



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 Providers:

- The purpose of this message is to clarify the billing guidelines for procedure codes 90669, *Pneumococcal conjugate vaccine, polyvalent, Prevnar, for intramuscular use* and 90732, *Pneumococcal polysaccharide vaccine, 23-valent, for subcutaneous or intramuscular use*.

The FDA approved Pneumococcal conjugate vaccine, polyvalent, Prevnar, for children, on February 24, 2000. This vaccine is for children between six weeks and 59 months of age. This vaccine is not available for the Vaccines for Children Program at this time.

Providers should bill procedure code 90669 when billing for Pneumococcal conjugate vaccine, polyvalent, Prevnar, for intramuscular use. This code will be reimbursed at \$75.40, which includes an administration fee. The Advisory Committee on Immunization Practices (ACIP) is finalizing guidelines for this vaccine. The ACIP preliminary report may be found on the American Medical Association (AMA) Web site, www.ama-assn.org/med-sci/immunize/pneuvac.htm. Additional information related to the drug Pneumococcal conjugate vaccine, polyvalent, Prevnar, supplied by American Home Products Corporation, can be found on the following Web site: www.ahp.com/releases/ahp_021700.htm or by calling the Product Hotline at 1-877-773-8627.

Providers should bill procedure code 90732 when billing for Pneumococcal polysaccharide vaccine, 23-valent, for subcutaneous or intramuscular use, which is most often given to adults. This code will be reimbursed at \$15.41.

For billing or claim related inquiries, providers may also contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

- There has been confusion about the appropriate coding for emergency medical care, labor, and delivery services for undocumented aliens and pregnant women. For inpatient hospital stays for the delivery, providers should use the appropriate assignment of diagnosis based on International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) coding guidelines to ensure appropriate processing of these claims.

Please refer to the *Indiana Health Coverage Programs Provider Manual, Chapter 2, Section 3 and Chapter 8, Sections 2 and 3*, for additional information.

Note: Any information received in the past, indicating that a V code was to be used as the principal diagnosis for inpatient care, is incorrect and should not be followed.

To All Indiana Health Coverage Programs Pharmacy Providers and All Providers Administering Injections:

Note: This information is not directed to those providers rendering services in the risk-based managed care delivery system.

- Forthcoming drug average wholesale price (AWP) adjustments have been brought to the attention of the Indiana Health Coverage Programs (IHCP) by a letter dated February 16, 2000, from the Medicaid Fraud Control Unit of the State of New York. The IHCP was advised that a current national investigation by state and federal agencies has revealed a "pattern of misrepresentation" by some drug manufacturers of the AWP of certain products. The letter stated that, as a result of these misrepresentations, Medicaid and Medicare have substantially overpaid for the subject drugs and will continue to do so until corrective measures are implemented.

Indiana, as do most other states, relies on AWP data in calculating allowable reimbursement for dispensed (billed with national drug codes (NDCs) and administered by injection (billed with Health Care Financing Administration (HCFA) Common Procedure Coding System (HCPCS) codes) medications covered by the program. Historically, AWP data has been obtained by the IHCP fiscal contractor via a master file of all drugs, with monthly updates applied to the file. The letter advised that the current drug file vendor, First DataBank, Inc., has been cooperating with representatives of several state Medicaid Fraud Control Units in correcting the erroneously high AWP's that are currently on file for specific products. It is the understanding of the IHCP that at some time in the very near future and related to this remediation of incorrect AWP information, First DataBank will adjust downward the AWP of some 400 NDCs. The products to initially be impacted by the AWP corrections are generally those in the infusion, inhalation, and injectable categories. **This matter does not require any action by providers, since providers bill the program using the "usual and customary charge" for the service rendered.**

The IHCP will continue to monitor this situation and advise providers of any further developments that are relevant. Should you have any questions in the interim regarding this subject matter, please contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278, or EDS Pharmacy Services Point of Sale (POS)/Prospective Drug Utilization Review (ProDUR) Help Desk at 1-877-877-5182.

- The IHCP was recently contacted by a practitioner advising that he has noted instances in which pharmacy providers did not fill his prescriptions for Senna products, purportedly based on their understanding that over-the-counter (OTC) drugs are not covered by the program. This is to clarify to pharmacy providers that Senna concentrate **is included** on the Indiana Medicaid OTC Drug Formulary and, as such, is a covered service under the program.