

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201402 JANUARY 28, 2014



Contracts awarded for FFS incontinence, ostomy, and urological supply vendors

The Indiana Health Coverage Programs (IHCP) awarded new contracts to the two existing vendors to provide incontinence, ostomy, and urological supplies, including diapers, underpads, ostomy bags, and gloves to members enrolled under the fee-for-service (FFS) delivery system, which includes those in Traditional Medicaid and *Care Select*. The new contracts are effective February 1, 2014. Contact information for the contracted vendors is as follows:

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| ■ Binson's Home Health Care Centers
binsons.com
Telephone: 1-888-217-9610 | ■ J&B Medical Supply Company
jandbmedical.com
Telephone: 1-866-674-5850 |
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All incontinence, ostomy, and urological supplies for FFS members must continue to be obtained through mail order from one of these contracted vendors. Claims for supplies from noncontracted vendors will systematically deny. Noncontracted vendors and other caregivers should encourage members who require incontinence, ostomy, and urological supplies to contact one of the two contracted vendors to obtain supplies.

Members enrolled in the 590 Program, Medical Review Team (MRT), First Steps, Pre-Admission Screening and Resident Review (PASRR), long-term care (LTC), and risk-based managed care (RBMC) programs are excluded from this policy requirement.

Members with Medicare or third-party insurance must follow the guidelines of Medicare or their primary insurance plan to receive reimbursement for these products. Crossover claims and claims with a third-party payment amount indicated for these supplies are not affected by this policy requirement, as long as Medicare or the primary carrier provided coverage for the product and coverage was in effect on the date of service. Before supplying these products to FFS IHCP members, providers must verify the member's Medicare or primary carrier eligibility and product coverage for the date of service. If coverage under Medicare or the primary carrier does not apply to the date or type of service, the claims will be subject to IHCP policy, requiring these supplies to be provided by one of the two contracted vendors.

Nursing assessments required

Members are required to participate in a nursing assessment to determine the appropriate products, brands, and quantities of incontinence products needed. All nursing assessments must be performed by a licensed nurse who is employed by the supplying provider.

Procedure code list

Products with uses sometimes unrelated to incontinence, ostomy, or urological conditions are not affected by this policy requirement. IHCP members may purchase the following supplies from any appropriate IHCP-enrolled supplier. The following procedure codes are billable by all appropriate providers:

- A4364 (adhesive liquid)
- A4456 (adhesive remover wipes)
- A4402 (lubricant)
- A4450 and A4452 (tape)
- A4455 (adhesive remover)
- A4927 (gloves)
- A5120, A5121, and A5122 (skin barrier)

Table 1 shows a list of incontinence, ostomy, and urological procedure codes required to be purchased from a contracted vendor for FFS coverage. The high-end incontinence products, now limited to the Healthcare Common Procedure Coding System (HCPCS) T-codes listed in [Table 2](#), must be purchased from a contracted vendor and in addition require prior authorization (PA) based on medical necessity. Claims for these procedure codes must include the U9 modifier to process correctly.

Table 1 – Procedure codes with FFS coverage required to be provided by a contracted vendor

Covered Procedure Codes				
A4310	A4311	A4312	A4313	A4314
A4315	A4316	A4320	A4321	A4322
A4326	A4327	A4328	A4331	A4332
A4333	A4334	A4338	A4340	A4344
A4346	A4349	A4351	A4352	A4353
A4354	A4355	A4356	A4357	A4358
A4361	A4362	A4363	A4366	A4367
A4368	A4369	A4371	A4372	A4373
A4375	A4376	A4377	A4378	A4379
A4380	A4381	A4382	A4383	A4384
A4385	A4387	A4388	A4389	A4390
A4391	A4392	A4393	A4394	A4395
A4396	A4397	A4398	A4399	A4400
A4404	A4405	A4406	A4407	A4408
A4409	A4410	A4411	A4412	A4413
A4414	A4415	A4416	A4417	A4418
A4419	A4420	A4422	A4423	A4424
A4425	A4426	A4427	A4428	A4429
A4430	A4431	A4432	A4433	A4434
A4458	A5051	A5052	A5053	A5054

Table 1 – Procedure codes with FFS coverage required to be provided by a contracted vendor (Continued)

Covered Procedure Codes				
A5055	A5061	A5062	A5063	A5071
A5072	A5073	A5081	A5082	A5093
A5102	A5105	A5112	A5113	A5114
A5126	A5131	T4521	T4522	T4523
T4524	T4525	T4526	T4527	T4528
T4529	T4530	T4531	T4532	T4533
T4534	T4535	T4536	T4537	T4539
T4540	T4541	T4542	T4543	

Table 2 – High-end procedure codes that require PA and must be billed with U9 modifier

Covered Procedure Codes				
T4521	T4522	T4523	T4524	T4525
T4526	T4527	T4528	T4529	T4530
T4531	T4532	T4533	T4534	T4536
T4539	T4543			

QUESTIONS?

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