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All Providers

Outpatient Claims Reprocessing – Revenue Code 636 and HCPCS J2323, Q4098, J1569, and Q4088

The Indiana Health Coverage Programs (IHCP) is performing a systematic reprocessing of outpatient claims billed with revenue code 636 and the following Healthcare Common Procedure Coding System (HCPCS) codes that previously denied for edit 0520 – *Invalid revenue code/procedure code combination* with the dates of service on or after the effective date indicated in Table 1.

Table 1 – Codes that Previously Denied for Invalid Revenue-code/Procedure-code Combination

HCPCS Code and Description	Effective Date
J2323 – <i>Injection, Natalizumab, 1 mg</i>	January 1, 2008
Q4098 – <i>Injection Iron Dextran, 50mg</i>	April 1, 2008
J1569 – <i>Injection, Immune Globulin (Gammagard Liquid), Intravenous, Non-Lyophilized, (e.g. Liquid), 500 mg</i>	January 1, 2008
Q4088 – <i>Injection, Immune Globulin (Gammagard), Intravenous, Non-Lyophilized, (e.g. Liquid), 500 mg</i>	July 1, 2007

The reprocessed claims began appearing on Remittance Advices (RAs) dated April 7, 2009. Providers who have claims for this revenue-code and procedure-code combination that have not been submitted for processing should submit their claims for payment consideration. Providers who have claims for this revenue-code and procedure-code combination that are past the one-year filing limit can submit a copy of this banner page article as documentation to waive the filing limit.

Centers for Medicare & Medicaid Services Quarterly Updates

The Centers for Medicare & Medicaid Services (CMS) has published the January quarterly updates with new and revised codes. Table 2 outlines the program coverage and shows the new HCPCS coverage effective April 1, 2009.

Table 2 – Coverage Determination

HCPCS Code	Description	Program Coverage
C9249	<i>Injection, certolizumab pegol, 1 mg</i>	Covered – All Programs
S3865	<i>Comprehensive Gene Sequence Analysis for Hypertrophic Cardiomyopathy</i>	Covered – All Programs
S3866	<i>Genetic Analysis for a Specific Gene Mutation for Hypertrophic Cardiomyopathy (HCM) in an Individual with a Known HCM Mutation in the Family</i>	Covered – All Programs
S3870	<i>Comparative Genomic Hybridization (CGH) Microarray Testing for Developmental Delay, Autism Spectrum Disorder and/or Mental Retardation</i>	Covered – All Programs

HCPCS Code	Description	Program Coverage
K0739	<i>Repair or Nonroutine Service for Durable Medical Equipment Other Than Oxygen Requiring the Skill of a Technician, Labor Component, per 15 Minutes</i>	Not Covered – All Programs
K0740	<i>Repair or Nonroutine Service for Oxygen Equipment Requiring the Skill of a Technician, Labor Component, per 15 Minutes</i>	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 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.

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 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.

Federally Qualified Health Centers and Rural Health Clinic Providers

Encounter Code Updates

Effective March 26, 2009, the CPT and HCPCS codes shown in Table 3 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 3 – 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.

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 IHCP provider newsletter. For more information about the workshops, please contact the workshop line at (317) 488-5072.

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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