B A N N E R P A G E

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To All Providers:

- The previously published bulletin, BT200518, concerning check related adjustments for pharmacy providers indicated an incorrect address. The correct address to make refunds to IHCP for pharmacy claims is as follows:

  EDS Pharmacy Refunds
  P.O. Box 2303 Dept. 130
  Indianapolis, Indiana 46206-2303

- Medicaid will implement an automated spend-down process effective January 1, 2006. This process will include the elimination of the *Notice to Provider of Recipient Deductible* (Form 8A), which will result in reduced paperwork and quicker claims payment. Please monitor forthcoming articles in banner pages and newsletters for additional information. In mid-November, EDS will publish a provider bulletin that will include complete billing and payment information regarding this new automated spend-down process.

- Beginning October 1, 2005 please use the following updated International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes. The new, revised, and discontinued codes may be viewed at http://www.cms.hhs.gov/medlearn/icd9code.asp. To ensure Health Insurance Portability and Accountability Act (HIPAA) compliance, the 90-day grace period no longer applies to ICD-9-CM updates. Providers must use the appropriate ICD-9-CM diagnosis and procedure codes that are valid for the date of service. Codes not valid for the dates of service will deny. The ICD-9-CM diagnosis and procedure codes are billable and reimbursable October 1, 2005.

  The following new ICD-9-CM diagnosis codes will be added to Table 8.13 – *Emergency Department Diagnosis Codes* in the *IHCP Provider Manual, Chapter 8, Section 2*. These codes are effective October 1, 2005.

ICD-9-CM Diagnosis Codes Added to Table 8.13 *Emergency Department Diagnosis Codes*						
276.50	276.51	276.52	567.21	567.22	567.23	567.29
567.31	567.38	567.39	567.81	567.82	567.89	585.6
599.60	599.69	651.70	651.71	651.73	760.77	760.78
763.84	770.10	770.11	770.12	770.13	770.14	770.15
770.16	770.17	770.18	770.85	770.86	779.84	799.01
799.02	996.40	996.41	996.42	996.43	996.44	996.45
996.46	996.47	996.49	V46.14	V62.84		

  The following ICD-9-CM diagnosis codes will be removed from Table 8.13 – *Emergency Department Diagnosis Codes* in the *IHCP Provider Manual, Chapter 8, Section 2* effective October 1, 2005. These codes are no longer valid codes.

Invalid ICD-9-CM Diagnosis Codes Removed from Table 8.13 *Emergency Department Diagnosis Codes*						
276.5	567.2	567.8	599.6	770.1	799.0	996.4

  The following new ICD-9-CM diagnosis codes will be added to Table 8.63 – *High Risk Pregnancy – ICD-9-CM Diagnosis Codes* in the *IHCP Provider Manual, Chapter 8, Section 3*. These codes are effective October 1, 2005.

ICD-9-CM Diagnosis Codes Added to Table 8.63 *High Risk Pregnancy – ICD-9-CM Diagnosis Codes*						
276.50	276.51	276.52	278.02	287.30	287.31	287.33
287.39	291.82	362.07	426.82	567.21	567.22	567.23
567.29	567.31	567.38	567.39	567.81	567.89	585.1

ICD-9-CM Diagnosis Codes Added to Table 8.63 *High Risk Pregnancy – ICD-9-CM Diagnosis Codes*						
585.2	585.3	585.4	585.5	585.6	585.9	599.60
599.69	651.70	651.71	651.73	V46.13	V46.14	V62.84
V85.0	V85.21	V85.22	V85.23	V85.24	V85.25	V85.30
V85.31	V85.32	V85.33	V85.34	V85.35	V85.36	V85.37
V85.38	V85.39	V85.4				

The following ICD-9-CM diagnosis codes will be removed from Table 8.63 *High Risk Pregnancy – ICD-9-CM Diagnosis Codes* in the *IHCP Provider Manual, Chapter 8, Section 3* effective October 1, 2005. These diagnosis codes are no longer valid.

Invalid ICD-9-CM Diagnosis Codes Removed from Table 8.63 *High Risk Pregnancy – ICD-9-CM Diagnosis Codes*	
287.3	585

The following new ICD-9-CM procedures are not covered by the IHCP. According to the Indiana Administrative Code (IAC) *405 IAC 5-29-1 (3)*, experimental treatment or procedures are not covered by the IHCP.

ICD-9-CM Non-Covered Services	
Code	**Description**
37.41	Implantation of prosthetic cardiac support device around the heart
84.58	Implantation of interspinous process decompression device

For questions contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll free at 1-800-577-1278.

- This article advises providers that the Indiana Health Coverage Programs (IHCP) has approved coverage of Healthcare Common Procedure Coding System (HCPCS) codes J7303 – *Contraceptive supply, hormone containing vaginal ring, each*, and J7304 – *Contraceptive supply, hormone containing patch, each*, effective October 1, 2005. Providers must bill J7303 and J7304 instead of a miscellaneous supply code because they are more specific to the service being supplied. HCPCS code J7303 reimburses a max fee rate of $41.48 and HCPCS code J7304 reimburses a max fee rate of $14.31. Direct questions about this article to customer assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

- This article notifies providers of new HCPCS code changes. Based on a recent analysis to identify potential duplicates among temporary and permanent codes (such as, items potentially billable under more than one HCPCS code), the OMPP has determined that durable medical equipment (DME) codes E0953, E1000, and A4632 will no longer be reimbursed effective November 11, 2005. Instead, the corresponding K codes (as listed below) and their Medicare fee will be adopted. Adopting the K codes with established Medicare fees will expedite crossover claims processing. Direct questions about these HCPCS code changes to customer assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

HCPCS Codes	Description	Corresponding HCPCS Codes	Description	Max Fee
E0953	Pneumatic Tire, EA	K0067	Pneumatic Tire, Any Size, EA	$34.77-NU $3.41-RR
E1000	Tire, Pneumatic Caster	K0074	Pneumatic Caster Tire, Any Size	$36.00-NU $3.96-RR
A4632	Repl Batt For External Infusion Pump, Any Type	K0601	Replacement Batt For Ext Inf Pump, Silver Oxide, 1.5 V	$1.10
A4632	Repl Batt For External Infusion Pump, Any Type	K0602	Replacement Batt For Ext Inf Pump, Silver Oxide, 3.0 V	$6.36
A4632	Repl Batt For External Infusion Pump, Any Type	K0603	Replacement Batt For Ext Inf Pump, Alkaline, 1.5 V	$0.57
A4632	Repl Batt For External Infusion Pump, Any Type	K0604	Replacement Batt For Ext Inf Pump, Lithium, 3.6 V	$6.09

HCPCS Codes	Description	Corresponding HCPCS Codes	Description	Max Fee
A4632	Repl Batt For External Infusion Pump, Any Type	K0605	Replacement Batt For Ext Inf Pump, Lithium, 4.5 V	$14.60

- This notification clarifies the policy and billing requirements regarding problem-oriented exams rendered on the same date as an EPSDT annual exam or well-baby exam.

  The *HealthWatch Provider Manual* states, "If a patient is evaluated and treated for a problem during the same visit as an EPSDT annual exam or well child service, the problem-oriented exam can be billed separately accompanied by the -25 modifier (separate significantly identifiable E&M service). The problem must require additional moderate level evaluation to qualify as a separate service on the same date."

  Some have interpreted this statement from the manual to mean that Evaluation and Management (E&M) codes 99211, 99212, or 99213 could not be reimbursed if provided on the same date as the EPSDT annual or well baby exam. This is incorrect.

  IHCP reimburses for all E&M codes billed by a physician who is providing a problem-oriented exam on the same date as the EPSDT annual or well-baby exam. This includes E&M codes 99211 through 99215. These services should be billed with modifier -25 to identify a separate significantly identifiable E&M service.

- The IHCP reimburses the following Current Procedural Terminology (CPT®) clinical lab codes that allow interpretation, retroactive to July 1, 2002, (retroactive to January 1, 2005, for CPT codes 84166 and 86335). The IHCP follows Medicare guidelines for the CPT clinical lab codes that allow interpretation.

83020	83912	84165	84166	84181	84182	85390	85576	86255	86256
86320	86325	86327	86334	86335	87164	87207	88371	88372	89060

  Providers need to report both the technical and professional components separately to ensure proper reimbursement. Providers bill the IHCP for the technical component of the clinical lab procedure reporting the base code only, without modifier TC. If the modifier TC is billed at the claim detail the claim will be denied. The interpretation service is reported with the CPT code and modifier 26. For example, providers performing both the technical component and interpretation of CPT code 84165 report CPT code 84165 for the technical component and the CPT code modifier combination 84165-26 for the interpretation.

  The IHCP will mass void and replace the affected claims with dates of service July 1, 2002, through August 17, 2005. The mass void and replacement of claims begin appearing on providers' September 27, 2005, remittance advice statements. For any claim that has not been submitted to the IHCP for reimbursement or may need to be voided or replaced after the mass void or replacement of claims has been completed, providers may use a copy of this banner page article as documentation to waive the one year filing limit.

  Direct questions about this information to the customer assistance at (317) 655-3240 or toll free at 1-800-577-1278.

To All Dental Providers:

- Please take the following steps to obtain IHCP prior authorization for dental procedures when the service has been performed in a hospital or an ambulatory surgical center (ASC).
  1. For enrollees in *Medicaid Select* and Primary Care Case Management (PCCM), prior authorization (PA) for dental procedures and the related facility and anesthesia services are obtained by contacting the enrollees PMP for authorization and a certification code.
  2. For enrollees in one of the Hoosier Healthwise MCOs:
     Note: Some dental services are covered by the State and some by an MCO
     a. For State dental procedures subject to PA, the provider must contact Health Care Excel by calling (317) 347-4511 or (800) 457-4518. Providers must check the *IHCP Provider Manual*, newsletters, bulletins, and banners for dental procedures that require PA. Claims for dental procedures are submitted to EDS for claims processing and payment.
     b. PA for facility and anesthesia services must be requested by contacting the Managed Care Organization (MCO) in which the member is enrolled.
  3. After the dental provider has obtained authorization, the facility and anesthesiology provider should be provided with the PA information.

MCO	Web Site	PA Phone Number
CareSource	www.caresource-indiana.com	(866) 930-0017
Harmony Health Plan	www.harmonyhmi.com	(800) 504-2766
Managed Health Services	www.managedhealthservices.com	(800) 464- 0991
Molina	www.molinahealthcare.com	(800) 642-4509
MDwise	www.mdwise.org	MDwise Wishard (317) 860-2736 MDwise Methodist (317) 705-3269 or (866) 309-8741 MDwise St. Francis (317) 570-6816 or (800) 291-4140 MDwise ProHealth (317) 705-3269 or (866) 309-8751 MDwise St. Vincent (317) 860-2736 MDwise St. Catherine (219) 392-7072 or (219) 392-7066 MDwise Saint Margaret Mercy (800) 747-3693

To All Pharmacies and Prescribing Providers:

- This notice advises providers that, in response to rapidly escalating expenditures for Medicaid-covered drugs, and in order to stay within available appropriations while maintaining beneficiary access to services, the office will be adopting an emergency rule that amends pharmacy reimbursement for Medicaid and HoosierRx. Specifically, estimated acquisition cost (EAC) for brand name legend drugs will change from Average Wholesale Price (AWP) minus 13.5 percent to AWP minus 16 percent. At the same time, to bring consistency to reimbursement policy for insulins, OTC insulins will commence being paid in accordance with applicable legend drug EAC methodology. These changes will be effective October 1, 2005.
- Effective January 1, 2006, the CMS is implementing the new Medicare prescription drug coverage. This coverage, also known as Medicare Part D, is a new benefit to help Medicare members pay for prescription drugs.

  The IHCP Web site now includes a new section titled *Medicare Prescription Drug Coverage*. Providers should visit this section periodically at http://www.indianamedicaid.com/ihcp/ProviderServices/medicareD.asp for the latest information. The annual IHCP Seminar and fourth quarter provider workshops will include materials and training about the new Medicare prescription drug benefit.

  For more information about the Medicare prescription drug benefit visit the CMS Web site at http://www.cms.gov/medicarereform/

To All Physical Therapy Providers:

- The IHCP has initiated coverage of hippotherapy for physical therapy effective April 1, 2005. To be covered, services must be provided by a licensed physical therapist and should be billed using the appropriate HCPCS code from the following list:
  - 97110 – Therapeutic exercises to develop strength and endurance, range of motion, and flexibility
  - 97112 – Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
  - 97530 – Therapeutic activities to improve functional performance
  - 97533 – Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands. This code can only be used for patients with a diagnosis of traumatic brain injury (TBI).

  Services must be ordered by a physician and included in the patient's treatment plan. Existing PA requirements for physical therapy apply to hippotherapy.

Note: Procedure code S8940 (hippotherapy per person, equestrian, hippotherapy, per session) was a new HCPCS code effective January 1, 2005, and is ***not*** *covered by the IHCP.*