New ambulance transportation training now available

The Indiana Health Coverage Programs (IHCP) is making web-based Program Integrity Provider Education Training available to all providers. Each training will focus on specific IHCP services and/or provider specialties, and will cover topics such as documentation requirements, billing guidelines, and other program integrity-related and audit-related issues. These training presentations are intended to supplement the provider reference modules and other IHCP-published provider reference materials.

The newest Program Integrity Provider Education Training titled, Ambulance Transportation Documentation Requirements and Billing Guidelines, is now available. The training is designed specifically for ambulance transportation providers that bill through the fee-for-service (FFS) delivery system, although any ambulance transportation provider may take the web-based course and find it helpful.

In this course, providers will learn how to appropriately document and bill for medically necessary ambulance transportation services. By the end of the course, providers should be able to:

- Determine what emergency and non-emergency transportation service types can be billed for the level of services rendered
- Know when prior authorization (PA) is required and when it is exempted
- Properly document services for a claim
- Follow the transportation billing guidelines to properly bill for reimbursement

To access the training, navigate to the Program Integrity Provider Education Training page at indianamedicaid.com. Other identified training topics are listed below. Watch upcoming IHCP provider publications for announcements when trainings under development become available.

- Non-Emergency Transportation Documentation Requirements and Billing Guidelines
- Dental Documentation Requirements (under development)
- Dental Billing Guidelines (under development)

Physician-administered drug codes updated with 2018 annual HCPCS updates

The Indiana Health Coverage Programs (IHCP) released its coverage and billing information for the 2018 annual Healthcare Common Procedure Coding Systems (HCPCS) update in IHCP Bulletin BT201782, dated December 28, 2017. As part of the HCPCS update, certain temporary physician-administered drug (PAD) codes were replaced by permanent billing codes. The previous temporary codes and the new PAD replacement codes are listed in Table 1.
Although some of these codes were noncovered as temporary codes, the new permanent codes are covered by IHCP effective for dates of service (DOS) on or after January 1, 2018. Refer to BT201782 for coverage and billing guidance for the new codes.

Table 1 – Temporary PAD codes replaced with permanent PAD codes, effective for DOS on or after January 1, 2018

<table>
<thead>
<tr>
<th>Previous Temporary Code</th>
<th>New Permanent Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C9490 (noncovered)</td>
<td>J0565 (covered)</td>
<td>Injection, bezlotoxumab, 10 mg</td>
</tr>
<tr>
<td>C9484 (covered)</td>
<td>J1428 (covered)</td>
<td>Injection, eteplirsen, 10 mg</td>
</tr>
<tr>
<td>C9494 (noncovered)</td>
<td>J2350 (covered)</td>
<td>Injection, ocrelizumab, 1 mg</td>
</tr>
</tbody>
</table>

These changes will be reflected in the Procedure Codes That Require NDCs code table on the Code Sets web page at indianamedicaid.com. This information will also appear in the next weekly update to the Professional Fee Schedule, and in the next regular update to the Outpatient Fee Schedule at indianamedicaid.com. The standard billing guidelines apply as outlined in the Claim Submission and Processing provider reference module at indianamedicaid.com.