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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

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 4 will be effective October 20, 2008.

Table 4 – 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 5 – 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 of Billing for Non-waiver Services

Home and Community-Based Services (HCBS) Waiver providers who are also enrolled as non-waiver Medicaid providers must report the billing taxonomy code on all claims for non-waiver services. The billing taxonomy code should be indicated in box 33b of the CMS-1500 claim form and must be preceded by the "ZZ" qualifier. Claims submitted without the taxonomy code for non-waiver services will be processed under your HCBS Waiver billing LPI and will deny with edit 1012 – *Rend Prov Specialty not Eligible to Render Proc Code*. Claims that deny with this edit must be resubmitted with the billing taxonomy code.

As a reminder, claims for waiver services may be submitted with the LPI only; the NPI is not required for these claims.

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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