IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201944 OCTOBER 29, 2019

IHCP to cover HCPCS code J1095 (Dexycu)

Effective November 29, 2019, the Indiana Health Coverage Programs (IHCP) will cover Healthcare Common Procedure Coding System (HCPCS) code J1095 – *Injection, dexamethasone 9 percent, intraocular, 1 microgram*. 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 29, 2019.

The following reimbursement information applies:

- Pricing: Maximum fee
- Prior authorization (PA): None required
- Billing guidance:
  - Must be billed with the National Drug Code (NDC) of the product administered
  - Separate reimbursement is allowed under revenue code 636 – *Drugs Requiring Detailed Coding*. For reimbursement consideration, providers may bill the procedure code and the revenue code together, as appropriate.

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 indicated in the next regular updates to the *Professional Fee Schedule* and the *Outpatient Fee Schedule*, accessible from the *IHCP Fee Schedules* page at in.gov/medicaid/providers.

MORE IN THIS ISSUE

IHCP to cover CPT code 22858

Effective December 3, 2019, the Indiana Health Coverage Programs (IHCP) will cover Current Procedural Terminology (CPT®[1]) code 22858 – *Total disc arthroplasty (artificial disc) anterior approach, second level, cervical*. Coverage applies to all IHCP programs, subject to limitations established for certain benefit plans, and to claims with dates of service (DOS) on or after December 3, 2019.

The following reimbursement information applies:

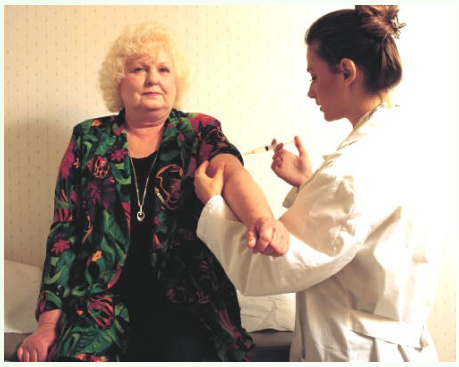
- Pricing: Resource-based relative value scale (RBRVS)
- Prior authorization (PA): None required
- Billing guidance: Standard billing guidance applies

Note: For outpatient claims (UB-04 form or electronic equivalent), CPT code 22858 will not be reimbursed separately.

Reimbursement, PA, and billing information apply to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS PA should be directed to Cooperative Managed Care Services (CMCS) at 1-800-269-5720. 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.

Coverage information for procedure code 22858 will be reflected in the next regular update to the *Professional Fee Schedule*, accessible from the *IHCP Fee Schedules* page at in.gov/medicaid/providers.

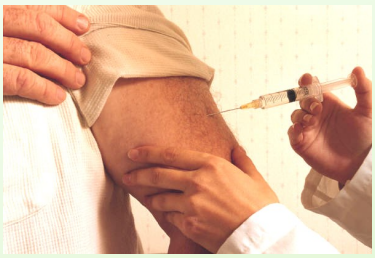
IHCP adds CPT code 64615 to *Injections, Vaccines, and Other Physician-Administered Drugs Codes*



Effective November 29, 2019, the Indiana Health Coverage Programs (IHCP) will include Current Procedural Terminology (CPT®[1]) code 64615 – *Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)* in the injections, vaccines, and other physician-administered drugs code set, Table 2 – Procedure Codes for Chemodenervation for Use with Botulinum Toxin Injections.

For IHCP reimbursement, providers should bill botulinum toxin injections using the appropriate Healthcare Common Procedure Coding System (HCPCS) code and include the CPT code, as described in the *Injections, Vaccines, and Other Physician-Administered Drugs* provider reference module at in.gov/medicaid/providers. Additionally, reimbursement is restricted to specific International Classification of Diseases (ICD) diagnosis codes.

continued



The appropriate HCPCS, CPT, and ICD codes for botulinum toxin injections are listed in *Injections, Vaccines, and Other Physician-Administered Drugs Codes* on the *Code Sets* page.

This information applies to services delivered under the fee-for-service (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 claims should be directed to the MCE with which the member is enrolled.

This change will be reflected in *Injections, Vaccines, and Other Physician-Administered Drugs Codes*, accessible from the *Code Sets* page at in.gov/medicaid/providers.

[1]CPT copyright 2019 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

IHCP clarifies billing requirements for mental health therapy services in outpatient facilities

The Indiana Health Coverage Programs (IHCP) is clarifying billing requirements for mental health therapy services rendered in outpatient facilities, and billed on institutional claims (*UB-04* form or electronic equivalent) under the fee-for-service (FFS) and managed care delivery systems. This is a clarification of policy published in *IHCP Banner Page BR201807*. Accordingly, the IHCP is reminding providers of the following:

- Effective March 15, 2018, the procedure codes in Table 1 (below) were no longer to be reported with revenue code 513. As of that date, revenue code 513 had a flat rate of $40.80.
- Effective March 15, 2018, the procedure codes in Table 1 followed national coding guidelines and were to be reported with 90X or 91X series revenue codes in Table 2, as applicable.

  If a claim detail is billed with no corresponding procedure code on the claim, the detail will deny for explanation of benefits (EOB) 0389 – *The revenue code submitted requires a corresponding HCPCS code*.

- Effective March 15, 2018, outpatient mental health therapy services reported with 90X or 91X series revenue codes were restricted to reimbursement for one revenue code per member, per billing provider, per day, based on a treatment room methodology.
- Individual therapy codes reimburse the lesser of the billed amount (for facilities not eligible for Hospital Assessment Fee [HAF]) or a statewide flat fee of $40.80 per member, per session.
- Family and group therapy codes reimburse the lesser of the billed amount or a statewide flat fee of $20.40, per member, per session.

continued

Table 1 – Outpatient mental health therapy procedure codes linked to 90X or 91X series revenue codes, effective for DOS on or after March 15, 2018

Procedure code	Description
* 0359T	Behavior identification assessment
90785	Interactive complexity
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure)
90834	Psychotherapy, 45 minutes with patient and/or family member
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure)
90837	Psychotherapy, 60 minutes with patient and/or family member
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure)
90839	Psychotherapy for crisis, first 60 minutes
90840	Psychotherapy for crisis, each additional 30 minutes
90845	Medical psychoanalysis
90846	Family psychotherapy (without the patient present)
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)
90849	Multi-family group psychotherapy
90853	Group psychotherapy (other than of a multi-family group)

** Code 0359T was end dated December 31, 2018.*

Table 2 – Revenue codes covered, effective for DOS on or after March 15, 2018

Procedure code	Description	Flat rate
900	Behavioral Health Treatments/Services (also see 091X, an extension of 090X)-General	$40.80
907	Behavioral Health Treatments/Services (also see 091X, an extension of 090X)-Community Behavioral Health Program (Day Treatment)	$40.80 (individual) $20.40 (group)
914	Behavioral Health Treatments/Services-Extension of 090X-Individual Therapy	$40.80
915	Behavioral Health Treatments/Services-Extension of 090X-Group Therapy	$20.40
916	Behavioral Health Treatments/Services-Extension of 090X-Family Therapy	$20.40
918	Behavioral Health Treatments/Services-Extension of 090X-Testing	$40.80

continued

These changes are reflected in the *Revenue Codes with Special Procedure Code Linkages*, accessible from the *Code Sets* web page, and in the *Outpatient Fee Schedule*, accessible from the *IHCP Fee Schedules* page at in.gov/medicaid/providers.

Outpatient HAF applied to IHCP allowed amount, effective December 1, 2019

Effective December 1, 2019, fee-for-service (FFS) claims for outpatient services, submitted with revenue codes reimbursed at a flat rate by Hospital Assessment Fee (HAF)-participating hospitals, will have the HAF adjustment applied to the Indiana Health Coverage Programs (IHCP) allowed amount. This change will apply to claims for outpatient services with dates of service (DOS) on or after December 1, 2019.

Before this change, the IHCP calculated the IHCP allowed amount based on the units billed. The HAF adjustment will be applied to revenue code flat fee rates. The IHCP does not apply the lesser of reimbursement methodology for outpatient HAF.

As a reminder, FFS claims paid using the HAF reimbursement methodology will continue to receive the detail level explanation of benefits (EOB) 9033 – *Hospital Assessment Fee (DTL).*

For more information about HAF, see the *Hospital Assessment Fee* provider reference module at in.gov/medicaid/providers.

Note: Provider reference modules are updated annually, and accordingly will not always reflect the most recent changes.

IHCP to present live webinar for VFC providers, November 12, 2019

The Indiana Health Coverage Programs (IHCP) will present an IHCP Live webinar for providers who participate in the Vaccines for Children (VFC) program. The presentation will cover important updates and billing guidance for VFC services, with discussion led by members of the Office of Medicaid Policy and Planning (OMPP). Providers will be able to ask questions via a chat feature.

- Date: November 12, 2019
- Time: 2 p.m. Eastern Time

Here's how to participate:

1. Go to https://Indiana.adobeconnect.com/ompp to sign in to the webinar.

2. Ensure that Guest is selected, type your name, and click **Enter Room**.

continued

Here's how to participate (continued):

3. The webinar provides audio over the internet, so be sure that your speakers or headphones are connected to enable you to hear the presentation.

Notes:

- Before the webinar, you can test your connection by clicking the following link: https://indiana.adobeconnect.com/common/help/en/support/meeting_test.htm.

  This test will prompt you for any updates or add-ins that your computer needs to join the webinar.
- Please do not log in to the webinar using Citrix or a virtual private network (VPN), because these services will not be able to play back audio.
- If multiple individuals from your organization will join, please join from the same location if possible to save webinar slots for others.

For those who cannot attend the webinar, a recording of the webinar will be posted on the *IHCP Live* web page at in.gov/medicaid/providers.

Please send any questions or suggested topics to ProgramIntegrity.SUR@fssa.in.gov.

QUESTIONS?

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

TO PRINT

A printer-friendly version of this publication, in black and white and without photos, is available for your convenience.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the *Banner Pages* page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the IHCP provider website at in.gov/medicaid/providers.