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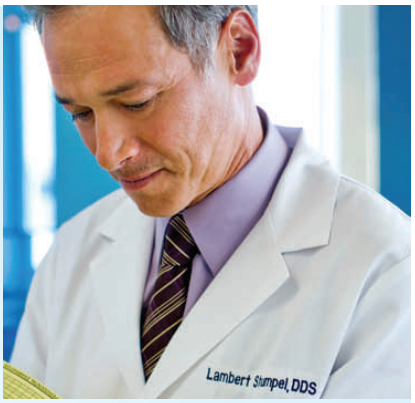
INDIANA HEALTH COVERAGE PROGRAMS BR2010014 APRIL 6, 2010

IN THIS ISSUE

CARE COORDINATION CONFERENCES LIMITED TO TWO HALF-HOUR CONFERENCES

The care management organizations (CMOs) coordinate with the *Care Select* primary medical providers (PMPs) to perform care coordination conferences to review a member's progress and care management plan. The PMPs are eligible to be reimbursed for their time at these case conferences. Effective for dates of service on or after May 20, 2010, the *Care Select* PMP care coordination conferences that are billed using Healthcare Common Procedure Coding System (HCPCS) code 99211 SC – *Office or other outpatient visit for evaluation and management of an established patient* will be reimbursed at a rate of $20 per half-hour. The *Care Select* PMP is limited to two half-hour care coordination conferences per 12-month rolling period for each *Care Select* member. For additional information regarding *Care Select* PMP care coordination conferences, please see *BT200723*, dated September 13, 2007; *BT200804*, dated January 15, 2008; and *NL200903*.

THE OMPP HAS ESTABLISHED RATES FOR PROCEDURE CODES D8070, D8080, AND D8090



Comprehensive orthodontic treatment codes D8070 – *Comprehensive orthodontic treatment of the transitional dentition*, D8080 – *Comprehensive orthodontic treatment of the adolescent dentition*, and D8090 – *Comprehensive orthodontic treatment of the adult dentition* are currently manually priced. The Office of Medicaid Policy and Planning (OMPP) has established rates for these procedure codes that are effective May 15, 2010. These rates are subject to the 5 percent reduction effective from April 1, 2010, through June 30, 2011. Claims with dates of service of May 15, 2010, through June 30, 2011, will be reimbursed at the rates shown in the reduced rate column of the table below. (This represents the Max Fee rate minus 5 percent). Effective July 1, 2011, the reimbursement will return to the Max Fee amount shown in the Max Fee Rate column.

Comprehensive orthodontic treatment codes

Procedure code	Description	Max Fee Rate (effective May 15, 2010)	Reduced rate (for claims with dates of service May 15, 2010, through June 30, 2011)
D8070	Comprehensive orthodontic treatment of the transitional dentition	$3,657.02	$3,474.17
D8080	Comprehensive orthodontic treatment of the adolescent dentition	$3,735.19	$3,548.43
D8090	Comprehensive orthodontic treatment of the adult dentition	$3,870.48	$3,676.96

APRIL WORKSHOPS FOR DENTAL, HOME HEALTH, AND HOSPICE PROVIDERS

Provider Relations has scheduled regional workshops for home health, hospice, and dental providers in Evansville (April 7), East Chicago (April 15), and Fort Wayne (April 21). The morning session focuses on home health and hospice education, and the afternoon session will be information for the dental provider community. For more information and to sign up, click here.

COMMUNITY MENTAL HEALTH PROVIDERS

NEW BENEFIT STRUCTURE FOR MRO SERVICES

The OMPP, in conjunction with the Division of Mental Health and Addiction (DMHA), is developing a benefit plan structure for members receiving Medicaid Rehabilitation Option (MRO) services. Currently, there are no prior authorization (PA) requirements and no benefit limitations imposed for members receiving MRO services. While members will be able to continue to access MRO providers based on a self-referral, members will be assigned a service package based on the members' level of need (LON) and qualifying MRO diagnosis. This placement will allow members to access a specific number of units for each type of MRO service.

Additional units can be requested when they are determined to be medically necessary and meet the criteria below:

- If a member has exhausted all units of service in the assigned service package
- If a member needs a service not in the assigned service package
- In the case of a member who does not meet either the diagnosis or LON requirements, but demonstrates a significant behavioral health need that would benefit from an MRO service
- If a member is newly eligible to the Medicaid program, or had a lapse in his or her Medicaid eligibility, and was determined Medicaid eligible for a retroactive period. In this case, a retroactive request for prior authorization is appropriate for MRO services provided during the retroactive period.

The new benefit plan structure will be implemented effective July 1, 2010. Future bulletins and an updated *MRO Provider Manual* will be published on the http://www.indianamedicaid.com Web site, with additional MRO information available on the https://myshare.in.gov/FSSA/OMPP/MRO Web site. This site will include detailed information about the MRO benefit plan structure, frequently asked questions, and information about statewide training sessions.

QUESTIONS?

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