

# IHCP *banner page*

## **IHCP to cover HCPCS code Q5111 (Udenyca)**

Effective August 16, 2019, the Indiana Health Coverage Programs (IHCP) will cover Healthcare Common Procedure Coding System (HCPCS) code Q5111 – *Injection, pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg*. Coverage applies to all IHCP programs, subject to limitations established for certain benefit plans, with dates of service (DOS) on or after August 16, 2019.

The following reimbursement information applies:

- Pricing: Maximum fee
- Prior authorization (PA): None required
- Billing guidance:
  - Separate reimbursement is allowed under revenue code 636 – *Pharmacy-Extension of 025X-Drugs Requiring Detailed Coding*. 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

Reimbursement, PA, and billing 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 billing and PA should be directed to the MCE with which the member is enrolled.

This information will be reflected in the *Procedure Codes That Require NDCs* and the *Revenue Codes with Special Procedure Code Linkages* tables, accessible from the [Code Sets](#) web page. Additionally, this change will be reflected in the next regular updates to the *Professional Fee Schedule* and the *Outpatient Fee Schedule*, accessible from the [IHCP Fee Schedules](#) web page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

## **IHCP to mass adjust claims for CPT code 96151 that may have denied inappropriately**

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects certain fee-for-service (FFS) professional claims (*CMS-1500* form or electronic equivalent) with dates of service (DOS) on or after February 13, 2017. Claim detail lines for members in Hoosier Healthwise Package C – Children’s Health Plan, and billed for Current Procedural Terminology (CPT<sup>®1</sup>) code 96151 – *Health and behavior re-assessment each 15 minutes*, may have denied

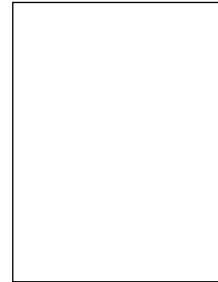
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inappropriately with explanation of benefits (EOB) 4021 – *Procedure code billed is not covered for the dates of service for the program billed. Please verify and resubmit.*

The claim-processing system has been corrected. The professional claim details indicated during the specified time frame that previously denied for EOB 4021 will be mass adjusted. Providers should see the adjusted claims on Remittance Advices (RAs) beginning August 20, 2019, 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.



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**IHCP to mass reprocess or mass adjust claims for blood glucose monitors that denied incorrectly**

The Indiana Family and Social Services Administration (FSSA) established Abbott Diabetes Care, Roche Diabetes Care, and Trividia Health as preferred vendors for diabetic supplies for the Indiana Health Coverage Programs (IHCP), effective January 1, 2017. The Preferred Diabetes Supply List (PDSL) was created to identify the blood glucose monitors and diabetes test strips preferred for all IHCP programs, subject to limitations established for certain benefit packages. *IHCP Bulletin BT201805* announced an updated list of all products in the PDSL, effective for dates of service (DOS) on or after April 1, 2018.

The IHCP has identified a claim-processing issue that affects fee-for-service (FFS) professional claims (CMS-1500 form or electronic equivalent) and claim details for certain blood glucose monitors, for DOS on or after April 1, 2018. In error, the system excluded the National Drug Codes (NDCs) for the Roche brand glucose monitors in Table 1 from the PDSL, causing some claims and claim details to deny incorrectly for explanation of benefits (EOB) 4300 – *Invalid NDC to procedure code combination.*

*Table 1 – Roche brand blood glucose monitors (and their required NDCs) included in the PDSL, effective April 1, 2018*

Blood glucose monitor	NDC
Accu-Chek Aviva Plus	65702-072-310
Accu-Chek Guide Meter	65702-072-910

*Note: For a complete list of monitors included in the PDSL, see [BT201805](#).*

The claim-processing system has been corrected. Claims and claim details processed during the indicated time frame that previously denied in error for EOB 4300 will be mass reprocessed or mass adjusted, as appropriate. Providers should see the reprocessed or adjusted claims on Remittance Advices (RAs) beginning August 21, 2019, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims) or 52 (mass replacement non-check related). For claims that were underpaid, the net difference will be paid and reflected on the RAs.

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The current PDSL is posted on the OptumRx website under Preferred Products. The Optum Rx website is accessible from the [Pharmacy Services](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

Questions about benefits and claims for members in the Healthy Indiana Plan (HIP), Hoosier Care Connect, and Hoosier Healthwise should be directed to the managed care entity (MCE) with which the member is enrolled.

For more information about submitting the required NDCs with claims for blood glucose monitors and diabetic test strips, see the [Claim Submission and Processing](#), and the [Durable and Home Medical Equipment and Supplies](#) provider reference modules at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

**QUESTIONS?**

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