABLET	0.33560
ALPRAZOLAM XR 1 MG TABLET	0.97960	GLIPIZIDE-METFORMIN 5/500 MG TABLET	0.78160
ALPRAZOLAM XR 2 MG TABLET	1.31740	LAMOTRIGINE 25 MG DISPER TABLET	2.66120
ALPRAZOLAM XR 3 MG TABLET	1.96920	LEFLUNOMIDE 10 MG TABLET	0.84200
AZITHROMYCIN 100 MG/5 ML SUSPENSION	1.78060	MEDROXYPROGESTERONE 150 MG/ML INJECTIBLE	49.40800
AZITHROMYCIN 600 MG TABLET	7.20740	OCTREOTIDE ACET 0.2 MG/ML VIAL INJECTIBLE	44.17980
CEFPROZIL 250 MG TABLET	2.69450	RIBAVIRIN 200 MG TABLET	2.42620
CEFPROZIL 500 MG TABLET	5.53370	VENLAFAXINE HCL 37.5 MG TABLET	1.63320
CEFTRIAXONE 10 GM VIAL INJECTIBLE	52.81200	VENLAFAXINE HCL 75 MG TABLET	1.84160
DIDANOSINE 200 MG DR CAPSULE	4.45560	ZIDOVUDINE 300 MG TABLET	0.55780
FENOFIBRATE 200 MG CAPSULE	2.11140	ZONISAMIDE 25 MG CAPSULE	0.34620
FEXOFENADINE HCL 30 MG TABLET	0.45830	ZONISAMIDE 50 MG CAPSULE	0.65780
GABAPENTIN 300 MG TABLET	0.21320		

Effective **April 6, 2007**, State MAC rates for the following drugs will be **decreased** as listed below in Table 3.

Table 3 – Decreases to the State MAC Rates for Legend Drugs

Drug Name	State MAC Rate	Drug Name	State MAC Rate
BENZTROPINE MES 1 MG TABLET	0.06749	PROMETHAZINE 25 MG SUPPOSITORY	0.55975
LEVOTHYROXINE 50 MCG TABLET	0.11637	SIMVASTATIN 5 MG TABLET	0.42040
LEVOTHYROXINE 75 MCG TABLET	0.12627	SIMVASTATIN 10 MG TABLET	0.09000
LEVOTHYROXINE 112 MCG TABLET	0.19296	SIMVASTATIN 20 MG TABLET	0.12480
LEVOTHYROXINE 175 MCG TABLET	0.23934	SIMVASTATIN 40 MG TABLET	0.13693
MOMETASONE FUROATE 0.1% CREAM	0.53387	SIMVASTATIN 80 MG TABLET	0.21733
NYSTATIN 100,000 UNIT/GM POWDER	0.53650	SPIRONOLACTONE 25 MG TABLET	0.19931
OMEPRAZOLE 20 MG CAPSULE	0.59809	TAMOXIFEN 10 MG TABLET	0.15887

Contact Information: 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 by e-mail at pharmacy@mslc.com.

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