



## Anesthesia Providers

### Reimbursement Rates for Current Procedural Terminology Codes 36620, 36625, 93503, and 99183

Effective for anesthesia claims with dates of service on or after April 1, 2010, the max fee rates for Current Procedural Terminology (CPT<sup>®1</sup>) codes 36620, 36625, 93503, and 99183 will change to the amounts listed below. Please note, anesthesia providers must continue to append modifier AA when billing these codes.

Table 1 – Anesthesia Rates

Code	Code Description	IHCP Rate
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion	\$51.94
36625	Arterial catheterization or cannulation for sampling, monitoring or transfusion, cutdown	\$84.90
93503	Insertion and placement of flow directed catheter (e.g., Swan-Ganz) for monitoring purposes	\$136.43
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session	\$111.83

<sup>1</sup>CPT is a registered trademark of the American Medical Association.

## Prescribing Practitioner and Pharmacy Providers

### Pharmacy Benefits May Differ Since the Pharmacy Benefit Consolidation

As a result of the December 31, 2009, pharmacy benefit consolidation (please see [BT200948](#), dated December 22, 2009, for details), individuals who were formerly receiving their pharmacy benefits under managed care organizations (MCOs) and the Healthy Indiana Plan (HIP) now receive pharmacy benefits under fee-for-service (FFS) Medicaid. Because coverage under the MCOs and HIP may have differed slightly from FFS coverage, the Office of Medicaid Policy and Planning (OMPP) would like to direct your attention to the following important information:

#### Fee-for-Service Drug Coverage/Exclusions

Indiana Medicaid regulation *405 IAC 5-24-3* (coverage of legend drugs) specifies covered and noncovered parameters for the FFS pharmacy benefit. This regulation now applies to services for individuals who previously received pharmacy benefits under MCOs and HIP. As a reminder, and in accordance with the regulation, the following drugs are **not** covered by Indiana Medicaid:

- Anorectics or any agent used to promote weight loss
- Topical minoxidil preparations
- Fertility enhancement drugs
- Drugs when prescribed solely or primarily for cosmetic purposes

#### Drugs for Treating Erectile Dysfunction and/or Pulmonary Arterial Hypertension (PAH)

The Centers for Medicare & Medicaid Services (CMS) advised states via a December 29, 2005, letter (SMDL #05-006) that, as of January 1, 2006, drugs used to treat sexual or erectile dysfunction were no longer covered under Medicaid, unless such drugs were used to treat conditions other than sexual or erectile dysfunction and those uses had been

approved by the Food and Drug Administration (FDA). In the context of treatment of PAH, it is our understanding that **only** the products Revatio (sildenafil citrate) and Adcirca (tadalafil) meet the criteria referenced in the CMS letter; their respective counterparts, Viagra and Cialis, are noncovered under the FFS pharmacy benefit. Therefore, only Revatio and Adcirca are reimbursable when used in compounded sildenafil citrate or tadalafil products. Prior authorization is required for Revatio and Adcirca to ensure utilization for only appropriate indications.

## Prescribing Practitioners, Pharmacy Providers, and DME Providers

### Updates to Healthcare Common Procedure Coding System Code A4253

Effective for claims with dates of service on or after January 1, 2010, a maximum quantity limitation is placed on Healthcare Common Procedure Coding System (HCPCS) code A4253 – *Blood glucose test or reagent strips for home glucose monitor, per 50 strips*. Providers are permitted to bill up to four units, or 200 strips, per beneficiary per 30 days. Additional units of A4253 deny unless prior authorization (PA) is obtained.

Effective for claims with dates of service on or after January 1, 2010, medical necessity substantiation is required for PA of additional units of A4253. For PA requests, contact the ADVANTAGE Health Solutions<sup>SM</sup> toll-free number – 1-800-269-5720 – and the MDwise *Care Select* toll-free number – 1-866-440-2449 (for MDwise *Care Select* members only).

### Limits Placed on Lancets Policy – HCPCS Code A4259

Effective for claims with dates of service on or after January 1, 2010, a maximum quantity limitation is placed on HCPCS code A4259 – *Lancets, per box of 100*. Providers are permitted to bill two units, or 200 lancets, per beneficiary per 30 days. Additional units of A4259 deny unless PA is obtained.

Effective for claims with dates of service on or after January 1, 2010, medical necessity substantiation is required for PA of additional units of A4259.

### Please Note: The IHCP Covers Diabetic Test Strips and Supplies

The OMPP would like to clarify that the **IHCP covers diabetic test strips and supplies**. As noted above, there is a limit of 200 test strips per beneficiary per month, but that limit can be exceeded via prior authorization from ADVANTAGE Health Solutions (toll-free number – 1-800-269-5720) and MDwise *Care Select* (toll-free number – 1-866-440-2449 for MDwise *Care Select* members only).

As referenced in IHCP bulletin [BT200948](#), diabetic test strips provided by IHCP-enrolled pharmacy providers **must be billed with procedure codes; do not bill the test strips as pharmacy claims**. If your pharmacy needs information about or assistance with procedure-coded claims submission, please carefully note the following information that was included on page 6 of bulletin [BT200948](#) under the heading “Drug-Related Medical Supplies and Medical Devices”:

“Refer to EDI Solutions Trading Partner Registration Procedure and *IHCP Chapter 3: Electronic Solutions* (page 7) for instructions about how to enroll as a trading partner with the IHCP and submit these medical claims.”

Alternatively, you may contact HP Customer Assistance at (317) 655-3240 or toll-free at 1-800-577-1278.

**Please do not tell beneficiaries that diabetic test strips are noncovered by the IHCP if you are having problems with or are not currently set up to properly submit your claims for these covered items.** Rather, please continue to provide the service and contact HP for assistance with your claims.

Please direct any claims submission questions you may have to HP Customer Assistance at the telephone numbers above.

## Provider Workshops

### Provider Relations Schedules Workshops in March and April for Dental, Home Health, and Hospice Providers

Provider Relations has scheduled dates in March and April for regional workshops for home health, hospice, and dental providers. Providers may choose any of the following dates to attend. The morning session will focus on home health and hospice education, and the afternoon session will be information for the dental provider community.

Table 2 – Workshop Dates

Date	Location
March 2, 2010	Unity Hospital Unity Medical Pavilion 1345 Unity Place Lafayette, Indiana 47905
April 7, 2010	Deaconess Hospital Bernard Schnacke Auditorium 600 Mary Street Evansville, Indiana 47747
April 15, 2010	East Chicago – Regional WS St. Catherine’s Hospital Professional Office Building Conference Room 4321 Fir Street East Chicago, Indiana 46312
April 21, 2010	Parkview Hospital Corporate Office 10501 Corporate Drive Fort Wayne, Indiana 46845

### Schedule

#### Home Health/Hospice Providers

Home Health: 9 – 10 a.m.

Hospice: 10:10 – 11:30 a.m.

This is an excellent opportunity to become more familiar with Medicaid home health and hospice policies, procedures, and billing tools and methodology.

The agenda includes the following:

- Benefit coverage
- Prior authorization requirements
- Billing procedures
- Eligibility requirements
- Reimbursement methodology
- Hospice process
- Common denials

### Dental Providers

1:00 – 3:30 p.m.

This is an excellent opportunity to become more familiar with Medicaid dental policies, procedures, and billing tools and methodology.

The agenda includes a live demonstration and discussion of all facets of Web interChange, including:

- Spend-down
- Managed care
- Third-party liability and qualified Medicare beneficiary eligibility
- Dental cap
- Benefit limitations

Providers may enroll in the workshop on [www.indianamedicaid.com](http://www.indianamedicaid.com) under **Provider Services > Education Opportunities > Workshop Registration**. If you have questions, please call Provider Relations at (317) 488-5072.

### Contact Information

If you have questions about the articles published in this banner page, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278, unless otherwise noted.

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