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To All Providers:

- The Indiana Health Coverage Programs (IHCP) Web site now includes Ambulatory Surgical Center (ASC) assignment codes and pricing. The ASC assignment codes classify Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes to a payment group based on an estimate of the facility costs associated with performing the procedures. Providers may access this information on the IHCP Web site at www.indianamedicaid.com under *Fee Schedule*. The ASC listing contains assignment codes, effective dates, and pricing. Additionally, assignment codes relating to specific CPT and HCPCS codes are available on the IHCP Web site at www.indianamedicaid.com under *Fee Schedule* using the procedure code or description search feature.
- EDS completed a review of the Medical Review Team (MRT) claims processed since MRT automated claims processing went into effect on July 10, 2005. The review determined that claims are failing edit 3001, Dates of Service not on PA database. Currently, these claims are suspending for review. Effective with this notice, claims failing this edit will deny in accordance with the MRT guidelines.

IHCP provider bulletin *BT200514*, published June 2, 2005, identifies those codes that may be billed to the MRT, and those that require prior authorization (PA). Additionally, providers should be careful to bill the units for the actual time services were rendered for the procedure codes that are based on time. As a reminder, the patient's medical records need to support the services billed.

- Between October 19, 2005, and October 28, 2005, some dental, vision, waiver, and transportation claims erroneously denied for edit 2502, *Member covered by Medicare B (no attachment)*. EDS has corrected this error; however, providers who believe their claims denied incorrectly for this edit may resubmit their claims for processing.

Transportation providers who filed claims for mileage that denied for edit 2502 must file for an adjustment using the Web interChange or a paper adjustment form to adjust the mileage detail. An adjustment is required to allow pricing of the detail for mileage with the base code.

- On November 1, 2005, the IHCP implemented the PA Web application, which allows providers to submit non-pharmacy PA requests and to inquire about requests using the Web interChange. Providers can continue submitting PA requests on paper or by telephone or fax and following existing policies when submitting PA requests. To inquire about existing PAs, providers must have a PA number or be the requesting or service provider of the PA. Doctors, dentists, home health agencies, hospices, optometrists, health service providers in psychology (HSPP), chiropractors, hospitals, and transportation providers may submit PA requests. Providers may obtain detailed information about using this new Web application from the IHCP Web site at www.indianamedicaid.com.
- Currently, the Vaccines for Children (VFC) program cannot distribute a sufficient supply of Tdap and MCV4 vaccines to all VFC-participating providers. Due to this shortage crisis, the IHCP is not limiting reimbursement for Tdap, Tetanus diphtheria toxoids and acellular pertussis vaccine [Current Procedural Terminology (CPT®) 90715 – Adacel and Boostrix] and MCV4, *meningococcal conjugate vaccine, tetravalent* (CPT 90734 – *Menactra*) to the VFC vaccine administration fee of \$8 or less. This policy allows providers to

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obtain reimbursement for using privately purchased Tdap or meningococcal vaccines if they cannot obtain a VFC vaccine. When administering privately purchased Tdap or meningococcal vaccines, providers may bill for the cost of the vaccine plus its administration, and the IHCP-allowable reimbursement includes payment for both.

Note: If a provider administers a free VFC vaccine, the provider should bill the appropriate Tdap or meningococcal vaccine procedure code but not charge more than the \$8 VFC vaccine administration fee, and not bill the separate administration CPT code.

When a provider administers immunizations using the provider's private stock, refer to IHCP provider bulletin BT200151 for use of the administration code 90782, *Therapeutic, prophylactic or diagnostic injection (specify material injected; subcutaneous or intramuscular)*, as appropriate, for the additional \$2.84 rate.

To All Anesthesia Providers:

- For the time period of October 15, 2003, through August 31, 2005, medical and Medicare Part B medical claims submitted for anesthesia services and billed with modifiers *QK, Medical direction of two, three, or four concurrent anesthesia service*, or *QX, CRNA service*, were inappropriately denied for edit 4014, *no pricing segment on file*. Beginning the week of December 13, 2005, these claims are being voided and reprocessed and begin appearing on providers' remittance advice (RA) statements. The issue relating to adjudicated claims posting edit 4014 that had created underpayments has been corrected.

To All Hospice Providers:

- The IHCP completed a nursing home retro-rate adjustment for the nursing facility quality assessment fee. The IHCP began extracting the hospice claim information for this adjustment in October 2005. Claims were adjusted and appeared on November 8, 2005, RAs. Hospice providers can identify that the claims adjustments were a result of the nursing facility quality assessment by the internal control number (ICN) on their RA. These ICNs begin with the number 55 and have a Julian date between 304 and 306.

For questions about the reimbursement process for hospice room and board adjustments that resulted from the nursing facility quality assessment, contact Michelle Stein-Ordonez at the OMPP at (317) 233-1956 or Karie Millard at Myers and Stauffer at (317) 846-9521.

- According to Section 3 of the *IHCP Hospice Programs Manual*, the IHCP may special batch hospice claims. When a claim is special batched, it appears on the hospice provider's RA with an internal control number (ICN) that begins with **90**.

Some hospice claims with service dates that had been paid by special batch have been denied payment when they were adjusted during the hospice retro-rate adjustments. However, IndianaAIM was updated on July 14, 2005, and the mass claims adjustment process no longer provides a mechanism for an adjusted claim to suspend for edit 2024. An EDS claims clerk can view a paid claim to determine if it was previously forced. If a claim was not forced, the clerk forces the claim to ensure payment during a hospice claims retro-rate adjustment.

Service dates paid through the special batch process prior to July 14, 2005, which have been denied during retro-rate adjustments, must be corrected. To meet the criteria, the claim must have been a hospice claim with an ICN starting with 90, and a hospice retro-rate adjustment must have resulted in a denial of service dates that were previously on the original claim through the special batch process on their RA. Providers may contact Michelle Stein-Ordonez, Medicaid Policy Analyst, at (317) 233-1956 for case-specific questions or concerns. To correct a claim for a retro-rate adjustment, the hospice provider must fax a corrected and complete hospice claim for denied service dates to Michelle Stein-Ordonez at (317) 232-7382. Ms. Stein-Ordonez sends the

claim to EDS with a special batch request to reprocess the original claim and the adjustment. Hospice providers should not have denied claims for service dates paid through the special batch claims process after July 14, 2005.

To All Pharmacies and Prescribing Providers:

- This article provides corrections to the State maximum allowable cost (MAC) rate information published in IHCP provider bulletin *BT200525*, published November 10, 2005.

Effective November 22, 2005, the State MAC rate for Deferoxamine 500mg Vial **increases** to 16.9695.

Effective November 14, 2005, the State MAC rate for the following drugs **increases** as listed below.

Table 1 – Increased State MAC Rate Effective November 14, 2005

Drug Name	State MAC Rate
IBUPROFEN 600 MG TABLET	0.03839
LEVOTHYROXINE 137 MCG TABLET	0.43845
METOPROLOL 50 MG TABLET	0.03971
TRIAMTERENE/HCTZ 37.5/25 CP	0.07640

Effective November 15, 2005, the State MAC rate for Amoxicillin 500mg Capsule decreases to 0.05761.

The State MAC rate for Amitriptyline HCl 25mg Tab remains at 0.03175.

Direct questions about the State MAC for legend drugs to the Myers and Stauffer pharmacy unit by telephone at (317) 816-4136 or (800) 591-1183, or by e-mail at pharmacy@mslc.com.

- IHCP provider bulletin *BT200369* states that providers can submit all pharmacy claims electronically. However, some pharmacy claims may require additional documentation to be submitted on paper. One example is a claim billed on the same date of service as the date spend-down was met. If a provider submits a claim via point-of-sale (POS) and that claim requires additional documentation for adjudication, such as a *DPW Form 8A* for spend-down, the claim suspends and the provider must fax the supporting documentation to EDS at (317) 488-5163.

Each suspended claim must have a separate Pharmacy Claim Attachment Sheet, indicating the ICN of the claim that needs to be processed. If the ICN on the Pharmacy Claim Attachment Sheet does not match the ICN of the suspended claim, the claim denies. Additionally, if the provider does not submit supporting documentation within 21 days of submission, the claim denies.

Providers may download copies of the Pharmacy Claim Attachment Sheet from the IHCP Web site at www.indianamedicaid.com under *Forms*. Direct questions about this process to the EDS Pharmacy Services Helpdesk at (317) 655-3240, Option 1, or 1-800-577-1278.

- 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 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.

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

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