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All Providers

Current Procedural Terminology Code 88299 – Unlisted Cytogenetic Study to Require Manual Pricing

Current Procedural Terminology (CPT®) code 88299 – Unlisted Cytogenetic Study is currently reimbursable at a maximum rate of \$10. Effective for dates of service on or after July 1, 2009, this procedure code will be subject to manual pricing and will require documentation for reimbursement.

For more information, contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

Clarification Regarding Presumptive Eligibility

As discussed in [BT200910](#), dated April 30, 2009, providers enrolled in the Indiana Health Coverage Programs (IHCP) that meet certain requirements can now enroll as qualified providers to perform duties related to enrolling pregnant women for immediate coverage through Presumptive Eligibility (PE). Please note that only employees of qualified providers may perform PE duties. Eligibility assistance companies and their employees cannot perform PE duties on behalf of a qualified provider.

Screening and Brief Intervention Services

For dates of service on or after October 1, 2008, the IHCP reimburses providers for screening and brief intervention (SBI) services. SBI identifies and intervenes with individuals who are at risk for substance abuse-related problems or injuries. Providers may bill procedure code 99408 or 99409 only after an individual has received screening for alcohol or drug abuse by a healthcare professional. These services are separate from an initial evaluation and should not be billed with procedure code 90801. Screening and brief intervention services no longer require prior authorization. Procedure codes 99408 and 99409 are limited to one structured screening and brief intervention per individual, every three years, when billed by the same provider. This will not be counted toward the number of annual office visits allowed per year for an individual.

Kosciusko and Martin Counties Added to List of Modernized Counties

Kosciusko and Martin counties were inadvertently omitted from the modernized counties listed in bulletin [BT200910](#), which introduced Presumptive Eligibility (PE). These counties have since been added to the list, and the corrected bulletin has been posted to the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Bulletins/BT200910.pdf>.

Providers Using Web interChange

Web interChange Password Rule Changes

Beginning June 30, 2009, the password rule for Web interChange passwords will be enhanced. Web interChange users will not be allowed to change their passwords using the Change Password function more than once each day. If users have changed their passwords and attempt to change them a second time during the same day, they will receive a message indicating that the password change is not allowed. The user must wait until the following day to change the password.

Additionally, Web interChange users will not be able to reset their own passwords using the Automated Password Reset function more than three times each day. If users reset their passwords three times in the same day and attempt to reset it

a fourth time, they will receive a message indicating that the password reset is not allowed. The user must wait until the following day to reset the password.

Password Change or Password Reset Assistance

If users need to change a password more than once in the same day or reset their passwords more than three times in the same day, they must contact their Web interChange administrator. The administrator can reset the password. Users must answer their two security questions before the administrator will reset the password.

Users who are not sure who the Web interChange administrator is for their organization can use the Administrator Listing function, available on the logon screen of Web interChange at <https://interchange.indianamedicaid.com>.

Questions regarding this enhancement to Web interChange password security should be directed to the EDS EDI Solutions Help Desk toll-free at 1-877-877-5182 or locally at (317) 488-5160.

Vision Providers

Correction!

Please note: The effective date for coverage of this benefit has changed.

Polycarbonate Lenses for Members Age 19 and Younger

Effective January 1, 2010, the IHCP will routinely reimburse providers for polycarbonate lenses for members age 19 years old and younger. Providers may submit claims for services rendered for dates of service beginning January 1, 2010, using procedure code V2784 – Lens, polycarbonate or equal, any index, per lens with the appropriate corresponding lens procedure code. Polycarbonate lenses will no longer require prior authorization and will not be subject to specific medical conditions for members age 19 years old and younger.

Pharmacy and Prescribing Practitioners

CMS Reverses Directive for Polyethylene Glycol

Banner page [BR200921](#), dated May 26, 2009, advised pharmacy and prescribing practitioners of an April 23, 2009, directive from the Centers for Medicare & Medicaid Services (CMS) instructing states to cease reimbursing for six prescription-only polyethylene glycol (PEG) 3350 oral products. CMS has reversed its stance by issuing to states the following statement on May 26, 2009:

We recently emailed the attached notification which instructed you to change the DESI code of several Polyethylene Glycol 3350 NDCs from a code of 2 (i.e., rebate-eligible) to a code of 5 (i.e., non-rebate-eligible). These changes resulted from a Federal Register notice issued by the FDA on October 24, 2008, which proposed to withdraw approval of several Polyethylene Glycol 3350 Abbreviated New Drug Applications (ANDAs). After further review, however, we have determined that no action should be taken with respect to these NDCs at this time. As a result, the NDCs in the attached remain eligible for coverage under the Medicaid Drug Rebate Program and should be changed in your Medicaid Drug Rebate system to reflect a DESI code of 2 as of the date of this email.

We apologize for any inconvenience that this may cause.

Sincerely

CMS MDR Operations

The “attached notification” referred to above contained the following products/National Drug Codes (NDCs):

- 00574-0412 – Polyethylene Glycol 3350 NF Powder for Oral Solution
- 10572-0810 – MiraLAX
- 49884-0146 – Polyethylene Glycol

- 51991-0457 – Polyethylene Glycol 3350 NF
- 52268-0800 – MiraLAX
- 62175-0442 – GLYCOLAX

In accordance with CMS' retraction of noncoverage, these products are again reimbursable under the fee-for-service Indiana Medicaid pharmacy benefit as of May 26, 2009.

Because of the April 23 CMS determination of noncoverage status for the legend PEG products, the over-the-counter (OTC) MiraLAX products listed below were added to the OTC Drug Formulary. Given the federal reversal of noncoverage policy for the prescription-only PEG products, these MiraLAX products are being removed from the OTC Drug Formulary and are noncovered under the fee-for-service pharmacy benefit as of the date of this banner page:

- 11523-7234-02 – MiraLAX Powder, 119 grams
- 11523-7234-03 – MiraLAX Powder, 238 grams
- 11523-7234-04 – MiraLAX Powder, 510 grams

Dental Providers

Dental Workshop Scheduled for June

EDS Provider Relations is offering workshops for the dental provider community. This is an excellent opportunity to become more familiar with Medicaid dental policies, procedures, and billing tools and methodology. Details about the workshops follow:

Dental Workshop
June 11, 2009
1-3 p.m. Central Time
St. Catherine's Professional Office Building
4321 Fir Street
East Chicago, IN 46312

The agenda includes the following:

- National Provider Identifier (NPI) information and updates
- Dental billing and rendering provider information
- Working with the dental cap
- Dental policies
- Live demonstration and discussion of all facets of Web interChange
- An extensive question-and-answer period

Providers may enroll in the workshop at <http://www.indianamedicaid.com/ihcp/index.asp> under Provider Services > Education Opportunities > Workshop Registration. If you have questions, please call Provider Relations at (317) 488-5072.

Provider Workshops

Second-quarter Workshops

The IHCP is offering quarterly provider workshops free of charge. Topics include the IHCP Family Tree, electronic transactions, presumptive eligibility and notification of pregnancy, Hoosier Healthwise open enrollment, a managed care roundtable, and more. Workshop agendas, dates, registration deadlines, and locations are online at <http://provider.indianamedicaid.com/general-provider-services/provider-education/workshop-registration.aspx>. You may

register online or by using the registration form printed in the IHCP provider 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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