

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR202035

SEPTEMBER 1, 2020

IHCP to cover HCPCS code J0121

Effective October 1, 2020, the Indiana Health Coverage Programs (IHCP) will cover Healthcare Common Procedure Coding System (HCPCS) code J0121 – *Injection, omadacycline, 1 mg*.

Coverage for this physician-administered drug (PAD) applies to all IHCP programs, subject to limitations established for certain benefit packages, and for professional claims (*CMS-1500* form or electronic equivalent) and outpatient claims (*UB-04* form or electronic equivalent) with dates of service (DOS) on or after October 1, 2020.

The following reimbursement information applies:

- Pricing: Maximum fee of \$3.73
- Prior authorization (PA): None required
- Billing guidance:
 - Must be billed with the National Drug Code (NDC) of the product administered
 - Separate reimbursement in the outpatient setting 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.



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 next regular update to the *Outpatient Fee Schedule* and the *Professional Fee Schedule*, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers, and in the *Procedure Codes That Require NDCs and the Revenue Codes with Special Procedure Code Linkages* code tables, available from the [Code Sets](#) web page.

MORE IN THIS ISSUE

- [IHCP to mass reprocess outpatient claims for certain surgical services that denied incorrectly](#)
- [IHCP to cover laboratory pathology codes](#)
- [Providers may resubmit outpatient claims for procedure code 88344 that denied inappropriately](#)
- [Nursing facility assessments to include required MDS 3.0 item set fields](#)
- [2020 IHCP Works Seminar dates changed to October 13, 14, and 15](#)

IHCP to mass reprocess outpatient claims for certain surgical services that denied incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects outpatient fee-for-service (FFS) claims for surgical services processed from August 28, 2019, through August 19, 2020. Claims billed for a surgical procedure code in conjunction with a non-surgical revenue code may have denied incorrectly for explanation of benefits (EOB) 4095 – *A non-surgical service is not reimbursed individually if performed in conjunction with an outpatient surgery.*



The claim-processing system has been corrected. Claims processed during the indicated time frame that denied incorrectly for EOB 4095 will be mass reprocessed. Providers should see the reprocessed claims on Remittance Advices (RAs) beginning on October 7, 2020, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims).

Note: For information about billing for revenue codes on institutional claims, see the [Claim Submission and Processing provider reference module at in.gov/medicaid/providers](#).

IHCP to cover laboratory pathology codes

Effective October 1, 2020, the Indiana Health Coverage Programs (IHCP) will cover the molecular pathology procedure codes in Table 1 for laboratory services, as follows. This coverage applies to all IHCP programs, subject to limitations established with certain benefit packages, for claims with dates of service (DOS) on or after October 1, 2020.

Table 1 – Molecular pathology laboratory codes coverage, effective October 1, 2020

Procedure code	Description	Pricing (maximum fee unless stated otherwise)	Coverage parameters
81403	Molecular pathology procedure level 4	\$185.20	<ul style="list-style-type: none"> ■ Covered when medically necessary for managing the treatment of metastatic colon cancer ■ Covered when medically necessary for detecting the presence of hemophilia in pregnant women
81404	Molecular pathology procedure level 5	\$274.83	Covered when medically necessary for managing the treatment of metastatic colon cancer
81405	Molecular pathology procedure level 6	\$301.35	
81407	Molecular pathology procedure level 8	\$846.27	Covered when medically necessary for detecting the presence of hemophilia in pregnant women
81479	Unlisted molecular pathology procedure	Manual (90% of billed charges)	

continued

Table 1 – Molecular pathology laboratory codes coverage, effective October 1, 2020 (continued)

Procedure code	Description	Pricing (maximum fee unless stated otherwise)	Coverage parameters
G0452	Molecular pathology procedure; physician interpretation and report	* RBRVS	<ul style="list-style-type: none"> ■ Covered when medically necessary for detecting the presence of hemophilia in pregnant women ■ This code is not reimbursable in the outpatient setting.

* RBRVS = resource-based relative value scale

Prior Authorization (PA)

All general PA criteria must be met for any lab pathology code to be covered. For specific details on required PA documentation and general PA criteria, see the [Genetic Testing](#) provider reference module at in.gov/medicaid/providers.

Billing guidance

Standard billing guidance applies.

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 change will be reflected in the next regular update to the *Outpatient Fee Schedule* and the *Professional Fee Schedule*, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.



Providers may resubmit outpatient claims for procedure code 88344 that denied inappropriately

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects certain outpatient fee-for-service (FFS) claims that processed on or after September 21, 2019. Claims or claim details submitted for procedure code 88344 – *Special stained specimen slides to examine tissue* may have denied inappropriately for explanation of benefits (EOB) 4801 – *Procedure code not covered for benefit plan*.

The claim-processing system has been corrected. Beginning immediately, providers may resubmit claims for code 88344 that previously denied for EOB 4801 during the indicated time frame, for reimbursement consideration. Claims resubmitted beyond the original timely filing limit must be submitted within 180 days of the publication date and include a copy of this banner page as an attachment.



Nursing facility assessments to include required MDS 3.0 item set fields

The Centers for Medicare & Medicaid Services (CMS) updated the minimum data set (MDS) 3.0 item sets (version 1.17.2) to support the calculation of Patient Driven Payment Model (PDPM) case-mix groups on all *Omnibus Budget Reconciliation Act* (OBRA) assessments. Through this update, the CMS has allowed states the option to begin requiring and collecting the necessary MDS fields to categorize OBRA MDS assessment submissions within the PDPM resident classification system.

Effective October 1, 2020, the Office of Medicaid Policy and Planning (OMPP) will require the completion and submission of the twenty-eight MDS item set fields associated with PDPM on all OBRA nursing facility (NF) comprehensive (NC) and quarterly (NQ) MDS assessment submissions. These additional fields are located in sections GG, I, and J of the assessments. The OMPP believes this is a necessary step to begin evaluating the PDPM classification system and its viability as an alternative for the Resource Utilization Group-IV (RUG-IV) classification system that is utilized today as the basis for the case-mix reimbursement system.

*Note: The MDS fields necessary for PDPM and RUG resident classification are available in both the standard NC and NQ MDS item sets, so providers will **not** need to file an Optional State Assessment (OSA).*

2020 IHCP Works Seminar dates changed to October 13, 14, and 15

The Indiana Health Coverage Programs (IHCP) recently announced dates for the coming annual seminar, now known as the 2020 IHCP Works Seminar. As described in *IHCP Banner Page* [BR202032](#), the virtual sessions were scheduled for October 14, 15, and 16, 2020.

Those dates have changed. The seminar virtual sessions will be held on **October 13, 14, and 15** instead.

Times and registration information will be communicated in future announcements.



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.

