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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

The IHCP is reprocessing medical and crossover claims submitted for the electronic analysis and reprogramming of a spine infusion pump. See procedure code 62368 for the complete definition. This will affect 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 P1, page number 3-182, the words "or biological (e.g., contrast material)" are deleted 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 Dental Providers

Topical Fluoride – Brush-on Application

As outlined in the Indiana Administrative Code 405 IAC 5-14-4, "Reimbursement is available for one (1) topical application of fluoride every six (6) months per recipient only for patients who are twelve (12) months of age or older but who are younger than twenty-one (21) years of age. Topical applications of fluoride are not covered for recipients twenty-one (21) years of age or older."

A provider using the appropriate Current Dental Terminology (CDT) codes for services rendered to members less than 21 years of age, may be reimbursed for the topical application of fluoride using the brush-on method versus using a dental tray. Coverage is limited to one unit every six months for institutional and non-institutional members. Topical fluoride includes varnish, gel, or foam.

All Pharmacy and Prescribing Providers

State Maximum Allowable Cost Update

Effective **May 4, 2007,** State 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
FLUOROURACIL 50 MG/ML VIAL	0.28030	PROMETHAZINE 12.5 MG TABLET	0.40440

Effective **May 4, 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
CITALOPRAM HBR 20 MG TAB	0.07464	LEVOTHYROXINE 88 MCG TABLET	0.16842
FLUOCINONIDE 0.05% CREAM	0.04730	LEVOTHYROXINE 100 MCG TABLET	0.25389
GABAPENTIN 300 MG CAPSULE	0.11335	LEVOTHYROXINE 200 MCG TABLET	0.28185
HYDROCODONE/APAP 10/500 TABLET	0.14490	SPIRONOLACTONE 25 MG TABLET	0.18599

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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