

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201831 JULY 31, 2018

## Procedure codes assigned maximum fee pricing and linked to revenue code 636

Effective August 31, 2018, the Indiana Health Coverage Programs (IHCP) will assign maximum fee pricing to the Current Procedural Terminology (CPT<sup>®1</sup>) codes and Healthcare Common Procedure Coding System (HCPCS) codes in Table 1, and link the codes to revenue code 636 – *Pharmacy-Extension of 025X-Drugs requiring detailed coding*. The pricing change and revenue code linkages will apply to outpatient claims for dates of service (DOS) on or after August 31, 2018.

These changes will be reflected in the next regular update to the [Outpatient Fee Schedule](#) at indianamedicaid.com. The revenue code linkages will also be reflected in the *Revenue Codes Linked to Specific Procedure Codes* table on the [Code Sets](#) web page of the website.



Table 1 – Procedure codes assigned maximum fee pricing and linked to revenue code 636, effective for DOS on or after August 31, 2018

Procedure code	Description
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use
C9257	Injection, bevacizumab, 0.25 mg
C9358	Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm

*continued*

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*Table 1 – Procedure codes assigned maximum fee pricing and linked to revenue code 636, effective for DOS on or after August 31, 2018 (continued)*

<b>Procedure code</b>	<b>Description</b>
C9360	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm
J0215	Injection, alefacept, 0.5 mg
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified
J0348	Injection, anidulafungin, 1 mg
J0364	Injection, apomorphine HCl, 1 mg
J0594	Injection, busulfan, 1 mg
J0740	Injection, cidofovir, 375 mg
J1324	Injection, enfuvirtide, 1 mg
J1595	Injection, glatiramer acetate, 20 mg
J1655	Injection, tinzaparin sodium, 1000 IU
J1743	Injection, idursulfase, 1 mg
J2170	Injection, mecasemin, 1 mg
J3465	Injection, voriconazole, 10 mg
J7303	Contraceptive supply, hormone containing vaginal ring, each
J7304	Contraceptive supply, hormone containing patch, each
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies
J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)
J7321	Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose
J9261	Injection, nelarabine, 50 mg

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### HCPCS code J0606 linked to revenue code 636

Effective August 31, 2018, the Indiana Health Coverage Programs (IHCP) will link Healthcare Common Procedure Coding System (HCPCS) code J0606 – *Injection, etelcalcetide, 0.1 mg* to revenue code 636 – *Pharmacy-Extension of 025X-Drugs requiring detailed coding*. This linkage applies **retroactively** to outpatient claims for dates of service (DOS) on or after **January 1, 2018**.

Beginning August 31, 2018, providers may bill HCPCS code J0606 and revenue code 636 together, as appropriate, for reimbursement consideration. Fee-for-service (FFS) claims with DOS on or after January 1, 2018, that previously denied for explanation of benefits (EOB) 520 – *Invalid revenue code and procedure code combination* may be resubmitted. Claims beyond the one-year original filing limit must include a copy of this banner page as an attachment and must be filed within one year of the publication date. Providers should reach out to the appropriate managed care entity (MCE) for proper billing instructions regarding affected managed care claims.

This linkage will be reflected in the *Revenue Codes Linked to Specific Procedure Codes* table on the [Code Sets](#) web page and in the next regular update to the [Outpatient Fee Schedule](#) at indianamedicaid.com.

### IHCP to mass reprocess or mass adjust claims for radiology services codes that denied incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects claims for certain radiology services processed on or after February 13, 2017. Fee-for-service (FFS) claims for the Current Procedural Terminology (CPT<sup>®1</sup>) codes in Table 2 may have denied inappropriately with explanation of benefits (EOB) 4209 – *No matching pricing segment on file for the procedure/modifier combination billed on the CMS 1500 claim form*.

*Table 2 – CPT codes that may have denied incorrectly for claims processed on or after February 13, 2017*

Procedure code	Description
77520	Proton treatment delivery, simple
77522	Proton treatment delivery, simple with compensation
77523	Proton treatment delivery, intermediate
77525	Proton treatment delivery, complex

The claim-processing system has been corrected to remove the technical component (TC) modifier from the codes in Table 2. Claims processed during the indicated time frame that denied in full or that included line items that denied for EOB 4209 will be mass reprocessed or mass adjusted as appropriate. Providers should see the reprocessed or adjusted claims on Remittance Advices (RAs) beginning September 5, 2018, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims) and 52 (mass replacements non-check related). For claims that were underpaid, the net difference will be paid and reflected on the RA.

This information will be reflected in the next regular update to the [Professional Fee Schedule](#) at indianamedicaid.com.

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## New modifiers created for use when billing 340B drugs

Effective January 1, 2018, the Centers for Medicare & Medicaid Services (CMS) created two new modifiers for use by 340B entities when billing for 340B drugs on *CMS-1500* or *UB-04* claims. The new modifiers are as follows:

- JG – *Drug or biological acquired with 340B drug pricing program discount*
- TB – *Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes*

Providers that are enrolled in the 340B program should use either the JG or TB modifier when billing fee-for-service claims to the Indiana Health Coverage Programs (IHCP) for 340B drugs for dates of service (DOS) on or after January 1, 2018. Providers should not use the UD modifier to indicate drugs acquired through the 340B program. This guidance will not impact claims for the affected DOS that have already been submitted.

Providers should refer to the Billing Instructions for 340B-Acquired Drugs section of the [January 2018 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)](#) and to the [CMS 340B Modifier FAQs](#) on the CMS website at cms.gov for information regarding the proper use of modifiers JG and TB. Although these two CMS publications are specific to Medicare, IHCP guidance for FFS claims regarding 340B drugs follows Medicare guidelines.

These changes will be reflected in the *Procedure Code Modifiers for Professional Claims* code table on the [Code Sets](#) web page at indianamedicaid.com.

## Prior authorization is no longer required for HCPCS code J1726

Effective July 1, 2018, the Indiana Health Coverage Programs (IHCP) removed the prior authorization (PA) requirement for Healthcare Common Procedure Coding System (HCPCS) code J1726 – *Injection, hydroxyprogesterone caproate, (makena), 10 mg*. This change applied to all IHCP programs for dates of service (DOS) on or after July 1, 2018. This change will be reflected in the next regular update to the [Professional Fee Schedule](#) and to the [Outpatient Fee Schedule](#) at indianamedicaid.com.



Individual managed care entities (MCEs) can establish and publish PA criteria within the managed care delivery system. Providers should direct questions about PA for this service to the MCEs.

## IHCP corrects CPT code 27477 description published in Banner Page BR201825

The Indiana Health Coverage Programs (IHCP) has identified an error in *Table 4 – Procedure codes no longer considered inpatient-only codes, effective for DOS on or after July 20, 2018*, published in IHCP Banner Page [BR201825](#). Current Procedural Terminology (CPT<sup>®1</sup>) code 27477 was correctly listed in the table; however, the code description was incorrect. The correct description for code 27477 is *Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal*.

The coverage and billing guidance published in [BR201825](#) is unchanged.

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## IHCP clarifies when to use Southeastrans for NEMT

On June 1, 2018, the Indiana Health Coverage Programs (IHCP) began working with Southeastrans to manage all nonemergency medical transportation (NEMT) for Traditional Medicaid members (see IHCP *Bulletin* [BT201816](#)). Before June 1, 2018, Traditional Medicaid members' NEMT was not coordinated through the State.

As of June 1, 2018, the IHCP asks members who have no other means of transportation to coordinate their transportation for nonemergency medical services through the NEMT broker, Southeastrans. All eligible nonemergency trips with dates of service (DOS) on or after July 1, 2018, must be scheduled through the Southeastrans call center in order for transportation providers to receive payment.

However, to clarify, members with other means of transportation available to them do not need to arrange such transportation through Southeastrans. Members should **not** coordinate nonemergency transportation through Southeastrans in the following instances:

- Traditional Medicaid members who have a friend or family member who can transport them to and from medical appointments
- Traditional Medicaid members who have a not-for-profit service or organization in their community available for transportation
- Traditional Medicaid members in a medical facility, nursing home, or hospital with other means for transportation

The only time NEMT for a Traditional Medicaid member should be arranged through Southeastrans is when there is no other means of transportation available for that member.

Please direct questions to Southeastrans by contacting the following:

- Andrew Tomys: [atomys@southeastrans.com](mailto:atomys@southeastrans.com); cell - (770) 362-4839
- Karen Mullenix: [kmullenix@southeastrans.com](mailto:kmullenix@southeastrans.com); cell - (317) 446-3728



## DXC email addresses changing from @hpe to @dxc

DXC Technology (DXC) is in the process of transitioning all email addresses from the @hpe.com domain (123456@hpe.com) to the @dxc.com domain (123456@dxc.com). The transition will be fully implemented as of September 18, 2018.

DXC employees are already using DXC email addresses, and external users are encouraged to begin using the @dxc.com addresses now rather than later. During the transition, DXC employees will receive emails regardless of whether the sender uses @hpe.com or @dxc.com. However, after September 18, 2018, emails using the @hpe.com address will no longer be delivered.



## Mark your calendar for the 2018 IHCP Annual Provider Seminar

The Indiana Health Coverage Programs (IHCP) 2018 Annual Provider Seminar is fast approaching. This year's seminar is scheduled for October 23-25, 2018, at the Marriott Indianapolis East, 7202 E. 21st Street in Indianapolis.

The agenda highlights educational information from DXC Technology, Anthem, CareSource, MDwise, and Managed Health Services (MHS). The seminar also includes sessions with Conduent, the Division of Family Resources, Division of Aging, the Program Integrity unit of the Office of Medicaid Policy and Planning, and Southeastrans, to name a few.



The general focus for the presentations on each of the three days is:

- Tuesday, October 23: Professional billing (*CMS-1500*)
- Wednesday, October 24: Specialty providers (transportation, vision, dental, and so on)
- Thursday, October 25: Institutional billing (*UB-04*)

Guest room reservations made on or before **October 1, 2018**, are available at a special rate of \$137 plus tax per night. Reservations at the Marriott may be made online (preferred) at the [Indiana Medicaid Seminar 2018 welcome page](#) or by telephone at 1-800-991-3346. Call before the deadline and indicate you are attending the Medicaid seminar to secure the special rate. Rooms at the discounted rate are booked on a first come, first serve basis, so don't delay.

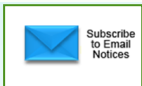
Watch for an upcoming IHCP publication with more details about the annual seminar, including session descriptions, session times, and registration information. If you would like more information about the seminar before the descriptions are published or are unsure which day to attend, contact your DXC Technology, Anthem, MDwise, MHS, or CareSource Indiana provider representatives.

### QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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