IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201950 DECEMBER 10, 2019

IHCP will reimburse claims for NARCAN® when billed on *CMS-1500* or *UB-04* claim form

Effective January 10, 2020, the Indiana Health Coverage Programs (IHCP) will reimburse naloxone nasal spray, also known as NARCAN®[1], when billed on a professional claim (*CMS-1500* form or electronic equivalent) or institutional claim (*UB-04* form or electronic equivalent). Providers should bill for this physician-administered drug (PAD) using Healthcare Common Procedure Coding System (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 January 10, 2020.

The following reimbursement information applies:

- Pricing: 105% of the wholesale acquisition cost (WAC) of the National Drug Code (NDC) billed by the provider
- Prior authorization (PA): None required
- Billing guidance:
  - Must be billed using HCPCS code J3490
  - Must be billed with the 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 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.

[1]NARCAN® is a registered trademark of ADAPT Pharma Operations Limited.

MORE IN THIS ISSUE

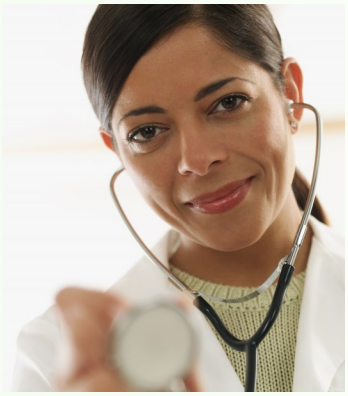
IHCP to mass reprocess or mass adjust claims for ABA services that may have denied incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects certain fee-for-service (FFS) claims for applied behavioral analysis (ABA) therapy services, with dates of service (DOS) from January 1, 2019, through November 21, 2019. Claims billed for the following Current Procedural Terminology (CPT®[1]) procedure codes may have denied incorrectly for explanation of benefits (EOB) 4013 – *This procedure code is not covered for this date of service*:

- 0362T – *Behavioral Identification Supporting Assessment*
- 0373T – *Adaptive Behavior Treatment with Protocol Modification*

The claim-processing system has been corrected. Claims or claim details processed during the indicated time frame that previously denied for EOB 4013 will be mass reprocessed or mass adjusted, as appropriate. Providers should see reprocessed or adjusted claims on Remittance Advices (RAs) beginning January 15, 2020, 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 RA.

IHCP to mass reprocess claims for ICD-10 diagnosis code Z99.89 that may have denied incorrectly



The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects certain fee-for-service (FFS) institutional claims (*UB-04* paper form or electronic equivalent) for inpatient services processed from October 1, 2016, through November 12, 2019. In error, the claim-processing system required a present on admission (POA) indicator for billing ICD-10 Clinical Modification (ICD-10-CM) diagnosis code Z99.89 – *Dependence on other enabling machines and devices*, which is exempt from POA reporting. Claims billed for code Z99.89 may have denied incorrectly for explanation of benefits (EOB) 4276 – *A POA must be entered, a POA of 1 or blank is not acceptable.*

The claim-processing system has been corrected. Affected claims processed from October 1, 2016, through November 12, 2019, will be mass reprocessed. Providers should see reprocessed claims on Remittance Advices (RAs) beginning January 15, 2020, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims).

IHCP to mass reprocess or mass adjust claims for anesthesia services that denied incorrectly, and add *Anesthesia Services Codes* for CRNAs

The Indiana Health Coverage Programs (IHCP) identified a claim-processing issue that affects fee-for-service (FFS) claims for anesthesia services with dates of service (DOS) on or after January 1, 2019. Claims or claim details for the Current Procedural Terminology (CPT®[1]) codes in Table 1 may have denied incorrectly for explanation of benefits (EOB) 4013 – *This procedure code is not covered for this date of service*.

The claim-processing system has been corrected. Claims processed during the indicated time frame that denied for EOB 4013 will be mass reprocessed or mass adjusted, as appropriate. Providers should see adjusted claims on Remittance Advice (RA) statements beginning January 15, 2020, 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 RA.

Effective immediately, the IHCP will include the CPT codes in Table 1 in the procedure code set for certified registered nurse anesthetists (CRNAs), specialty 094. This change applies retroactively to FFS claims with dates of service (DOS) on or after **January 1, 2019**.

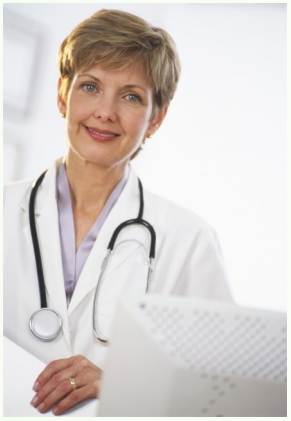
Reimbursement and billing information applies to services delivered under the FFS delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, prior authorization (PA), and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.

This change will be reflected in the next update to the *Anesthesia Services Codes*, accessible from the *Code Sets* page at in.gov/medicaid/providers.

Table 1 – Procedure codes added to the CRNA code set, effective for claims with DOS on or after January 1, 2019

Procedure code	Description
62320	Injection of substance into spinal canal of upper or middle back
62321	Injection of substance into spinal canal of upper or middle back using imaging guidance
62322	Injection of substance into spinal canal of lower back or sacrum
62323	Injection of substance into spinal canal of lower back or sacrum using imaging guidance
62324	Insertion of indwelling catheter and administration of substance into spinal canal of upper or middle back
62325	Insertion of indwelling catheter and administration of substance into spinal canal of upper or middle back using imaging guidance
62326	Insertion of indwelling catheter and administration of substance into spinal canal of lower back
62327	Insertion of indwelling catheter and administration of substance into spinal canal of lower back lower back using imaging guidance

IHCP adds procedure codes for speech therapy services to *Telemedicine Services Codes*



Effective January 10, 2020, the Indiana Health Coverage Programs (IHCP) will include the Current Procedural Terminology (CPT®[1]) codes in Table 2 in the procedure codes covered for telemedicine services.

Reimbursement, prior authorization (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 change will be reflected in the *Telemedicine Services Codes*, accessible from the *Code Sets* page at in.gov/medicaid/providers.

Table 2 – CPT codes for speech therapy services included in the telemedicine code set, effective January 10, 2020

Procedure code	Description
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92521	Evaluation of speech fluency (e.g. stuttering, cluttering)
92522	Evaluation of speech sound production (e.g. articulation, phonological process, apraxia, dysarthria)
92523	Evaluation of speech sound production (e.g. articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (eg, receptive and expressive language)
92524	Behavioral and qualitative analysis of voice resonance

QUESTIONS?

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