IHCP *banner page*

IHCP to cover Zolgensma

Effective November 8, 2019, the Indiana Health Coverage Programs (IHCP) will cover Zolgensma (onasemnogene abeparvovec-xioi), a new U.S. Food and Drug Administration (FDA)-approved drug treatment for spinal muscular atrophy (SMA). Zolgensma has not been issued a drug-specific Healthcare Common Procedure Coding System (HCPCS) code (at date of this banner page's publication). For this reason, and until a HCPCS code number is assigned, providers should bill for this physician-administered drug (PAD) using HCPCS code J3490 – *Unclassified drugs*. Coverage applies to all IHCP programs, subject to limitations established for certain benefit plans, for claims with dates of service (DOS) on or after November 8, 2019.

The following reimbursement information applies to services delivered under the fee-for-service (FFS) and managed care delivery systems (Zolgensma is carved out of managed care):

- Pricing: 105% of the wholesale acquisition cost (WAC) of the National Drug Code (NDC) billed by the provider

- Prior authorization (PA): Required

  Criteria for PA are being developed and will be announced in a subsequent IHCP publication. Until then, providers that identify IHCP members who could benefit from treatment with Zolgensma are required to email a brief statement of medical necessity and relevant contact information to FSSA.IHCPReimbursement@fssa.IN.gov. The IHCP will then communicate the required patient-specific documentation to the provider.

- Billing guidance:

  Zolgensma must be billed as follows:

  - Using HCPCS code J3490

  - On a *CMS-1500* claim form

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Zolgensma must be billed as follows (*continued*):

- With the NDC of the product administered

  Notes:

  When billing a not otherwise classified code like J3490, the HCPCS quantity is equal to 1.

  Zolgensma is sold as a kit from the manufacturer, so the NDC quantity is equal to 1 and the NDC units are units.

- Because Zolgensma has not yet been issued a drug-specific procedure code (at date of this publication), providers must submit a claim for Zolgensma by faxing a completed *CMS-1500* claim form to (317) 488-5392. This requirement will apply only until a procedure code is issued for this drug.

- At this time, Zolgensma will not be carved out of the all-inclusive inpatient hospital Diagnosis-Related Group (DRG).

This information will be reflected in the next regular update to the *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient Diagnosis-Related Group* code table, accessible from the *Code Sets* web page at in.gov/medicaid/providers.

Reminder: For guidance about reporting NDCs when billing for PADs, reimbursement, and coverage of PADs, see the *Claim Submission and Processing* and the *Injections, Vaccines, and Other Physician-Administered Drugs* provider reference modules at in.gov/medicaid/providers.

IHCP clarifies billing for telemedicine services

The Indiana Health Coverage Programs (IHCP) established and published telemedicine services codes, as previously announced in *Banner Page BR201930*. Effective August 23, 2019, providers could render and bill for the telemedicine services identified in the published code set for reimbursement consideration.

Telemedicine claim requirements

A claim for a telemedicine service must include **all** three of the following:

- Valid procedure code from the telemedicine code set for the telemedicine service rendered

- Place of Service (POS) code 02 – *The location where health services and health related services are provided or received, through a telecommunication system*

- Modifier *95 – Synchronous telemedicine services rendered via a real-time interactive audio and video telecommunication system*

If a claim includes POS code 02 or modifier 95 (but not both), the claim detail will deny for explanation of benefits (EOB) 3428 – *Telemedicine services require place of service 02 and modifier 95*.

If a claim includes a procedure code for a service not listed in the telemedicine code set, but has the POS code 02 and/or modifier 95, the claim detail will deny for EOB 3428.

Procedure codes reimbursable for telemedicine services are listed in *Telemedicine Services Codes,* accessible from the *Code Sets* page at in.gov/medicaid/providers.

FQHC and RHC providers

Federally qualified health center (FQHC) and rural health clinic (RHC) providers may bill for telemedicine services if the service rendered is considered a valid FQHC or RHC encounter. Providers should follow the guidance above and list POS code 02 and modifier 95 in the claim detail for the procedure code that denies for *EOB 6096 – The CPT/HCPCS code billed is not payable according to the PPS reimbursement methodology*.

Healthcare Common Procedure Coding System (HCPCS) encounter code T1015 should still be billed using one of the allowed POS codes identified in the *Federally Qualified Health Centers and Rural Health Clinics* provider reference module.

School corporations

School corporations may bill for telemedicine services in a child's Individualized Education Program (IEP), as appropriate. Claims for covered IEP services must include modifiers 95 and TM, and POS code 02 (instead of POS code 03 – *School*).

Updated *Medicaid Third-Party Liability Accident/Injury Questionnaire*

Effective September 30, 2019, the Indiana Health Coverage Programs (IHCP) updated the *Medicaid Third-Party Liability Accident/Injury Questionnaire* that is sent to members with paid accident-related claims in the preceding 6 months. The questionnaire seeks information about potential casualty claims and liable third parties. A copy of this questionnaire can be found on the *Forms* page at in.gov/medicaid/providers.

IHCP corrects ICD-10 annual codes update

The Indiana Health Coverage Programs (IHCP) recently announced the annual update of the International Classification of Diseases, Tenth Revision (ICD-10) Clinical Modification (CM) diagnosis codes and Procedure Coding System (PCS) procedure codes, in *IHCP Bulletin BT201954*.

There was an error in Table 2 of that bulletin, and the IHCP is publishing a correction as follows:

- Incorrect: Table 2 heading identified the diagnosis codes as *prenatal care*
- Correct: Table 2 heading identifies the diagnosis codes as **preventive pediatric care**

Corrected table:

Table 2 – ICD-10 preventive pediatric care diagnosis codes added that will bypass cost avoidance, effective for DOS on or after October 1, 2019

Diagnosis code	Description
Z01020	Encounter for examination of eyes and vision following failed vision screening without abnormal findings
Z01021	Encounter for examination of eyes and vision following failed vision screening with abnormal findings
Z117	Encounter for testing for latent tuberculosis infection
Z227	Latent tuberculosis

Note: There is no change to the codes included in Table 2 as published in the bulletin, but only to the table heading that identifies the type of diagnosis codes.

IHCP delays updates to rates and rate methodology for DME, HME, and eyeglasses frame and lens

The Indiana Health Coverage Programs (IHCP) is delaying updates to the Medicaid payment rates and rate methodology for durable medical equipment (DME), home medical equipment (HME), and eyeglasses frame and lens procedure codes, which were previously announced in *IHCP Banner Page BR201936*.

Watch future IHCP publications for more information.

QUESTIONS?

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