

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_ITY_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.

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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.