



I M P O R T A N T I N F O R M A T I O N

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To All Indiana Health Coverage Programs Physicians, Nurse Practitioners, Dentists, Pharmacies, Psychologists, and Clinics:

- Subsequent to the release of bulletin BT199933, *Implementation of Smoking Cessation Treatment Services*, the Indiana Health Coverage Programs received a question regarding whether a prescription for smoking cessation drugs requires an order for related smoking cessation counseling services. Some of the text in the bulletin was perceived as being ambiguous. This is to advise you that smoking cessation counseling services must be ordered to be reimbursed by the Indiana Health Coverage Programs. Practitioners should order smoking cessation services and should maintain documentation regarding the order in the same manner used for other covered services. In summary, to be reimbursed by the Indiana Health Coverage Programs, smoking cessation drugs must be prescribed and smoking cessation counseling services must be ordered.

To All Indiana Health Coverage Programs Pharmacy Providers:

- The following labeler was terminated from the rebate program effective October 1, 1999:
 - Komax Pharmaceuticals, Inc. (Labeler Code 62431)
- The following labeler will be terminated from the rebate program effective January 1, 2000:
 - Care Technologies, Inc. (Labeler Code 62653)

To All Indiana Health Coverage Programs Dentists and Dental Clinics:

- In bulletin E98-03 dated January 16, 1998, page 9 addresses the policy for general anesthesia provided in a dental office. General anesthesia, which is billed using codes D9220 for the first 30 minutes and D9221 for each additional 15 minutes, is only a covered service in a dentist's office for individuals under 21 years old. However, the fee schedule attached to that bulletin and the fee schedule that was updated in May 1998 does not indicate that codes D9220 and D9221 are only covered codes for individuals under 21 years old. Please make note of this on any Indiana Health Coverage Programs (IHCP) dental fee schedules in your office as a reminder that codes D9220 and D9221 are only reimbursable for individuals under 21 years old.

General anesthesia for adults is reimbursable in a hospital (inpatient or outpatient) or in an ambulatory surgical center. Intravenous (IV) sedation and nitrous oxide analgesia are available to all IHCP-enrolled individuals regardless of age. Documentation for general anesthesia (adults or children) should include why the individual cannot receive necessary dental services unless general anesthesia is administered. These records must be retained in the recipient file for at least three years. For example, a patient may be unable to cooperate with the dentist due to physical or mental disabilities.

In addition, the code for sealants, D1351, is only a covered service for individuals under 21 years old. Please make note of this change on any IHCP dental fee schedules in your office. Specific restrictions for all dental services are provided in *405 IAC 5-14, Medicaid Covered Services and Limitations Rule*.

To All Indiana Health Coverage Programs Certified Nursing Facilities and Intermediate Care Facilities for the Mentally Retarded:

- All Long Term Care (LTC) providers must have a State-approved Form 450B or 450B SA/DE on file in IndianaAIM for their provider number before billing for services provided to a recipient. This is a final reminder. This information previously ran in banner pages during April and October 1999. The billing provider number on the LTC claim must match the provider number from the State-approved Form 450B or 450B SA/DE in IndianaAIM for the dates of service being billed. If an LTC claim is billed before information from the approved Form 450B or 450B SA/DE has been entered into the IndianaAIM system, the claim will deny for Edit 1024, *Billing provider is not recipient's listed LTC provider, please verify provider number and resubmit.*

When an LTC claim denies for Edit 1024, the provider should verify the status of the Form 450B or 450B SA/DE. If the facility has a State-approved Form 450B or 450B SA/DE, with the correct provider number for the billing facility for the dates of service billed, the approved Form 450B or 450B SA/DE should be resubmitted to the Office of Medicaid Policy and Planning (OMPP). Please include a cover letter requesting that the information be data-entered into the IndianaAIM system due to claim denial for Edit 1024 and submit to the following address:

Ms. Nancy Hopkins
Office of Medicaid Policy and Planning
MS07
402 West Washington Street
Indianapolis, IN 46204

If the LTC facility **does not have a State-approved Form 450B or 450B SA/DE with the correct provider number for the dates of service billed**, the facility must follow the established procedures for obtaining Form 450B level of care approval from the OMPP. The Form 450B or 450B SA/DE process for nursing facilities is outlined in Medicaid Update E98-40 that was published in November 1998. Intermediate Care facilities for the mentally retarded should direct Form 450B eligibility questions to the local Bureau of Developmental Disabilities field office.

NOTE: If the LTC provider has already submitted a Form 450B or 450B SA/DE to the OMPP, the provider must wait until the Form 450B or 450B SA/DE has been processed by the OMPP and returned before resubmitting the claim.

For questions related to this reminder, please call the EDS LTC Unit at (317) 488-5099.

Have you seen the Indiana Medicaid Web site, www.indianamedicaid.com? Look for the new Indiana Health Coverage Programs Provider Manual and the results of the recent Baseline Provider Satisfaction Survey on the Web site. This Web site can also be used to retrieve banner pages and bulletins.