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## To All Providers:

- Effective July 1, 2005, providers should submit Pre-Admission Screening and Resident Review (PASRR) and Medical Review Team (MRT) claims to EDS using the paper CMS-1500 claim form, the electronic 837 Professional Claims and Encounter (837P) Transaction format, or the electronic Web interChange claims submission application. The State will continue to process paper PASRR and MRT claims sent to the Office of Medicaid Policy and Planning (OMPP), if they are postmarked no later than June 10, 2005. If the OMPP receives claims postmarked after June 10, 2005, the claims will be returned to the provider. These claims must be sent to EDS for processing and payment using the new claims submission method. Detailed provider bulletins outlining the new claims submission methods are forthcoming.
- Effective May 23, 2005, the Restricted Card Program (RCP) has a new fax number. The new fax number is (317) 347-4550. Providers should use this new number to fax all referrals and other concerns for restricted members in Traditional Medicaid, *Medicaid Select*, and primary care case management (PCCM). Providers may direct questions about the RCP to **Health Care Excel, Attention: Restricted Card Program, P.O. Box 531700, Indianapolis, IN 46253-1700**, by telephone at (317) 347-4527 in the Indianapolis local area or 1-800-457-4515, or by fax at (317) 347-4550.
- The OMPP is implementing Hoosier Healthwise mandatory risk-based managed care (RBMC) enrollment across all Indiana counties in 2005. This will transition current PrimeStep Hoosier Healthwise managed care members from PCCM into enrollment with a local managed care organization (MCO) in the RBMC delivery system.

Primary medical providers (PMPs) in the affected counties can choose to contract with one of the Hoosier Healthwise MCOs. PrimeStep PMPs who switch to one of the MCOs before the final transition date will retain their current Hoosier Healthwise members. Specialists, hospitals, and ancillary providers may have various MCO arrangements depending on factors such as how many of the MCO's members may be served by the provider, or how many MCOs are serving their region. The transition schedule, regional map, questions and answers, and additional detailed information on the transition can be found in Indiana Health Coverage Programs (IHCP) provider bulletin *BT200506*, which is available at [www.indianamedicaid.com](http://www.indianamedicaid.com). The OMPP is conducting a series of public meetings about the transition to mandatory RBMC for the Hoosier Healthwise Program. The meeting agenda includes an overview of the transition process, individual MCO presentations, and the opportunity to ask questions of the MCOs. The following is an upcoming meeting on the transition to mandatory RBMC:

- Tippecanoe County Area Public Meeting: June 7, 2005, at the Kathryn Weil Center for Education, 415 N. 26th St., Ste. 400, Lafayette, Indiana. The meeting will be held from noon to 1 p.m.

## To All Assertive Community Treatment Community Mental Health Centers:

- EDS will mass adjust all claims paid from June 2004 through May 2005 that contained procedure code *H0040 – ACT Services, per diem*. This adjustment is necessary to meet internal processing and reporting requirements and began appearing after the May 31, 2005, remittance advice (RA).
- Assertive Community Treatment (ACT) services claims that posted edit *4033 – the modifier used is not compatible with the procedure code billed*, and denied on RAs dated February 22, 2005, through May 3, 2005, were mass adjusted and reprocessed by EDS and began appearing on the May 17, 2005, RA.

Also, the updated logic for procedure code H0040 HW now identifies claims that exceed the one unit per day limit. Claims that previously paid and did not limit the service to one unit per day, per member were mass adjusted and began appearing on the May 31, 2005, RA.

## To All Durable Medical Equipment Providers:

- This article provides clarification of IHCP's policy for prior authorization (PA) and reimbursement of universal headrest plates. Effective June 7, 2005, HCPCS code *E1028 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory*, must be used for PA and billing. Requests for approval of the universal headrest plate using HCPCS code *E1399 - Durable medical equipment, miscellaneous*; will deny for appropriate coding. Providers should submit their usual and customary charge using HCPCS code E1028.

EDS

P. O. Box 7263  
Indianapolis, IN 46207-7263

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1

Reimbursement of the universal headrest plates are subject to the following PA criteria:

- Universal headrest plates are covered when the initial headrest ordered for a new wheelchair does not meet the member's needs upon the first or subsequent fittings. The provider must document on the PA request, the brand name and model of the original headrest and include an explanation of why the headrest did not meet the member's needs. In addition, the provider must indicate the brand name and model of the subsequent headrest that will be used on the wheelchair.
- Universal headrest plates are covered for a used wheelchair if the member's condition changes, and the wheelchair back is not pre-drilled for the headrest. The provider must provide documentation of the medical necessity for the headrest.
- Replacement universal headrest plates are covered with documentation of an explanation for the replacement (for example, plate is damaged due to high tone or spasticity of the patient).

Universal headrest plates are not covered for the initial headrest ordered for use on a new wheelchair. The wheelchair back should be pre-drilled to accommodate the headrest initially ordered with the wheelchair.

Providers should direct questions to the Health Care Excel Medical Policy Department at (317) 347-4500.

## To Home Health Providers:

- Home health rates for 2005 are finalized and are effective January 1, 2005. Mass claims adjustments for the new rates will begin appearing on the June 7, 2005, RA. The new rates are shown in the following table:

Service	Rate
Registered Nurse (RN) – 99600 TD	\$30.82
Licensed Practical Nurse (LPN) – 99600 TE	\$21.99
Home Health Aide – 99600	\$15.10
Physical Therapy – G0151	\$13.92 per 15 minute increments
Occupational Therapy – G0152	\$13.01 per 15 minute increments
Speech Therapy – G0153	\$15.15 per 15 minute increments
Overhead	\$21.09

Providers should direct questions to customer assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

## To All Pharmacy Providers:

- Effective July 22, 2005, the following drug groups will be added to the State Maximum Allowable Cost (State MAC) for legend drugs rate list.

Drug Name	State MAC Rate
BUPROPION HCL SR 200MG TAB	3.04160
GABAPENTIN 600MG TABLET	1.47580
MEDROXYPROGESTERONE 150MG/ML VIAL	47.37000

Effective June 6, 2005, State MAC rates for the following drugs will be increased as listed below.

Drug Name	State MAC Rate
DIPYRIDAMOLE 25MG TABLET	0.19210
DIPYRIDAMOLE 50MG TABLET	0.34098
DIPYRIDAMOLE 75MG TABLET	0.41377

Effective July 22, 2005,, State MAC rates for the following drugs will be decreased as listed below.

Drug Name	State MAC Rate
AMOXICILLIN 400MG/5ML SUSP	0.06756
CLOTRIMAZOLE/BETAMETH CREAM	0.33396
HYDROCORTISONE 0.2% CREAM	0.24204
GLYBURIDE-METFORMIN 5/500MG TAB	0.47856

Providers should direct questions about the State MAC for legend drugs to the Myers and Stauffer Pharmacy Unit by telephone at (317) 816-4136 or 1-800-591-1183, or by e-mail at [pharmacy@mslc.com](mailto:pharmacy@mslc.com).

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