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All Providers

2006 April Quarterly HCPCS Codes Update

This article is to notify providers of the coverage determinations for the April 2006 quarterly updates to the Healthcare Common Procedure Coding System (HCPCS) codes. This article includes tables that contain the following information:

- Table 1: A list of the **new** alphanumeric and Current Procedural Terminology (CPT®) codes for the 2006 April HCPCS update. These codes are in the IndianaAIM claims processing system, with their respective effective dates, and fees are posted on the IHCP Web site. Providers may bill the new codes for dates of service on or after April 1, 2006. The standard global billing procedures and edits apply when using the new codes.
- Table 2: A list of the **deleted** codes and their replacements.

Providers should direct questions about this article to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

Effective July 1, 2006

Research shows that there is insufficient evidence supporting the effect of coronary computed tomographic angiography on health outcomes. Effective for dates of service on or after July 1, 2006, the IHCP no longer covers computed tomographic angiography.

Also effective for dates of service on or after July 1, 2006, the Indiana Health Coverage Programs (IHCP) requires prior authorization (PA) for kyphoplasty, procedure codes 22523, 22524, and 22525. Providers are required to submit documentation supporting the medical necessity of the procedure.

Changed HCPCS Codes

The changed April 2006 quarterly HCPCS codes are in the IndianaAIM claims processing system for dates of service on or after April 1, 2006. The changes do not affect claims adjudication. The April 2006 quarterly HCPCS code changes may be accessed at <https://www.cms.hhs.gov/HCPCSReleaseCodeSets/>.

Table 1 – New April 2006 Quarterly HCPCS Codes, Effective April 1, 2006¹

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
S0345	Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station; 24-hour attended monitoring, includes recording, monitoring, receipt of transmissions, analysis, and physician review and interpretation; per 24-hour period	Not applicable for all programs	Not applicable	Non-covered for all programs
S0346	Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station; 24-hour attended monitoring, includes recording, monitoring, receipt of transmissions, and analysis; per 24-hour period	Not applicable for all programs	Not applicable	Non-covered for all programs
S0347	Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station; 24-hour attended monitoring, including physician review and interpretation; per 24-hour period	Not applicable for all programs	Not applicable	Non-covered for all programs

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Table 2 – Deleted April 2006 Quarterly HCPCS Codes, Effective March 31, 2006²

Procedure Code	Description	Replacement Code
Q3019	ALS vehicle used, emergency transport, no ALS services furnished	Non-covered code, no replacement
Q3020	ALS vehicle used, non-emergency transport, no ALS level service furnished	Non-covered code, no replacement
S0133	Histerelin, implant, 50 mg	Non-covered code, no replacement
S2362	Kyphoplasty, one vertebral body, unilateral or bilateral injection	22523 ³ , 22524 ³
S2363	Kyphoplasty, one vertebral body, unilateral or bilateral injection; each additional vertebral body	22525 ³
S3701	Immunoassay for nuclear matrix protein 22 (NMP-22), quantitative	Non-covered code, no replacement
S8093	Computed tomographic angiography, coronary arteries, with contrast material(s)	0146T ⁴ , 0147T ⁴
S8260	Oral orthotic for treatment of sleep apnea, includes fitting, fabrication, and materials	Non-covered code, no replacement

¹Effective for dates of service on or after April 1, 2006 ²Effective for dates of service through March 31, 2006

³PA required effective July 1, 2006. Providers are required to submit documentation supporting medical necessity.

⁴Covered effective April 1, 2006 through June 30, 2006

Claims Billing, Adjustment, and Edit Updates

Procedure Code 01991

The IHCP is voiding and replacing medical claims submitted between October 16, 2003, and April 28, 2005, for procedure code 01991 – *Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than the prone position*. Claims billed with procedure code 01991 were inappropriately reimbursed at the billed amount instead of calculating the payment using the anesthesia reimbursement logic, thus creating an overpayment to the provider. These void and replacement claims began appearing on the remittance advice (RA) statement dated May 16, 2006.

Procedure Codes 00539, 00921, 01829, and 01992

The IHCP is voiding and replacing medical claims submitted between October 16, 2003, and July 12, 2005, with the following procedure codes:

- 00539 – *Anesthesia for tracheobronchial reconstruction*
- 00921 – *Anesthesia for procedure on male genitalia (including open urethral procedures); vasectomy, unilateral/bilateral*
- 01829 – *Anesthesia for diagnostic arthroscopic procedures on the wrist*
- 01992 – *Anesthesia for diagnostic or therapeutic nerve blocks and injection (when block or injection is performed by a different provider); prone position*

These procedure codes were inappropriately reimbursed at the billed amount instead of calculating the payment using the anesthesia reimbursement logic, thus creating an overpayment to the provider. These void and replacement claims began appearing on the RA statement dated May 16, 2006.

Procedure Code 90658 Adjustment Notice

The IHCP discovered a discrepancy in the pricing of the flu vaccine code 90658 – *Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular use* for claims billed from January 2, 2006, through March 28, 2006. This discrepancy resulted in the overpayment of claims for this service. The pricing has been changed from \$26.38 per 0.5 ml to the correct rate of \$13.19 per 0.5 ml.

Beginning on July 20, 2006, the IHCP will adjust all affected claims for code 90658, paid from January 3, 2006, through March 28, 2006.

Contact Information

Direct questions about information contained in the *Claims Billing, Adjustment, and Edit Updates* articles to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or 1-800-577-1278.

Providers who disagree with a mass adjustment may request an administrative review by writing to the following address:

**EDS Administrative Review
Written Correspondence
P.O. Box 7263
Indianapolis, IN 46207-7263**

In the request, the provider must explain the reason for disagreement and include copies of all pertinent documentation. The administrative review process is set forth in more detail in the *IHCP Provider Manual, Chapter 10, Section 6* available on the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Publications/manuals.htm>.

National Provider Identifier Information

National Provider Identifier Web Page

A National Provider Identifier (NPI) Web page has been added to the IHCP Web site at <http://www.indianamedicaid.com/ihcp/ProviderServices/npi.asp>. This page contains information about the *IHCP NPI Implementation Plan*, instructions for obtaining an NPI, links to other resources on the Web, and informational documents like the *NPI Fact Sheet*.

NPI Transition: Confirm *Mail To* Address Is Current

As part of the NPI transition project, the IHCP is scheduled to mail notification letters advising providers that they must start reporting their NPI to the IHCP when the NPI Reporting Tool is implemented on July 27, 2006. This letter will contain important instructions on how providers are to report their NPI to the IHCP. It is imperative that all providers have a current *Mail To* address (where they currently receive their IHCP correspondence) on file with the IHCP. It is recommended that if a provider's *Mail To* address has changed at any time, the provider should confirm with the IHCP that the address is current.

To verify the *Mail To* address on file with the IHCP, providers can logon to Web interChange at <https://interchange.indianamedicaid.com>. Once in Web interChange, access the **Provider Profile** section and verify the *Mail To* information. Providers can also verify their *Mail To* address by calling the EDS Provider Enrollment/Waiver line at 1-877-707-5750.

If your *Mail To* address is incorrect you can download the *Provider Update Form* from the *Provider Services* section of the IHCP Web site. The form is available as an Acrobat (pdf) file at <http://www.indianamedicaid.com/ihcp/ProviderServices/pdf/ProviderUpdate.pdf> or as a Word file at <http://www.indianamedicaid.com/ihcp/ProviderServices/pdf/ProviderUpdate.doc>. Providers should complete sections 1 and 4, and have an authorized official sign the last page. If you do not have Web access, the *Provider Update Form* may be requested from the EDS Provider Enrollment/Waiver line.

If you do not have access to Web interChange you can request access by going to the *Welcome to Web interChange* page at <https://interchange.indianamedicaid.com/Administrative/logon.asp> and selecting the **How to Obtain an ID** link.

Pharmacies and Prescribing Providers

Pharmacy Claims Adjustment

After a post-payment review of claims, EDS, the IHCP pharmacy claims processor, discovered an overpayment affecting pharmacy claims submitted between October 1, 2005, and February 9, 2006, for over-the-counter (OTC) insulin. These claims reimbursed at average wholesale price (AWP) minus 13.5 percent or the provider's actual billed amount, whichever was less. The claims should have reimbursed at AWP minus 16 percent or the provider's actual billed amount, whichever was less. Providers do not need to take action. The affected claims will be systematically adjusted beginning on July 20, 2006. Providers should direct questions about this mass adjustment to the EDS Pharmacy Services Help Desk at (317) 655-3240, in the Indianapolis local area, or 1-800-577-1278. Press option 1 for pharmacy.

State MAC Rate Update

Effective June 30, 2006, State Maximum Allowable Cost (MAC) rates for the drugs in Table 3 will be **decreased**.

Table 3 – State MAC Rates Decreased, Effective June 30, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
ALLOPURINOL 100 MG TABLET	0.05367	METHYLPHENIDATE 5 MG TABLET	0.09843
AMANTADINE 100 MG CAPSULE	0.24807	MORPHINE SULF 30 MG TAB SA	0.59193
BENZAEPRIIL HCL 20 MG TABLET	0.09666	MORPHINE SULF ER 15 MG TABLET	0.30378
CICLOPIROX 0.77% CREAM	0.66993	OXYCODONE/APAP 5/325 TAB	0.05633
CYANACOBALAMIN 1,000 MCG/ML	0.36936	PROCHLORPERAZINE 10 MG TAB	0.07245
HYDROCHLOROTHIAZIDE 25 MG TB	0.01995	SILVER SULFADIAZINE 1% CREAM	0.08165
KETOCONAZOLE 2% CREAM	0.44325	SOTALOL HCL 80 MG TABLET	0.14751
METFORMIN HCL ER 500 MG TAB	0.07771		

Direct questions regarding the State MAC for legend drugs to the Myers and Stauffer Pharmacy Unit at (317) 816-4136 in the Indianapolis local area, or 1-800-591-1183, or e-mail at pharmacy@mslc.com.

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