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All Providers

Managed Care Web Page Enhancements

The *Managed Care* section of the [Indiana Medicaid Web site](#) has been restructured to provide a more organized and user-friendly interface to view information regarding the managed care programs. The enhancements include the following items:

- New home pages for each of the managed care programs that contain links for program-specific information
- New links for the managed care organizations' (MCOs') prior authorization and behavioral health information
- A home page for the new program, *Care Select*, which will provide program-specific information as the program is developed

Utilization Edits for Mental Health Medications

On June 19, 2007, the Mental Health Quality Advisory Committee's (MHQAC's) recommended utilization edits for mental health medications were implemented. Please refer to Provider Bulletin [BT200709](#). Based on analysis of prior authorization requests and feedback from the provider community, the utilization edits will be updated as follows:

- Utilization edits will be removed for all strengths and dosage forms of all seizure medications (excluding clonazepam).
- Utilization edits will be removed for guanfacine/Tenex and lithium/lithium ER.
- Utilization edits will be updated for the medications listed in Table 1.

Changes to the utilization edits are effective for all plans as of August 18, 2007.

Table 1 – Utilization Edits Mental Health Medications

Name of Medication and Strength	Updated Utilization Edit	Name of Medication and Strength	Updated Utilization Edit
Adderall XR 20mg, 25mg, 30mg	2/day	Focalin 10mg	4/day
Alprazolam 0.25mg, 0.5mg, 1mg, 2mg	4/day	Focalin XR 15mg, 20mg	2/day
Alprazolam 1mg/1mL oral solution	4mL/day	Lorazepam 0.5mg, 1mg, 2mg	4/day; max quantity 120
Amphetamine salts 15mg, 20mg, 30mg	3/day	Seroquel 25mg, 50mg, 100mg, 200mg	3/day
Concerta 54mg	2/day	Seroquel 300mg, 400mg	4/day
Effexor XR 150mg	2/day	Zyprexa 10mg, Zyprexa Zydis 10mg	2/day

Contact Information: For prior authorization requests or questions, please contact the appropriate entity as follows:

Traditional Medicaid

Telephone: (866) 879-0106
Fax: (866) 780-2198

Anthem

Telephone: (877) 652-1223
Fax: (866) 408-7103

Managed Health Services

Telephone: (866) 399-0928
Fax: (866) 399-0929

MDwise

Telephone: (800) 558-1655
Fax: (877) 234-4274

Refer to Attachment 3 of the [April 2007 provider newsletter](#) for additional MCO behavioral health contact information.

Claims Processing – Use of Place of Service Codes with Claim Submissions

When similar services are rendered to the same member at multiple service locations on a single date of service, it is appropriate to bill the total units on a single line item using a single place of service (POS). Documentation in the medical record must contain the more specific POS for each service rendered.

For example: A community mental health center (CMHC) provides four units of case management services to a member in the office at 10 a.m. on July 10, 2007, and then on the same day provides an additional three units of case management at 3 p.m. in the member's home. The CMHC may bill for seven units of service on one detail of the claim at POS 11 (office) and document in the medical record the number of units rendered at each individual POS.

All providers must follow established policy and coding guidelines for their specialty. Fee-for-service Federally Qualified Health Center (FQHC)/rural health clinic (RHC) providers, should bill only one encounter per IHCP member, per provider, per day unless the diagnosis differs.

Risk-based managed care (RBMC) may have other specific reimbursement guidelines. Providers rendering services in the RBMC delivery system should contact the MCO with whom they are contracted, for information about the billing of multiple service locations.

Essure Sterilization Procedure

Essure, an implant device manufactured by Conceptus Inc., provides a non-incision permanent sterilization option. The IHCP covers this procedure for eligible female members 21 years old and older, effective March 12, 2004. This procedure can be performed in the office, as an outpatient, or in an ambulatory surgical center (ASC).

Effective for services performed on or after January 1, 2005, providers should bill the procedure using Current Procedural Terminology (CPT) code 58565, *Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants*. However, CPT code 58579, *Unlisted hysteroscopy procedure, uterus*, is not appropriate billing for the Essure procedure and claims will suspend for manual review.

The Essure device must be billed separately on the CMS-1500 claim form using Healthcare Common Procedure Coding System (HCPCS) code A9900, *Miscellaneous supply, accessory, and/or service component of another HCPCS code*. This is the only code billable for the Essure device.

An outpatient hospital or ASC must adhere to the following billing instructions to receive reimbursement for the Essure device in addition to the outpatient ASC rate. No additional reimbursement is available for the Essure device if performed in an inpatient setting. Table 2 provides billing instructions for these services.

Table 2 – Billing Instructions for the Essure Sterilization Procedure

Provider	Claim Type	Bill for the Procedure and the Supply	Additional Billing Requirements
Outpatient Hospital or ASC	UB-04	58565 with appropriate revenue code	<ul style="list-style-type: none"> Print “Essure Sterilization” in the body of the claim form or on the accompanying invoice Submit a valid, signed <i>Sterilization Consent Form</i> with the claim Enter ICD-9 CM V25.2-Sterilization as the primary diagnosis on the claim
	CMS-1500 bill for the device under the professional or durable medical equipment (DME) provider number	Bill the device using A9900 – include a cost invoice with the claim to support the actual cost of the device	
Physician	CMS-1500	58565 Bill the device on a separate line using A9900 – include a cost invoice	

Providers must adhere to the following procedures:

- Submit a cost invoice with the claim to support the cost of the device. The IHCP reimburses 130 percent of the amount listed on the manufacturer's cost invoice up to a statewide maximum of \$686.
- Submit a valid, signed *Sterilization Consent Form* with the claim.
- Ensure the primary diagnosis on the claim is **ICD-9-CM code V25.2 – Sterilization**.
- Print **Essure Sterilization** on the claim form or on the accompanying invoice.

All Pharmacy and Prescribing Providers

Tamper-Resistant Prescription Pads

The federal supplemental appropriations bill for fiscal year 2007 (P.L. 110-28) included a provision that mandates use of "tamper-resistant prescription pads" for all Medicaid non-electronic prescriptions as of October 1, 2007. The Medicaid Integrity Group at CMS is responsible for the implementation of this new mandate, and the Office of Medicaid Policy and Planning (OMPP) understands that they intend to issue guidance to states prior to the October 1, 2007, implementation date, although they have not specified when. Presumably, that guidance would include a definition of what is intended by "tamper-resistant prescription pads." Unless some action is taken that postpones this implementation date, pharmacy providers will not be entitled to reimbursement for non-compliant prescriptions on or after October 1, 2007.

Lacking federal guidance on this matter at present, the OMPP suggests that prescribers may want to have a supply of Indiana security prescription blanks on hand to use for all Medicaid non-electronic prescriptions on and after October 1, 2007. It is anticipated, but unknown, if the current security prescription requirements for Indiana may be sufficient to satisfy the federal government's eventual "tamper-resistant prescription pads" definition. Current policy requires security prescription blanks for all controlled substance prescriptions issued in Indiana. Board of Pharmacy law at 856 IAC 1-34-2(b) *allows for* the use of security prescription blanks for any legend drug, controlled substance, or otherwise. For information regarding Indiana security prescriptions, please refer to the following Web site at <http://www.in.gov/pla/bandc/isbp/pad.html>.

Please bear in mind that the OMPP does not know what the federal government will eventually determine as meeting the "tamper-resistant prescription drug pads" requirements, so it may be advisable to acquire only a supply of security prescription blanks sufficient to meet anticipated Medicaid prescribing needs for the near future. As soon as the OMPP receives additional clarifying information from CMS, providers will be notified accordingly.

All Vision Providers

Adjusted HCPCS Codes

The HCPCS codes listed in Table 3 were published with incorrect reimbursement rates and have been corrected. Effective for dates of service on or after January 1, 2006, the amended reimbursement rates for the codes are as follows:

Table 3 – Adjusted HCPCS Codes

Procedure Code	Description	Max Fee Rate	Procedure Code	Description	Max Fee Rate
V2624	Polishing/Resurfacing of Ocular Prosthesis	\$45.20	V2627	Scleral Cover Shell	\$920.75
V2625	Enlargement of Ocular Prosthesis	\$357.94	V2628	Fabrication and Fitting of Ocular Conformer	\$225.89
V2626	Reduction of Ocular Prosthesis	\$148.13			

Providers must submit adjustments to EDS Adjustments, P.O. Box 7259, Indianapolis, IN 46207-7259 with a copy of this banner page to waive the filing limit.

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.