B A N N E R P A G E

BR200727 JULY 3, 2007

All Providers

Rates for Healthcare Common Procedure Coding System 36416 and 36540

Rates have been established for Healthcare Common Procedure Coding System (HCPCS) code 36416 – *Collection of Capillary blood specimen* and code 36540 – *Collection of blood specimen from a completely implantable venous access device*. The rates are effective for dates of service on or after August 1, 2007. The max fee rate for 36416 and 36540 will be $3.

Clinical Lab Mass Adjustment

Banner page *BR200540* included a list of lab procedure codes subject to a mass adjustment. Some of the claims included in the mass adjustment were priced according to the lab fee instead of the max fee.

The Indiana Health Coverage Plans (IHCP) identified the claims and a mass adjustment was initiated to correct the pricing on the affected claims. The mass adjusted claims appeared on RAs beginning June 19, 2007.

Unit and Age Limitations on Inpatient Neonatal and Pediatric Critical Care Services

The Surveillance and Utilization Review (SUR) Department identified potential utilization concerns related to providers inappropriately billing multiple units of Current Procedural Terminology (CPT®) codes related to inpatient neonatal and pediatric critical care services. This article clarifies the IHCP policy regarding these codes. The following list identifies each code and the appropriate age and unit limitations:

- CPT Code 99298, *Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)*. This CPT code is limited to one unit per day.
- CPT Code 99300, *Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight less than 2501-5000 grams)*. This CPT code is limited to one unit per day.
- CPT Code 99295, *Initial neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less*. This CPT code has an age limit of 0-1 year of age. This CPT code is limited to one unit per day.
- CPT Code 99296, *Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less*. This code has an age limit of 0-1 year of age. This CPT code is limited to one unit per day.
- CPT Code 99293, *Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age*. This code has an age limit of 0-2 years of age. This CPT code is limited to one unit per day.
- CPT Code 99294, *Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age*. This code has an age limit of 0-2 years of age. This CPT code is limited to one unit per day.

SUR is advising all providers to review and ensure appropriate billing of units for this range of services. To recoup overpayments, the SUR Department is conducting a review of these claims. If a provider identifies overpayments related to such errors, the provider should file an adjustment or contact the SUR Department at (317) 347-4500 in the Indianapolis local area, or toll-free at (800) 457-4515 to arrange for repayment of inappropriate reimbursement.

Providers rendering services under the risk-based managed care (RBMC) program should also follow IHCP policy and CPT coding guidelines when billing these procedure codes. Claims billed with multiple units on the same day for members enrolled in the RBMC program may be subject to recoupment by the managed care organizations (MCOs).

Deficit Reduction Act of 2005: HCPCS and National Drug Code (NDC) Requirement Reminder – Correction and Update to Bulletin BT200713

Bulletin *BT200713* specified an implementation date of August 1, 2007, for the inclusion of National Drug Codes (NDCs) for certain procedure codes on professional claim types, including the paper CMS-1500 and electronic 837P. This requirement affects all professional claim types with a date of service on or after August 1, 2007, regardless of the date of submission.

Table 1 of *BT200713* represents a list of procedure codes that require the submission of the product NDC, NDC Unit Qualifier, and NDC quantity, along with the procedure code and procedure code billing units. The following table includes six additional codes that have been added to this list.

Table 1 – Additional Procedure Codes Requiring NDC Information

Procedure Code	Description
J1324	INJECTION, ENFUVIRTIDE, 1 MG
J3243	INJECTION, TIGECYCLINE, 1 MG
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR, PER IU VWF:RCO
Q4083	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PERDOSE
Q4084	HYALURONAN OR DERIVATIVE, SYNVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE
Q4086	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE

To All Durable Medical Equipment (DME) and Home Medical Equipment (HME) Providers

IHCP Coverage of Standers

Effective January 1, 2006, providers submitting claims for HCPCS code E0641, *Standing frame system, multipositional (e.g., three-way stander), any size including pediatric, with or without wheels*, will be reimbursed a max fee price of $2,102 for new pricing (NU) and $140 for rental pricing (RR). Providers desiring the new pricing rate for previously submitted claims for E0641 will need to submit replacement claims.

One-positional standers are currently reimbursed under HCPCS code E0638, *Standing frame system, one positional (e.g., upright, supine, or prone stander), any size including pediatric, with or without wheels.* No changes are being made to the reimbursement or coverage of HCPCS code E0638.

One-positional and multi-positional standers require prior authorization. Criteria for standers are located in bulletin *BT200027*.

Effective August 1, 2007, HCPCS code E0642, *Standing Frame system, mobile (dynamic stander), any size including pediatric*, will be non-covered. The IHCP does not cover dynamic standers.

Reimbursement Rate for HCPCS Code L5685

This is to notify all DME and HME providers of the change to the reimbursement rate for HCPCS code L5685, *Addition to lower extremity prosthesis, below knee, any*. Code L5685 is manually priced; however, effective August 15, 2007, the reimbursement rate will be $103.32 per unit. All billing requirements will remain the same.

All Hospice Providers

Mass Adjustment - Hospice Claims Paying Double the Long-Term Care Rate

Hospice claims submitted between January 1, 2006, and May 4, 2007, were inappropriately reimbursed by paying double the long-term care rate creating an overpayment. The claims affected will be adjusted on the remittance advice (RA) dated August 21, 2007. EDS will be adjusting the affected claims. Providers do not need to take any action.

All Hospital Providers

Please refer to the IHCP Web site at http://www.indianamedicaid.com for an important message regarding changes to the Hospital Care for the Indigent Program.

All Pharmacy and Prescribing Providers

Reinstatement of Coverage for National Drug Codes Deleted from the CMS Medicaid Drug Rebate Master File

Banner Page *BR200703* announced changes to the coverage of certain products that the Centers for Medicare & Medicaid Services (CMS) determined to be non-reimbursable in the Indiana Medicaid fee-for-service pharmacy program. Based on a CMS policy clarification, coverage of the products in Table 2 will be reinstated July 1, 2007. Product coverage is subject to current program rules and restrictions.

Table 2 – Reinstated National Drug Codes Effective July 1, 2007

NDC	Description	NDC	Description
00121-0530	Ferrous Sulf. Liq	24385-0528	Ferrous Sulf Slow
00182-1201	Ferrous Sulf. Elixir	24385-0630	Ferrous Sulf Soln Drops
00182-4028-01	Ferrous Sulf Tab	24385-0875	Ferrous Sulf Iron Tabs
00182-4028-10	Ferrous Sulf Tab	49483-0008	Ferrous Sulf
00182-4028-89	Ferrous Sulf Tab	50383-0630	Ferrous Sulf Soln Drops
00182-4029	Ferrous Sulf Tab	50383-0778	Ferrous Sulf Elixir
00182-4030	Ferrous Sulf Tab	52569-0466	Ferrous Sulf Blister Pack
00182-4082	Ferrous Gluconate Tab	52735-0019	Vit Ferrous Sulf
00182-4476	Slow Fe	52735-0360	FP Ferrous Sulf Slow
00245-0061	Ferrous Gluconate Tab	54738-0091	Ferrous Sulf Tab
00245-0108-01	Ferrous Sulf Enteric Coated Tab	54838-0001	Ferrous Sulf Elixir
00245-0108-10	Ferrous Sulf Enteric Coated Tab	54838-0002	Ferrous Sulf Drops
00472-1465	Ferrous Sulf Elixir	59743-0801	Ferrous Sulf Tab
00536-0650	Ferrous Sulf Elixir	60258-0182	Ferrous Fumerate
00536-3478	Ferrous Sulf	60432-0057	Ferrous Sulf Drops
00574-0508	Ferrous Gluconate	60432-0066	Ferrous Sulf Elixir
00574-0608	Ferrous Gluconate EC	62107-0044	Ferrous Sulf
00603-0179	Ferrous Sulf	63739-0102	Ferrous Sulf
00603-0762	Ferrous Sulf Drops	63739-0259	Ferrous Sulf
00603-0763	Ferrous Sulf Elixir	63868-0682	Ferrous Sulf
00677-0069	Ferrous Gluconate	00904-5118	Pediatric Electrolyte Fruit Flavor
00677-0070	Ferrous Sulf	00904-5119	Pediatric Electrolyte Bubblegum
00677-0071	Ferrous Sulf	00904-5276	Pediatric Electrolyte Grape Dyed
00677-0527	Ferrous Sulf	00904-7659	Pediatric Electrolyte Soln Unflavored
00677-0990	MultiFerrous Folic	00904-7660	Pediatric Electrolyte Soln Fruit Flavor
17714-0024	Ferrous Sulf Tab	00904-7850	Pediatric Electrolyte Bubblegum

Table 2 – Reinstated National Drug Codes Effective July 1, 2007

NDC	Description	NDC	Description
24385-0137	Iron Tabs, Ferrous Sulf	66977-0222	Oramagicrx

State Maximum Allowable Cost (MAC) Updates

Due to new legislation, effective July 1, 2007, changes to the State MAC rate schedule will no longer be published in the banner pages or bulletins. Providers must refer to the State MAC Web site at www.mslcindy.com for updated rate schedules. Updated State MAC rate schedules are posted 30 days prior to the effective date of changes.

Direct any questions regarding the State MAC for legend drugs to the Myers and Stauffer pharmacy unit at (317) 816-4136, toll-free at (800) 591-1183, or e-mail at pharmacy@mslc.com.

All Vaccine for Children Providers

Effective immediately and retroactive to February 1, 2007, the IHCP will reimburse providers for CPT code 90649, *Human Papilloma Virus (HPV) Vaccine* for members 9 to 18 years of age. Vaccine for Children (VFC) providers are voluntarily asked to bill for HPV vaccine according to the source of the stock. IHCP encourages providers to use VFC HPV vaccine, but if an IHCP VFC provider is not able to obtain enough VFC vaccine to immunize appropriately and has private stock available, the provider may submit the claims to EDS with charges appropriate to the source of the vaccine. VFC immunization vaccine stock should be billed at the $8 administration fee and private stock may be billed using the provider's usual and customary charge (UCC) for CPT code 90649, *Human Papilloma Virus (HPV) Vaccine.*

Submit claims for 90649 for all IHCP programs to EDS for reimbursement. The vaccine procedure code 90649 will be carved-out of RBMC until December 31, 2007; however, the MCOs will maintain responsibility for reimbursement of any associated services including an administration code or evaluation and management code that is billed on the same date of service as the vaccine. IHCP will continue to investigate and monitor HPV immunization for women 19 to 26 years of age.

Contact Information

If you have questions about the articles published in this banner page, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278, unless otherwise noted.

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