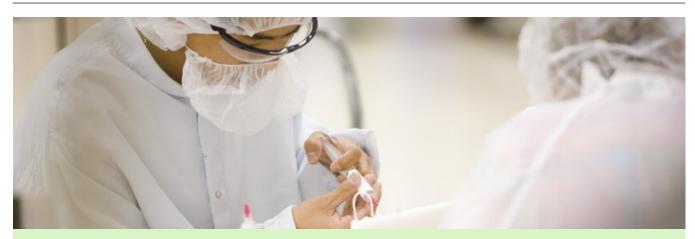
IHCP banner page

INDIANA HEALTH COVERAGE PROGRAMS BR201103 JANUARY 18, 2011



Fifteen-day trial fill for atypical antipsychotics

On November 1, 2009, the edit for a 15-day trial fill for new, atypical antipsychotic medications was implemented within the fee-for-service pharmacy benefit's automated prior authorization (PA) tool (SmartPA™). This edit uses a four-month "look-back" period to determine whether the patient had a prescription for the same active ingredient filled in the previous four months. If so, the prescription is not subject to the edit. If this is new medication for the patient, or if it has been more than four months since the medication was previously filled, the pharmacy is able to fill the prescription for only a 15-day trial supply. Pharmacy providers and prescribers are able to submit a PA request if the patient had samples. Copays for individuals who are not copay exempt apply to the 15-day trial fills. After dispensing the initial 15-day supply, the pharmacy provider should dispense the prescribed quantity for subsequent refills. Doing so ensures compliance with Medicaid regulation 405 IAC 5-24-6(c) regarding "split billing" prohibition.

Pharmacy providers receive the following text message when the denied pharmacy claim has triggered the 15-day trial fill edit: 15DS_ATY_ANTIP_CALL_8668790106. It is not necessary to contact Affiliated Computer Services (ACS) if the claim is changed to a 15-day supply, but if needed, please contact ACS at 1-866-879-0106 for all prior authorization requests. For pharmacy claims processing assistance, please contact HP at 1-800-577-1278 or (317) 655-3240, option 2 for pharmacy providers.

IHCP adopts 2011 Medicare rates for select clinical laboratory services

Pursuant to Section 1903(i)(7) of the Social Security Act, Medicaid reimbursement for individual clinical laboratory procedures cannot exceed the Medicare rate of reimbursement. Therefore, in accordance with the clinical laboratory reimbursement methodology set out in 405 IAC 5-18-1 and in the approved Medicaid State Plan (Attachment 4.19B, page 2), the Indiana Health Coverage Programs (IHCP) has adopted the 2011 Medicare rates, released in December 2010, for any clinical laboratory procedure code for which the Medicaid reimbursement rate exceeds Medicare's 2011 rate. Effective for dates of service on or after January 1, 2011, the IHCP has adopted the 2011 Medicare rates on the next page.

2011 Medicare rates for clinical laboratory services

| Procedure code | Description | Rate effective January 1, 2011 |
|----------------|--|--------------------------------|
| 80047 | Basic metabolic panel (calcium, ionized) | \$8.99 |
| 82962 | Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use | \$3.29 |
| 83951 | Oncoprotein; des-gamma-carboxy-prothrombin (DCP) | \$90.64 |
| 83987 | PH; exhaled breath condensate | \$22.35 |
| 84163 | Pregnancy-associated plasma protein-A (PAPP-A) | \$9.83 |
| 85397 | Coagulation and fibrinolysis, functional activity, not otherwise specified (e.g., ADAMTS-13), each analyte | \$32.29 |
| 86305 | Human epididymis protein 4 (HE4) | \$29.29 |
| 86336 | Inhibin A | \$21.09 |
| 86341 | Islet cell antibody | \$27.85 |
| 86780 | Antibody; Treponema pallidum | \$18.63 |
| 86825 | Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (e.g., using flow cytometry); first serum sample or dilution | \$113.03 |
| 86826 | Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (e.g., using flow cytometry); each additional serum sample or sample dilution (list separately in addition to primary procedure) | \$37.67 |
| 86901 | Blood typing; Rh (D) | \$4.20 |
| 87150 | Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed | \$49.39 |
| 87153 | Culture, typing; identification by nucleic acid sequencing method, each isolate (e.g., sequencing of the 16S rRNA gene) | \$162.33 |
| 87493 | Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique | \$49.39 |
| 87905 | Infectious agent enzymatic activity other than virus (e.g., sialidase activity in vaginal fluid) | \$17.20 |
| 88738 | Hemoglobin (Hgb), quantitative, transcutaneous | \$7.06 |
| 88740 | Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin | \$7.06 |
| 88741 | Hemoglobin, quantitative, transcutaneous, per day; methemoglobin | \$7.06 |
| Q0113 | Pinworm examinations | \$7.61 |

Questions?

If you have questions about this bulletin, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.