B A N N E R P A G E

B R 2 0 0 8 2 5 J U N E 1 7 , 2 0 0 8

All Providers

National Drug Code for Institutional Outpatient Claims – Reminder of Implementation Date

On July 1, 2008, the requirement for the National Drug Code (NDC) submission on Institutional Outpatient claims will be implemented. The *Federal Deficit Reduction Act of 2005* mandates the Indiana Health Coverage Programs (IHCP) require the submission of NDCs on claims submitted with revenue codes 634, 635, and 636 for physician-administered drugs. Providers must bill the NDC on the label of the drug that is administered. This mandate affects all providers who submit electronic claims or UB-04 paper claims. Providers can obtain additional information on the IHCP specific requirements from bulletins *BT200713* and *BT200731*.

Procedure Codes Billable to Medicare as Primary

The following codes have been identified as covered by Medicare, if medically necessary. The Office of Medicaid Policy and Planning (OMPP) has determined that these codes will be end-dated on the Medicare Procedure Bypass Table with the end date of May 31, 2007. Claims with dates of service of June 1, 2007, and after must be first submitted to Medicare for payment. If Medicare denies the claim, it may be submitted to Medicaid with a copy of the Medicare denial for processing.

- A4357-Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
- A4361-Ostomy faceplate, each
- A4362- Skin Barrier, solid, 4 X 4 or equivalent; each
- A4363-Ostomy clamp, any type, replacement only, each
- A4364-Adhesive, liquid or equal, any type, per oz
- A4365-Adhesive remover wipes, any type, per 50
- A4367-Ostomy belt, each
- A4369-Ostomy skin barrier, liquid (spray, brush, etc.), per oz
- A4380-Ostomy pouch, urinary, with faceplate attached, rubber
- A4390-Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece) each
- A4402-Lubricant, per ounce
- A4404-Ostomy ring, each
- A4430-Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece) each
- A5051-Ostomy pouch, closed; with barrier attached (1 piece), each
- A5052-Ostomy pouch, closed; without barrier attached (1 piece), each
- A5053-Ostomy pouch, closed; for use on faceplate, each
- A5054-Ostomy pouch, closed; for use on barrier with flange (2 piece), each
- A5061-Ostomy pouch, drainable; with barrier attached, (1 piece), each
- A5063-Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each

All Dental Providers

Reimbursement Rates

Because of the increased reimbursement rates that were negotiated with the Indiana Dental Association, the IHCP is no longer reimbursing posterior resin restorations at the same rate as posterior amalgam restorations. Reimbursement rates for resin restorations can be found in the IHCP fee schedule at http://www.indianamedicaid.com/ihcp/Publications/MaxFee/fee_schedule.asp. This change became effective January 1, 2008.

All Vaccine for Children Providers

HPV Claims Mass Adjustment

In 2007, several providers sent claims to the risk-based managed care (RBMC) managed care organizations (MCOs) for a carved-out procedure code: *90649 – Human Papilloma Virus (HPV) Vaccine, Types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use.* When the MCOs submitted this service as an encounter claim to EDS, they were identified as paid claims in Indiana*AIM*. Subsequent claim submissions to EDS were denied as duplicates.

The MCO paid claims have been removed from Indiana*AIM*. Claims that denied inappropriately for edit *5001 – This is a duplicate of another claim,* and edit *4021 – Procedure code is not covered for the dates of service for the program,* billed for dates of service January 1, 2007, through December 31, 2007, will be systematically adjusted and reprocessed. Providers can expect to see affected claims on the June 10, 2008, RA statement.

> *Note: This mass adjustment has been postponed one week. Affected claims will appear on the June 10, 2008, RA statement instead of the June 3, 2008, RA statement as originally reported.*

For more information regarding the carve-out of vaccine procedure code 90649 and reimbursement guidelines, please refer to banner pages *BR200727* and *BR200725*.

All Pharmacy Providers and Prescribing Practitioners

Edit for 15 Day Trial Fill for new Atypical Antipsychotic Medications Delayed

The edit for a 15-day trial fill for new, atypical antipsychotic medications will not be implemented June 2, 2008, as previously announced in *BT200805* for the **fee-for-service** Medicaid program. Additional information regarding the implementation date will be published in future provider communications.

Nursing Facility Providers

Mass Adjustment of Medicare Part A Crossover Claims

This is an update of a previous banner page article originally published in *BR200810*, dated March 4, 2008. The mass adjustment announced at that time was delayed.

EDS will process a mass adjustment of Medicare Part A crossover claims with dates of service from October 1, 2001, through March 26, 2002. During this time an emergency rule was in effect that capped Medicaid reimbursement of crossover claims at the Medicaid allowable rate. The State was sued and prevented from implementing this emergency rule as well as three others. On appeal, the court found in favor of the State and sent the case back to the trial court for a determination of the amount the State was owed in restitution from providers (See *IFSSA v. Amhealth et al*, 790 N.E.2d162).

The lawsuit involved the nursing facility industry's challenge of four emergency rules that, in aggregate, reduced Medicaid reimbursement. As a result of a settlement with the plaintiffs, only Medicare Part A crossover claims will be adjusted and recouped from nursing facility providers.

The second phase of adjustments will begin appearing on the June 10, 2008, RA statement for claims with dates of service January 1, 2002 through February 28, 2002. Providers will be notified in a future banner page article the date the mass adjustment will occur for claims with dates of service March 1, through March 26, 2002 will be mass adjusted. These claims will have an internal control number (ICN) starting with **56**, which reflects a mass-adjusted claim. An

accounts receivable (A/R) is set up to recover the overpayment. Following review of the RA, providers who disagree with any adjustment amounts may request an administrative review by writing to the following address:

EDS Administrative Review
Written Correspondence
P.O. Box 7263
Indianapolis, IN 46207-7263

In the request explain why you disagree with the adjustment amount and include copies of all pertinent documentation. Detailed information about the administrative review process is available in the *Indiana Health Coverage Programs* (IHCP) *Provider Manual.*

In the event you have a specific claim that was billed and adjudicated during this time frame and was mass adjusted that contain details billed with services that are not included in the nursing facility per diem rate (such as lab or radiology services) these may be resubmitted via paper or electronically for reimbursement consideration. Providers should submit these ancillary services as a outpatient crossover claim with the appropriate type of bill for the IHCP to calculate the Medicaid allowed amount for each detail submitted to compare this amount to the Medicare paid. If the Medicare paid amount is less then the Medicaid allowed amount, a portion or all of the coinsurance and or deductible amount will then be reimbursed.

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.

If you need additional copies of this banner page, please download them from the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/banner_results.asp. To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at http://www.indianamedicaid.com/ihcp/mailing_list/default.asp.