

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201840

OCTOBER 2, 2018

IHCP will reimburse for FluMist in the 2018-2019 flu season

On August 24, 2018, the Centers for Disease Control and Prevention (CDC) released influenza vaccine recommendations for the 2018-2019 flu season, based on determinations made by the Advisory Committee on Immunization Practices (ACIP). Per the CDC:

"Following two seasons (2016-17 and 2017-18) during which ACIP recommended that LAIV4 not be used, for the 2018-19 season, vaccination providers may choose to administer any licensed, age-appropriate influenza vaccine (IIV, RIV4, or LAIV4). LAIV4 is an option for those for whom it is appropriate."



The CDC recommendations can be found on the [CDC website](https://www.cdc.gov) at cdc.gov.

The Indiana Health Coverage Programs (IHCP) did not reimburse for live attenuated influenza vaccine (LAIV) in the 2016-2017 and 2017-2018 flu seasons (announced in *Banner Pages* [BR201642](#) and [BR201740](#)). However, as a result of the updated CDC recommendation, the IHCP will reimburse for this vaccine in the 2018-2019 flu season. This reimbursement policy change applies to all IHCP programs, subject to limitations established for certain benefit packages. The change applies to vaccines billed as a medical service on CMS-1500 claims, as well as vaccines billed as a pharmacy service in the point-of-sale system.

The proper Current Procedural Terminology (CPT^{®1}) code to use when billing LAIV4 (brand name FluMist) is 90672 – *Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use*. The National Drug Codes (NDCs) for the single individual sprayer for the 2018-2019 flu season are 66019-0305-01 and 66019-0305-10.

This reimbursement change will be reflected in the next regular update to the [Professional Fee Schedule](#) at indianamedicaid.com. Reimbursement and billing guidance applies to services delivered under the fee-for-service (FFS) delivery system for dates of service (DOS) on or after October 1, 2018. Individual managed care entities (MCEs) establish and publish reimbursement 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.

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IHCP removes gender restriction on ICD-10-CM code Z85.3

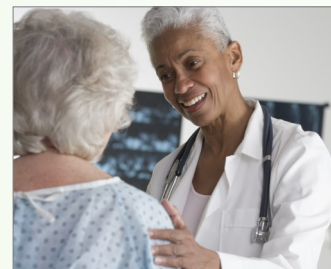
Effective November 2, 2018, the Indiana Health Coverage Programs (IHCP) will remove the female-only gender restriction on ICD-10 Clinical Modification (ICD-10-CM) diagnosis code Z85.3 – *Personal history of malignant neoplasm of breast*. Removal of the restriction applies to all IHCP programs, subject to limitations established for certain benefit packages. Removal applies **retroactively** to dates of service (DOS) on or after the effective date of the code, **October 1, 2017**.

Claims with diagnosis code Z85.3 for dates of service (DOS) on or after October 1, 2017, may have been denied with explanation of benefits (EOB) code 4028 – *Diagnosis code not compatible with member's gender*.

Beginning November 2, 2018, providers may resubmit affected fee-for-service claims that previously denied for EOB code 4028, 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. Questions about managed care claims that denied should be referred to the managed care entity with which the member is enrolled.

IHCP reminds hospice providers of face-to-face physician encounter requirement

Hospice providers are reminded of the requirement under [Indiana Administrative Code \(IAC\) 405 IAC 5-34-5](#) *Physician certification* that a hospice physician or a hospice nurse practitioner (NP) must have a face-to-face encounter with a member receiving hospice care to determine continued eligibility for hospice care for the member's third benefit period and every benefit period thereafter. The face-to-face encounter must occur not more than 30 calendar days before recertification of the third benefit period and of every subsequent benefit period.

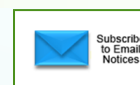


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