



All Providers

The IHCP Reimburses for First-Trimester Fetal Nuchal Translucency Ultrasounds When They Are Medically Necessary

Effective for dates of service on or after April 1, 2009, Current Procedural Terminology (CPT[®]) code 76813 – *Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation* and CPT code 76814 – *Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation* (list separately in addition to code for primary procedure) will be reimbursed by the Indiana Health Coverage Programs (IHCP) when considered medically necessary.

The first-trimester fetal nuchal translucency ultrasound (CPT codes 76813 and 76814) does not require prior authorization. However, the first-trimester fetal nuchal translucency ultrasound must be performed in conjunction with maternal serum-free beta human chorionic gonadotropin (hCG) (CPT codes 84702, 84703, and 84704) and pregnancy-associated plasma protein A (PAPP-A) for the detection of chromosomal defects (CPT code 84163). The IHCP does not cover first-trimester fetal nuchal translucency testing when performed alone for the detection of chromosomal defects, as it is considered investigational.

Furthermore, for optimal test results, the first-trimester fetal nuchal translucency ultrasound should be performed between 11 and 13 weeks of pregnancy.

Please note: First-trimester fetal nuchal translucency ultrasounds are subject to the *405 IAC 5-27-6*:

- (a) Medicaid reimbursement is available for sonography performed during pregnancy when warranted by one (1) or more of the following conditions:
- (1) Early diagnosis of ectopic or molar pregnancy.
 - (2) Placental localization associated with abnormal bleeding.
 - (3) Fetal postmaturity syndrome.
 - (4) Suspected multiple births.
 - (5) Suspected congenital anomaly.
 - (6) Polyhydramnios or oligohydramnios.
 - (7) Fetal age determination if necessitated by:
 - (A) discrepancy in size versus fetal age; or
 - (B) lack of fetal growth or suspected fetal death.
 - (8) Guide for amniocentesis.
- (b) Reimbursement is available for sonography for fetal age determination prior to therapeutic abortions when the age of the fetus cannot be determined by the patient's history and physical examination, and the information is essential for the selection of the abortion method.

Claims denying for no coverage on file from dates of service on or after April 1, 2009, may be resubmitted for reimbursement.

¹CPT copyright 2008 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Community Mental Health Providers

New Benefit Structure for Members Receiving Medicaid Rehabilitation Option Services

The Office of Medicaid Policy and Planning (OMPP), in conjunction with the Division of Mental Health and Addiction (DMHA), is developing a benefit plan structure for members receiving Medicaid Rehabilitation Option (MRO) services. Currently, there are no prior authorization (PA) requirements and no benefit limitations imposed for members receiving MRO services. While members will be able to continue to access MRO providers based on a self-referral, members will be assigned a service package based on the members' level of need (LON) and qualifying MRO diagnosis. This placement will allow members to access a specific number of units for each type of MRO service.

Additional units can be requested when they are determined to be medically necessary and meet the criteria listed below:

- If a member has exhausted all units of service in the assigned service package
- If a member needs a service not in the assigned service package
- In the case of a member who does not meet either the diagnosis or LON requirements, but demonstrates a significant behavioral health need that would benefit from an MRO service

The new benefit plan structure will be implemented effective July 1, 2010. Future bulletins and an updated *MRO Provider Manual* will be published on the <http://www.indianamedicaid.com> Web site, with additional MRO information available on the <https://myshare.in.gov/FSSA/OMPP/MRO> Web site. This site will include detailed information about the MRO benefit plan structure, frequently asked questions, and information about statewide training sessions.

Provider Workshops

Provider Relations Schedules Workshops for Dental, Home Health, and Hospice Providers

Provider Relations has scheduled dates in April for regional workshops for home health, hospice, and dental providers. Providers may choose any of the following dates to attend. The morning session will focus on home health and hospice education, and the afternoon session will be information for the dental provider community.

Table 1 – Workshop Dates

Date	Location
April 7, 2010	Deaconess Hospital Bernard Schnacke Auditorium 600 Mary Street Evansville, Indiana 47747
April 15, 2010	East Chicago – Regional WS St. Catherine's Hospital Professional Office Building Conference Room 4321 Fir Street East Chicago, Indiana 46312

Date	Location
April 21, 2010	Parkview Hospital Corporate Office 10501 Corporate Drive Fort Wayne, Indiana 46845

Schedule

Home Health/Hospice Providers

Home Health: 9 – 10 a.m.

Hospice: 10:10 – 11:30 a.m.

This is an excellent opportunity to become more familiar with Medicaid home health and hospice policies, procedures, and billing tools and methodology.

The agenda includes the following:

- Benefit coverage
- Prior authorization requirements
- Billing procedures
- Eligibility requirements
- Reimbursement methodology
- Hospice process
- Common denials

Dental Providers

1:00 – 3:30 p.m.

This is an excellent opportunity to become more familiar with Medicaid dental policies, procedures, and billing tools and methodology.

The agenda includes a live demonstration and discussion of all facets of Web interChange, including:

- Spend-down
- Managed care
- Third-party liability and qualified Medicare beneficiary eligibility
- Dental cap
- Benefit limitations

Providers may enroll in the workshop on www.indianamedicaid.com under **Provider Services > Education Opportunities > Workshop Registration**. If you have questions, please call Provider Relations 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.

If you need additional copies of this banner page, please download them from the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/banner_results.asp. To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at http://www.indianamedicaid.com/ihcp/mailling_list/default.asp.