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All Providers

Individual Cases of Varicella (Chickenpox) Are Now Reportable

As of December 12, 2008, all primary cases of varicella (chickenpox) are reportable to the local health department under 410 IAC 1-2.3-47. Healthcare providers should report all individual cases of chickenpox to the local health department within 72 hours for investigation by department staff. Cases of varicella should be reported to the local health department using the Report of Confidential Communicable Diseases Form available at <http://www.in.gov/isdh/files/43823.pdf>.

The complete revised Communicable Disease Control Rule is available at <http://www.in.gov/legislative/iac/T04100/A00010.PDF?>

Chiropractic Providers

Medicare Chiropractic Billing Guidelines

Effective April 1, 2009, the Indiana Health Coverage Programs (IHCP) will deny the procedure codes listed below when billed by a chiropractor, specialty 150, to bill Medicare primary for dually eligible Medicaid members. Medicaid will be processing a mass adjustment for these services paid as Medicaid primary on a future remittance advice (RA). Additional information will be forthcoming concerning the time period.

Medicare covers the following manipulation procedure codes for chiropractors (specialty 150):

- 98940 – *chiropractic manipulative treatment, spinal one to two regions*
- 98941 – *chiropractic manipulative treatment, spinal three to four regions*
- 98942 – *chiropractic manipulative treatment, spinal five regions*

Vision/Durable Medical Equipment/Home Medical Equipment Providers

Use Modifier U8 When Billing for Replacement Frames and Lenses

Effective December 31, 2008, the Centers for Medicare & Medicaid Services (CMS) end-dated modifier RP – *replacement and repair*, as announced in provider bulletin [BT200843](#), dated December 30, 2008. Vision providers must use modifier U8 when billing for replacement frames and lenses when medical necessity guidelines are met or when replacement is necessary because of loss, theft, or damage beyond repair. Modifier RP should not be used for dates of service on or after January 1, 2009. Vision, durable medical equipment (DME), or home medical equipment (HME) providers that billed with the RP modifier for dates of service on or after January 1, 2009, must adjust claims to correct the modifier. Refer to *Chapter 11* of the *IHCP Provider Manual* for additional information on the paid claim-adjustment options and process.

Pharmacy Providers and Prescribing Practitioners

Pharmacy Benefit To Be “Carved Out” from Managed Care Organizations and Returned to Fee-for-Service

As of July 1, 2009, the Office of Medicaid Policy and Planning (OMPP) will remove administration of the pharmacy benefit from the managed care organizations (MCOs) and return it to the fee-for-service (FFS) program. This means that all risk-based managed care pharmacy claims currently processed by Anthem, MDwise, or Managed Health Services will

be processed by EDS, the FFS pharmacy claims processor. Detailed information will be provided in subsequent banner pages and bulletins.

Care Select Providers

Care Select Primary Medical Providers' 2008 Remittance Advices

The summary page of the 2008 Remittance Advices (RAs) for *Care Select* primary medical providers (PMPs) shows incorrect subtotals. The subtotal amounts appearing as "Net Payment" and "Net Earnings" are incorrect for the "Year to Date Amount" column. The individual line items are correctly reported; however, the "Year to Date Amount" subtotals include the amount for "Managed Care Administrative Payments" twice. This affects the "Year to Date" subtotals only for "Net Payment" and "Net Earnings" (the "Current Amount" subtotals are not affected).

Provider Workshops

Note: The Federally Qualified Health Center and Rural Health Clinic Workshop originally scheduled for January 28, 2009, at Daviess Community Hospital in Washington, Indiana, was cancelled because of inclement weather. The seminar has been rescheduled for April 29, 2009. Topics include how to check eligibility, how to file a claim, how to bill services, what causes claims to deny, and more. For more information, please contact the workshop line at (317) 488-5072.

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](#). You may register online or by using the registration form printed in the newsletter. 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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