



BANNER PAGE

BR200905

FEBRUARY 3, 2009

All Providers

Reprocessing Medical Claims for Carved-out Services

The services listed below are not typically included in the coordination by the Restricted Card Program (RCP). These services are carved out and do not require a written referral unless the member is going to receive prescriptions from the provider. On October 19, 2008, a modification was made to ensure that claims billed by these provider specialties process in accordance with the policy:

- Behavioral health
- Chiropractic services
- Dental services
- Diabetes self-management training services
- Family planning services
- HIV/AIDS targeted case management services
- Home healthcare
- Hospice
- Podiatric services
- Transportation
- Vision care (except surgery)
- Waiver services

EDS will systematically reprocess medical claims for these carved-out services with dates of service November 1, 2007, through November 21, 2008, that denied for Explanation of Benefits 7502 – *Recipient Locked in to a Specific Provider*. Reprocessed claims will appear on February 3, 2009, Remittance Advice statements.

Claims Denied for Error Code 520 – *Invalid Revenue Code/Procedure Code Combination for HCPCS Codes A9542-A9545 and Revenue Code 636*

Providers that received denials since January 1, 2006, with error code 520 – *Invalid revenue code/procedure code combination* for the Healthcare Common Procedure Coding System (HCPCS) codes in Table 1 with revenue code 636 may resubmit those claims. Providers may submit this banner page along with the claims to waive the one-year filing limit.

Table 1 – HCPCS Codes for Claims Denied for Error Code 520

Code	Description
A9542	Indium In-111 Ibritumomab Tiuxetan, Diagnostic, per Study Dose, up to 5 Millicuries
A9543	Yttrium Y-90 Ibrutumomab Tiuxetan, per Treatment Dose, up to 40 Millicuries
A9544	Iodine I-131 Tositumomab, Diagnostic, per Study Dose
A9545	Iodine I-131 Tositumomab, Therapeutic, per Treatment Dose

Additions to MHQAC Utilization Edits

On June 19, 2007, the Mental Health Quality Advisory Committee's (MHQAC's) recommended utilization edits for mental health medications were implemented (refer to *Provider Bulletin BT200709*, dated May 3, 2007). The utilization edits are reviewed quarterly, and the additions listed in Table 2 will be made March 13, 2009:

Table 2 – Additions to MHQAC Utilization Edits

Name of Medication and Strength	Utilization Edit
D-amphetamine Sulfate, 5mg/5mL solution	40mL/day
Dexedrine spansules, 5mg capsules	2/day
Dexedrine spansules, 15mg capsules	2/day
Pexeva, 40mg tablets	1/day

First Steps Providers

First Steps Begins Transition to CSC Covansys January 30

Effective January 30, 2009, you will have “view-only” access to Web interChange for First Steps claims submitted prior to January 30, 2009. If you have questions regarding claims, claims payment, or an authorization, please continue to contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278 during the transition period of January 30, 2009, to February 16, 2009. Please understand that CSC Covansys will only be able to answer your questions beginning February 16, 2009.

Therefore, we ask that you refrain from calling CSC Covansys with claims, billing, or authorization questions until after February 16, 2009. Additional information regarding the transition is available at <http://www.in.gov/fssa/ddrs/2633.htm> under the “What’s New?” section.

Pharmacy Providers

Billing Prilosec OTC™

Effective February 1, 2009, providers are advised to discontinue using the Universal Product Code (UPC) when billing Prilosec OTC. Instead, the corresponding National Drug Code (NDC) should be used for billing all claims for Prilosec OTC. If a claim is submitted with a UPC, it will be denied, and resubmission with the appropriate NDC will be requested. Please refer to Table 3 for the UPC to NDC conversion:

Table 3 – Prilosec OTC UPC to NDC Conversion

Prilosec OTC	UPC	NDC
14 count	37000035905	37000045502
28 count	37000035906	37000045503
42 count	37000035907	37000045504
28 count unit dose	37000005845	37000045505

Vaccines for Children (VFC) Providers

Update on Claims for Hemophilus Influenza B (Hib) Vaccine

In conjunction with banner page [BR200901](#), dated January 6, 2009, Vaccines for Children (VFC) providers who provided Hib-containing vaccine from their private stocks to VFC-eligible children since February 1, 2008, and received only \$8 (using CPT codes 90645, 90647, 90648, 90721, and 90748) will need to submit replacement claims for

adjustments to receive the difference for the IHCP Medicaid rate on file. Please refer to the IHCP or managed care organization (MCO), as appropriate, for directions about submitting replacement claims to adjust these claims for reprocessing. Remember to include the invoice as an attachment for immunizations provided from your private stock. Doses provided from the VFC vaccine stock should not be billed for more than the \$8 administration fee.

For IHCP claims beyond the one-year filing limit, you must attach a copy of this banner page to each claim for proper processing. For MCO claims, the provider should follow the MCO's claim-processing guidelines.

Provider Workshops

2009 Workshops Are Here!

The IHCP is offering quarterly provider workshops free of charge. Topics include medical review team (MRT) billing, Hoosier Healthwise open enrollment, a managed care roundtable, and more. Workshop agendas, dates, registration deadlines, and locations are online at <http://www.indianamedicaid.com/ihcp/ProviderServices/workshops.asp> and in the January IHCP provider newsletter (NL200901), also available online at <http://www.indianamedicaid.com/ihcp/Newsletters/NL200901.pdf>. You may also register online. For more information about the workshops, please contact the workshop line at (317) 488-5072.

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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