IHCP *banner page*

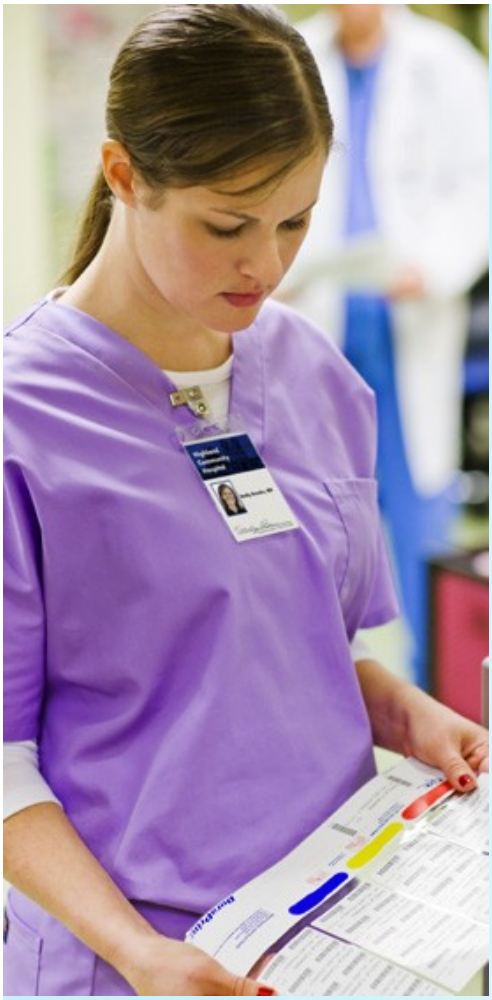
INDIANA HEALTH COVERAGE PROGRAMS BR201041 OCTOBER 12, 2010

Updated pricing for DME codes A9276, A9277, and A9278

The following three durable medical equipment codes (DME) have previously denied because there was no pricing available on file: A9276 – *Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply*; A9277 – *Transmitter; external, for use with interstitial continuous glucose monitoring system;* and A9278 – *Receiver (monitor); external, for use with interstitial continuous glucose monitoring system*. Effective for dates of service on or after January 1, 2008, these codes will be manually priced.

Claims with dates of service on or after January 1, 2008, that were denied for EOB 4199 – *No pricing segment on file* or Edit 1012 – *Procedure billed not payable for this provider specialty* will be systematically reprocessed by HP. Providers will see the reprocessed claims on Remittance Advice (RA) statements dated on or after October 5, 2010. Providers may receive denials if they do not include an attachment (EOB 4019 – *Attachment required for service rendered* or EOB 9002 – *Actual itemized cost invoice must be submitted when billing this procedure code*.) If claims are denied for this reason, please resubmit the claim with the appropriate invoice and, if necessary, a copy of this banner to waive the filing limit.

IN THIS ISSUE



MDS 3.0 Section Q implementation

Federal law requires that all residents admitted to nursing facilities be assessed using the Minimum Data Set (MDS) Functional Assessment Tool. On October 1, 2010, the revised MDS 3.0 will be implemented.

Beginning October 1, 2010, nursing facilities will refer individuals asking about the possibility of returning to the community to a Local Contact Agency (LCA). In Indiana, our 16 Area Agencies on Aging (AAAs) serve as the LCAs. The nursing facilities will need to obtain their usual signed release of information form from each interested individual in order to refer the individual to an AAA. Nursing facilities are instructed to make referrals within a "reasonable amount of time." The suggested time frame to refer a client's name to the AAA is within 10 business days. The goal of this referral is to initiate and maintain collaboration between nursing facilities and the AAA, to support the individual's expressed interest in the possibility of being transitioned to community living.

After receiving the referral from a nursing facility, the responsibilities of the AAAs include:

- Contact referrals in a timely manner – usually, within three days by telephone and within 10 days if an on-site visit is needed.
- Refer Money Follows the Person (MFP)-eligible clients to the State Division of Aging, MFP program. To be eligible, clients must be Medicaid-eligible and must have completed a 90-day continuous nursing facility stay (not a short-term rehabilitative stay).
- Provide information about choosing services and supports in the community.
- Collaborate with nursing facilities to organize transitions for all non-MFP clients.
- Track activity and send a monthly spreadsheet of all referrals to the State Division of Aging.

AAAs will follow their current agency practices for transition and follow-up to the community.

Centers for Medicare & Medicaid Services Quarterly Updates

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

Quarterly CMS updates effective October 1, 2010

HCPCS Code	Description	Program coverage
C1749	Endoscope, retrograde imaging/illumination colonoscope device (implantable)	Covered – all programs
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	Not covered
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	Not covered
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	Not covered
C8934	Magnetic resonance angiography with contrast, upper extremity	Not covered
C8935	Magnetic resonance angiography without contrast, upper extremity	Not covered
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	Not covered
C9269	Injection, C-1 esterase inhibitor (human), Berinert, 10 units	Not covered
C9270	Injection, immune globulin (Gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	Not covered
C9271	Injection, velaglucerase alfa, 100 units	Covered – all programs
C9272	Injection, denosumab, 1 mg	Covered – all programs
C9273	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	Under review
Q5010	Hospice home care provided in a hospice facility	Not covered
S0146	Injection, pegylated interferon alfa-2b, 10 mcg per 0.5 ml	Discontinued, effective October 1, 2010
S0148	Injection, pegylated interferon alfa-2b, 10 mcg	Covered
S0161	Calcitrol, 0.25 mcg	Discontinued, effective October 1, 2010
S0169	Calcitrol, 0.25 microgram	Not covered
S0196	Injectable poly-l-lactic acid, restorative implant, 1 ml, face (deep dermis, subcutaneous layers)	Discontinued, effective October 1, 2010

Annual IHCP Provider Seminar scheduled for October 19-21

Mark your calendars now for the 2010 IHCP Seminar October 19-21 in Indianapolis. There is no cost to attend. Session topics include Prior Authorization, the National Correct Coding Initiative, and many more. For more information, see BT201033, dated August 31, 2010. You may also sign up online.

QUESTIONS?

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