



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 Prescribing Physicians, Healthcare Workers and Pharmacy Providers:

Note: The information in this article is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system.

- This is to notify providers that, for pharmacy claims for legend drugs received on or after October 28, 2001, with dates of service (dispense dates) of October 28, 2001, or after, the dispensing fee shall be reduced from the current level of a maximum of \$4.00 to \$3.00. In addition, drug component reimbursement will change from AWP minus 10% to AWP minus 13%.

These changes in reimbursement are being made because the Medicaid program biennial budget was not fully appropriated by the General Assembly during the 2001 legislative session. For State Fiscal Year 2002, the Medicaid budget was underappropriated by \$100 million, and for State Fiscal Year 2003, the shortfall is in excess of \$100 million. The State does not have sufficient funds to cover the growing costs of health care delivered to those who depend on the Medicaid program. OMPP is pursuing a number of cost containment initiatives that will reduce overall expenditures to levels appropriated by the General Assembly and enable the State to pay all providers for services delivered, ensuring access to services for eligible recipients.

- The table below contains changes that will be implemented to the *Over-the-Counter (OTC) Drug Formulary*. OTC smoking cessation drug products will be assigned State maximum allowable cost (MAC) rates and magnesium 64mg extended-release tablets will be added to the OTC vitamin and mineral supplement list. The changes will be effective for claims submitted on, or after, December 17, 2001.

Product	State MAC Rate
Nicotine Chewing Gum 2mg	\$0.34794/each
Nicotine Chewing Gum 4mg	\$0.44210/each
Nicotine Topical Patch 7mg/24 hour	\$3.03093/each
Nicotine Topical Patch 14mg/24 hour	\$3.03093/each
Nicotine Topical Patch 21mg/24 hour	\$3.03093/each
Nicotine Topical Patch 11mg/24 hour	\$2.41264/each
Nicotine Topical Patch 22mg/24 hour	\$2.41264/each
Nicotine Topical Patch 15mg/24 hour	\$3.17700/each
Magnesium Tablet 64mg, Extended-release	\$0.10425/each

The information in this banner page will be incorporated in a future update to *Chapter 9, Appendix D*, of the *Indiana Health Coverage Programs Provider Manual*. Any questions about this banner page or the *OTC Drug Formulary* should be directed to the EDS Pharmacy Services POS/Pro-DUR Help Desk at 1-877-877-5182.

To All Transportation Providers:

- The mass adjustments performed March 6, 2001, for transportation providers billing procedure codes X3033, A0150, and Y9001 are being reprocessed. EDS will systematically reprocess all affected claims. Adjustments will appear on RAs dated November 6, and November 13, 2001. Providers will not need to resubmit claims. The recoupment date for accounts receivable established as a result of the mass adjustment will be changed to November 9, 2001, to coincide with this reprocessing. Any questions should be directed to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

To All Providers:

- On October 1, 2001, the new *ICD-9-CM* diagnosis and *ICD-9-CM* procedure codes were entered in IndianaAIM. The new codes should now be used for all HCFA -1500 claims. However, the system processing components for pricing and editing of these new codes is **not yet** complete. Therefore, **inpatient** claims submitted with the new codes will deny for explanation of benefit (EOB) code 4116 – *Diagnosis code is not valid for DRG pricing*. Upon completion of the component linkage, EDS will systematically reprocess all **inpatient** claims, and the reprocess date will be published in a future banner page article. Any questions should be directed to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.
- **All providers are asked to please forward this updated information to the bulletin recipients in each organization.** Bulletin *BT200140*, dated October 25, 2001, was mailed the week ending October 28, 2001. This bulletin described the plan for current PrimeStep Hoosier Healthwise members, in specific counties, to transition from primary care case management (PCCM) to enrollment in a local managed care organization (MCO) in the risk-based managed care (RBMC) delivery system. Minor revisions to the information published in the bulletin are available in a revised version of the bulletin *BT200140*, available on the Web at www.indianamedicaid.com. Both the original and the revised bulletin are available. Please refer to the Web site's revised release for the most current information about mandatory MCO enrollment in specific Indiana counties.
- The current rate of \$66.91 for lab code 80055 – *Obstetric Panel* is changing. Effective for dates of service on, or after, December 17, 2001, the rate for lab code 80055 will be \$37.99. This rate is the median rate for other State programs. Any questions about this information should be directed to EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278.
- This article is to clarify the use and billing procedure for immunization codes 90657 – *Influenza virus vaccine, split virus, 6-35 months dosage, for intramuscular or jet injection use (per 0.25 ml)*; and 90658 – *Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular or jet injection use (per 0.50 ml)*. One unit of service is equivalent to the dosage noted in the description of both codes. For example, one unit of service entered in block 24G, of the HCFA-1500 Claim Form for code 90657 represents a .25 ml dose. The units of service must be entered as 2 to bill a .50 ml dose using code 90657, and the rate will be calculated appropriately. Both codes contain age-specific criteria in the description and must be billed accordingly. A \$2.90 administration fee is calculated in the total reimbursement for both codes; therefore, it is not appropriate to bill code 90471 – *Immunization Administration; single or combination vaccine/toxoid* with either of the above codes. Any questions about this information should be directed to EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278.
- In accordance with *House Enrolled Act (HEA) 1872*, effective with dates of service July 1, 2001, authorization requirements are changing for detailed and comprehensive emergency department services current procedural terminology (CPT) codes 99284 and 99285, provided to Hoosier Healthwise PrimeStep enrolled members. The change allows claims for these services to be considered, based on prudent layperson standards regardless of primary medical provider (PMP) authorization. CPT codes 99281 thru 99283 already process according to these conditions. However, any time a Hoosier Healthwise member visits the emergency department, providers must still contact the member's PMP within 48 hours of the visit. Additionally, and in accordance with *HEA 1872*, all claims for CPT codes 99284 and 99285 processed by EDS between July 1, and October 8, 2001, are being reprocessed using the revised claim adjudication logic. Any necessary adjustments for these previously processed claims will appear on the remittance advice (RA) with an internal control number (ICN) beginning with 80 or 56. Any questions about this information should be directed to EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278, or to an EDS provider representative.

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