Indiana Health Coverage Programs

Monthly News

http://www.indianamedicaid.com

Provider Monthly Newsletter

NL200702 **February 2007**

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Abbreviations Used in this Newsletter

ADA	American Dental Association
AVR	Automated Voice Response
CFR	Code of Federal Regulations
CMS	Centers for Medicare & Medicaid Services
COBA	Coordination of Benefits Agreement
COBC	coordination of benefits contractor
DFR	Division of Family Resources
DUR	Drug Utilization Review
EDI	electronic data interchange
EDS	Electronic Data Systems
EVS	eligibility verification system
FSSA	Family and Social Services Administration
GHI	General Health, Inc.
HCE	Health Care Excel
HCPCS	Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act
HMO	health maintenance organization
IAC	Indiana Administrative Code
IC	Indiana Code
ICD	International Classification of Diseases
IIHCP	Indiana Health Coverage Programs
ISDH	Indiana State Department of Health
LC	Limited Corporation
LOC	level of care
LPI	legacy provider identifier
MAC	maximum allowable cost
MCO	managed care organization
MDR	Medicaid Drug Rebate
MHS	Managed Health Service
MRN	Medicare Remittance Notice
MRT	Medical Review Team
NDC	National Drug Code
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
NUBC	National Uniform Billing Committee
NUCC	National Uniform Claim Committee
OMPP	Office of Medicaid Policy and Planning
PA	prior authorization
PBM	pharmacy benefits management
PFL	past filing limit
PMP	primary medical provider
POS	point of sale or place of sale
ProDUR	Prospective Drug Utilization Review
PRTF	Psychiatric Residential Treatment Facility
RA	Remittance Advice
RBMC	risk-based managed care
RHC	rural health clinic
RVU	relative value units
SSN	Social Security number
SUR	Surveillance and Utilization Review
TIN	tax identification number
TPL	third party liability
WEDI	Workgroup for Electronic Data Interchange

Provider News

New Bulletins on the IHCP Web Site

The following bulletins were posted to the IHCP Web site in January:

BT200701 – Coverage Determinations for the New 2007 HCPCS Codes

A complete list of bulletins is available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/bulletin_results.asp.

As new bulletins are posted to the IHCP Web site, IHCP E-mail Notifications are sent to subscribers. The *April Provider Monthly Newsletter* (*NL200604*) provides complete information about this service. To subscribe, visit the IHCP Web site at http://www.indianamedicaid.com/ihcp/mailing_list/default.asp.

Clarification to Bulletin *BT200630* – New 2007 Healthcare Common Procedure Coding System Codes

The Replacement Code information for procedure code *D1205 – Topical application of fluoride (including prophylaxis)-adult* as published in bulletin *BT200630*, dated December 29, 2006, is clarified as shown in Table 2.1. The replacement procedure codes are for members 13 years of age or greater for prophylaxis and for members 1-20 years of age for topical fluoride treatments. For members 12 years of age or younger, use the appropriate procedure code combination.

Contact Information

Direct questions about this article to Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll free at 1-800-577-1278.

Table 2.1 – **Deleted** 2007 HCPCS Codes,
Effective for Dates of Service On or Before December 31, 2006

Procedure Code	Description	Replacement Code
D1205	TOPICAL APPLICATION OF FLUORIDE (INCLUDING PROPHYLAXIS)-ADULT	D1110-PROPHYLAXIS – ADULT (Age 13-999 Years) *D1203-TOPICAL APPLICATION OF FLUORIDE-CHILD (AGE 1-20 YEARS) – *No coverage for topical application of fluoride for members older than 20 years of age.

Medicaid and Medicare Providers and COBA

We have been advised by the COBC, GHI, that the Indiana Medicaid eligibility files used to identify dual-eligible recipients will only be processed every two weeks rather than weekly. This could prevent Medicare claims from crossing over to Medicaid for new Medicaid members during the first two weeks of Medicaid eligibility.

The CMS advises providers to allow 15 business days after receipt of Medicare's payment before submitting a claim to a supplemental payer. If a paper submission is required; submit the claim along with the official MRN or HIPAA electronic 835 RA as outlined in the *Companion Guide: 835 Remittance Advice Transaction*. The Companion Guides are available on the IHCP Web site at http://indianamedicaid.com/ihcp/TradingPartner/tp_companion_guides.asp.

Coding Updates

Relative Value Unit Corrections

On February 24, 2006, CMS issued corrections to RVU associated with several HCPCS that were published on the 2006 Medicare Physician Fee Schedule. EDS will perform necessary updates to the RVUs for each of the codes listed in Table 2.11 (Attachment 3 of this newsletter). The corrected rate for each code will be effective February 8, 2007. EDS will not perform mass adjustments on the affected codes.

A4253 – Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips

Effective February 1, 2007, a maximum quantity limitation is placed on HCPCS code *A4253 – Blood glucose test or reagent strips for home glucose monitor, per 50 strips.* Providers are permitted to bill up to two units or 100 strips per 30 days. Additional units of A4253 deny unless PA is obtained.

Effective February 1, 2007, all of the following PA criteria is required for additional units of A4253:

- A signed statement of medical necessity.
- A clear medical recommendation of the number of additional units required to meet the patient's medical need.
- A hemoglobin A1C test dated within 90 days prior to the request for additional units of A4253.

A4259 – Lancets, per box of 100

Effective February 1, 2007, a maximum quantity limitation is placed on HCPCS code *A4259 – Lancets, per box of 100.* Providers are permitted to bill one unit (100 lancets) per 30 days. Additional units of A4259 deny unless PA is obtained.

Effective February 1, 2007, all of the following PA criteria is required for additional units of A4259:

- A signed statement of medical necessity.
- A clear medical recommendation of the number of additional units required to meet the patient's medical need.
- A hemoglobin A1C test dated within 90 days prior to the request for additional units of A4259.

All other billing requirements including crossover claim requirements for reimbursement remain the same for HCPCS codes A4253 and A4259.

Contact Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll free at 1-800-577-1278, with questions about this article.

Correction to Manual Pricing Article

EDS has obtained rates from the Medicare Fee-for-Service Payment files on the CMS Web site (http://www.cms.hhs.gov/home/medicare.asp) for the five HCPCS codes listed in Table 2.12 (Attachment 3 of this newsletter). These codes are currently manually priced based on information submitted with the claim. The new rates are effective December 1, 2006. The effective date and information published about code J2353 supersedes the information published in banner page *BR200652*.

Timeline for Revised Paper Claim Forms

The following information does not apply to providers rendering services in the RBMC delivery system. These providers should contact the MCO with whom they are contracted for information about paper claim form transition.

The NUCC, the NUBC, and the ADA have revised the layouts of the institutional, professional, and dental paper claim forms. The current institutional UB-92 claim form will be replaced with the institutional UB-04. The current professional CMS-1500 health insurance claim form will be revised to the 08-05 version. The ADA dental claim form will be replaced with J400D. The EDS pharmacy claim forms will be revised to include NPI information. The pharmacy claim forms will be available May 16, 2007*, and may be obtained from the *Forms* page of the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/forms.asp. Links to the other new claim forms will be added to the IHCP Web site *Forms* page according to the *Start Date* in Table 2.2.

The IHCP will be transitioning to the new paper claim forms with the timelines noted in Table 2.2. During the transition period both old and new claim forms will be accepted. All claim forms will have a transition period excluding the Pharmacy claim form. Table 2.2 outlines the transition period and cutover dates for each type of paper claim form.

Contact Information

Providers with questions about this article should contact Customer Assistance at (317) 347-4511 in the Indianapolis local area, or toll free at 1-800-457-4518.

Table 2.2 – Revised Paper Claim Forms Timeline

Current Form	New Form	Transition Period (Old and New Forms Accepted)		Only New Forms Accepted (Cutover Date)
		Start Date	End Date	
CMS-1500	08-05	February 15, 2007	March 31, 2007	April 1, 2007
UB-92	UB-04	April 1, 2007	May 22, 2007	May 23, 2007
ADA 2000	ADA 2006	April 15, 2007	May 22, 2007	May 23, 2007
Pharmacy	Pharmacy	No Transition Period		May 23, 2007

*The availability date of the pharmacy claim forms is changed to allow providers additional time to familiarize themselves with the forms.

Dental Provider News

Rendering Provider Number Required

This article updates information regarding the implementation of the requirement that was originally published in IHCP banner page *BR200527* on July 5, 2005 (and again beginning with banner page *BR200648* and continuing to date), and addresses billing guidelines for dental billing and rendering providers.

Because of complex changes required for dental providers to implement this requirement, as of January 1, 2007, the IHCP will not be systematically denying claims that are submitted without the rendering provider number. However, this requirement will be implemented with the new paper claim forms on April 15, 2007. At that time, all claims, paper and electronic, will be required to submit the rendering provider number. The billing guidelines are required for HIPAA compliance. Providers who have already modified their billing systems to comply with the new requirement do not need to do any changes. They can still bill their claims with the rendering field completed.

The billing guidelines for the current ADA 1999/2000 claim form are as follows:

1. *Group provider using a paper claim* – Enter the group number and location code(s) in Field 44A on the ADA Dental claim form. Enter the individual rendering number(s) in the *Administrative* column adjacent to each detail.
2. *Group provider using Web interChange* – Enter the group number and location code in the provider numbers field. Enter the individual rendering number in the rendering provider field.
3. *Individual billing provider using a paper claim* – Enter the individual billing number and location code in Field 44A on the ADA Dental claim form. Enter the individual billing number in the *Administrative* column adjacent to each detail.
4. *Individual billing provider using Web interChange* – Enter the individual billing number and location code in the provider number field. Enter their individual billing number in the rendering provider field.

Beginning April 15, 2007, dental providers will receive denials for the following situations:

1. *231 – Rendering provider number is missing – The entire nine-digit number must be used and must be in Field 24K. Please provide and resubmit.*
2. *232 – Rendering provider number is invalid – The entire nine-digit number must be used and must be in Field 24K. Please verify and resubmit.*

Note: For edits 231 and 232, Field 24K refers to CMS-1500 claim forms. For dental claims, the rendering must be in the Adm *field.*

3. *1004 – Rendering provider not enrolled in the program billed for the dates of service. Please verify provider number and resubmit.*
4. *1008 – The rendering provider must be an individual provider. Please verify provider number and resubmit.*
5. *1010 – Rendering provider is not an eligible member of billing group or the billing provider is equal to the rendering provider. Please verify provider number and resubmit.*
6. *7509 – Rendering provider on prepayment review.*

Providers who have Administrator access in Web interChange can view their provider profiles to access a list of the rendering providers linked to the group.

Contact Information

Providers can contact the Provider Enrollment Helpline at 1-877-707-5750 to discuss any updates that need to be made to the provider group information.

Durable Medical Equipment Provider News

Correction to Power Wheelchairs Article

The billing information for procedure code E1230 as published in *BR200650-BR200701* and *NL200701*, is updated as shown below.

Pending final review of the expanded power wheelchair codes, providers should continue to bill using the following existing codes and fee schedule amounts. Prior authorization (PA) is required for power wheelchairs and accessories. Refer to existing Provider Notifications for current PA requirements.

- *E1230 – Power operated vehicle (three- or four-wheel no highway)*, specify brand name and model number, max fee price of $1807.16 for NU and $171.02 for RR.

Contact Information

Direct questions about this article to Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll free at 1-800-577-1278.

Managed Care Member News

Managed Care Web Pages Updated

The managed care pages of the IHCP Web site are updated to include 2007 contact information for the MCOs. The managed care pages can be accessed by clicking on **Managed Care** in the menu bar and selecting a topic. See Attachment 4 in this newsletter for the updated *Hoosier Healthwise Managed Care Organizations Contact Information*.

Filing Grievances and Appeals for MCO Members

The federal Medicaid Managed Care rules require MCOs to have a grievance process, an appeal process and access to the State's fair hearing system. The federal rules and the MCO's contract with the State outlines the various requirements of the grievance system. The *Code of Federal Regulations (CFR) 438.400* defines action, grievance and appeal, as follows:

"(a)(3) Section 1932(b)(4) requires Medicaid managed care organizations to establish internal grievance procedures under which Medicaid enrollees, or providers acting on their behalf, may challenge the denial of coverage of, or payment for, medical assistance.

(b) *Definitions.* As used in this subpart, the following terms have the indicated meanings:

Action means--In the case of an MCO or PIHP--

(1) The denial or limited authorization of a requested service, including the type or level of service;

(2) The reduction, suspension, or termination of a previously authorized service;

(3) The denial, in whole or in part, of payment for a service;

(4) The failure to provide services in a timely manner, as defined by the State;

(5) The failure of an MCO or PIHP to act within the timeframes provided in Sec. 438.408(b); or

(6) For a resident of a rural area with only one MCO, the denial of a Medicaid enrollee's request to exercise his or her right, under Sec. 438.52(b)(2)(ii), to obtain services outside the network.

Appeal means a request for review of an action, as "action" is defined in this section.

Grievance means an expression of dissatisfaction about any matter other than an action, as "action" is defined in this section". The subject of the grievance must be something for which the member has a reasonable expectation that action will be taken to resolve or

reconsider the matter expressed. Possible subjects for grievances include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the enrollee's rights.

Grievances must be filed with the MCO within 60 days of the event which prompted the grievance. The decision regarding the resolution of the grievance may be appealed but the appeal must be filed with the MCO within 30 days of the decision.

Indiana HMO law (*IC 27-13-10.1*) allows a member or member's representative to request an external independent review of an appeal of certain MCO decisions, such as an adverse utilization determination, adverse determination of medical necessity, or determination that a proposed service is experimental, made by an MCO. The request for external review must be filed with the MCO within 45 days of the determination being appealed.

MCO members may file an appeal with the FSSA Hearings and Appeals Office only after the interim appeal processes available through the MCO have been exhausted. In accordance with *405 IAC 1.1*, appeals to the FSSA Hearings and Appeals Office must be filed within 30 days of the action being appealed.

Managed Care Provider News

Claim Disputes and Resubmissions with MCOs

Hoosier Healthwise MCOs have a requirement in their contract with the State that they must have a claim dispute resolution process for their providers. Providers who are contracted with the MCOs have a claim appeal process outlined in their contracts.

For claims disputes with non-contracted providers, the process is outlined in *405 IAC 1-1.6*. The rule requires the provider to attempt to informally resolve the matter before submitting a formal claim appeal. If a provider disagrees with the MCO's determination regarding a claim, the informal process must be commenced by a provider submitting a written objection to the MCO within 60 days after the provider's receipt of written notification of the MCO's determination. Formal appeals of a denial of payment for services must be submitted to the MCO within 60 days after the provider's receipt of the written notification of the MCO's determination resulting from the informal claim dispute process.

Claims are considered to be a resubmitted when the provider files a corrected claim. Examples of claim resubmissions include correcting coding, submitting missing documentation, adjustments to units of service, and updates to TPL information. Providers should regularly and promptly review the remittance advice received from the MCO to preserve the provider's ability to meet any applicable timeframes to address potential claims issues. Resubmission of a corrected claim does not constitute an informal claim dispute or appeal and should not be subject to the 60 day filing limit for a claim dispute or appeal. However, providers should follow each MCO's process for resubmitting corrected or adjusted claims to ensure proper adjudication of the resubmitted claim.

2007 Behavioral Health Claim Processing Changes

To coordinate comprehensive medical and behavioral health services for Hoosier Healthwise members, the MCOs will assume risk for most behavioral health services, including outpatient and free-standing psychiatric facility services, effective January 1, 2007.

Providers must submit all behavioral health claims for members enrolled in Hoosier Healthwise RBMC with dates of service on or after January 1, 2007, directly to the member's MCO for claim processing. The only exceptions are claims for MRO and PRTF services. Providers should contact the respective MCO for questions about claim submission and authorization guidelines.

Providers should continue to submit claims for dates of service prior to January 1, 2007, and MRO and PRTF claims to EDS. EDS continues to process MRO and PRTF claims as fee-for-service claims.

Additional information about Hoosier Healthwise and covered benefits for behavioral health are provided in the *RFS-6-68 Attachment D: Scope of Work*, which is posted on the IHCP Web site at http://www.indianamedicaid.com/ihcp/HoosierHealthwise/content/MCOContractProcurement.asp.

Medical Review Team Provider News

Edits 2029 and 2037

On Friday, January 12, 2007, system modifications will be made that will deny MRT claims submitted for members that do not have eligibility on file for the dates of services submitted on the claim. If you are experiencing denials for edits *2037 – Member not on file for non-IHCP program*, or *2029 – Non-IHCP*

member ineligible for dates of service, and you have approval from the County Office, DFR, you must submit your claim either on paper attaching the DFR letter requesting the services be performed, or electronically with an attachment. The date of the DFR letter must be the same as or before the date of service indicated on the claim.

Contact Information

Direct questions about these claims to Customer Assistance at (317) 655-3240 in the Indianapolis area, or toll free at 1-800-577-1278.

National Provider Identifier News

First Step Providers To Be Notified when To Report NPI to IHCP

Please do not report your NPI to the IHCP until further notice. EDS is in the process of making modifications to ensure an easier and more accurate NPI reporting process. You will be notified when you can resume the NPI reporting process.

This applies to First Steps providers only.

NPI Reporting Tool

The IHCP has implemented the Web-based NPI Reporting Tool and now requests that providers begin reporting their NPI to the IHCP. The notification letter provides instructions about how providers report their NPI to the IHCP.

Enrolled health care providers must report their NPI to the IHCP by May 1, 2007, to be paid for services. Any health care provider that does not report its NPI to the IHCP may not be paid for services after May 23, 2007.

All health care providers (for example, physicians, suppliers, hospitals, and others) are eligible for an NPI. Health care providers are individuals or organizations that render health care services. All health care providers that are HIPAA-covered entities, whether they are individuals or organizations, must obtain an NPI to identify themselves in paper and electronic transactions.

Atypical providers are not required to obtain and use an NPI in paper and electronic transactions. An atypical provider is any entity that does not meet the definition of a health care provider as defined in *45 CFR 160.103*. Atypical providers include billing services, value-added networks, repricers, health care clearinghouses, non-emergency transportation service providers, and other entities that do not provide health care services.

The *NPI Fact Sheet* containing information about the NPI is available on the *NPI* page of the IHCP Web site at http://www.indianamedicaid.com/ihcp/ProviderServices/pdf/TR370_npi_facts.pdf.

Obtaining an NPI

To obtain an NPI, visit the NPPES Web site at https://nppes.cms.hhs.gov/NPPES, or call 1-800-465-3203, toll-free, or 1-800-692-2326 (TTY). Providers may apply electronically for their NPI from this Web site or by requesting and completing a paper form and submitting it to NPPES at the address indicated on the form.

Reporting NPI to the IHCP

The NPI Reporting Tool is implemented and is available from http://www.indianamedicaid.com by clicking on the **Report your NPI to the IHCP** link located in the NPI section of the IHCP Web site home page.

When accessing the NPI Reporting Tool, have the following information available:

- The reporting provider's TIN or SSN.
- The NPI notification letter that includes the password needed to access the NPI Reporting Tool.
- Taxonomy codes associated with each IHCP legacy provider identifier being reported.
- Contact name, telephone number, and e-mail address.
- The NPI of all rendering providers affiliated with the group, if applicable.

After logging into the NPI Reporting Tool, you must do the following:

- Enter a contact name, telephone number, and e-mail address, if applicable. The tool displays all active IHCP LPIs affiliated with your TIN.
- Enter an NPI for each IHCP LPI and service location that you want to continue using in paper and electronic transactions after the May 23, 2007, compliance date.
- Select the appropriate taxonomy code for your specialty.

Reporting a Rendering Provider's NPI to the IHCP

If you are a group provider, you must obtain the NPIs of your rendering providers and report them along with your NPI for each service location. All active rendering

providers affiliated with the billing provider at a particular service location are displayed in the tool. To report an NPI for a rendering provider, you must take the following steps:

- Enter the NPI for the rendering provider
- Select the appropriate taxonomy for the rendering provider specialty

If the NPI Reporting Tool identifies a rendering provider who is no longer in your group, contact the EDS Provider Enrollment and Waiver line at 1-877-707-5750 to unlink the rendering provider from your group.

Contact Information

Assistance is available for the NPI Reporting Tool by calling the EDS Provider Enrollment and Waiver line at 1-877-707-5750. To manually report your NPI, a paper application is available from the IHCP Web site at http://www.indianamedicaid.com, or by calling the EDS Provider Enrollment and Waiver line. The paper application must be completed, signed, dated, and mailed by May 1, 2007, to:

EDS Provider Enrollment
P.O. Box 7263
Indianapolis, IN 46207-7263

Remember: Providers must report the NPI for each IHCP LPI and service location to the IHCP by May 1, 2007, to continue using paper and electronic submission of transactions after the compliance date.

Pharmacy Services Provider News

National Drug Codes Deleted from the Medicaid Drug Rebate Master File

CMS has determined that the products in Table 2.9 (Attachment 3 in this newsletter) do not meet the definition of a covered outpatient drug. CMS is therefore deleting the NDC from the MDR master file as of the effective dates in Table 2.9. As a result of this determination by CMS, these NDCs will not be reimbursable in the Indiana Medicaid fee-for-service pharmacy program.

Direct questions about this article to Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll free at 1-800-577-1278.

Deficit Reduction Act of 2005: HCPCS and NDC Requirement and Change in Associated Implementation Deadline

The OMPP is announcing a change to the implementation date for requiring the NDC for HCPCS coded claims involving drugs. The revised implementation date for this requirement will be July 1, 2007. The details of this change and related claim submission requirements are forthcoming in future provider communications pending upcoming guidance from the CMS. The previous implementation date of January 1, 2007, was announced in the provider monthly newsletter *NL200607*.

State MAC Legend Drug Updates

Tables 2.7 - 2.9 (Attachment 3 of this newsletter) contain the updates to the State MAC rates and list the effective dates for the changes.

Direct questions about the State MAC for legend drugs to the Myers and Stauffer Pharmacy Unit at (317) 816-4136 in the Indianapolis local area, or 1-800-591-1183, or by e-mail at pharmacy@mslc.com.

Provider Workshops

Workshop Registration Tool Available

The Workshop Registration Tool is available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/workshop/index.aspx. Providers are encouraged to use the tool to register for the 2007 First Quarter Medicaid Provider Workshops.

A *Workshop Registration Tool Quick Reference* is available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/workshop/pdf/TR636-WorkshopRegistrationQuickReference.pdf. The quick reference includes instructions for creating a registrant profile, registering for a workshop, signing up for classes (sessions), and contact information.

A copy of the *Provider Workshop Registration* form is included as Attachment 2 in this newsletter for those who are unable to access the Workshop Registration Tool.

2007 First Quarter Medicaid Provider Workshops

The IHCP offers workshops free of charge. Sessions are offered at several locations in Indiana. Table 2.4 lists

the time, session topic, and description. The schedule allows for a lunch period from noon until 1 p.m.; however, lunch is not provided. **Seating is limited in all locations**. **Registrations are processed in the order received and registration does not guarantee a spot at the workshop**. Confirmation letters are sent upon receipt of registrations. If a confirmation letter is not received, the workshop seating capacity has been reached.

All workshops begin promptly at 8 a.m., local time. General directions to workshop locations are available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/ProviderServices/workshops.asp. Consult a map or other location tool for specific directions to the exact location.

Seating for the workshops is limited to two registrants per provider number.

A copy of the *Provider Workshop Registration* form is included as Attachment 2 of this newsletter and is available on the *Forms* page of the IHCP Web site. Print or type the information requested on the registration form. List one registrant per form. Fax completed registration forms to EDS at (317) 488-5376. EDS processes registrations chronologically based on the date of the workshop.

Direct questions about the workshop to a field consultant at (317) 488-5072.

For comfort, business casual attire is recommended. Consider bringing a sweater or jacket due to possible room temperature variations.

Table 2.3 – 2007 First Quarter Workshop Session Times, Topics, and Descriptions

Time	Topic	Description
8 a.m. - 10:30 a.m.	Billing Form Changes – Revised Claim Forms	This session gives an overview of the new Compound Prescription Claim Form, Drug Claim Form, ADA-2006 Dental Claim Form, UB-04 Claim Form (CMS-1450), and CMS-1500 Health Insurance Claim Form (version 08/05) required fields. The session addresses reporting of the National Provider Identifier (NPI) on the claim form. This session is ideal for all providers.
10:30 a.m. – 10:45 a.m.	Break	
10:45 a.m. - Noon	Third Party Liability (TPL) and Crossover Claim Billing	This session provides information about TPL and Crossover billing, claims identification, file updates, denial letters, 90-day provision, attachments, and other helpful hints. This session is ideal for advanced billing providers.
Noon – 1 p.m.	Lunch	
1 p.m. – 1:45 p.m.	Managed Care – Anthem	Anthem representatives will present information on the completion of the new claim forms and TPL billing from the managed care perspective. Time will be available for questions and answers.
2 p.m. – 2:45 p.m.	Managed Care – Managed Health Service (MHS)	MHS representatives will present information on the completion of the new claim forms and TPL billing from the managed care perspective. Time will be available for questions and answers.
2:45 p.m. – 3:30 p.m.	Managed Care – MDwise	MDwise representatives will present information on the completion of the new claim forms and TPL billing from the managed care perspective. Time will be available for questions and answers.

Table 2.5 lists the workshop dates, registration deadlines, and Indiana locations for each workshop.

Table 2.4 – 2007 First Quarter Workshop Dates, Registration Deadlines, and Locations

Workshop Date	Registration Deadline	Location
February 6, 2007	January 23, 2007	Wishard Hospital Myers Auditorium 1001 W. 10th St. Indianapolis, IN 46202
February 15, 2007	February 1, 2007	Bloomington Hospital 601 W. Second St. Bloomington, IN 47403
February 19, 2007	February 5, 2007	Ball Memorial Hospital Outpatient Medical Pavilion, Rooms 2 – 5 2401 University Ave. Muncie, IN 47303
February 20, 2007	February 6, 2007	St. Josephs Regional Medical Center Education Center 801 E. LaSalle Ave. South Bend, IN 46617
February 21, 2007	February 7, 2007	Deaconess Hospital Auditorium 600 Mary St. Evansville, IN 47747
February 22, 2007	February 8, 2007	Parkview Hospital Administration Auditorium at the Corporate Offices 10501 Corporate Dr. Fort Wayne, IN 46845
February 27, 2007	February 13, 2007	Floyd Memorial Hospital 1850 State St. New Albany, IN 47150
February 27, 2007	February 13, 2007	St. Margaret Mercy Hospital 5454 Hohman Ave. Hammond, IN 46320
February 28, 2007	February 14, 2006	Lafayette Home Hospital Medical Arts Building Kathryn Weil Center 415 N. 26th St. Lafayette, IN 47904,

Contact Information

A map of provider representative territories and updated information about the provider field consultants are available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/ProviderServices/pr_list_frameset.htm. The *Indiana Health Coverage Programs Quick Reference* is available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/Misc_PDF/Quick_Reference.pdf. These Web documents are updated whenever changes occur.

Provider Relations Field Consultants

Territory Number	Provider Relations Consultant	Telephone	Counties Served
1	Jean Downs	(317) 488-5071	Jasper, Lake, LaPorte, Newton, Porter, Pulaski, Starke
2	Rhonda Rupel	(317) 488-5080	Allen, Dekalb, Elkhart, Fulton, Kosciusko, Lagrange, Marshall, Noble, St. Joseph, Steuben, Whitley
3	Tawanna Danzie	(317) 488-5197	Benton, Boone, Carroll, Cass, Clinton, Fountain, Hamilton, Howard, Miami, Montgomery, Tippecanoe, Tipton, Warren, White
4	Daryl Davidson	(317) 488-5388	Adams, Blackford, Delaware, Grant, Hancock, Henry, Huntington, Jay, Madison, Randolph, Wabash, Wayne, Wells
5	Jenny Atkins (temp)	(317) 488-5098	Marion
6	Shantel Silnes	(317) 488-5123	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington
7	Virginia Hudson	(317) 488-5148	Clay, Greene, Johnson, Hendricks, Lawrence, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo
8	Ken Guth	(317) 488-5153	Crawford, Daviess, Dubois, Gibson, Knox, Martin, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick
9	Tawanna Danzie	(317) 488-5197	Out-of-State

Provider Relations Field Consultants for Bordering States

State	City	Provider Relations Consultant	Telephone
Illinois	Chicago/Watseka	Jean Downs	(317) 488-5071
	Danville	Virginia Hudson	(317) 488-5148
Kentucky	Owensboro	Ken Guth	(317) 488-5153
	Louisville	Shantel Silnes	(317) 488-5123
Michigan	Sturgis	Rhonda Rupel	(317) 488-5080
Ohio	Cincinnati/Hamilton/Harrison/Oxford	Shantel Silnes	(317) 488-5123

Out-of-state providers not located in these states, or those with a designated out-of-state billing office supporting multiple provider sites throughout Indiana should direct calls to (317) 488-5197.

For Provider Concerns

Name	Title	Telephone
Tina King	Provider Relations Supervisor	(317) 488-5154

If you need additional copies of this newsletter, please download them from the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/newsletters.asp. To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at http://www.indianamedicaid.com/ihcp/mailing_list/default.asp.

Indiana Health Coverage Programs Quick Reference

Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization			
AVR System (including eligibility verification) (317) 692-0819 1-800-738-6770	EDS Administrative Review Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Customer Assistance (317) 655-3240 1-800-577-1278 Opt 1 = Pharmacy, Opt 2 = First Steps	EDS Electronic Solutions Help Desk (317) 488-5160 or 1-877-877-5182 INXIXElectronicSolution@eds.com
EDS Forms Requests P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Member Hotline (317) 713-9627 1-800-457-4584 Opt 1 = First Steps, Opt 2 = Pharmacy	EDS Omni Help Desk (317) 488-5051 1-800-284-3548	EDS Provider Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263
EDS Provider Enrollment and Waiver P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750	EDS Third Party Liability (TPL) (317) 488-5046 1-800-457-4510 Fax (317) 488-5217	HCE Medical Policy Department P.O. Box 53380 Indianapolis, IN 46253-0380 (317) 347-4500	HCE Prior Authorization Department P.O. Box 531520 Indianapolis, IN 46253-1520 (317) 347-4511 or 1-800-457-4518
HCE Provider and Member Concern Line (Fraud and Abuse) (317) 347-4527 1-800-457-4515	HCE SUR Department P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 or 1-800-457-4515	IHCP Web Site http://www.indianamedicaid.com	
Pharmacy Benefit Manager			
ACS Drug Rebate ACS State Healthcare ACS – Indiana Drug Rebate P. O. Box 2011332 Dallas, TX 75320-1332	EDS Pharmacy Services Help Desk for POS Claims Processing (317) 655-3240 1-800-577-1278 or INXIXPharmacy@EDS.com	EDS Pharmacy Claims P.O. Box 7268 Indianapolis, IN 46207-7268	Indiana DUR Board INXIXDURQuestions@acs-inc.com
EDS Pharmacy Claims Adjustments P.O. Box 7265 Indianapolis, IN 46207-7265	Indiana Administrative Review/ Pharmacy Claims EDS Pharmacy Claims Admin. Review P.O. Box 7263 Indianapolis, IN 46207-7263	PA For Pro-DUR and Preferred Drug List – ACS Clinical Call Center 1-866-879-0106 Fax: 1-866-780-2198	To make refunds to IHCP for pharmacy claims send check to: EDS Pharmacy Refunds P.O. Box 2303, Dept 130 Indianapolis, IN 46206-2303
Hoosier Healthwise (Managed Care Organizations) and Medicaid Select			
Hoosier Healthwise Helplines AmeriChoice -Hoosier Healthwise http://www.healthcareforhoosiers.com 1-800-889-9949, Option 3 for Providers Indiana Chronic Disease Management Program (ICDMP) http://www.indianacdmprogram.com 1-866-311-3101 EDS - Hoosier Healthwise Package C Premium Collection Services Package C Payment Line 1-866-404-7113 Package C Payment Mailing Address Hoosier Healthwise P.O. Box 3127 Indianapolis, IN 46206-3127	Anthem http://www.anthem.com Claims 1-888-232-9613 Member Services 1-866-408-6131 1-888-232-9613 (Prospective Member) TTY: 1-866-408-7188 Fax: 1-866-408-7087 PA 1-866-408-7187 Fax: 1-866-406-2803 Provider Services 1-866-408-6132 1-800-618-3141 (Prospective Provider) Fax: 1-866-408-7087 Transportation 1-800-508-7230 TTY: 1-866-910-1603 Fax: (317) 291-9446 Pharmacy 1-866-629-1608 TTY: 1-800-905-9821 PA Fax: 1-866-408-7103	CareSource http://www.caresource-indiana.com Claims 1-866-930-0017 Provider Services 1-866-930-0017 Harmony Health Plan http://www.harmonyhmi.com Claims (317) 423-3000 1-800-504-2766 Provider Services 1-800-504-2766	Managed Health Services (MHS) http://www.managedhealthservices.com Claims 1-877-MHS-4U4U or 1-877-647-4848 Member Services 1-877-MHS-4U4U or 1-877-647-4848 PA/Medical Management 1-877-MHS-4U4U or 1-877-647-4848 Pharmacy - US Script (PBM) 1-800-460-8988 Pharmacy PA 1-866-399-0928 Fax: 1-866-399-0929 Provider Services 1-877-MHS-4U4U or 1-877-647-4848 Nursewise 1-877-MHS-4U4U or 1-877-647-4848
Medicaid Select http://www.medicaidselect.com Claims - EDS Customer Assistance (317) 655-3240 or 1-800-577-1278 Member Services 1-877-633-7353, Option 1 PA HCE: (317) 347-4511 or 1-800-457-4518 Provider Services for PMPs 1-877-633-7353, Option 3 Pharmacy See Pharmacy Benefit Manager section		MDwise http://www.mdwise.org Claims (317) 630-2831 or 1-800-356-1204 Member Services (317) 630-2831 or 1-800-356-1204 PA/Medical Management (317) 630-2831 or 1-800-356-1204 Provider Services (317) 630-2831 or 1-800-356-1204 Pharmacy (317) 630-2831 or 1-800-356-1204	Molina Healthcare http://www.molinahealthcare.com Claims 1-800-642-4509 Provider Services 1-800-642-4509

Claim Filing				
EDS 590 Program Claims P.O. Box 7270 Indianapolis, IN 46207-7270	EDS Adjustments P.O. Box 7265 Indianapolis, IN 46207-7265	EDS CCFs P.O. Box 7266 Indianapolis, IN 46207-7266	EDS Dental Claims P.O. Box 7268 Indianapolis, IN 46207-7268	EDS CMS-1500 Claims P.O. Box 7269 Indianapolis, IN 46207-7269
EDS Claim Attachments P.O. Box 7259 Indianapolis, IN 46207-7259	EDS Waiver Programs Claims P.O. Box 7269 Indianapolis, IN 46207-7269	EDS Medical Crossover Claims P.O. Box 7267 Indianapolis, IN 46207-7267	EDS Institutional Crossover/UB-92 Inpatient Hospital, Home Health, Outpatient, and Nursing Home Claims P.O. Box 7271 Indianapolis, IN 46207-7271	

Check Submission (Non-Pharmacy)		Rate Setting	
To make refunds to IHCP: EDS Refunds P.O. Box 2303, Dept. 130 Indianapolis, IN 46206-2303	To Return Uncashed IHCP Checks: EDS Finance Department 950 N. Meridian St., Suite 1150 Indianapolis, IN 46204-4288	Myers and Stauffer, LC http://www.mslcindy.com 9265 Counselors Row, Suite 200 Indianapolis IN 46240	(317) 846–9521 1-800-877–6927 Fax (317) 571–8481 MDS Help Desk: (317) 816–4122

INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER WORKSHOP REGISTRATION

Indicate the workshop you will be attending in Indiana. **Print** or **type** the information on this form and fax it to (317) 488-5376.

Billing Form Changes – Revised Claim Forms (8 a.m. - 10:30 a.m.)		
☐ Indianapolis, February 6, 2007	☐ Bloomington, February 15, 2007	☐ Muncie, February 19, 2007
☐ South Bend, February 20, 2007	☐ Evansville, February 21, 2007	☐ Fort Wayne, February 22, 2007
☐ New Albany, February 27, 2007	☐ Hammond, February 27, 2007	
Third Party Liability (TPL) and Crossover Claim Billing (10:45 a.m. – Noon)		
☐ Indianapolis, February 6, 2007	☐ Bloomington, February 15, 2007	☐ Muncie, February 19, 2007
☐ South Bend, February 20, 2007	☐ Evansville, February 21, 2007	☐ Fort Wayne, February 22, 2007
☐ New Albany, February 27, 2007	☐ Hammond, February 27, 2007	
Managed Care – Anthem (1 p.m. – 1:45 p.m.)		
☐ Indianapolis, February 6, 2007	☐ Bloomington, February 15, 2007	☐ Muncie, February 19, 2007
☐ South Bend, February 20, 2007	☐ Evansville, February 21, 2007	☐ Fort Wayne, February 22, 2007
☐ New Albany, February 27, 2007	☐ Hammond, February 27, 2007	
Managed Care – Managed Health Service (MHS) (2 p.m. – 2:45 p.m.)		
☐ Indianapolis, February 6, 2007	☐ Bloomington, February 15, 2007	☐ Muncie, February 19, 2007
☐ South Bend, February 20, 2007	☐ Evansville, February 21, 2007	☐ Fort Wayne, February 22, 2007
☐ New Albany, February 27, 2007	☐ Hammond, February 27, 2007	
Managed Care – MDwise (2:45 p.m. – 3:30 p.m.)		
☐ Indianapolis, February 6, 2007	☐ Bloomington, February 15, 2007	☐ Muncie, February 19, 2007
☐ South Bend, February 20, 2007	☐ Evansville, February 21, 2007	☐ Fort Wayne, February 22, 2007
☐ New Albany, February 27, 2007	☐ Hammond, February 27, 2007	

Registrant Information *(One registrant per form)*

Name of Registrant: _____

Provider Name: _____ Provider Number: _____

Provider Address: _____

City: _____ State: _____ ZIP: _____

Provider Telephone: _____ Provider Fax: _____

Provider E-mail Address: _____

State MAC Legend Drug Updates

Effective for Dates of Service On or After February 2, 2007

Table 2.5 – **Decreases** to the State MAC Rates for Legend Drugs
Effective for Dates of Service On or After February 2, 2007

Drug Name	State MAC Rate	Drug Name	State MAC Rate
AMPHETAMINE SALTS 20 MG TABLET	0.26799	OXYCODONE/APAP 7.5/325 MG TABLET	0.46500
MORPHINE SULFATE 30 MG TABLET SA	0.54915	PROMETHAZINE 25 MG SUPPOSITORY	0.60200
NABUMETONE 750 MG TABLET	0.44329		

Effective for Dates of Service On or After February 13, 2007

Table 2.6 – **Increases** to the State MAC Rates for Legend Drugs
Effective for Dates of Service On or After February 13, 2007

Drug Name	State MAC Rate	Drug Name	State MAC Rate
AMITRIPTYLINE HCL 25 MG TABLET	0.03521	HALOPERIDOL 5 MG TABLET	0.13908

Effective for Dates of Service On or After March 16, 2007

Table 2.7 – **Decreases** to the State MAC Rates for Legend Drugs
Effective for Dates of Service On or After March 16, 2007

Drug Name	State MAC Rate	Drug Name	State MAC Rate
ALBUTEROL 0.83 MG/ML SOLUTION	0.03842	LOPERAMIDE 2 MG CAPSULE	0.07992
AMPHETAMINE SALTS 30 MG TABLET	0.25656	LORAZEPAM 0.5 MG TABLET	0.04351
BENAZEPRIL HCL 10 MG TABLET	0.08664	METFORMIN HCL 500 MG TABLET	0.05392
BENZTROPINE MES 0.5 MG TABLET	0.05724	METFORMIN HCL ER 500 MG TABLET	0.06164
CLINDAMYCIN HCL 150 MG CAPSULE	0.16308	METHYLPHENIDATE 20 MG TABLET	0.18107
CLOZAPINE 100 MG TABLET	1.19229	NAPROXEN 375 MG TABLET	0.05775
CYPROHEPTADINE 4 MG TABLET	0.12042	NAPROXEN 500 MG TABLET EC	0.19395
DESMOPRESSIN ACET 0.2 MG TABLET	3.15912	NIZATIDINE 150 MG CAPSULE	0.47798
ETH ESTRADIOL/DESOGEST 30/0.15 TABLET	0.72633	OMEPRAZOLE 20 MG CAPSULE	0.76020
GABAPENTIN 100 MG CAPSULE	0.06225	PAROXETINE HCL 10 MG TABLET	0.44987
GABAPENTIN 600 MG TABLET	0.62320	PAROXETINE HCL 20 MG TABLET	0.50714
GLIPIZIDE ER 10 MG TABLET	0.39987	PENICILLIN VK 250 MG TABLET	0.10350
GLIPIZIDE ER 5 MG TABLET	0.19608	PRIMIDONE 50 MG TABLET	0.36936
HYDROXYZINE HCL 25 MG TABLET	0.22892	SIMVASTATIN 20 MG TABLET	3.54298
IPRATROPIUM BR 0.02% SOLUTION	0.05282	SIMVASTATIN 40 MG TABLET	3.58201
LEVOTHYROXINE 112 MCG TABLET	0.28632	SIMVASTATIN 80 MG TABLET	3.55263
LEVOTHYROXINE 175 MCG TABLET	0.33114	TEMAZEPAM 15 MG CAPSULE	0.07010
LEVOTHYROXINE 25 MCG TABLET	0.17916	TIZANIDINE HCL 4 MG TABLET	0.14152
LEVOTHYROXINE 75 MCG TABLET	0.18106	TRAMADOL HCL 50 MG TABLET	0.05588
LISINOPRIL-HCTZ 10/12.5 TABLET	0.08088	TRIAMTERENE/HCTZ 75/50 TABLET	0.03459

Table 2.7 – **Decreases** to the State MAC Rates for Legend Drugs
Effective for Dates of Service On or After March 16, 2007

Drug Name	State MAC Rate	Drug Name	State MAC Rate
LISINOPRIL-HCTZ 20/12.5 TABLET	0.11208		

Direct questions about the State MAC for legend drugs to the Myers and Stauffer Pharmacy Unit at (317) 816-4136 in the Indianapolis local area, or 1-800-591-1183, or by e-mail at pharmacy@mslc.com.

NDCs Deleted from the Medicaid Drug Rebate Master File

Table 2.8 – National Drug Code Deleted from the Medicaid Drug Rebate Master File

NDC	Description	Effective Date	NDC	Description	Effective Date
00121-0530	Ferrous Sulf. Liq	10/1/2006	24385-0528	Ferrous Sulf Slow	10/1/2006
00182-1201	Ferrous Sulf. Elixir	10/1/2006	24385-0630	Ferrous Sulf Soln Drops	10/1/2006
00182-4028-01	Ferrous Sulf Tab	10/1/2006	24385-0875	Ferrous Sulf Iron Tabs	10/1/2006
00182-4028-10	Ferrous Sulf Tab	10/1/2006	49483-0008	Ferrous Sulf	10/1/2006
00182-4028-89	Ferrous Sulf Tab	10/1/2006	50383-0630	Ferrous Sulf Soln Drops	10/1/2006
00182-4029	Ferrous Sulf Tab	10/1/2006	50383-0778	Ferrous Sulf Elixir	10/1/2006
00182-4030	Ferrous Sulf Tab	10/1/2006	52569-0466	Ferrous Sulf Blister Pack	10/1/2006
00182-4082	Ferrous Gluconate Tab	10/1/2006	52735-0019	Vit Ferrous Sulf	10/1/2006
00182-4476	Slow Fe	10/1/2006	52735-0360	FP Ferrous Sulf Slow	10/1/2006
00245-0061	Ferrous Gluconate Tab	10/1/2006	54738-0091	Ferrous Sulf Tab	10/1/2006
00245-0108-01	Ferrous Sulf Enteric Coated Tab	10/1/2006	54838-0001	Ferrous Sulf Elixir	10/1/2006
00245-0108-10	Ferrous Sulf Enteric Coated Tab	10/1/2006	54838-0002	Ferrous Sulf Drops	10/1/2006
00472-1465	Ferrous Sulf Elixir	10/1/2006	59743-0801	Ferrous Sulf Tab	10/1/2006
00536-0650	Ferrous Sulf Elixir	10/1/2006	60258-0182	Ferrous Fumerate	10/1/2006
00536-3478	Ferrous Sulf	10/1/2006	60432-0057	Ferrous Sulf Drops	10/1/2006
00574-0508	Ferrous Gluconate	10/1/2006	60432-0066	Ferrous Sulf Elixir	10/1/2006
00574-0608	Ferrous Gluconate EC	10/1/2006	62107-0044	Ferrous Sulf	10/1/2006
00603-0179	Ferrous Sulf	10/1/2006	63739-0102	Ferrous Sulf	10/1/2006
00603-0762	Ferrous Sulf Drops	10/1/2006	63739-0259	Ferrous Sulf	10/1/2006
00603-0763	Ferrous Sulf Elixir	10/1/2006	63868-0682	Ferrous Sulf	10/1/2006
00677-0069	Ferrous Gluconate	10/1/2006	00904-5118	Pediatric Electrolyte Fruit Flavor	1/1/2007
00677-0070	Ferrous Sulf	10/1/2006	00904-5119	Pediatric Electrolyte Bubblegum	1/1/2007
00677-0071	Ferrous Sulf	10/1/2006	00904-5276	Pediatric Electrolyte Grape Dyed	1/1/2007
00677-0527	Ferrous Sulf	10/1/2006	00904-7659	Pediatric Electrolyte Soln Unflavored	1/1/2007
00677-0990	MultiFerrous Folic	10/1/2006	00904-7660	Pediatric Electrolyte Soln Fruit Flavor	1/1/2007
17714-0024	Ferrous Sulf Tab	10/1/2006	00904-7850	Pediatric Electrolyte Bubblegum	1/1/2007
24385-0137	Iron Tabs, Ferrous Sulf	10/1/2006	66977-0222	Oramagicrx	1/1/2007

Direct questions about this article to Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll free at 1-800-577-1278.

Coding Updates

Table 2.9 – Manual Pricing – New Rates,
Effective for Dates of Service On or After December 1, 2006

HCPCS Code	Code Description	Rate Effective for Dates of Service On or After December 1, 2006
L1510	THKAO, STANDING FRAME	$957.56
86336	INHIBIN A	$21.47
L3002	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	$130.30*
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	Remains manually priced.
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	$2.02

* This rate is a correction to the rate shown in *BR200652, BR200701*, and *NL200701*.

Table 2.10 – Relative Value Unit Corrections associated with HCPCS published on the 2006 Medicare Physician Fee Schedule
Effective for Dates of Service On or After February 8, 2007

HCPCS Code	Code Description	Current Rate	Rate Effective for Dates of Service On or After February 8, 2007
90773	THER/PROPH/DIAG INJ, IA	$13.35	$13.09
92626	EVAL AUD REHAB STATUS	$15.13	$57.85
92627	EVAL AUD STATUS REHAB ADD-ON	$15.13	$14.54
96401	CHEMO, ANTI-NEOPL, SQ/IM	$45.65	$36.33
96402	CHEMO HORMON ANTINEOPL SQ/IM	$24.63	$31.63
96405	CHEMO INTRALESIONAL, UP TO 7	$25.14	$21.24
96406	CHEMO INTRALESIONAL OVER 7	$38.06	$30.38
97606	NEG PRESS WOUND TX, > 50 CM	$26.33	$23.48
99300	IC, INFANT PBW 2501-5000 GM	$124.47	$91.25
99324	DOMICIL/R-HOME VISIT NEW PAT	$38.90	$41.74
99325	DOMICIL/R-HOME VISIT NEW PAT	$57.89	$61.26
99326	DOMICIL/R-HOME VISIT NEW PAT	$85.32	$88.94
99327	DOMICIL/R-HOME VISIT NEW PAT	$114.06	$117.17
99328	DOMICIL/R-HOME VISIT NEW PAT	$142.26	$145.11
99334	DOMICIL/R-HOME VISIT EST PAT	$28.63	$32.26
99335	DOMICIL/R-HOME VISIT EST PAT	$47.35	$51.23
99336	DOMICIL/R-HOME VISIT EST PAT	$75.05	$79.20
99337	DOMICIL/R-HOME VISIT EST PAT	$112.25	$116.65

Hoosier Healthwise Managed Care Organizations Contact Information

MDwise / PerformRx

Pharmacy Help Desk
1-800-558-1655

To Process Claim:
RxBIN: 600428
RxPCN: 03210000
Hoosier Healthwise Card #
Date of Birth
Prescriber DEA #

PDL and PA forms found at:
http://www.mdwise.org
(Clinical PAs should be submitted by the prescriber)

MHS / USScript

Pharmacy Help Desk
1-800-460-8988

To Process Claim:
RxBIN: 008019
RxPCN: USS

Hoosier Healthwise Card #
Date of Birth
Prescriber DEA #

PDL and PA forms found at:
http://www.managedhealthservices.com

Anthem / WellPoint nextRx

Pharmacy Help Desk
1-866-629-1608
TTY: 1-800-905-9821
Fax: 1-805-384-3456

To Process Claim:
RxBIN: 610053
RxPCN:
RxGroup:
Hoosier Healthwise Card #
Date of Birth
Prescriber DEA #

PDL and PA forms found at:
https://pd.secure.anthem.com/prov-umi/medical/SSBINHome.do
(Clinical PAs should be submitted by the prescriber)

< 1 >

TR608-Hoosier Healthwise MCO Contact Information January 18, 2007