

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201801

JANUARY 2, 2018

## **IHCP to cover HCPCS codes J0887 and J0888**

Effective February 2, 2018, the Indiana Health Coverage Programs (IHCP) will cover the following Healthcare Common Procedure Coding System (HCPCS) codes:

- J0887 – *Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)*
- J0888 – *Injection, epoetin beta, 1 microgram, (for non-ESRD use)*

Coverage applies to all IHCP programs, subject to limitations established for certain benefit packages, and to dates of service (DOS) on or after February 2, 2018. The following reimbursement information applies:

- Pricing: Maximum fee of \$1.63
- 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 NDCs* and the *Revenue Codes Linked to Specific Procedure Codes* code tables on the [Code Sets](#) web page, and in the [Professional Fee Schedule](#) and the [Outpatient Fee Schedule](#) at indianamedicaid.com.

Reimbursement and PA 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.

## **Providers may resubmit claims for CPT code 99292 that denied incorrectly**

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects fee-for-service (FFS) claims billed for Current Procedural Terminology (CPT<sup>®1</sup>) 99292 – *Critical care, Evaluation and management of the critically ill or critically injured patient, each additional 20 minutes*. The issue affects claims retroactive to dates of service (DOS) on or after **January 1, 2016**. This issue was identified earlier and thought to be corrected, as noted in *IHCP Banner page BR201724*, dated June 13, 2017. Unfortunately, the system was not fully corrected and claims may have

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continued to deny inappropriately with one of the following explanations of benefits (EOB):

- Claims processed before February 13, 2017, in IndianaAIM may have denied with EOB 4190 – *Add-on codes not payable when base code not billed.*
- Claims processed on or after February 13, 2017, in CoreMMIS may have denied with EOB 6390 – *Add-on codes are performed in addition to the primary service or procedure, and must never be reported as a stand-alone code.*

A billing exception exists that should allow payment for CPT code 99292 billed by one provider when another provider of the **same specialty** in the **same group practice** billed for CPT code 99291 – *Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes* on the same DOS. In those instances, the claim for CPT code 99292 should adjudicate and pay rather than deny for the EOBs indicated. The claim processing system has now been corrected to allow this exception.

Beginning immediately, providers may resubmit claims for CPT 99292 that denied appropriately for EOB codes 4190 or 6390, for reimbursement consideration. 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 publication date.

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