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All Providers

Maximum Fee Rates for Contrast Material

The revised Indiana Health Coverage Programs (IHCP) Maximum Fee Rates for the Healthcare Common Procedure Coding System (HCPCS) codes listed below are effective for claims with dates of service on or after September 1, 2008. Claims submitted with a date of service prior to September 1, 2008 will continue to be manually priced.

Table 1 – Maximum Fee Rates for Contrast Material

Code	Description	Maximum Fee
Q9965	Low osmolar contrast material, 100-199 mg/ml Iodine concentration, per ml	\$1.42 per ml
Q9966	Low osmolar contrast material, 200-299 mg/ml Iodine concentration, per ml	\$.41 per ml
Q9967	Low osmolar contrast material, 300-399 mg/ml Iodine concentration, per ml	\$.19 per ml

eHealth Support Center

The Indiana Family and Social Services Administration (FSSA) published the following news release on June 20, 2008.

FSSA Announces Indiana Flood Victims eHealth Support Center

INDIANAPOLIS (June 20, 2008) - Today, the Indiana Family and Social Services Administration (FSSA) announced the creation of the Indiana Flood Victims eHealth Support Center (1-877-788-5888) as a part of the relief effort for disaster victims across the state. This support center will provide doctors with medical information of flood victims, to the extent obtainable, for treatment purposes. FSSA is leading the effort between the Regenrief Institute, Indiana Health Information Exchange (IHIE), who is handling the calls, and Electronic Data Systems (EDS).

"Governor Daniels called upon state government to assist the disaster victims in any and all ways possible. The support center is just one of several initiatives taking place to help Hoosiers get back on their feet," said FSSA Secretary Mitch Roob. "With the eHealth Support Center, we will be able to give providers all the information we have available in a timely manner, resulting in a higher quality of care for patients."

Medical information is being made available through the Indiana Network for Patient Care (INPC). The INPC is a secure clinical data repository that is populated with healthcare information in collaboration with central Indiana hospitals, outpatient centers, pharmacies, imaging centers, laboratories, public health departments and insurance providers.

"We are pleased to be able to support flood evacuees and their doctors in this time of need," said Dr. J. Marc Overhage, Director of Medical Informatics at the Regenrief Institute, Inc. and President/CEO of the Indiana Health Information Exchange. "The ability to provide medical information that would otherwise be lost or inaccessible is going to make a difference in the care of many Hoosiers. We applaud FSSA in making this collaboration a reality."

Calls will be taken 24 hours a day, seven days a week. Requests that are made to the Indiana Flood Victims eHealth Support Center (1-877-788-5888) during business hours (7:00am - 5:00 pm EST) will be processed within one hour. Calls made after hours will be processed the next business day.

For additional information about the eHealth Support Center, patients and physicians should visit:

www.ihie.com/indianaflood. For more information on disaster relief efforts visit: www.emergency.in.gov. For more information about FSSA, visit: www.fssa.in.gov. For more information about EDS, visit: www.eds.com. Additional information about the Indiana Health Information Exchange may be found at: www.ihie.com. Information about the Regenrief Institute is available at: www.regenrief.org.

Media contact: Elizabeth Surgener, 317-232-1149 or e-mail: Elizabeth.Surgener@fssa.in.gov.

Coverage of Lucentis™ and Visudyne™

Effective January 1, 2008, the IHCP provides coverage of Lucentis (J2778) and Visudyne (J3396). Providers should indicate the appropriate National Drug Code (NDC) and the number of units administered on the claim, or the claim will be denied.

Changes to Targeted Case Management Services

The Office of Medicaid Policy and Planning (OMPP) is submitting a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) detailing changes to Targeted Case Management (TCM) Services that are necessary to comply with the Federal Interim Final Rule published in the Federal Register December 4, 2007.

The OMPP will provide further communication regarding the specific changes being made to each TCM service in future bulletins, newsletters, and/or provider manual updates. Indiana has five TCM target groups. The TCM Groups, as specified within the State Plan, are those Medicaid enrollees determined to have:

- High-risk pregnancies
- Human immunodeficiency virus (HIV)
- Diagnosis of serious mental illness or seriously emotionally disturbed (SED)
- Developmental disability (DD)
- Nursing facility level-of-care (LOC) criteria

Procedure Codes Billable to Medicare as Primary

The OMPP has determined that the following codes will be end-dated on the Medicare Procedure Bypass Table with the end date of May 31, 2007. Claims with dates of service of June 1, 2007, and after must be first submitted to Medicare for payment. If Medicare denies the claim, submit it to Medicaid with a copy of the Medicare denial for processing.

- A4357-Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
- A4361-Ostomy faceplate, each
- A4362-Skin Barrier, solid, 4 X 4 or equivalent, each
- A4363-Ostomy clamp, any type, replacement only, each
- A4364-Adhesive, liquid or equal, any type, per oz
- A4365-Adhesive remover wipes, any type, per 50
- A4367-Ostomy belt, each
- A4369-Ostomy skin barrier, liquid (spray, brush, etc.), per oz
- A4380-Ostomy pouch, urinary, with faceplate attached, rubber
- A4390-Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece) each
- A4402-Lubricant, per ounce
- A4404-Ostomy ring, each
- A4430-Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece) each
- A5051-Ostomy pouch, closed; with barrier attached (1 piece), each
- A5052-Ostomy pouch, closed; without barrier attached (1 piece), each
- A5053-Ostomy pouch, closed; for use on faceplate, each
- A5054-Ostomy pouch, closed; for use on barrier with flange (2 piece), each
- A5061-Ostomy pouch, drainable; with barrier attached, (1 piece), each
- A5063-Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each

All Optometrists

Changes to Healthcare Common Procedure Coding System Codes for Specialty 180

Providers with Specialty 180 may bill HCPCS code 92025 – *Corneal Topography* effective for claims with a date of service on or after January 1, 2007. Re-submit claims that previously denied using the normal claims submission process. For claims that are past the one-year filing limit, submit the claims along with a copy of this banner page article to the following address:

EDS HCFA 1500 Claims
P. O. Box 7269
Indianapolis, In 46207-7269.

All Durable Medical Equipment Providers

Changes to Healthcare Common Procedure Coding System Codes for Specialty 250

Providers with Specialty 250 may bill HCPCS code L3929 – *Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment* effective for claims with a date of service on or after January 1, 2008. Providers may also bill HCPCS code L3956 – *Addition of joint to upper extremity orthosis, any material; per joint* effective for claims with a date of service on or after November 1, 2004. Re-submit claims that previously denied using the normal claims submission process. For claims that are past the one-year filing limit, submit the claims along with a copy of this banner page article to the following address:

EDS HCFA 1500 Claims
P. O. Box 7269
Indianapolis, In 46207-7269.

Mass Adjustment of DME Claims – Incontinence, Ostomy, and Urological Supplies

Per bulletin [BT200815](#), the IHCP has contracted with three vendors to provide incontinence, ostomy, and urological supplies, effective June 1, 2008. Beginning May 28, 2008, claims submitted for these supplies by non-contracted providers may have denied inappropriately for edit 3001 – *Date(s) of service not on PA database*. These claims are being systematically adjusted and reprocessed. Providers began seeing affected claims on their RA statements June 10, 2008.

All Durable Medical Equipment, Speech Therapy, and Occupational Therapy Providers

Rate Change for Speech Generating Devices

Effective May 12, 2008, the Indiana Health Coverage Programs (IHCP) increased the reimbursement rate for code E2506 – *Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time*. The previous rate was \$1,850.37; the revised rate is \$2,212.79. Prior authorization requirements remain the same.

All Laboratory Providers

Rate Change for Test

The IHCP Max Fee Rate for Current Procedural Terminology (CPT¹) 82274 – *Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations*, will be modified to \$22.22. The new rate is effective for outpatient UB-04 and CMS 1500 claims with dates of service on or after August 15, 2008.

¹ Current Procedural Terminology (CPT) is copyright 2007 American Medical Association. All Rights Reserved.

All Federally Qualified Health Centers and Rural Health Clinics

Encounter Code Updates

Effective June 16, 2008, the CPT and Healthcare Common Procedure Coding System (HCPCS) codes shown in Table 2 were **added as valid** Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) encounter codes for dates of service on or after January 1, 2008.

Table 2 – Encounter Codes Added

0178T	0179T	0180T	10121	11406	11732	21073	27267	27767	27768	32421
32422	32551	51100	51101	57455	60300	67229	68816	76817	76830	90769
90770	90771	90776	96150	96151	96152	96154	96155	D9220		

FQHC and RHC providers who have billed and received denials for these codes for claims with dates of service on or after January 1, 2008, should resubmit those claims.

Effective January 1, 2008, the following CPT and HCPCS codes **are no longer valid** FQHC/RHC encounter codes and will be removed from the list of valid codes: 32002, 32020, L1001, and S0180.

The valid FQHC/RHC encounter code list is reviewed periodically for new and end-dated CPT and HCPCS codes and is available on the Myers and Stauffer Web site at www.mslcindy.com. Please direct questions about the information in this article to Tim Guerrant, at Myers and Stauffer, LC at (317) 846-9521.

Outpatient Providers

Mass Adjustment of Diagnostic Radiopharmaceutical Claims

Effective January 1, 2006, HCPCS code A9562 – *Technetium TC-99M Mertiatide, diagnostic, per study dose, up to 15 millicuries* has been linked to revenue code 343 – *Diagnostic radiopharmaceuticals*.

Outpatient claims that previously denied for explanation of benefit (EOB) 520 – *Invalid revenue code and procedure code combination – please verify and resubmit* will be mass adjusted and reprocessed. Impacted claims will appear on remittance advice (RA) statements the week of June 30, 2008.

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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