



## All Providers

### A New Look for Prior Authorization Forms

The Office of Medicaid Policy and Planning (OMPP) is enhancing the prior authorization (PA) decision letters and the Indiana Medicaid Notice of Appeal Rights for *Care Select* and Traditional Medicaid members. After January 1, 2010, you will notice that the language in the letters is more reader friendly and the message is clearer. The following outlines the enhancements:

- The PA decision letter includes the prior authorization toll-free phone number.
- The PA decision letter displays a table that provides definitions for service terms used throughout the PA decision letters.
- The Notice of Appeal Rights that accompanies the PA decision letter will be tailored to the member and provider, and its format will resemble that of frequently asked questions (FAQ).
- Members will have access to an appeals form they can use to appeal PA decisions. The form will be available after January 1, 2010, at [indianamedicaid.com](http://indianamedicaid.com).
- The Notice of Appeal Rights will be available in Spanish after January 1, 2010, via [indianamedicaid.com](http://indianamedicaid.com) or by contacting HP Customer Assistance at 1-800-577-1278.

Even when a PA has been granted, providers are always encouraged to verify the member's eligibility before rendering services. Requesting and rendering providers may continue to check PA status via Web interChange.

### 2010 Healthcare Common Procedure Coding System Updates Are Available

The 2010 Healthcare Common Procedure Coding System (HCPCS) updates are available for download on the following Web site: <http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS>.

The new codes, deleted codes, codes with description changes, and new modifiers are currently under review. HP Enterprise Services will publish a provider bulletin containing information about Indiana Health Coverage Programs (IHCP) coverage, prior authorization requirements, and pricing, as applicable. HP anticipates publication of this bulletin during the last week of December 2009.

### Care Select Primary Medical Provider Requirement Is Exempt on Claims for the H1N1 Vaccine

*Care Select* claims are exempt from the *Care Select* Primary Medical Provider (PMP) certification code requirement for Influenza A (H1N1) vaccine administration. If you received denial 1049 – *Care Select member's PMP is missing or invalid*, please resubmit the claim for reprocessing.

## Anesthesia Providers

### Reimbursement for Procedure Codes 01952 and 01953

Effective for claims with dates of service on or after February 1, 2010, the IHCP will reimburse anesthesia codes 01952 – *Anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; one percent to nine percent total body surface area* and 01953 – *Anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site,*

for total body surface area (TBSA) treated during anesthesia and surgery; each additional nine percent total body surface area when billed on the same claim form.

The complete time for the entire procedure must be included in the time reported for 01952. When multiple units are performed for procedure code 01953 (that is, each additional 9 percent), bill all the units on the same detail line. Providers will be reimbursed one base unit for each additional 9 percent of the total body surface area. The current base rate for anesthesia services is \$13.88 per unit.

## Prescribing Providers and Pharmacy Providers

### Mental Health Quality Advisory Committee 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 in Table 1 will be effective February 1, 2010. These updates were approved at the Fourth Quarter 2009 MHQAC meeting and at the November 2009 Drug Utilization Review (DUR) Board meeting.

Table 1 – Updates to MHQAC Utilization Edits

Name of Medication and Strength	Utilization Edit
Edluar 10mg SL tablet	1/day
Edluar 5mg SL tablet	1/day
Invega ER 1.5mg tablet	1/day
Invega Sustenna 39mg prefilled syringe	1/28 days
Invega Sustenna 78mg prefilled syringe	1/28 days
Invega Sustenna 117mg prefilled syringe	1/28 days
Invega Sustenna 156mg prefilled syringe	1/28 days
Invega Sustenna 234mg prefilled syringe	1/28 days
Nuvigil 50mg	2/day
Nuvigil 150mg	1/day
Nuvigil 200mg	1/day
Nuvigil 250mg	1/day
oxazepam 15mg tablet	4/day; max quantity 120
risperidone 0.25mg ODT	2/day
risperidone 1mg/1mL solution	8mL/day
Saphris 5mg sublingual tablet	2/day
Saphris 10mg sublingual tablet	2/day
Sarafem 15mg tablet	1/day
thiothixene 20mg capsule	3/day

## Inpatient Hospital Providers

### Present on Admission Indicator Claims with Explanation of Benefits 4275 To Be Reprocessed

Per provider bulletin [BT200928](#), dated August 25, 2009, the Present on Admission (POA) indicator is not required for the External Cause of Injury, and if entered, it is ignored and not used for all-patient diagnosis-related grouping (AP DRG). Hospitals that are not exempt from the Hospital Acquired Condition reporting may have experienced denials when a POA was not entered in the External Cause of Injury field. Therefore, inpatient claims with dates of service between October 1, 2009, through November 06, 2009, that denied with explanation of benefit (EOB) 4275 – *The twenty-fifth secondary diagnosis POA indicator is not in the correct format. Please check ICD-9-CM official guidelines for coding and reporting effective October 1, 2008*, will be systematically reprocessed. These reprocessed claims appeared on the November 24, 2009, Remittance Advice.

## Providers of Obstetric Services

### Side-by-Side Comparison of Managed Care Organizations Now Available on the IHCP Web Site

The IHCP wants to make the presumptive eligibility (PE) application process as streamlined as possible for qualified providers (QPs) and potential members. To reduce the time spent educating applicants about selecting their primary care providers (PMPs) and managed care organizations (MCOs) during the PE application process, the IHCP has updated its Web site at [http://provider.indianamedicaid.com/about-indiana-medicaid/member-programs/special-programs/presumptive-eligibility-\(pe\).aspx](http://provider.indianamedicaid.com/about-indiana-medicaid/member-programs/special-programs/presumptive-eligibility-(pe).aspx) with a side-by-side comparison of the MCOs.

This tool will aid QPs by giving PE applicants information to help them choose an MCO. The comparison includes contact information for each of the MCOs, and nurse-on-call and transportation information, so a potential PE member can see the benefits all three MCOs offer. QPs must provide this side-by-side comparison to all PE members before the PMP/MCO selection process takes place.

The IHCP Web site for PE also contains a list of questions frequently asked by members. QPs are encouraged to provide the list of member's frequently asked questions to applicants at the beginning of the PE application process.

All members must be provided with the MCO side-by-side comparison sheet prior to their contacting MAXIMUS. The member FAQ is an optional document that is available to help QPs explain the PE benefit and process.

### Presumptive Eligibility Process Update: Enrollment Center Referrals and Avoiding Duplicate Applications

Enrollment centers that are not qualified providers for the Presumptive Eligibility (PE) program can assist a pregnant woman by helping complete and submit a Hoosier Healthwise (HHW) Application and providing a referral to a qualified provider. However, **it is critical that only ONE HHW Application be submitted for a member**. To avoid duplicate applications, an enrollment center that completes an HHW application should provide a copy of that application to the applicant. Qualified providers should verify that the pregnant woman has submitted an HHW application. Qualified providers should not submit an additional application or fax a duplicate application to the Division of Family Resources (DFR) if the member has already submitted an application.

## Provider Workshops

### Regional Workshops for Dental, Home Health, and Hospice Providers Scheduled for January 20, 2010

HP Enterprise Services Provider Relations will present regional workshops for home health/hospice providers and dental providers. The workshops are scheduled for January 20, 2010. The morning session covers the home health/hospice education, and the afternoon is for the dental provider community.

**Date:** January 20, 2010

**Location:** Indiana University School of Dentistry  
1121 W. Michigan St.  
Room DS 114  
Indianapolis, IN 46202

### **Home Health/Hospice Providers**

Home Health: 9 – 10 a.m.

Hospice: 10:10 – 11:30 a.m.

This is an excellent opportunity to become more familiar with Medicaid home health and hospice policies, procedures, and billing tools and methodology.

The agenda includes the following:

- Benefit coverage
- Prior authorization requirements
- Billing procedures
- Eligibility requirements
- Reimbursement methodology
- Hospice process
- Common denials

### **Dental Providers**

1:00 – 3:30 p.m.

This is an excellent opportunity to become more familiar with Medicaid dental policies, procedures, and billing tools and methodology.

The agenda includes a live demonstration and discussion of all facets of Web interChange, including:

- Spend-down
- Managed care
- Third-party liability and qualified Medicare beneficiary eligibility
- Dental cap
- Benefit limitations

Providers may enroll in the workshop on [www.indianamedicaid.com](http://www.indianamedicaid.com) under **Provider Services > Education Opportunities > Workshop Registration**. If you have questions, please call Provider Relations 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.

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](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/mailling\\_list/default.asp](http://www.indianamedicaid.com/ihcp/mailling_list/default.asp).