

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201129 JULY 19, 2011



Changes to Provider Enrollment and Update Forms

The Indiana Health Coverage Programs (IHCP) is preparing to adopt new provider screening and enrollment requirements from the *Affordable Care Act*. As part of this process improvement, new provider application forms and provider update forms will be required. Watch for more information in the next few weeks at HP provider workshops, in upcoming bulletins, and on indianamedicaid.com.

PA no longer required for 17-alpha hydroxprogesterone (“17P”) injections

As of September 1, 2011, compounded 17P injections will no longer require prior authorization (PA) for pharmacy claims with dates of service on or after September 1, 2011.

As noted in Indiana Health Coverage Programs (IHCP) bulletin [BT201110](#), dated April 12, 2011, prior authorization is required for Makena. That requirement remains unchanged.

IHCP bulletin BT201110 specified that all claims for compounded 17P injections must be billed only through the IHCP fee-for-service pharmacy benefit; that requirement also remains unchanged.

Changes to HCPCS codes for DME providers – specialty 250

Effective for claims with dates of service on or after October 1, 2011, durable medical equipment (DME) providers enrolled as specialty 250 may bill Healthcare Common Procedure Coding System (HCPCS) code L7009 – *Electric hook, switch or myoelectric controlled, adult*.

QUESTIONS?

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

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