

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP to cover HCPCS code J1443



Effective July 21, 2016, the Indiana Health Coverage Programs (IHCP) will cover Healthcare Common Procedure Coding System (HCPCS) code J1443 – *Injection, Ferric Pyrophosphate Citrate Solution, 0.1 mg of iron*. Coverage applies to all IHCP programs, subject to limitations established for certain benefit packages. Coverage applies retroactively to dates of service (DOS) on or after **January 1, 2016**.

Beginning July 21, 2016, providers may submit claims for J1443 for DOS on or after January 1, 2016, for reimbursement consideration. Claims submitted

beyond the one-year filing limit must include a copy of this banner page as an attachment and must be filed within one year of the publication date.

The following reimbursement information applies:

Pricing: Maximum fee of \$0.02

Prior authorization (PA): None required

Billing Guidance:

- Separate reimbursement is allowed under revenue code 636 – *Drugs requiring detailed coding for separate reimbursement in an outpatient setting*. For reimbursement consideration, providers may bill the procedure code and the revenue code together, as appropriate.
- Must be billed with the National Drug Code (NDC) of the product administered.

These changes will be reflected in the *Procedure Codes That Require National Drug Codes (NDCs)* code table on the [Code Sets](#) web page and in the next monthly update to the [Fee Schedule](#) at indianamedicaid.com.

Reimbursement, PA, and billing information applies to services delivered under the fee-for-service (FFS) delivery system.

Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care PA should be directed to the MCE with which the member is enrolled.

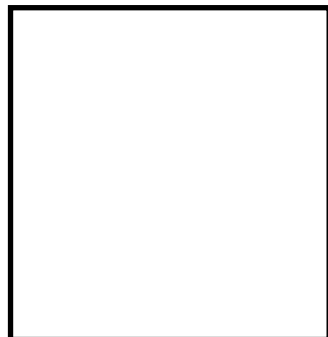
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IHCP updates claims processing to eliminate denials for EOB messages 4234–4237

Effective immediately, the Indiana Health Coverage Programs (IHCP) will eliminate denials of fee-for-service (FFS) physician and outpatient claims for explanation of benefits (EOB) 4234 through 4237 – *[First, Second, Third, Fourth] modifier not valid for claim type*. This change will be applied retroactively to dates of service (DOS) on or after **January 1, 2016**.

Claim details that denied for these EOBs with DOS on or after January 1, 2016, will be mass adjusted or mass reprocessed. Adjustments should begin appearing on the provider Remittance Advice (RA) beginning July 26, 2016, with internal control numbers (ICNs) that begin with 56 (mass adjusted) or 80 (mass reprocessed).



IHCP updates procedure codes for equipment and supplies needing frequent and substantial servicing

The Indiana Health Coverage Programs (IHCP) reimburses for the rental but not the purchase of equipment and supplies requiring frequent and substantial servicing, as long as the equipment or supply is deemed medically necessary. The IHCP denies claims for the purchase of these items. These items are listed in the *Procedure Codes for Equipment and Supplies Classified by the IHCP as Needing Frequent and Substantial Servicing* code table.

Effective July 21, 2016, the IHCP will add the HCPCS codes in Table 1 to this code table. These codes will be considered rental-only for dates of service (DOS) on or after July 21, 2016.

Table 1 – HCPCS codes to be added to the Procedure Codes for Equipment and Supplies Classified by the IHCP as Needing Frequent and Substantial Servicing code table effective for DOS on or after July 21, 2016

Procedure Code	Description
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)

This update will be reflected on the previously named table under *Durable and Home Medical Equipment and Supplies Codes* on the [Code Sets](#) page at indianamedicaid.com.

Billing information applies to services provided under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care billing should be directed to the managed care entity (MCE) with which the member is enrolled.

IHCP updates procedure codes for DME/HME capped rental items

The Healthcare Common Procedure Coding System (HCPCS) codes listed in the *Procedure Codes for DME/HME Capped Rental Items* code table are subject to the 15-month capped rental period. The IHCP denies claims submitted for these durable and home medical equipment (DME/HME) procedure codes with rentals in excess of 15 months.

Effective July 21, 2016, the Indiana Health Coverage Programs (IHCP) will update the *Procedure Codes for DME/HME Capped Rental Items* code table to align with the Centers for Medicare & Medicaid Services' DME fee schedule as follows:

- The IHCP will add the HCPCS codes in Table 2 to the code table. The 15-month capped rental period applies to the HCPCS codes in Table 2 effective for dates of service (DOS) on or after July 21, 2016.
- The IHCP will remove a number of HCPCS codes from the code table. Rental of these items is no longer capped at 15 months. This change applies retroactively to DOS on or after **July 1, 2015**.

These updates, along with a revision history of the codes added and removed, will be reflected on the previously named table under *Durable and Home Medical Equipment and Supplies Codes* on the [Code Sets](#) page at indianamedicaid.com.

Beginning July 21, 2016, providers may submit claims for the procedure codes removed from the table (that is, rental is no longer capped at 15 months), for DOS on or after July 1, 2015, for reimbursement consideration. Claims for these procedure codes for the affected DOS that previously denied for explanation of benefits (EOB) 6080 – *DME rentals limited at 15 months* may be resubmitted. Claims submitted or resubmitted beyond the original one-year filing limit must include a copy of this banner page as an attachment and must be filed within one year of the publication date.

This billing information applies to services provided under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care billing should be directed to the MCE with which the member is enrolled.

Table 2 – HCPCS codes to be added to the Procedure Codes for DME/HME Capped Rental Items code table effective for DOS on or after July 21, 2016

Procedure Code	Description
E0117	Crutch, underarm, articulating, spring assisted, each
E0144	Walker, enclosed, 4 sided framed, rigid or folding, wheeled with posterior seat
E0198	Water pressure pad for mattress, standard mattress length and width
E0202	Phototherapy (bilirubin) light with photometer

continued

Table 2 – HCPCS codes to be added to the Procedure Codes for DME/HME Capped Rental Items code table effective for DOS on or after July 21, 2016 (continued)

Procedure Code	Description
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure
E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)
E0575	Nebulizer, ultrasonic, large volume
E0620	Skin piercing device for collection of capillary blood, laser, each
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories
E0640	Patient lift, fixed system, includes all components/accessories
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible
E0855	Cervical traction equipment not requiring additional stand or frame
E0856	Cervical traction device, with inflatable air bladder(s)
E0911	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar
E0912	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs
E1812	Dynamic knee, extension/flexion device with active resistance control
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories
E2227	Manual wheelchair accessory, gear reduction drive wheel, each
E2402	Negative pressure wound therapy electrical pump, stationary or portable
K0607	Replacement battery for automated external defibrillator, garment type only, each
K0730	Controlled dose inhalation drug delivery system

IHCP updates FQHC and RHC encounter codes

Effective August 1, 2016, the Indiana Health Coverage Programs (IHCP) will add the Current Procedural Terminology (CPT®¹) and Healthcare Common Procedure Coding System (HCPCS) codes shown in Table 3 as valid federally qualified health center (FQHC) and rural health clinic (RHC) encounter codes. This update applies retroactively to dates of service (DOS) on or after **January 1, 2016**.

Beginning August 1, 2016, FQHC and RHC providers may submit claims for these codes for DOS on or after January 1, 2016. Claims for these codes for DOS on or after January 1, 2016, that previously denied may be resubmitted. Claims submitted or resubmitted beyond the original one-year filing limit must include a copy of this banner page as an attachment and must be filed within one year of the publication date.

Table 3 – Codes added as valid FQHC and RHC encounter codes effective for DOS on or after January 1, 2016

Procedure Code	Description
29405	Application of short leg cast (below knee to toes)
67938	Removal embedded foreign body, eyelid
69209	Removal of impacted ear wax by washing
76818	Fetal biophysical profile
90696	Vaccine for diphtheria, tetanus toxoids, acellular pertussis (whooping cough) and polio for injection into muscle, patient 4 through 6 years of age
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal scleral lens
92537	Assessment and recording of balance system during hot and cold irrigation of both ears
92538	Assessment and recording of balance system during irrigation of both ears
99177	Instrumented based eye screening of both eyes with analysis
D0251	Extra-oral posterior dental radiographic image
D1354	Interim caries arresting medicament application
D9223	Deep sedation/general anesthesia—each 15 minute increment
D9243	Intravenous moderate (conscious) sedation/analgesia—each 15 minute increment

The IHCP will remove the nationally deleted codes shown in [Table 4](#) from the list of valid FQHC and RHC encounter codes. This change applies retroactively to DOS on or after **January 1, 2016**.

Table 4 – Codes no longer valid as FQHC and RHC encounter codes effective for DOS on or after January 1, 2016

Procedure Code	Description
D0260	Extraoral—each additional radiographic image
D9220	Deep sedation/general anesthesia—first 30 minutes
D9221	Deep sedation/general anesthesia—each additional 15 minutes
D9241	Intravenous moderate (conscious) sedation/analgesia—first 30 minutes
D9242	Intravenous moderate (conscious) sedation/analgesia—each additional 15 minutes
G6027	Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); diagnostic, including collection of specimen(s) by brushing or washing when performed
G6028	Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); with biopsy(ies)

The list of valid FQHC and RHC encounter codes is reviewed periodically to account for new and end-dated CPT and HCPCS codes, and is available on the [Myers and Stauffer website](http://in.mslc.com) at in.mslc.com. If you have questions, contact Berry Bingaman, Myers and Stauffer LC, at (317) 846-9521.

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IHCP telemedicine coverage policy remains unchanged

The Indiana Health Coverage Programs (IHCP) has determined that the passage of *Indiana House Enrolled Act (HEA) 1263* (2016) requires no changes to its telemedicine coverage policy. For information on the IHCP’s telemedicine coverage policy and criteria, providers should see *405 Indiana Administrative Code (IAC) 38*, as well as the IHCP *Medical Policy Manual* and the *Telemedicine and Telehealth Services* provider reference module at indianamedicaid.com.

QUESTIONS?

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