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All Providers

Centers for Medicare & Medicaid Services Issues Quarterly Updates

The Centers for Medicare & Medicaid Services (CMS) has published the July Quarterly Updates with new and revised codes. Tables 1 through 3 outline the coverage and pricing for each of the codes. Table 1 shows the deleted codes effective December 31, 2007; Table 2 shows the new Healthcare Common Procedure Coding System (HCPCS) coverage and pricing; and Table 3 provides the modifier.

Table 1 – Deleted Codes

HCPCS code	Description	End Date
G0377	Administration of vaccine for Part D drug	December 31, 2007
G0297	Insertion of single chamber pacing cardioverter defibrillator pulse generator	December 31, 2007

Table 2 – New HCPCS Coverage and Pricing

HCPCS Code	Description	IHCP Rate	Comments
C9242	Injection, fosaprepitant, 1mg	$1.90	Effective July 1, 2008 NDC 00006-3884-32
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (Tenoglide Tendon Protector Sheet), per square centimeter	Manual pricing	Effective July 1, 2008
C9357	Dermal substitute, granulated cross-linked collagen and glycosaminoglycan matrix (flowable Wound Matrix), 1cc	Manual pricing	Effective July 1, 2008
C9358	Dermal substitute, native, non-denatured collagen (SurgiMend Collagen Matrix), per 0.5 square centimeter	Manual pricing	Effective July 1, 2008
G0398	Home sleep study test (HST) with Type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort, and oxygen saturation	Not covered	Effective March 13, 2008
G0399	Home sleep test (HST) with Type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation	Not covered	Effective March 13, 2008
G0400	Home sleep test (HST) with Type IV portable monitor, unattended; minimum of 3 channels	Not covered	Effective March 13, 2008

Table 3 – Modifier

HCPCS Code	Description	Coverage	Effective Date
CG	Policy Criteria Applied	C	July 1, 2008

Environmental Lead Investigations

Effective August 1, 2008, for dates of service on or after August 1, 2005, the Indiana Health Coverage Programs (IHCP) will reimburse providers for an initial environmental lead investigation, a follow-up environmental lead investigation, and case management services for members under the age of seven (7) with a confirmed elevated blood lead level (EBLL). Elevated blood lead level is defined by *Indiana State Department of Health, 410 IAC 29-1-13*, as a blood level of ten (10)µg/dL or higher. Providers may submit claims for services that have been rendered on or after August 1, 2005.

Prior Authorization Requirements

Environmental lead investigation and case management services currently do not require prior authorization for billing. However, providers must adhere to current *Indiana State Department of Health, 410 IAC* guidelines.

Billing Requirements

Billing providers must be enrolled in the IHCP as provider type 13 - Public Health Agency and specialty 130 - County Health Department. Licensed risk assessors or lead inspectors, as defined in *410 IAC 29-1*, are not recognized as IHCP billing providers. These providers must work with the appropriate health departments.

These services are considered to be "carved out" from Risk-Based Managed Care, and all claims must be submitted for billing to EDS using the following guidelines for appropriate reimbursement.

Environmental Lead Investigations

Please refer to Table 4 below for procedure codes and rates. Effective for dates of service on or after August 1, 2005, the HCPCS code T1029- *Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling* has been assigned for the initial lead investigation and reimburses at a rate of $282.85. Follow-up investigation is billed using T1029 and modifier TS, *follow-up service*, and reimburses at a rate of $101.32. Providers may begin billing these procedure codes for date of service on or after August 1, 2005.

Lead Case Management

Please refer to Table 4 below for procedure codes and rates. Effective for dates of service on or after August 1, 2005, the HCPCS code T1016 - *CASE MANAGEMENT, each 15 MINUTES- LEAD* with modifier EP has been assigned specifically for lead case management. Providers may begin billing this procedure code along with the modifier for date of service on or after August 1, 2005. Reimbursement is limited to 6 units or less for the initial home visit. For the additional case management services, reimbursement is limited to no more than 4 units per month for a period equal to the lesser of a) 6 months from the date of confirmed EBLL is documented, or b) case closure as set out in *410 IAC 29-2-2*. A reimbursement rate of $8.84 per unit has been assigned for this service.

Table 4 – Procedure Codes and Rates

Procedure Code	Description of Service	Reimbursement Rate
T1029	Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling (initial)	$282.85
T1029 TS	Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling (follow-up)	$101.32
T1016 EP	Case management each 15 minutes (lead)	$8.84 per unit

Effective August 1, 2008, providers may resubmit denied claims with dates of service on or after August 1, 2005, to EDS. For claims beyond the one-year filing limit, providers must attach a copy of this banner to each claim for proper processing.

Healthy Indiana Plan Enhanced Services Plan

Bulletin *BT200730* introduced the Healthy Indiana Plan (HIP) implemented on January 1, 2008. This article is intended to clarify that all IHCP-enrolled providers can accept and treat patients enrolled in the Enhanced Services Plan (ESP) component of the HIP. Providers do not sign any contracts with the HIP plan insurers in order to accept HIP ESP patients. Therefore, all IHCP-enrolled providers are included in the "network" for ESP members and are encouraged to accept new patients enrolled in the HIP ESP.

Mail claims for ESP members to Affiliated Computer Services (ACS) at the following address:

ACS – Attention ESP Claims Processing
P.O. Box 33077
Indianapolis, IN 46203-0077

Services to ESP members are reimbursed generally at Medicare rates. Additional information regarding the HIP can be found at www.hip-esp.org and in the *IHCP Provider Manual, Chapter 2, Section 7*. The manual can be found on the Web at http://www.indianamedicaid.com/ihcp/Publications/manuals.htm. You may also send questions by e-mail to hipinfo@fssa.in.gov.

All Pharmacy Providers and Prescribing Practitioners

Utilization Edits

On June 19, 2007, the Mental Health Quality Advisory Committee's (MHQAC's) recommended utilization edits for mental health medications were implemented. Please refer to Provider Bulletin *BT200709*. The utilization edits are reviewed quarterly and the following changes and additions in Table 5 will be effective October 20, 2008.

Table 5 – Updates to Utilization Edits

Name of Medication and Strength	Utilization Edit
Lexapro 20mg tablet	One and a half per day
Luvox CR 100mg, 150mg capsules	Two per day
Pristiq 50mg, 100mg tablets	One per day
Sarafem 10mg, 20mg tablets	One per day
Vyvanse 20mg, 40mg, 60mg capsules	One per day

Fee-for-Service and Risk-Based Managed Care Patients Receiving Concurrent Oral Risperidone and Oral Invega

As of Friday, October 10, 2008, claims that involve concurrent use of oral Risperidone and oral Invega® will be denied. The MHQAC reviewed the matter and determined that concurrent use of the products is not recommended, and currently no clinical justification exists for the concurrent use of these products. Prior authorization (PA) requests for concurrent use, except for requests involving "false positives," will be denied. If a "false positive" occurs, pharmacy providers may contact the appropriate plan for a prior authorization. This policy will be implemented for Traditional Medicaid fee-for-service and risk-based managed care programs.

Table 6 – PA Contact Information

Traditional Medicaid	Anthem
Telephone: 1-866-879-0106 Fax: 1-866-780-2198	Telephone: 1-877-652-1223 Fax: 1-866-408-7103
Managed Health Services	**MDwise**
Telephone: 1-866-399-0928 Fax: 1-866-399-0929	Telephone: 1-800-558-1655 Fax: 1-877-234-4274

Dental Providers

Dental Paper Claim Form Billing Clarification

Provider bulletin *BT200705* outlined the new American Dental Association (ADA) 2006 paper claim form changes and requirements. All ADA 2006 Dental claim forms must contain the billing provider national provider identifier (NPI) in form locator 49. Group practices (those with multiple dentists) are required to indicate the rendering provider NPI in form locator 54.

BT200705 states form locator 50, which is labeled *License Number*, is to contain the billing provider legacy provider identifier (LPI). Claims that contain any number other than the billing provider LPI are returned to the provider unprocessed. Currently, claims are processed when the NPI and LPI are indicated on the paper claim form. In the future, claims will be denied when the LPI is present on the claim. To assist providers with the upcoming transition, the IHCP recommends that form locator 50 remain blank.

All Home Health Providers

Clarification about Payment of Initial Therapy Evaluations

This is clarification of banner pages *BR200830* and *BR200831* regarding physical therapy evaluations and re-evaluations. Please disregard the following statement, "*Home health providers are notified to cease providing initial therapy evaluations until such time as the home health rule change is implemented to permit payment.*"

At this time the Indiana*AIM* processing system is not appropriately reimbursing for those services. The IHCP Policy Unit is currently working to resolve this issue. Further information will be forthcoming.

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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