

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201810

MARCH 6, 2018

IHCP to update the mileage rate for HCPCS code A0090 and mass adjust claims

Effective April 6, 2018, the Indiana Health Coverage Programs (IHCP) will update the mileage rate paid for Healthcare Common Procedure Coding System (HCPCS) code A0090 – *Non-emergency transportation, per mile – vehicle provided by individual (family member, self, neighbor) with vested interest*. The rate will change from \$0.36 per mile to \$0.38 per mile. This rate change applies to fee-for-service (FFS) claims and is retroactive to dates of service (DOS) on or after **August 1, 2016**. The mileage rate for A0090 is tied to the mileage rate State employees receive, and the Indiana Department of Administration increased the mileage reimbursement for State employees to \$0.38, effective August 1, 2016.



FFS claims for DOS on or after August 1, 2016, that paid at the old rate will be mass adjusted. Providers should see the adjusted claims on Remittance Advices (RAs) beginning April 27, 2018, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacement non-check related). For claims that were underpaid, the net difference will be paid and reflected on the RA.

Medicare Part D prescription drug copayments may have calculated incorrectly

It was recently discovered that Medicare Part D prescription drug copayments may have calculated incorrectly beginning January 1, 2018. As a result, some dually eligible Indiana Health Coverage Programs (IHCP) members have been asked to pay a higher copayment for their prescriptions than should have been required.

The Indiana Family and Social Services Administration (FSSA) is working with the Centers for Medicare & Medicaid Services (CMS) to correct this issue. Correction is expected in early March.

Potentially affected members have been sent notices making them aware of the situation and asking them to retain their pharmacy receipts. Further communication will be sent directly to members if they need to take additional action.



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IHCP updates pricing for certain laboratory codes

The Current Procedural Terminology (CPT^{®1}) and Healthcare Common Procedure Coding System (HCPCS) laboratory codes in Table 1 were added to the [Medicare Clinical Laboratory Fee Schedule](#) accessible at cms.gov. As a result, effective April 15, 2018, the Indiana Health Coverage Programs (IHCP) will make the following pricing changes for these codes:

- Pricing for these laboratory codes in Table 1 will change from manual pricing to maximum-fee pricing for fee-for-service (FFS) claims. The IHCP will adopt Medicare’s maximum fee rate for these codes for dates of service (DOS) on or after April 15, 2018. These changes will be reflected in the next regular updates to the [Professional Fee Schedule](#) and the [Outpatient Fee Schedule](#) at indianamedicaid.com. Billing guidance within the managed care delivery system is established and published by the individual managed care entities (MCEs). Questions should be referred directly to the individual MCEs.
- Outpatient laboratory services, defined as the procedure codes listed on the [Medicare Clinical Laboratory Fee Schedule](#), are not eligible for Hospital Assessment Fee (HAF) adjustments. The procedure codes in Table 1 will no longer be eligible for HAF adjustments. This change applies to FFS and managed care outpatient claims with DOS on or after April 15, 2018. These changes will be reflected in the next regular update to the [Outpatient Fee Schedule](#).



Table 1 – Laboratory codes updated from manual pricing to maximum-fee pricing and no longer eligible for HAF adjustments, effective for DOS on or after April 15, 2018

Procedure Code	Description
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities

continued

Table 1– Laboratory codes updated from manual pricing to maximum-fee pricing and no longer eligible for HAF adjustments, effective for DOS on or after April 15, 2018 (continued)

Procedure Code	Description
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)
81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants
81330	SMPD1 (sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores
G0499	Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (HBsAG) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to HBsAG (anti-HBs) and hepatitis B core antigen (anti-hbc)

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IHCP to update pricing and reimbursement requirements for certain dialysis codes

The Indiana Health Coverage Programs (IHCP) pays a renal dialysis composite rate that includes all durable and disposable items and medical supplies necessary for the effective performance of a patient’s dialysis. A reminder of this policy was most recently published in *IHCP Bulletin* [BT201669](#).



The Healthcare Common Procedure Coding System (HCPCS) codes in Table 2 are included in the renal dialysis composite rate. Because these services are in the established renal dialysis composite rate, they have not been eligible for separate reimbursement. To make it clear that separate reimbursement is not available, effective April 6, 2018, the codes in Table 2 will be assigned a maximum fee of \$0. The codes on the table with an asterisk are currently manually priced codes. Pricing for these codes will be changed to maximum-fee pricing, with a maximum fee of \$0. This pricing change applies to dates of service (DOS) on or after April 6, 2018.

Table 2 – HCPCS codes that will have a maximum fee of \$0, effective for DOS on or after April 6, 2018

Procedure Code	Description
A4653*	Peritoneal dialysis catheter anchoring device, belt, each
A4680	Activated carbon filter for hemodialysis, each
A4690	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each
A4714	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon
A4730*	Fistula cannulation set for hemodialysis, each
A4740*	Shunt accessory, for hemodialysis, any type, each
A4760*	Dialysate solution test kit, for peritoneal dialysis, any type, each
A4765*	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet
A4770	Blood collection tube, vacuum, for dialysis, per 50
A4771*	Serum clotting time tube, for dialysis, per 50
A4772	Blood glucose test strips, for dialysis, per 50
A4773*	Occult blood test strips, for dialysis, per 50
A4774*	Ammonia test strips, for dialysis, per 50
A4860*	Disposable catheter tips for peritoneal dialysis, per 10
A4870	Plumbing and/or electrical work for home hemodialysis equipment
A4913	Miscellaneous dialysis supplies, not otherwise specified
A4918	Venous pressure clamp, for hemodialysis, each

continued

Table 2 – HCPCS codes that will have a maximum fee of \$0,
effective for DOS on or after April 6, 2018 (continued)

Procedure Code	Description
E1510*	Kidney, dialysate delivery system kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater and temperature control with alarm, IV poles, pressure gauge, concentrate container
E1520*	Heparin infusion pump for hemodialysis
E1530*	Air bubble detector for hemodialysis, each, replacement
E1540*	Pressure alarm for hemodialysis, each, replacement
E1550*	Bath conductivity meter for hemodialysis, each
E1560*	Blood leak detector for hemodialysis, each, replacement
E1570 NU and RR	Adjustable chair, for ESRD patients
E1575*	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10
E1580*	Unipuncture control system for hemodialysis
E1590*	Hemodialysis machine
E1592*	Automatic intermittent peritoneal dialysis system
E1594*	Cycler dialysis machine for peritoneal dialysis
E1600	Delivery and/or installation charges for hemodialysis equipment
E1610 NU and RR	Reverse osmosis water purification system, for hemodialysis
E1615 NU and RR	Deionizer water purification system, for hemodialysis
E1620*	Blood pump for hemodialysis, replacement
E1625*	Water softening system, for hemodialysis
E1630*	Reciprocating peritoneal dialysis system
E1632*	Wearable artificial kidney, each
E1634*	Peritoneal dialysis clamps, each
E1635*	Compact (portable) travel hemodialyzer system
E1636*	Sorbent cartridges, for hemodialysis, per 10
E1699*	Dialysis equipment, not otherwise specified

continued

The dialysis codes in Table 3 (which is a subset of Table 2) were previously manually priced and required attachments. Because these codes are now priced at a maximum fee of \$0, they will be removed from the [Procedure Codes That Require Attachments](#) code table on the [Code Sets](#) web page at indianamedicaid.com, effective for DOS on or after April 6, 2018.

Table 3 – HCPCS codes that no longer require claim attachments, effective for DOS on or after April 6, 2018

Procedure Code	Description
E1510	Kidney, dialysate delivery system kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater and temperature control with alarm, IV poles, pressure gauge, concentrate container
E1520	Heparin infusion pump for hemodialysis
E1530	Air bubble detector for hemodialysis, each, replacement
E1540	Pressure alarm for hemodialysis, each, replacement
E1550	Bath conductivity meter for hemodialysis, each
E1560	Blood leak detector for hemodialysis, each, replacement
E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10
E1580	Unipuncture control system for hemodialysis
E1590	Hemodialysis machine
E1592	Automatic intermittent peritoneal dialysis system
E1594	Cycler dialysis machine for peritoneal dialysis
E1620	Blood pump for hemodialysis, replacement
E1625	Water softening system, for hemodialysis
E1630	Reciprocating peritoneal dialysis system
E1632	Wearable artificial kidney, each
E1634	Peritoneal dialysis clamps, each
E1635	Compact (portable) travel hemodialyzer system
E1636	Sorbent cartridges, for hemodialysis, per 10
E1699	Dialysis equipment, not otherwise specified

These changes will be reflected in the next regular update to the [Professional Fee Schedule](#) at indianamedicaid.com. This billing information applies to services delivered under the FFS delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, prior authorization (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.

QUESTIONS?

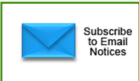
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