

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201108

FEBRUARY 22, 2011



## Ambulatory surgical center indicator and revenue code linkage

Effective January 1, 2011, for dates of service on or after January 1, 2011, the Indiana Health Coverage Programs (IHCP) has linked Current Procedural Terminology<sup>®1</sup> code 36558 – *Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older* to the Ambulatory Surgical Revenue Code 490.

Providers may submit claims using both codes together for services rendered on or after January 1, 2011.

## Authorization form for disclosure of personal information available online

The Division of Family Resources (DFR) provides various tools to strengthen families through services that focus on prevention, early intervention, self-sufficiency, family support, and preservation. It is the DFR's goal to respect the privacy of its clients as it administers these services pursuant to the Health Insurance Portability and Accountability Act (HIPAA)

and other applicable federal regulations. To that end, the DFR's policy is not to share or disclose information about its clients or applicants without a release-of-information form. For your convenience, the [DFR Authorization for Disclosure of Personal and Health Information form](#) is now available on the Family & Social Services Administration (FSSA) Web site.

### MORE IN THIS ISSUE

- [CPT code 90736 – Zosters \(shingles\) vaccine](#)

## IHCP covers CPT code 90736 – *Zosters (shingles) vaccine*

The Indiana Health Coverage Programs (IHCP) now provides coverage for Current Procedural Terminology (CPT<sup>®1</sup>) code 90736 – *Zosters (shingles) vaccine, live, for subcutaneous injection* for dates of service on or after May 1, 2006, for members ages 60 years and older. Vaccines are limited to one per lifetime.

Claims that were previously submitted for payment will be reprocessed. The reprocessed claims will appear on the Remittance Advice (RA) dated February 22, 2011. Providers with claims for this procedure code that have not been submitted for processing should submit their claims for payment consideration. If the claim is past the one-year filing limit, providers can submit a copy of this banner page article as documentation to waive the filing limit.

Providers are reminded that if an evaluation and management (E/M) service code is billed with the same date of service as an office-administered immunization, providers should not bill the vaccine administration code separately. Reimbursement for the administration is included in the E/M code-allowed amount. Separate reimbursement is allowed when the administration of the drug is the only service billed by the practitioner on that date of service. In addition, if more than one vaccine is administered on the same date of service and no E/M code is billed, providers may bill an administration fee for each injection.



### 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.

### COPIES OF BANNER PAGES

If you need additional copies of this or other banner pages, please [download them](#) from indianamedicaid.com. To receive e-mail notifications of future IHCP publications, subscribe to [IHCP E-mail Notifications](#).

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