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All Providers

Outpatient Claims Reprocessing – Revenue Code 636, HCPCS P9045 – P9047

The Indiana Health Coverage Programs (IHCP) is performing a systematic reprocessing of outpatient claims billed with revenue code 636 and Healthcare Common Procedure Coding System (HCPCS) codes P9045 – P9047 that previously denied for edit 0520 – *Invalid revenue code/procedure code combination*, with dates of service on or after January 1, 2005. The reprocessed claims will appear on the remittance advice (RA) dated June 5, 2007. Providers who have claims for this revenue code and procedure code combination that have not been submitted for processing, should submit their claims for payment consideration. Providers who have claims for this revenue code and procedure code combination that are past the one-year filing limit, can submit a copy of this banner page article as documentation to waive the filing limit.

Clinical Lab Mass Adjustment

Banner page [BR200540](#) included a list of lab procedure codes subject to a mass adjustment. Some of the claims included in the mass adjustment were priced according to the lab fee instead of the max fee.

The IHCP identified the claims and a mass adjustment will be initiated to correct the pricing on the affected claims. The mass adjusted claims will appear on RAs beginning June 19, 2007.

Unit and Age Limitations on Inpatient Neonatal and Pediatric Critical Care Services

The Surveillance and Utilization Review (SUR) Department identified potential utilization concerns related to providers inappropriately billing multiple units of Current Procedural Terminology (CPT®) codes related to inpatient neonatal and pediatric critical care services. This article clarifies the IHCP policy regarding these codes. The following list identifies each code and the appropriate age and unit limitations:

- CPT Code 99298, *Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)*. This CPT code is limited to one unit per day.
- CPT Code 99300, *Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight less than 2501-5000 grams)*. This CPT code is limited to one unit per day.
- CPT Code 99295, *Initial neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less*. This CPT code has an age limit of 0-1 years of age. This CPT code is limited to one unit per day.
- CPT Code 99296, *Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less*. This code has an age limit of 0-1 years of age. This CPT code is limited to one unit per day.
- CPT Code 99293, *Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 25 months of age*. This code has an age limit of 0-2 years of age. This CPT code is limited to one unit per day.
- CPT Code 99294, *Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 25 months of age*. This code has an age limit of 0-2 years of age. This CPT code is limited to one unit per day.

SUR is advising all providers to review and ensure appropriate billing of units for this range of services. To recoup overpayments, the SUR Department is conducting a review of these claims. If a provider identifies overpayments related to such errors, the provider should file an adjustment or contact the SUR Department at (317) 347-4500 in the Indianapolis local area, or toll-free at (800) 457-4515 to arrange for repayment of inappropriate reimbursement.

Current Procedural Terminology © 2004 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply for government use.

Providers rendering services under the risk-based managed care (RBMC) program should also follow IHCP policy and CPT coding guidelines with regard to billing these procedure codes. Claims billed with multiple units on the same day for members enrolled in the RBMC program may be subject to recoupment by the managed care organizations (MCOs).

To All DME and HME Providers

IHCP Coverage of Standers

Effective January 1, 2006, providers submitting claims for HCPCS code E0641, *Standing frame system, multipositional (e.g., three-way stander), any size including pediatric, with or without wheels*, will be reimbursed a max fee price of \$2,102 for new pricing (NU) and \$140 for rental pricing (RR). Providers desiring the new pricing rate for previously submitted claims for E0641 will need to submit replacement claims.

One-positional standers are currently reimbursed under HCPCS code E0638 *Standing frame system, one positional (e.g., upright, supine, or prone stander), any size including pediatric, with or without wheels*. No changes are being made to the reimbursement or coverage of HCPCS code E0638.

One-positional and multi-positional standers require prior authorization. Criteria for standers are located in bulletin [BT200027](#).

Effective August 1, 2007, HCPCS code E0642, *Standing Frame system, mobile (dynamic stander), any size including pediatric*, will be non-covered. The IHCP does not cover dynamic standers.

All Pharmacy and Prescribing Providers

Reinstatement of Coverage for National Drug Codes Deleted from the CMS Medicaid Drug Rebate Master File

Banner Page [BR200703](#) announced changes to the coverage of certain products that the Centers for Medicare & Medicaid Services (CMS) determined to be non-reimbursable in the Indiana Medicaid fee-for-service pharmacy program. Based on a CMS policy clarification, coverage of the products in Table 1 will be reinstated July 1, 2007. Product coverage is subject to current program rules and restrictions.

Table 1 – Reinstated National Drug Codes Effective July 1, 2007

NDC	Description	NDC	Description
00121-0530	Ferrous Sulf. Liq	24385-0528	Ferrous Sulf Slow
00182-1201	Ferrous Sulf. Elixir	24385-0630	Ferrous Sulf Soln Drops
00182-4028-01	Ferrous Sulf Tab	24385-0875	Ferrous Sulf Iron Tabs
00182-4028-10	Ferrous Sulf Tab	49483-0008	Ferrous Sulf
00182-4028-89	Ferrous Sulf Tab	50383-0630	Ferrous Sulf Soln Drops
00182-4029	Ferrous Sulf Tab	50383-0778	Ferrous Sulf Elixir
00182-4030	Ferrous Sulf Tab	52569-0466	Ferrous Sulf Blister Pack
00182-4082	Ferrous Gluconate Tab	52735-0019	Vit Ferrous Sulf
00182-4476	Slow Fe	52735-0360	FP Ferrous Sulf Slow
00245-0061	Ferrous Gluconate Tab	54738-0091	Ferrous Sulf Tab
00245-0108-01	Ferrous Sulf Enteric Coated Tab	54838-0001	Ferrous Sulf Elixir
00245-0108-10	Ferrous Sulf Enteric Coated Tab	54838-0002	Ferrous Sulf Drops
00472-1465	Ferrous Sulf Elixir	59743-0801	Ferrous Sulf Tab
00536-0650	Ferrous Sulf Elixir	60258-0182	Ferrous Fumerate
00536-3478	Ferrous Sulf	60432-0057	Ferrous Sulf Drops
00574-0508	Ferrous Gluconate	60432-0066	Ferrous Sulf Elixir

Table 1 – Reinstated National Drug Codes Effective July 1, 2007

NDC	Description	NDC	Description
00574-0608	Ferrous Gluconate EC	62107-0044	Ferrous Sulf
00603-0179	Ferrous Sulf	63739-0102	Ferrous Sulf
00603-0762	Ferrous Sulf Drops	63739-0259	Ferrous Sulf
00603-0763	Ferrous Sulf Elixir	63868-0682	Ferrous Sulf
00677-0069	Ferrous Gluconate	00904-5118	Pediatric Electrolyte Fruit Flavor
00677-0070	Ferrous Sulf	00904-5119	Pediatric Electrolyte Bubblegum
00677-0071	Ferrous Sulf	00904-5276	Pediatric Electrolyte Grape Dyed
00677-0527	Ferrous Sulf	00904-7659	Pediatric Electrolyte Soln Unflavored
00677-0990	MultiFerrous Folic	00904-7660	Pediatric Electrolyte Soln Fruit Flavor
17714-0024	Ferrous Sulf Tab	00904-7850	Pediatric Electrolyte Bubblegum
24385-0137	Iron Tabs, Ferrous Sulf	66977-0222	Oramagicrx

State Maximum Allowable Cost (MAC) Updates

Effective **August 3, 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
CLONAZEPAM 0.25 MG DISLV TABLET	0.68680	PEG 3350/ELECTROLYTE SOLN	0.00398
VENLAFAXINE HCL 100 MG TABLET	2.02380		

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

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

Drug Name	State MAC Rate	Drug Name	State MAC Rate
ACETAMINOPHEN/COD ELIXIR	0.01521	GEMFIBROZIL 600 MG TABLET	0.12741
ACYCLOVIR 400 MG TABLET	0.07473	GLIPIZIDE ER 10MG TABLET	0.36346
ALLOPURINOL 300 MG TABLET	0.08030	GLYBURIDE-METFORMIN 1.25/250 MG TAB	0.15252
AMMONIUM LACTATE 12 % CREAM	0.06423	GLYBURIDE-METFORMIN 2.5/500 MG TAB	0.13558
AMOX TR-K CLV 500-125 MG TABLET	1.19115	HYDROCODONE/APAP 10/325 TABLET	0.19751
BENZAEPRIIL HCL 40 MG TABLET	0.10200	HYDROCODONE/APAP 7.5/750 TABLET	0.05071
BUMETANIDE 2 MG TABLET	0.18221	IBUPROFEN 600 MG TABLET	0.03373
CAPTOPRIL 25 MG TABLET	0.03906	IBUPROFEN 800 MG TABLET	0.04631
CHLORDIAZEPOXIDE 10 MG CAPSULE	0.05730	LEVOTHYROXINE 88 MCG TABLET	0.14750

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

Drug Name	State MAC Rate	Drug Name	State MAC Rate
CICLOPIROX 0.77% CREAM	0.42512	LISINOPRIL 40 MG TABLET	0.13367
CITALOPRAM HBR 20 MG TABLET	0.06468	METFORMIN HCL 500 MG TABLET	0.05110
CYPROHEPTADINE 4 MG TABLET	0.11283	MIRTAZAPINE 15 MG TABLET	0.15470
DESONIDE 0.05% LOTION	0.19073	MIRTAZAPINE 30 MG TABLET	0.20150
DIAZEPAM 10 MG TABLET	0.03294	NABUMETONE 500 MG TABLET	0.44423
DICLOFENAC SOD 75 MG TABLET	0.06365	NABUMETONE 750 MG TABLET	0.41811
DIGOXIN 250 MCG TABLET	0.09329	NAPROXEN 375 MG TABLET	0.05394
DILTIAZEM HCL 120 MG CAPSULE	0.59317	NAPROXEN 500 MG TABLET	0.05465
DILTIAZEM HCL 300 MG CAPSULE	1.28089	PAROXETINE HCL 10 MG TABLET	0.41824
DILTIAZEM XR 180 MG CAPSULE	0.71352	PERPHENAZINE 4 MG TABLET	0.24693
DOXYCYCLINE 100 MG CAPSULE	0.06679	POTASSIUM CL 10 MEQ TABLET SA	0.12579
ETH EST/LEVONOR 30/40/30/0.05/0.075/ TAB	0.78248	POTASSIUM CL 8 MEQ TABLET	0.05463
ETH ESTRADIOL/NORGEST 35/0.25 TAB	0.76877	QUINAPRIL 10 MG TABLET	0.43669
ETODOLAC 500 MG TABLET SA	0.90540	RANITIDINE 150 MG TABLET	0.02581
FLUCONAZOLE 200 MG TABLET	0.31504	RANITIDINE 300 MG TABLET	0.06061
FLUDROCORTISONE 0.1 MG TABLET	0.51497	SUCRALFATE 1 GM TABLET	0.17629
FLUVOXAMINE MAL 100 MG TABLET	0.33691	SULFAMETHOXAZOLE/TMP SS TABLET	0.18000
FUROSEMIDE 80 MG TABLET	0.06411	TERAZOSIN 2 MG CAPSULE	0.11613
GABAPENTIN 400 MG CAPSULE	0.12003	WARFARIN SODIUM 4 MG TABLET	0.14196

All Vaccines for Children Providers

Effective immediately and retroactive to January 1, 2007, the IHCP will provide reimbursement for the \$8 Vaccines for Children (VFC) Program administrative fee for CPT code 90649, *Human Papilloma Virus (HPV) Vaccine, Types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use*. Claims for all IHCP programs must be submitted to EDS for reimbursement. The administration fee will be carved-out for RBMC members until December 31, 2007.

Contact Information

If you have questions about the articles published in this banner page, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278, unless otherwise noted.

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