



All Providers

The Centers for Medicare & Medicaid Services Issues Quarterly Updates

The Centers for Medicare & Medicaid Services (CMS) has published the January quarterly updates with new and revised codes. Table 1 outlines the program coverage and shows the new Healthcare Common Procedure Coding System (HCPCS) coverage effective April 1, 2009.

Table 1 – Coverage Determination

HCPCS Code	Description	Program Coverage
C9249	Injection, certolizumab pegol, 1 mg	Covered – All Programs
S3865	Comprehensive Gene Sequence Analysis for Hypertrophic Cardiomyopathy	Covered – All Programs
S3866	Genetic Analysis for a Specific Gene Mutation for Hypertrophic Cardiomyopathy (HCM) in an Individual with a Known HCM Mutation in the Family	Covered – All Programs
S3870	Comparative Genomic Hybridization (CGH) Microarray Testing for Developmental Delay, Autism Spectrum Disorder and/or Mental Retardation	Covered – All Programs
K0739	Repair or Nonroutine Service for Durable Medical Equipment Other Than Oxygen Requiring the Skill of a Technician, Labor Component, per 15 Minutes	Not Covered – All Programs
K0740	Repair or Nonroutine Service for Oxygen Equipment Requiring the Skill of a Technician, Labor Component, per 15 Minutes	Not Covered – All Programs

Tobacco Tax Increase – Opportunity to Promote Tobacco Cessation

Effective March 31, 2009, the federal tax on cigarettes and all other tobacco products increased. The next few months offer a great opportunity for you to promote tobacco cessation to your patients who use tobacco products.

You may refer Indiana patients to the Indiana Tobacco Quitline at 1-800-QUIT-NOW. The Indiana Tobacco Quitline is a program of the Indiana Tobacco Prevention and Cessation Agency (ITPC). You may contact ITPC at 317-234-1787 if you have questions about Quitline services.

The Quitline offers online resources for tobacco users, healthcare providers, family and friends, and employers at <http://www.indianatobaccoquitline.net>. **Quitline services are confidential and provided free of charge to Indiana residents.**

The Quitline is staffed by professionally trained smoking-cessation Quit Coaches and is designed so you can easily refer clients to the program. The Indiana Tobacco Quitline also offers a fax referral program for Indiana residents and physicians. The Quitline staff will even fax back a report to your office to tell you if the client was reached, enrolled in services, and plans to quit. You can simply ask, advise, and refer tobacco users to the Indiana Quitline using the fax referral form found at <http://www.indianatobaccoquitline.net/documents/QLfaxreferral.pdf>.

Instructions for providers are also available at
<http://www.indianatobaccoquitline.net/documents/HCproviderinstructions.pdf>.

If you choose to counsel patients in your office, Medicaid covers tobacco cessation counseling with HCPCS code S9075 – *Smoking cessation treatment* with a primary diagnosis code of 305.1 – *Tobacco use disorder*. One unit of S9075 is 15 minutes of service. Further instructions can be found in the *IHCP Provider Manual, Chapter 8*.

Current Procedural Technology Codes No Longer Subject to Site-of-Service Reduction

For claims with dates of service on or after January 1, 2005, Current Procedural Technology (CPT®) codes 43280 – *Laparoscopy, Surgical, Esophagogastric Fundoplasty (for example, Nissen, Toupet Procedures)* and 47562 – *Laparoscopy, Surgical; Cholecystectomy* will no longer be subject to the site-of-service reduction. Claims with dates of service on or after January 1, 2005, will be systematically mass adjusted and will appear on the April 14, 2009, Remittance Advice.

Federally Qualified Health Centers and Rural Health Clinic Providers

Encounter Code Updates

Effective March 26, 2009, the CPT and 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, 2009.

Table 2 – Encounter Codes Added

64455	64632	90681	90696	90951	90952	90953	90954	90955	90956
90957	90958	90959	90960	90961	90962	90963	90964	90965	90966
90967	90968	90969	90970	93279	93280	93281	93282	93283	93284
93285	93286	93287	93288	93289	93290	93291	93292	93293	93294
93295	93296	93297	93298	93299	96360	96361	96365	96366	96367
96368	96369	96370	96371	96372	96373	96374	96375	96376	96379
D3222	D3347	D5214							

FQHC and RHC providers who have billed and received denials for these codes for claims with dates of service on or after January 1, 2009, should resubmit those claims.

Effective January 1, 2009, CPT and HCPCS codes 99300 and 99432 are no longer valid FQHC/RHC encounters and will be removed from the list of valid encounter codes.

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

Hospice Providers

Revised Instructions for Medicaid Hospice Plan of Care Form

Effective March 6, 2009, the instructions on the Medicaid hospice plan of care have been revised to reflect that the hospice must have signatures from two providers belonging to the disciplines listed on the form and the signature of the hospice medical director. The three-signature requirement is consistent with the federal Medicare Conditions of Participation for the Hospice Plan of Care.

The Indiana Medicaid hospice program requires prior authorization of hospice services, and the three signatures for the Medicaid hospice plan of care are required for prior authorization.

The new version of the Medicaid Hospice Plan of Care form is now available and can be downloaded from the state Web site – <http://www.state.in.us/icpr/webfile/formsdiv/48731.pdf> – as well as from the Indiana Health Coverage Programs (IHCP) Web site at <http://www.indianamedicaid.com/ihcp/Hospice/content/forms.asp>. If the required three signatures are not on the submitted form, the ADVANTAGE Health SolutionsSM Prior Authorization Unit is required to return the form for the third signature and modify the start dates of the hospice prior authorization. This is consistent with the timeliness requirement that all forms have the required signatures within 10 business days from the start of a hospice benefit period. The IHCP has further information on this revision in the March 2005 *IHCP Provider Newsletter* at <http://www.indianamedicaid.com/ihcp/Newsletters/NL200503.pdf>.

For additional information, refer to the Election, Plan of Care, and Benefit Period Process and Hospice Plan of Care Documentation Requirements located in *Section 6* of the *IHCP Hospice Provider Manual* (revision date July 2008), which is available online at http://www.indianamedicaid.com/ihcp/Manuals/Other/Hospice_Benefit_Manual.pdf.

Questions regarding the Medicaid hospice forms required for hospice prior authorization may be directed to ADVANTAGE Health Solutions at 1-800-269-5720.

Managed Care Providers

Managed Care Organization and Provider Contract Indemnification

The Hoosier Healthwise and Healthy Indiana Plan (HIP) contractual agreements with the State include language that requires the managed care organizations (MCOs) to ensure that subcontractors indemnify and hold harmless the state of Indiana from claims and suits caused by an act or omission of the contractor or subcontractors.

The requirement to indemnify the State created concern within the provider community and has prevented some providers from signing agreements with the Hoosier Healthwise MCOs and HIP insurers.

In response to this concern, the Indiana Office of Medicaid Policy and Planning (OMPP) issued a memo in February 2008 to the Hoosier Healthwise MCOs indicating that indemnification of the State language was no longer required in Hoosier Healthwise provider agreements. The OMPP maintains the same position with regard to HIP insurers and will formally modify the HIP contract to reflect these requirements.

The OMPP maintains the position that this indemnification clause is required in all contracts between the MCO and another prepaid health plan, physician-hospital organization, and any entity that performs delegated activities related to the State MCO contract, as well as between MCOs and any administrative entities not involved in the actual delivery of medical care. Thus, a medical provider is not defined as a subcontractor for this purpose.

If you have any questions about this article, please contact the health plans with which you are contracted.

Dental Providers

Dental Workshop Scheduled for April

EDS Provider Relations is offering workshops for the dental provider community. This is an excellent opportunity to become more familiar with Medicaid dental policies, procedures, and billing tools and methodology. Details about the workshops are below:

April 8, 2009, 1-5 p.m.

Union Hospital

Landsbaum Center, Classroom 2

1433 6½ Street

Terre Haute, IN 47804

April 13, 2009, 8 a.m.-noon

Floyd Memorial Hospital
1950 Bono Rd.
New Albany, IN 47150

The agenda includes the following:

- National Provider Identifier (NPI) information and updates
- Dental billing and rendering provider information
- Working with the dental cap
- Dental policies
- Live demonstration and discussion of all facets of Web interChange
- An extensive question-and-answer period

Providers may enroll in the workshop at <http://www.indianamedicaid.com/ihcp/ProviderServices/workshops.asp>. If you have questions, please call the workshop line at (317) 488-5072.

Provider Workshops

Note: The Federally Qualified Health Center and Rural Health Clinic Workshop originally scheduled for January 28, 2009, at Daviess Community Hospital in Washington, Indiana, was cancelled because of inclement weather. The seminar has been rescheduled for April 29, 2009. Topics include how to check eligibility, how to file a claim, how to bill services, what causes claims to deny, and more. For more information, please contact the workshop line at (317) 488-5072.

Second-quarter Workshops Are Here!

The IHCP is offering quarterly provider workshops free of charge. Topics include the IHCP Family Tree, electronic transactions, presumptive eligibility and notification of pregnancy, Hoosier Healthwise open enrollment, a managed care roundtable, and more. Workshop agendas, dates, registration deadlines, and locations are online at <http://www.indianamedicaid.com/ihcp/ProviderServices/workshops.asp>. You may register online or by using the registration form printed in the newsletter. For more information about the workshops, please contact the workshop line at (317) 488-5072.

Contact Information

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