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INDIANA HEALTH COVERAGE PROGRAMS

BR201030 JULY 27, 2010



Centers for Medicare & Medicaid Services Quarterly Updates

The Centers for Medicare & Medicaid Services (CMS) has published the July quarterly updates with new and revised Healthcare Common Procedure Coding System (HCPCS) codes. The table below outlines the program coverage and shows the new HCPCS coverage effective July 1, 2010.

Attention, hospice providers! Did you know you have your own pages on the new IHCP Web site? Find out more – click here. Or go to indemendent com/ and click Provider-Specific Information > Hospice.

IN THIS ISSUE

- Third-quarter provider workshops
- New pharmacy edits for claims greater than or equal to \$10,000
- New exclusions to pharmacy edits for claims greater than or equal to \$5,000
- <u>Mass adjustment/reprocessing of</u> <u>HCPCS Code G9141 claims</u>

Quarterly CMS updates	effective July 1, 2010
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HCPCS Code	Description	Program coverage
C9262	Fludarabine Phosphate, oral, 1mg	Noncovered – All programs
C9264	Injection, Tocilizumab, 1mg	Covered – All programs
C9265	Injection, Romidepsin, 1mg	Noncovered – All programs
C9266	Injection, Collagenase Clostridium Histolyticum, 0.1mg	Covered – All programs
C9267	Injection, Von Willebrand Factor Complex	Noncovered – All programs
C9268	Capsaicin, patch, 10cm2	Noncovered – All programs
C9367	Skin Substitute, Endoform Dermal Template, per sq centimeter	Covered – All Programs
C9800	Dermal injection procedure(s) for facial lipodystrophy	Noncovered – All programs
0223T	Acoustic cardiography, including automated analysis	Noncovered – All programs

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HCPCS Code	Description	Program coverage
0224T	Multiple, including serial trended analysis	Noncovered – All programs
0225T	Multiple, including serial trended and analysis	Noncovered – All programs
0226T	Anoscopy, high resolution (HRA) with magnification	Noncovered – All programs
0227T	Anoscopy, high resolution (HRA) with biopsy	Noncovered – All programs
0228T	Injection(s), anesthetic agent and/or steroid, single	Noncovered – All programs
0229T	Injection(s), anesthetic agent and or steroid, ea add	Noncovered – All programs
0230T	Injection(s), anesthetic agent and/or steroid, single	Noncovered – All programs
0231T	Injection(s), anesthetic agent and or steroid, ea add	Noncovered – All programs
0232T	Injection(s) platelet rich plasma, any tissue, inc image	Noncovered – All programs
0233T	Skin advanced glycation endproducts (AGE)	Noncovered – All programs
G0428	Collagen Meniscus Implant procedure for filling	Noncovered – All programs
G0429	Dermal Filler Injection(s) for the treatment of facial	Noncovered – All programs
G0432	Infectious agent antibody detection by enzyme	Noncovered – All programs
G0433	Infectious agent antibody detection by enzyme	Noncovered – All programs
G0435	Infectious agent detection by rapid antibody test	Noncovered – All programs
90664	Influenza virus vaccine, pandemic formulation, live	Noncovered – All programs
90666	Influenza virus vaccine, pandemic formulation, virus	Noncovered – All programs
90667	Influenza virus vaccine, pandemic formulation, adj	Noncovered – All programs
90668	Influenza virus vaccine, pandemic formulation, split	Noncovered – All programs



Third-quarter workshop topics include HCBS waiver services, IHCP updates

Home and Community-Based Services waiver services and Indiana Health Coverage Programs (IHCP) updates head the list of topics featured in the IHCP third-quarter provider workshops. Other topics include provider enrollment, updating your provider information, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), Indiana *Care Select* PA, and MCOs in 2011. For workshop descriptions, dates, locations, and registration deadlines, visit the <u>Provider Education page</u> of www.indianamedicaid.com. To register, <u>click here</u>. If you have questions about a workshop, please contact a field consultant at (317) 488-5072.

New edit to deny pharmacy claims greater than or equal to \$10,000

On July 12, 2010, the IHCP added a new verification edit to the Pharmacy Claims Adjudication system. This edit posts and denies pharmacy claims with billed amounts greater than or equal to \$10,000 for drug classes included in the table below. The pharmacy receives an error of *High*\$*amt_Ck_Rx_call_*8668790106 for claims that meet the audit criteria. If the claim is denied and the billed amount and quantity dispensed on the claim are correct, the pharmacy provider must contact Affiliated Computer Systems (ACS) for prior authorization by calling 1-866-879-0106.

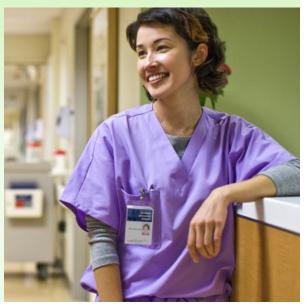
Drug class description	Full inclusion/partial inclusion in the limit
Hepatitis C Treatment Agents	Full
Monoclonal Antibodies to IG	Full
ARTV CMB Nucleoside	Atripla only
Anticonvulsants	Sabril Packets and Tablets only
Aminoglycosides	TOBI inhalation solution only
Drugs to Tx Chronic Inflammation Dz of Colon	Cimzia only
Antimetabolites	Xeloda only
Skeletal Muscle Relaxants	Lioresal IT only

Edit to deny pharmacy claims greater than or equal to \$10,000

Additional exclusions to edit for pharmacy claims greater than or equal to \$5,000

On May 15, 2010, the IHCP added a new verification edit to the Pharmacy Claims Adjudication system, as announced in <u>BR201013</u>. Please see the table below for additional drug classes excluded from the edit for claims with dates of service on or after May 15, 2010.

Drug class description	Full/inclusion/partial inclusion in the limit
Immunomodulators	Full
PKU Tx Agent	Full
Hepatitis C Treatment Agents	Full
Monoclonal Antibodies to IG	Full



HP to mass adjust and reprocess claims denied with HCPCS Code G9141

HP erroneously denied claims billed with HCPCS code G9141 – *Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)* for explanation of benefits (EOB) 4021 – *Procedure code is not covered for the dates of service for the program billed.* Claims with dates of service on or after April 1, 2010, that were denied for edit 4021 will be systematically mass adjusted or reprocessed by HP. Providers will see both the mass adjusted and reprocessed claims on Remittance Advice (RA) statements dated July 27, 2010. HCPCS code G9142 – *Influenza A (H1N1) vaccine, any route of administration* remains noncovered, as this vaccine is supplied free of charge to members. Direct questions to HP Customer Assistance at (317) 655-3240 or 1-800-577-1278.

Workshops for community health centers

Provider Relations is presenting regional workshops for community health center providers in July. Providers may choose any of the following dates to attend.



Date and time	Location
July 26, 2010, 1 – 3 p.m.	St. Catherine's Hospital Professional Office Building, Conference
	Room, 4321 Fir Street, East Chicago, IN 46312
July 27, 2010, 9 – 11 a.m.	Indiana University School of Dentistry, Room DS 114, 1121 W. Michi-
	gan Street, Indianapolis, IN 46202-5186
July 29, 2010, 10 a.m. – noon	Paoli Medical Arts Building, Education Classroom, 488 W. Hospital
	Road, Paoli, IN 47454

This is an excellent opportunity to become more familiar with Medicaid community health center billing policies, procedures, tools, and methodology. The agenda includes: Service coverage and definition Eligibility verification Billing procedures Care Select, third-party liability (TPL), risk-based managed care (RBMC), and Healthy Indiana Plan (HIP) considerations Top denials for community health center claims. To register for the community health center workshop, <u>click here</u>.

QUESTIONS?

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.

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