

# Provider Monthly Newsletter

NL200606

June 2006

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## Abbreviations in this Newsletter

ACS	Affiliated Computer Services	MAC	maximum allowable cost
AVR	Automated Voice Response	MCO	managed care organization
AWP	average wholesale price	MHS	Managed Health Service
CCF	Claim Correction Form	NPI	National Provider Identifier
CMS	Centers for Medicare & Medicaid Services	OTC	over the counter
CPT	Current Procedural Terminology	PA	prior authorization
DUR	Drug Utilization Review	PBM	pharmacy benefits manager
EDS	Electronic Data Systems	PCCM	primary care case management
HCE	Health Care Excel	PDL	Preferred Drug List
HCPCS	Healthcare Common Procedure Coding System	POS	point of sale or place of sale
HIPAA	Health Insurance Portability and Accountability Act	ProDUR	Prospective Drug Utilization Review
IHCP	Indiana Health Coverage Programs	RA	remittance advice
		SUR	Surveillance and Utilization Review

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## Provider News

### New Bulletins on the IHCP Web Site

A complete list of bulletins is available on the IHCP Web site at [http://www.indianamedicaid.com/ihcp/Publications/bulletin\\_results.asp](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 more information about this service. To subscribe, visit the IHCP Web site at [http://www.indianamedicaid.com/ihcp/mailling\\_list/default.asp](http://www.indianamedicaid.com/ihcp/mailling_list/default.asp).

### 2006 April Quarterly HCPCS Codes Update

This article is to notify providers of the coverage determinations for the April 2006 quarterly updates to the HCPCS codes. The tables available on Attachment 4 of this newsletter contain the following information:

- Table 6.6: A list of the new alphanumeric and CPT<sup>®</sup> codes for the 2006 April HCPCS update
- Table 6.7: A list of the deleted codes and their replacements.

Providers should direct questions about this article to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

### New HCPCS Codes

Table 6.6 identifies the new April 2006 quarterly HCPCS codes by code, description, and coverage. These codes are in the IndianaAIM claims processing system, with their respective effective dates, and fees are posted on the IHCP Web site. Providers may bill the new codes for dates of service on or after April 1, 2006. The standard global billing procedures and edits apply when using the new codes.

### Deleted HCPCS Codes

Table 6.7 identifies the deleted April 2006 quarterly HCPCS codes by code, description, and replacement code.

### Effective July 1, 2006

Research shows that there is insufficient evidence supporting the effect of coronary computed tomographic angiography on health outcomes. Effective for dates of service on or after July 1, 2006, the IHCP no longer covers computed tomographic angiography.

Also effective for dates of service on or after July 1, 2006, the IHCP requires PA for kyphoplasty, procedure codes 22523, 22524, and 22525. Providers are required to submit documentation supporting the medical necessity of the procedure.

### Changed HCPCS Codes

The changed April 2006 quarterly HCPCS codes are in the IndianaAIM claims processing system for dates of service on or after April 1, 2006. The changes do not affect claims adjudication. The April 2006 quarterly HCPCS code changes may be accessed at <https://www.cms.hhs.gov/HCPCSReleaseCodeSets>.

### Claims Billing, Adjustment, and Edit Updates

#### Procedure Code 01991

The IHCP will void and replace medical claims submitted between October 16, 2003, and April 28, 2005, for procedure code 01991 – *Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than the prone position*. Claims billed with procedure code 01991 were inappropriately reimbursed at the billed amount instead of calculating the payment using the anesthesia reimbursement logic, thus creating an overpayment. These void and replacement claims began appearing on the RA statement dated May 16, 2006.

#### Procedure Codes 00539, 00921, 01829, and 01992

The IHCP is voiding and replacing medical claims submitted between October 16, 2003, and July 12, 2005, with the following procedure codes:

- 00539 – *Anesthesia for tracheobronchial reconstruction*
- 00921 – *Anesthesia for procedure on male genitalia (including open urethral procedures); vasectomy, unilateral/bilateral*
- 01829 – *Anesthesia for diagnostic arthroscopic procedures on the wrist*
- 01992 – *Anesthesia for diagnostic or therapeutic nerve blocks and injection (when block or injection is performed by a different provider); prone position*

The IHCP inappropriately reimbursed these procedure codes at the billed amount instead of calculating the payment using the anesthesia reimbursement logic, thus creating an overpayment. These void and replacement claims began appearing on the RA statement dated May 16, 2006.

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### **Procedure Code 90658 Adjustment Notice**

The IHCP discovered a discrepancy in the pricing of the flu vaccine code 90658 – *Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular use* for claims billed from January 2, 2006, through March 28, 2006. This discrepancy resulted in the overpayment of claims for this service. The pricing has been changed from \$26.38 per 0.5 ml to the correct rate of \$13.19 per 0.5 ml.

Beginning on July 20, 2006, the IHCP will adjust all affected claims for code 90658, paid from January 3, 2006, through March 28, 2006.

### **Contact Information**

Direct questions about information contained in the *Claims Billing, Adjustment, and Edit Updates* articles to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or 1-800-577-1278.

Providers who disagree with an adjustment may request an administrative review by writing to the following address:

**EDS Administrative Review  
Written Correspondence  
P.O. Box 7263  
Indianapolis, IN 46207-7263**

In the request, the provider must explain the reason for disagreement and include copies of all pertinent documentation. The administrative review process is set forth in more detail in the *IHCP Provider Manual, Chapter 10, Section 6* available on the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Publications/manuals.htm>.

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### **Appropriate Billing of Professional Services for Multiple Births**

This article outlines the appropriate billing of professional services for multiple births.

Multiple birth deliveries are subject to multiple surgery reimbursement. The current reimbursement policy indicated in *405 IAC 5-28-1 (g)* for pricing multiple surgical procedures states that 100 percent of the global fee is reimbursed for the most expensive procedure. The second most expensive procedure is reimbursed at 50 percent of the global fee and remaining procedures are reimbursed at 25 percent of the global fee. The IHCP only reimburses for one cesarean procedure regardless of the number of babies delivered during the cesarean section. Therefore, only one detail line with one unit of service is billed for cesarean delivery procedures codes. The IHCP only reimburses for one delivery procedure code that includes postpartum care. If there are multiple births during one delivery, the first

delivery code can include postpartum care; however, any subsequent deliveries are billed with a procedure code that does not include postpartum care.

If billing for multiple births when all births are vaginal deliveries, providers bill the first birth using procedure code 59409 – *Vaginal delivery only (with or without episiotomy and/or forceps)*; 59410 – *Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care*; 59612 – *Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)*, or 59614 – *Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care*. The second birth and any subsequent births are billed using procedure codes 59409 or 59612 with modifier 51 – *Multiple procedures*.

When billing for one vaginal birth and one or more births by cesarean section; the cesarean birth is billed with procedure code 59514 – *Cesarean delivery only* or 59515 – *Cesarean delivery only; including postpartum care* and the vaginal birth is billed using procedure code 59409 or 59612 with modifier 51.

When billing for two or more vaginal births and one or more births by cesarean; the cesarean birth(s) are billed on one detail line with one unit of service using procedure code 59514 or 59515. The vaginal birth(s) are billed as separate details using procedure code 59409 or 59612 with modifier 51.

If all births are delivered by cesarean; the cesarean birth(s) are billed using the appropriate procedure code 59514, 59515, 59620, or 59622 and one unit of service.

If an assistant surgeon aids in the cesarean delivery the service is billed using modifiers 80 and 82 to indicate the service was performed by an assistant surgeon. The reimbursement for the assistant surgeon's services is 20 percent of the allowed amount for the cesarean delivery. Providers cannot bill the same rendering provider number for both the surgeon and assistant surgeon details when billing for a cesarean delivery. If billing for assistant surgery services provided by a physician assistant, providers can bill the same rendering provider number for both the surgeon and physician assistant surgery details. The detail for the physician assistant is billed with the AS modifier to indicate the service was provided by the physician assistant. The reimbursement for the physician assistant's services is 20 percent of the allowed amount for the cesarean delivery.

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### **Web interChange Audit Reports**

To protect the integrity and privacy of the information received by Web interChange users, HIPAA security

requires that the IHCP audit the user activity and privileges on the interChange Web site.

Effective June 28, 2006 the IHCP is adding functionality to Web interChange to help identify the activity that has taken place on the site so it can determine if the activity is appropriate.

The IHCP is implementing the *Administrative Group Report* for Web interChange administrators and the *Group Owner E-mail* for group owners to allow the auditing of the activity of Web interChange users.

### Web Administrative Group Report

The *Administrative Group Report* is a tool provided to all Web interChange administrators to allow them to monitor all users with access to the organization's data, the type of access given to each user, and the functions they can perform. This report currently exists and a group's administrator can view the organization's report by clicking on the **View Group Report** button on the Web interChange *Group Administration* page. It is each administrator's obligation to review his or her report regularly.

Effective June 28, 2006, if an administrator has not reviewed the group report for 90 days, a reminder displays each time the administrator signs-on to Web interChange. A button appears on the *Group Report* screen and administrators may click the button to verify that they have reviewed the report.

If a group has more than one administrator, each administrator is prompted to review the report. If a person is the administrator for multiple organizations, that administrator must review the group report for each organization.

### Group Owner E-mail

Effective June 28, 2006, the registered *owner* e-mail address for each organization accessing Web interChange will receive an e-mail every 90 days. The e-mail contains a list of the active administrators associated with the owner's organization. This allows the owner to verify that the list is complete and that the appropriate person is the administrator for Web interChange.

Direct questions about Web interChange to the EDS Electronic Solutions Help Desk at (317) 488-5160, option 3 in the Indianapolis area, or 1-877-877-5182.

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## Web interChange Password Guidelines Update

Effective June 28, 2006, to comply with the *Information Security Policies and Minimum Compliance Policies* document published by the

Indiana Office of Technology, the IHCP is changing the password guidelines for Web InterChange.

Beginning June 28, 2006, all new Web interChange passwords must comply with the following guidelines:

- The password length requirement is a minimum of eight characters and a maximum of 14 characters.
- The new password must not be the same as the past 13 passwords. Users who attempt to change their passwords to a value that is equal to one of their previous 13, will receive an error message indicating they must choose another password.

Web interChange users are required to change passwords every 90 days. Passwords must comply to the new guidelines the first time they are prompted to change their password after June 28, 2006. If the user does not want to wait for the prompt to change the password, the passwords may be changed at any time by selecting the **Change Password** button on the *Welcome to Web interChange* page.

The following guidelines are in place, and will not change:

- Passwords must contain at least three of the following items:
  - At least one number (0 – 9)
  - At least one lower case letter
  - At least one upper case letter
  - At least one special character, defined as: ! " # \$ % & ' ( ) \* + , - . / : ; < = > ? @ [ \ ] ^ \_ ` { | }
- Passwords are case sensitive
- Passwords cannot contain the User ID , user name, company name, replicated sequence of characters, or any complete dictionary words
- Invalid password attempts are restricted to three. If after three attempts the user does not enter the correct password, the user's ID becomes disabled and the user must reset the password. Web interChange administrators may reset their own passwords using the *Auto-Password Reset*. Otherwise, all other users must request a password reset from their administrators. Providers who do not have a designated administrator must call the EDS Electronic Solutions Help Desk at (317) 488-5160 in the Indianapolis area, or at 1-877-877-5182. Press option 3.

For basic security, users are reminded of the following:

- Do not share passwords or login IDs
- Do not post or display the ID and password where others may have access

Direct questions about Web interChange to the EDS Electronic Solutions Help Desk at (317) 488-5160 in the Indianapolis area, or 1-877-877-5182. Press option 3.

## National Provider Identifier (NPI)

### National Provider Identifier Web Page

The IHCP Web site features an NPI Web page at <http://www.indianamedicaid.com/ihcp/ProviderServices/npi.asp>. This page contains information about the *IHCP NPI Implementation Plan*, instructions for obtaining an NPI, links to other resources on the Web, and informational documents like the *NPI Fact Sheet*.

### NPI Transition: Confirm Mail To Address Is Current

The IHCP is mailing notification letters advising providers to start reporting their NPI to the IHCP when the NPI Reporting Tool is implemented on July 26, 2006. The notification letter provides important instructions on how providers are to report their NPI to the IHCP. All providers must have a current *Mail To* address (location where the IHCP sends correspondence) on file with the IHCP. If a provider's *Mail To* address has changed at any time, the provider should confirm that the IHCP has a current address on file.

To verify the *Mail To* address on file with the IHCP, providers can logon to Web interChange at

<https://interchange.indianamedicaid.com>. From Web interChange, access the **Provider Profile** section and verify the *Mail To* information. Providers can also verify their *Mail To* address by calling the EDS Provider Enrollment and Waiver line at 1-877-707-5750.

If a *Mail To* address is incorrect, the provider may download the *Provider Update Form* from the *Provider Services* section of the IHCP Web site. The form is available as an Acrobat (pdf) file at

<http://www.indianamedicaid.com/ihcp/ProviderServices/pdf/ProviderUpdate.pdf> or as a Word file at <http://www.indianamedicaid.com/ihcp/ProviderServices/pdf/ProviderUpdate.doc>. Providers should complete sections 1 and 4, and have an authorized official sign the last page. Providers who do not have Web access may request a copy of the *Provider Update Form* from the EDS Provider Enrollment and Waiver line.

Providers who do not have access to Web interChange can request access from the *Welcome to Web interChange* page at <https://interchange.indianamedicaid.com/Administrative/logon.asp> and select the **How to Obtain an ID** link.

## Pharmacy Services

### State MAC Legend Drug Rate Updates

Attachment 3 of this newsletter contains the updates to the State MAC rates and rate lists with 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](mailto:pharmacy@mslc.com).

### Pharmacy Claims Adjustment

After a post-payment review of claims, EDS, the IHCP pharmacy claims processor, discovered an overpayment

affecting pharmacy claims submitted between October 1, 2005, and February 9, 2006, for OTC insulin. These claims reimbursed at AWP minus 13.5 percent or the provider's actual billed amount, whichever was less. The claims should have reimbursed at AWP minus 16 percent or the provider's actual billed amount, whichever was less. Providers do not need to take action. The affected claims will be systematically adjusted beginning on July 20, 2006. Providers should direct questions about this adjustment to the EDS Pharmacy Services Help Desk at (317) 655-3240, in the Indianapolis local area, or 1-800-577-1278. Press option 1 for pharmacy.

## Provider Workshops

### 2006 Second Quarter Medicaid Provider Workshops

The IHCP offers workshops free of charge. Sessions are offered at several locations in Indiana. Table 6.1 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. 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 6.1 – 2006 Second Quarter Workshop Session Times, Topics, and Descriptions

Time	Topic	Description
8 a.m. – 10:45 a.m.	Medicaid 101	This session provides an overview of the IHCP, eligibility verification methods, the restricted card program, managed care programs, and more. This session is ideal for new IHCP billers or those needing an IHCP refresher course.
10:45 a.m. – 11 a.m.	Break	
11 a.m. – 12 p.m.	Waiver Services	This is an educational session designed for new and current waiver providers and provides an overview of the new <i>Waiver Provider Manual</i> . This session is ideal for new providers to learn the processes of waiver billing, documentation, and audit criteria.
12 p.m. – 1 p.m.	Lunch Break	Lunch is not provided
1 p.m. – 1:30 p.m.	Managed Care Presented by MDwise representatives	This session is designed for MDwise to present information to assist providers in the billing of their claims. A question and answer period follows.
1:30 p.m. – 2 p.m.	Managed Care Presented by MHS representatives	This session is designed for MHS to present information to assist providers in the billing of their claims. A question and answer period follows.
2 p.m. – 2:30 p.m.	Managed Care Presented by Molina Healthcare, Inc. representatives	This session is designed for Molina Healthcare to present information to assist providers in the billing of their claims. A question and answer period follows.
2:30 p.m. – 2:45 p.m.	Break	
2:45 p.m. – 3:15 p.m.	Managed Care Presented by Harmony Health Plan representatives	This session is designed for Harmony Health Plan to present information to assist providers in the billing of their claims. A question and answer period follows.
3:15 p.m. – 3:45 p.m.	Managed Care Presented by CareSource representatives	This session is designed for CareSource to present information to assist providers in the billing of their claims. A question and answer period follows.

Table 6.2 lists the workshop dates, registration deadlines, and Indiana locations for each workshop.

Table 6.2 – 2006 Second Quarter Workshop Dates, Registration Deadlines, and Locations

Workshop Date	Registration Deadline	Location
Friday, June 2, 2006	Friday, May 26, 2006	Home Hospital 415 N. 26th St. Lafayette, IN 47904

(Continued)

Table 6.2 – 2006 Second Quarter Workshop Dates, Registration Deadlines, and Locations

Workshop Date	Registration Deadline	Location
Monday, June 5, 2006	Monday, May 29, 2006	Ball Memorial Hospital Auditorium 2401 University Ave. Muncie, IN 47303
Tuesday, June 6, 2006	Tuesday, May 30, 2006	Wishard Hospital Myers Auditorium 1001 W. 10th St. Indianapolis, IN 46202
Tuesday, June 13, 2006	Tuesday, June 6, 2006	Lutheran Hospital Kachmann Auditorium 7950 W. Jefferson Blvd. Fort Wayne, IN 46807
Friday, June 16, 2006	Friday, June 9, 2006	St. Joseph Regional Medical Center Educational Center 801 E. LaSalle Ave. South Bend, IN 46617
Thursday, June 22, 2006	Thursday, June 15, 2006	Bloomington Hospital Wegmiller Auditorium 601 W. 2nd St. Bloomington, IN 47403
Tuesday, June 27, 2006	Tuesday, June 20, 2006	Floyd Memorial Hospital 1850 State St. New Albany, IN 47150
Wednesday, June 28, 2006	Wednesday, June 21, 2006	Deaconess Hospital Bernard Schnacke Auditorium 600 Mary St. Evansville, IN 47747

## 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](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](http://www.indianamedicaid.com/ihcp/Misc_PDF/Quick_Reference.pdf). These Web documents are updated whenever changes occur.

### Provider Field Consultants, Effective May 1, 2006

Territory Number	Provider Consultant	Telephone	Counties Served
1	Jean Downs	(317) 488-5071	Jasper, Lake, LaPorte, Newton, Porter, Pulaski, Starke
2	Susan Bresson	(317) 488-5080	Allen, Dekalb, Elkhart, Fulton, Kosciusko, Lagrange, Marshall, Noble, St. Joseph, Steuben, Whitley
3	Keith Coleman	(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	Natalie Snow	(317) 488-5356	Marion

(Continued)

**Provider Field Consultants, Effective May 1, 2006**

<b>Territory Number</b>	<b>Provider Consultant</b>	<b>Telephone</b>	<b>Counties Served</b>
6	Tina King	(317) 488-5123	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington
7	Lori Bishop	(317) 488-5148	Clay, Greene, Johnson, Hendricks, Lawrence, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo
8	Jenny Atkins (temp)	(317) 488-5153	Crawford, Daviess, Dubois, Gibson, Knox, Martin, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick
9	Tina King (temp)	(317) 488-5123	Out-of-State

**Field Consultants for Bordering States, Effective May 1, 2006**

<b>State</b>	<b>City</b>	<b>Representative</b>	<b>Telephone</b>
Illinois	Chicago/Watseka	Jean Downs	(317) 488-5071
	Danville	Lori Bishop	(317) 488-5148
Kentucky	Owensboro	Jenny Atkins (Temp)	(317) 488-5153
	Louisville	Tina King	(317) 488-5123
Michigan	Sturgis	Susan Bresson	(317) 488-5080
Ohio	Cincinnati/Hamilton/Harrison/Oxford	Tina King	(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.

**Member and Provider Relations Leaders, Effective March 1, 2006**

<b>Title</b>	<b>Name</b>	<b>Telephone</b>
Director of Member and Provider Relations	Marcia Meece-Bagwell	(317) 488-5345
Provider Relations Supervisor	Phyllis Salyers	(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/mailling\\_list/default.asp](http://www.indianamedicaid.com/ihcp/mailling_list/default.asp).



**Indiana Health Coverage Programs Quick Reference, Effective March 10, 2006**

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 <a href="mailto:INXIXElectronicSolution@eds.com">INXIXElectronicSolution@eds.com</a>	
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 Provider Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Provider Enrollment/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 SUR Department P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 1-800-457-4515	
HCE Provider and Member Concern Line (Fraud and Abuse) (317) 347-4527 or 1-800-457-4515		IHCP Web Site <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a>		
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 <a href="mailto:INXIXPharmacy@EDS.com">INXIXPharmacy@EDS.com</a>	EDS Pharmacy Claims P.O. Box 7268 Indianapolis, IN 46207-7268	Indiana DUR Board <a href="mailto:INXIXDURQuestions@acs-inc.com">INXIXDURQuestions@acs-inc.com</a>	
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 PCCM) and Medicaid Select				
CareSource Claims <a href="http://www.caresource-indiana.com">http://www.caresource-indiana.com</a> 1-866-930-0017 Member Services 1-800-488-0134 PA 1-866-930-0017 Provider Services 1-866-930-0017	Harmony Health Plan <a href="http://www.harmonyhmi.com">http://www.harmonyhmi.com</a> Claims 1-800-504-2766 Member Services 1-800-608-8158 TTY: 1-877-650-0952 PA/Medical Management 1-800-504-2766 Provider Services 1-800-504-2766 Pharmacy 1-800-608-8158	Managed Health Services (MHS) <a href="http://www.managedhealthservices.com">http://www.managedhealthservices.com</a> Claims 1-800-414-9475 Member Services 1-800-414-5946 PA/Medical Management 1-800-464-0991 Provider Services 1-800-414-9475 Nursewise 1-800-414-5946 ScripSolutions (PBM) 1-800-555-8513	MDwise <a href="http://www.mdwise.org">http://www.mdwise.org</a> Claims 1-800-356-1204 or (317) 630-2831 Member Services 1-800-356-1204 or (317) 630-2831 PA/Medical Management 1-800-356-1204 or (317) 630-2831 Provider Services 1-800-356-1204 or (317) 630-2831 Pharmacy (317) 630-2831 or 1-800-356-1204	
Molina Healthcare <a href="http://www.molinahealthcare.com">http://www.molinahealthcare.com</a> Claims 1-800-642-4509 Member Services 1-800-642-4509 PA 1-800-642-4509 Provider Services 1-800-642-4509	Prime Step (PCCM) <a href="http://www.healthcareforhoosiers.com">http://www.healthcareforhoosiers.com</a> Claims - EDS Customer Assistance 1-800-577-1278 or (317) 655-3240 Member Services 1-800-889-9949, Option 1 PA HCE: 1-800-457-4518 or (317) 347-4511 Provider Services for PMPs 1-800-889-9949, Option 3 Pharmacy – see Pharmacy Benefit Manager section above	Medicaid Select <a href="http://www.medicaidselect.com">http://www.medicaidselect.com</a> Claims - EDS Customer Assistance 1-800-577-1278 or (317) 655-3240 Member Services 1-877-633-7353, Option 1 PA HCE: 1-800-457-4518 (317) 347-4511 Provider Services for PMPs 1-877-633-7353, Option 3 Pharmacy – see Pharmacy Benefit Manager section above		
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)				
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		

**INDIANA HEALTH COVERAGE PROGRAMS**



**P R O V I D E R   W O R K S H O P   R E G I S T R A T I O N**

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

<b>Medicaid 101</b>		
<input type="checkbox"/> Lafayette, June 2, 2006	<input type="checkbox"/> Muncie, June 5, 2006	<input type="checkbox"/> Indianapolis, June 6, 2006
<input type="checkbox"/> Fort Wayne, June 13, 2006	<input type="checkbox"/> South Bend, June 16, 2006	<input type="checkbox"/> Bloomington, June 22, 2006
<input type="checkbox"/> New Albany, June 27, 2006	<input type="checkbox"/> Evansville, June 28, 2006	
<b>Waiver Services</b>		
<input type="checkbox"/> Lafayette, June 2, 2006	<input type="checkbox"/> Muncie, June 5, 2006	<input type="checkbox"/> Indianapolis, June 6, 2006
<input type="checkbox"/> Fort Wayne, June 13, 2006	<input type="checkbox"/> South Bend, June 16, 2006	<input type="checkbox"/> Bloomington, June 22, 2006
<input type="checkbox"/> New Albany, June 27, 2006	<input type="checkbox"/> Evansville, June 28, 2006	
<b>MCO Presentations</b> (Select date and presentations)		
Lafayette, June 2, 2006 <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.		Muncie, June 5, 2006 <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.
Indianapolis, June 6, 2006 <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.		Fort Wayne, June 13, 2006 <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.
South Bend, June 16, 2006 <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.		Bloomington, June 22, 2006 <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.
New Albany, June 27, 2006 <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.		Evansville, June 28, 2006 <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.
<b>Registrant Information</b> (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 Rate Updates

### Effective for Dates of Service On or After June 1, 2006

The State MAC rates for Fentanyl patches only apply to generic products.

Table 6.3 – **Additions** to the State MAC Legend Drug Rate List, Effective June 1, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
FENTANYL 100 MCG/HR PATCH	31.35660	FENTANYL 50 MCG/HR PATCH	14.63580
FENTANYL 25 MCG/HR PATCH	8.15820	FENTANYL 75 MCG/HR PATCH	22.85400

Table 6.4 – **Decreases** to the State MAC Legend Drug Rate List, Effective June 1, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
MUPIROCIN 2% OINTMENT	0.82255	NABUMETONE 750 MG TABLET	0.48256
ALBUTEROL 0.83 MG/ML SOLUTION	0.04059	LEVOTHYROXINE 137 MCG TABLET	0.39315
WARFARIN SODIUM 1MG TABLET	0.18681	MORPHINE SULF ER 15 MG TABLET	0.39177
AMANTADINE 100 MG CAPSULE	0.26901	ALLOPURINOL 300 MG TABLET	0.09237
PREDNISOLONE AC 1% EYE DROP	0.94080	FLUVOXAMINE MAL 100 MG TAB	0.45723
ERYTHROMYCIN 2% SOLUTION	0.03645	WARFARIN SODIUM 4 MG TABLET	0.17022
PREDNISON 5 MG TABLET	0.02187	BUPROPION SR 100 MG TABLET	0.87453
SULFASALAZINE 500 MG TABLET	0.10281	PROMETHAZINE W/DM SYRUP	0.01530
CLOTRIMAZOLE 10 MG TROCHE	1.11767	LOVASTATIN 20 MG TABLET	0.36525
LOVASTATIN 40 MG TABLET	0.67277	CLARITHROMYCIN 250 MG TABLET	1.42512

### Effective for Dates of Service On or After June 30, 2006

Table 6.5 – **Decreases** to the State MAC Legend Drug Rate List, Effective June 30, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
ALLOPURINOL 100 MG TABLET	0.05367	METHYLPHENIDATE 5 MG TABLET	0.09843
AMANTADINE 100 MG CAPSULE	0.24807	MORPHINE SULF 30 MG TAB SA	0.59193
BENZAEPRILOL HCL 20 MG TABLET	0.09666	MORPHINE SULF ER 15 MG TABLET	0.30378
CICLOPIROX 0.77% CREAM	0.66993	OXYCODONE/APAP 5/325 TAB	0.05633
CYANACOBALAMIN 1,000 MCG/ML	0.36936	PROCHLORPERAZINE 10 MG TAB	0.07245
HYDROCHLOROTHIAZIDE 25 MG TB	0.01995	SILVER SULFADIAZINE 1% CREAM	0.08165
KETOCONAZOLE 2% CREAM	0.44325	SOTALOL HCL 80 MG TABLET	0.14751
METFORMIN HCL ER 500 MG TAB	0.07771		

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 email at [pharmacy@mslc.com](mailto:pharmacy@mslc.com).

## HCPCS Codes Updates

### Effective for Dates of Service On or After April 1, 2006

Table 6.6 – New April 2006 Quarterly HCPCS Codes, Effective April 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
S0345	Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station, 24-hour attended monitoring, includes recording, monitoring, receipt of transmissions, analysis, and physician review and interpretation; per 24-hour period	Not applicable for all programs	Not applicable	Non-covered for all programs
S0346	Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station, 24-hour attended monitoring, includes recording, monitoring, receipt of transmissions, analysis, per 24-hour period	Not applicable for all programs	Not applicable	Non-covered for all programs
S0347	Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station, 24-hour attended monitoring, including physician review and interpretation, per 24-hour period	Not applicable for all programs	Not applicable	Non-covered for all programs

### Effective for Dates of Service Through March 31, 2006

Table 6.7 – Deleted April 2006 Quarterly HCPCS Codes, Effective March 31, 2006

Procedure Code	Description	Replacement Code
Q3019	ALS vehicle used, emergency transport, no ALS services furnished	Non-covered code, no replacement
Q3020	ALS vehicle used, non-emergency transport, no ALS level service furnished	Non-covered code, no replacement
S0133	Histerelin, implant, 50 mg	Non-covered code, no replacement
S2362	Kyphoplasty, one vertebral body, unilateral or bilateral injection	22523 <sup>1</sup> , 22524 <sup>1</sup>
S2363	Kyphoplasty, one vertebral body, unilateral or bilateral injection; each additional vertebral body	22525 <sup>1</sup>
S3701	Immunoassay for nuclear matrix protein 22 (NMP-22), quantitative	Non-covered code, no replacement
S8093	Computed tomographic angiography, coronary arteries, with contrast material(s)	0146T <sup>2</sup> , 0147T <sup>2</sup>
S8260	Oral orthotic for treatment of sleep apnea, includes fitting, fabrication, and materials	Non-covered code, no replacement

<sup>1</sup>PA required effective July 1, 2006. Providers are required to submit documentation supporting medical necessity.

<sup>2</sup>Covered effective April 1, 2006 through June 30, 2006

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