



All Providers

Additional Codes for 2006 July Quarterly HCPCS Codes Update Determined to be Non-Covered

The purpose of this article is to notify providers of the coverage determinations for additional codes with the 2006 July Quarterly Update to the Healthcare Common Procedure Coding System (HCPCS) codes. The new codes are identified in Table 1 by procedure code, description, and program coverage status. Providers may bill these codes on or after the effective date of July 1, 2006, for the new July HCPCS codes. Refer to the Indiana Health Coverage Programs (IHCP) banner [BR200628](#) for further information regarding the 2006 July Quarterly HCPCS Codes Update. The standard global billing procedures and edits apply when using the new codes. These 2006 July quarterly HCPCS codes were announced in the Centers for Medicare & Medicaid Services (CMS) *Manual System Pub 100-04 Medicare Claims Processing Transmittal 970*, dated May 30, 2006, and may be accessed at <http://www.cms.hhs.gov/transmittals/downloads/R970CP.pdf>.

*Note: As used in the following table, non-covered indicates that the IHCP does **not** cover the service described in the code; non-reimbursable indicates that the service described in the code is either billable under another code, or is part of global billing.*

Table 1 – Additional Codes for 2006 July Quarterly HCPCS Codes Update,
Effective for Dates of Service On or After July 1, 2006

| Procedure Code | Description | Coverage |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0155T | Laparoscopy, surgical, implantation or replacement of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity) | Non-Reimbursable for All Programs, Non-Reimbursable for Package C IHCP provides reimbursement for this service to providers billing HCPCS Code S2213. |
| 0156T | Laparoscopy, surgical, revision or removal of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity) | Non-Reimbursable for All Programs, Non-Reimbursable for Package C IHCP provides reimbursement for this service to providers billing HCPCS Code S2213. |
| 0157T | Laparotomy, implantation or replacement of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity) | Non-Reimbursable for All Programs, Non-Reimbursable for Package C IHCP provides reimbursement for this service to providers billing HCPCS Code S2213. |
| 0158T | Laparotomy, revision or removal of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity) | Non-Reimbursable for All Programs, Non-Reimbursable for Package C IHCP provides reimbursement for this service to providers billing HCPCS Code S2213. |
| 0159T | Computer aided detection, including computer algorithm analysis of magnetic resonance imaging (MRI) image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI | Non-Covered for All Programs, Non-Covered for Package C Service remains in Clinical Studies |
| 0160T | Therapeutic repetitive transcranial magnetic stimulation treatment planning | Non-Covered for All Programs, Non-Covered for Package C Service remains in Clinical Studies |
| 0161T | Therapeutic repetitive transcranial magnetic stimulation treatment delivery and management, per session | Non-Covered for All Programs, Non-Covered for Package C Service remains in Clinical Studies |

Direct questions about this article to Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll free at 1-800-577-1278.

Claims Coding Updates

Effective for dates of service on or after October 1, 2006, International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) code 654.53 – *Cervical incompetence, Antepartum* is added to the Emergency Department Diagnosis Codes table in the [IHCP Provider Manual, Chapter 8, Section 2](#).

Providers submitting a claim past the one-year filing limit must re-submit the claim with a copy of this banner.

Effective for dates of service on or after December 1, 2006, Current Procedural Terminology (CPT) code 89220 – *Sputum, obtaining specimen, aerosol induced technique* may be billed with revenue code 309 – *Lab/Other*. Pricing for 89220 has been changed from manual pricing to the Resource-Based Relative Values Scale (RBRVS)/Maximum Fee Schedule reimbursement rate of \$10.65.

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Children’s Health Month 2006, Webcasts

To celebrate Children’s Health Month 2006, the U.S. Environmental Protection Agency Office of Children’s Health Protection and Environmental Education (OCHPEE) is holding a series of Webcasts on topics related to healthy school environments.

Join one or more Webcasts to see what you can do to create a healthier school environment.

- Chemical Management in Schools: October 19, 2006, 2-3 p.m., EDT
- Healthy School Environments Assessment Tool (Healthy SEAT): October 26, 2006, 1:30-3 p.m., EDT

Visit <http://yosemite.epa.gov/ochp/ochpweb.nsf/content/chm.htm> to learn how to sign up for a Webcast.

All Managed Care Providers

ALERT TO ALL PRIMARY MEDICAL PROVIDERS (PMPs)

If you do not enroll or re-enroll with Anthem, MHS, or MDWise by November 1, 2006 you will lose your Hoosier Healthwise members. For information about the managed care organizations (MCOs) and plan information, visit the IHCP Web site at <http://www.indianamedicaid.com/ihcp/HOOSIERHEALTHWISE/content/documents/TR559-HoosierHealthwisePMPNotificationLetter.pdf>.

All Pharmacy Providers

State Maximum Allowable Cost Updates

Effective for dates of service on or after October 31, 2006, State Maximum Allowable Cost (State MAC) rates are increased for the drugs in Table 2.

Table 2 – Increases to the State MAC Legend Drug Rates
Effective for Dates of Service On or After October 31, 2006

| Drug Name | State MAC Rate | Drug Name | State MAC Rate |
|-----------------------------------|----------------|---------------------------------|----------------|
| BENAZEPRIL-HCTZ 10/12.5 MG TABLET | 0.21315 | TRIAMCINOLONE 0.1% DENTAL PASTE | 4.53920 |
| LEVOTHYROXINE 137 MCG TABLET | 0.50733 | | |

Effective for dates of service on or after December 1, 2006, the drugs in Table 3 are added to the State MAC for Legend Drugs Rate List.

**Table 3 – Additions to the State MAC for Legend Drugs,
Effective for Dates of Service On or After December 1, 2006**

| Drug Name | State MAC Rate | Drug Name | State MAC Rate |
|---------------------------|----------------|----------------------------|----------------|
| CABERGOLINE 0.5 MG TABLET | 27.61920 | NICOTINE 21 MG/24 HR PATCH | 5.53670 |

Effective for dates of service on or after December 1, 2006, the State MAC rates are decreased for the drugs in Table 4.

**Table 4 – Decreases to the State MAC Legend Drug Rates
Effective for Dates of Service On or After December 1, 2006**

| Drug Name | State MAC Rate | Drug Name | State MAC Rate |
|--------------------------------|----------------|-----------------------------------|----------------|
| AMPHETAMINE SALTS 20 MG TABLET | 0.28659 | LISINOPRIL-HCTZ 20/12.5 MG TABLET | 0.11991 |
| CLONAZEPAM 0.5 MG TABLET | 0.02192 | POLYETHYLENE GLYCOL 3350 POWDER | 0.04120 |
| DESOXIMETASONE 0.25% CREAM | 0.50515 | | |

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

Medicare Part D – Prescription Niacin Products

Effective January 1, 2007, CMS considers all prescription niacin products as drugs to be covered under the Medicare Part D benefit. Therefore, effective January 1, 2007, Indiana Medicaid will **not** cover these products for Medicare Part D eligible members.

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