IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201642 OCTOBER 18, 2016

The IHCP announces the IEP-related nursing services rate for calendar year 2017

The Indiana Health Coverage Programs (IHCP) provides coverage for nursing services rendered by a registered nurse (RN) employed by or under contract with an IHCP-enrolled school corporation provider. Covered services must be medically necessary, as ordered by a physician, and provided in accordance with an IHCP-enrolled student's Individualized Education Plan (IEP). Pursuant to the Indiana Medicaid State Plan, the annual reimbursement rate for Current Procedural Terminology (CPT[1]) code 99600 TD TM – *IEP-related nursing services* is calculated based on the most recent home health cost reports that were required from all home health providers billing the IHCP for services.

As communicated in *BT201631*, home health rates were frozen for state fiscal year 2017. As a result, the rate for 99600 TD TM in calendar year 2017 will remain the same as the rate in calendar year 2016.

For dates of service on or after January 1, 2017, through December 31, 2017, the maximum reimbursement rate for CPT code 99600 TD TM is $10.87 per 15 minutes. Coverage policy and billing instructions published in the *School Corporation Services* module remain the same. Pricing for the 2017 calendar year will be reflected in the next update to the *Fee Schedule* at indianamedicaid.com.

Providers may resubmit claims for ICD-10 diagnosis code Z30.2 that denied incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects certain claims submitted with dates of service (DOS) on or after October 1, 2015. Fee-for-service claims billed with ICD-10 diagnosis code Z30.2– *Encounter for sterilization* may have inappropriately denied with an explanation of benefits (EOB) 2057 – *Claim denial due to family planning procedure required and/or family planning diagnosis submitted on claim detail that is not a valid family planning diagnosis.*

The claim-processing system has been corrected. Beginning immediately, providers may resubmit previously denied claims for reimbursement consideration. This correction applies retroactively to claims with DOS on or after **October 1, 2015**. Claims 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 banner page's publication date.

MORE IN THIS ISSUE

IHCP will not reimburse for FluMist for 2016-2017 flu season

On August 26, 2016, the Centers for Disease Control and Prevention (CDC) released influenza vaccine recommendations for the 2016-2017 flu season, based on determinations made by the Advisory Committee on Immunization Practices (ACIP). Per the CDC:

> "*In light of concerns regarding low effectiveness against influenza A(H1N1)pdm09 in the United States during the 2013–14 and 2015–16 seasons, for the 2016–17 season, ACIP makes the interim recommendation that live attenuated influenza vaccine (LAIV4) should not be used.*"

The CDC recommendations can be found on the CDC website at cdc.gov.

The brand name for the LAIV4 is FluMist and the National Drug Codes (NDCs) for the single individual sprayer for the 2016-2017 flu season are 66019-0303-01 and 66019-0303-10. The Current Procedural Terminology (CPT) code is 90672 - *Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use.*

As a result of the CDC's recommendation, IHCP will not reimburse providers for the FluMist vaccine or for the related administration fee for fee-for-service (FFS) members. This applies to vaccines billed as a medical service on *CMS-1500* claims as well as to vaccines billed as a pharmacy service in the point-of-sale system. When procedure code 90672 is billed on a *CMS-1500*, the claims detail line will pay at $0. When the vaccine is billed through the pharmacy point-of-sale system, the claim will deny.

This reimbursement change will be reflected in the next monthly updates to the *Fee Schedule* at indianamedicaid.com. Reimbursement and billing information apply to services delivered under the FFS delivery system. Individual managed care entities (MCEs) establish and publish reimbursement and billing criteria within the managed care delivery system. Questions about managed care reimbursement and billing should be directed to the MCE with which the member is enrolled.

QUESTIONS?

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