

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201021

MAY 25, 2010



Rate changes for CPT Codes 90378, J7520, and J0256

Rate update for CPT Code 90378

Claims that were billed for procedure code 90378 – *Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each* were paid at an incorrect rate of \$1,193.20 from October 1, 2009, to April 30, 2010. The correct rate for this time period is \$1,145.47. Incorrectly paid claims will be mass adjusted and appear on or after the June 8, 2010, Remittance Advice. These claims will be identified with “56” as the first two digits of the claim ICN (internal control number).

Rate update for CPT Code J7520

Claims that were billed for procedure code J7520 – *Sirolimus, oral, 1 mg* were paid at an incorrect rate January 1, 2010, through April 30, 2010. Claims were incorrectly paid at a rate of \$3.85. The correct rate for this time period is \$11.71. Incorrectly paid claims with dates of service between January 1, 2010, and April 30, 2010, may be adjusted by providers.

Rate update for CPT Code J0256

Claims that were billed and paid for procedure code J0256 – *Injection, alpha 1-proteinase inhibitor-human, 10 mg* were paid at an incorrect rate. Claims were originally paid by the vial dosage and not the milligram for this procedure for dates of service July 1, 2005, to April 30, 2010. The correct billing method for this product is one Healthcare Common Procedure Coding System (HCPCS) unit per 10mg of Prolastin. Incorrectly paid claims may be adjusted by providers. Denied claims may be resubmitted. Please submit this banner with the claim if the claim is past the timely filling limit.

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Procedure code E2609 – custom wheelchair cushion – to require prior authorization

Effective May 14, 2010, Current Procedural Terminology (CPT®¹) code E2609 – *Custom fabricated wheelchair seat cushion, any size* will no longer be included in the long-term care durable medical equipment (DME) *per diem* procedure list. This procedure code requires prior authorization and may be billed separately to Medicaid.

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The IHCP offers second-quarter provider workshops

The IHCP is offering quarterly provider workshops free of charge. Sessions about IHCP updates, Medicare-related institutional claim filing, and CMS-1500 billing methodology (replacements and crossovers) are scheduled for the morning; afternoon sessions include IHCP 101: The Office Staff Guide to Understanding the Indiana Health Coverage Programs, managed care and Healthy Indiana Plan updates, and *Care Select* care management organization updates.

The schedule allows for lunch; however, lunch is not provided. Registrations are processed in the order received, and registration does not guarantee a spot at the workshop – seating is limited in all locations, and only two registrants are allowed per provider number. Confirmation letters are sent upon receipt of registrations. If you do not receive a confirmation letter, the workshop is full.

For workshop descriptions, dates, locations, and registration deadlines, visit <http://provider.indianamedicaid.com/general-provider-services/provider-education/workshop-registration.aspx>. To register, visit <http://www.indianamedicaid.com/ihcp/workshop/index.aspx>. If you have questions about a workshop, please contact a field consultant at (317) 488-5072.

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PROVIDER WORKSHOPS

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