



All Providers

Reporting National Provider Identifier

If you have not yet reported your National Provider Identifier (NPI) to the Indiana Health Coverage Programs (IHCP), please do so now. A brief extension of the May 23, 2007, compliance date is being granted to providers who are working in good faith to obtain, report, and use their NPI on all electronic claims. The final compliance date will be announced. For additional information, go to www.indianamedicaid.com/ihcp/index.asp.

Transition to new CMS, UB, and ADA Forms

Please make the transition to the new Centers for Medicare & Medicaid Services (CMS), UB, and American Dental Association (ADA) forms as quickly as possible. The cutover date is May 23, 2007.

Coverage of Tysabri (natalizumab)

Effective April 1, 2007, the IHCP began covering Tysabri (natalizumab) as a physician administered medication for the treatment of relapsing forms of multiple sclerosis. The service is billable using Healthcare Common Procedure Coding System (HCPCS) code *Q4079, Injection, natalizumab, per Img*. The Food and Drug Administration (FDA) reintroduced the drug with required provider guidelines and participation in a specific program called [TOUCH](#). This program is a study to monitor and minimize the drug risks and the main features of the TOUCH prescribing program are as follows:

- The drug may only be prescribed, distributed, and infused by prescribers, infusion centers, and pharmacies registered with TOUCH.
- Tysabri will only be administered to members who are enrolled in TOUCH.
- Prior to initiating the therapy, health care professionals are to obtain the patient's magnetic resonance imaging (MRI) scan to help differentiate potential future multiple sclerosis symptoms from progressive multifocal leukoencephalopathy (PML).
- Patients on Tysabri are to be evaluated three and six months after the first infusion and every six months after that, and their status will be reported regularly to Biogen Idec, Tysabri manufacturer.

The IHCP will not issue any additional guidelines or restrictions beyond the requirements of the TOUCH prescribing program. For injections provided to members of a managed care organization (MCO), providers will need to contact that particular MCO to determine authorization, coverage, and billing guidelines for those members.

National Provider Identifier and Legacy Provider Identifier Clarification for Omni Users

The April 2007 IHCP provider newsletter [NL200704](#) contains information about sending National Provider Identifier (NPI) information in an eligibility transaction using the Omni swipe card device. The newsletter stated, "LPI will not be accepted after the HIPAA NPI mandatory date, May 23, 2007." This statement should have read, "Healthcare providers will not be able to submit a LPI after the NPI mandatory date which is scheduled for May 23, 2007. Atypical providers will continue to send the LPI for eligibility transactions. The NPI page of the IHCP Web site at www.indianamedicaid.com contains information about atypical providers." An additional NPI Facts Sheet about who can apply for NPI is located at http://www.indianamedicaid.com/ihcp/ProviderServices/pdf/TR370_npi_facts.pdf. An IHCP provider bulletin containing detailed download instructions and Omni transaction information will be sent in the near future. Omni users are encouraged to wait until the bulletin is published to perform the terminal download.

Claims Processing – Procedure Codes E0240, E0247, E0248, and E0445

Retroactive to September 29, 2006, procedure codes *E0240 – Bath/shower chair, with or without wheels, any size; E0247 – Transfer bench for tub or toilet with or without commode opening; E0248 – Transfer bench, heavy duty, for tub or toilet with or without commode opening; and E0445 – Oximeter device for measuring blood oxygen levels noninvasively*, now bypass the Medicare edits for payment. Providers do not need to submit a Medicare denial for these

services before submitting them to the IHCP for reimbursement. Please direct questions to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278.

Claims Processing – Use of Taxonomy Codes with Claim Submissions

Correction to IHCP provider bulletins *BT200702*, *BT200703*, and *BT200706*: For all provider fields, the taxonomy code is only required if needed to obtain a one-to-one match to the provider’s Legacy Provider Identifier (LPI). For claims received with the billing provider NPI only (no taxonomy), and a one-to-one match cannot be obtained from the NPI and service location ZIP Code+4, the IHCP will return the claim to the provider.

First Steps providers must continue to use the appropriate taxonomy codes when submitting claims to ensure their services are reimbursed correctly. In addition, waiver providers submitting claims with an NPI must not bill a taxonomy code on their claim.

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 MCO with which 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 the ADA 2006 Dental claim form. 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 are being 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	TBD	TBD
UB-92	UB-04	April 1, 2007	May 22, 2007	TBD
ADA 2000	ADA 2006	April 15, 2007	May 22, 2007	TBD
Pharmacy	Pharmacy	No Transition Period		TBD

Contact Information: Please direct questions to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278.

All Hospice Providers

Hospice Care in Group Homes

Medicaid-eligible group home members can elect the Medicaid hospice program per the Centers for Medicare & Medicaid Services (CMS). The hospice should bill Medicaid for the hospice services and the group home can bill Medicaid directly for the group home per diem rate. Claims for Group homes were denied by IndianaAIM with error code 2027 – Hospice Recipient Being Billed for Non-Hospice Services. IndianaAIM has been updated and group homes

should not encounter any denials for error code 2027. Hospice and group home providers should coordinate the overall care for the group home member. It is the responsibility of the hospice to provide all hospice-covered services in frequency and scope to care for the terminal illness and related conditions. Furthermore, the hospice should not delegate any hospice core services to group home staff. Any questions about the Medicaid hospice program should be directed to Michelle Stein-Ordonez, Policy Analyst, Family and Social Services Administration (FSSA) Division of Aging at (317) 233-1956. Any questions about how to bill these claims should be directed to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278.

All Dental Providers

Topical Fluorides

The information in this article supersedes the information in the article titled, *Topical Fluoride - Brush-on Application*. That article ran in the April 10, 2007, banner page (BR200715) and ran in error.

Procedure code *D1206 – Topical Fluoride Varnish*, is non-reimbursable by IHCP. Non-reimbursable indicates the service described in the code is either billable under another code, or is part of a global service. Topical applications of fluoride are billable under procedure codes *D1203 – Topical Application of Fluoride (excluding prophylaxis) – Child, age 1-12 years*, or *D1204 – Topical Application of Fluoride (excluding prophylaxis) – Adult, age 13-20 years*. Topical fluoride applications are not covered for members 21 years of age or older.

Services rendered to members younger than 21 years of age, may be reimbursed for the topical application of fluoride using the brush-on method versus using a dental tray. Topical fluoride includes varnish, gel, or foam.

All Pharmacy and Prescribing Providers

State Maximum Allowable Cost Update

Effective **May 8, 2007**, State Maximum Allowable Cost (MAC) rates for the following drugs will be **increased** as listed in Table 2.

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

Drug Name	State MAC Rate	Drug Name	State MAC Rate
ACETAZOLAMIDE 250 MG TABLET	0.24545	MOMETASONE FUROATE 0.1% CREAM	0.65973
AMOXICILLIN 500 MG CAPSULE	0.07078	PHENYTOIN SOD EXT 100 MG CAPSULE	0.27552
ESTRADIOL 0.05 MG/DAY PATCH	7.59575	POTASSIUM CL 10 MEQ CAPSULE SA	0.22328
ETH ESTRADIOL/LEVO 20/0.1 MG TABLET	1.09423	POTASSIUM CL 8 MEQ TABLET	0.06173
INDOMETHACIN 25 MG CAPSULE	0.23460	SULFAMETHOXAZOLE/TMP DS TABLET	0.23407
INDOMETHACIN 50 MG CAPSULE	0.28736		

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 at 1-800-591-1183, or by e-mail at pharmacy@mslc.com.

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