

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201136 SEPTEMBER 6, 2011



99407 U6 to replace S9075 for smoking cessation counseling

Effective for dates of service on or after November 1, 2011, Healthcare Common Procedure Coding System (HCPCS)

code S9075 – *Smoking cessation treatment* will be noncovered. So that providers continue to be reimbursed for this service, the Indiana Health Coverage Programs (IHCP) will replace S9075 with Current Procedural Terminology (CPT^{®1}) code 99407 U6 – *Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes; per 15 minutes*. Providers must bill the modifier U6 to denote “per 15 minutes.” Providers will be reimbursed at a maximum rate of \$22.08 per unit of service. The coverage of 99407 U6 will take effect November 1, 2011.

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Coverage and reimbursement for Gamunex and Gamunex-C

Effective November 1, 2011, the Indiana Health Coverage Programs (IHCP) will provide coverage for Gamunex-C retro-active to dates of service on or after January 1, 2011. Providers should bill J1561 – *Injection, immune globulin (Gamunex), intravenous, non-lyophilized (e.g. liquid), 500 mg* with the JB modifier (Administered subcutaneously) and the National Drug Code (NDC) of the product administered. The maximum reimbursement rate for Gamunex-C (J1561 JB) will be the same as that of Gamunex (J1561).

Billing codes for Gamunex and Gamunex-C

Billing Code	Product	Maximum Reimbursement Rate per HCPCS Unit as of July 1, 2011
J1561	Gamunex	\$50.75
J1561 JB	Gamunex-C	\$50.75

Providers who received denials with error code 4300 – *Invalid NDC to procedure code combination*, for reimbursement of J1561 billed with a Gamunex-C NDC, for dates of service on or after January 1, 2011, may resubmit those claims by billing J1561 JB.

Mass adjustment for NCCI outpatient claims begins the week of September 12, 2011

Provider bulletin [BT201101](#), dated February 15, 2011, announced the implementation of the National Correct Coding Initiative (NCCI) code auditing methodology for the Indiana Health Coverage Programs (IHCP). On April 1, 2011, the IHCP began applying correct coding methodology to claims with dates of service (DOS) on or after October 1, 2010, as approved by the Centers for Medicare & Medicaid Services.

Beginning the week of September 12, 2011, the IHCP will initiate a mass adjustment for outpatient claims with DOS on or after October 1, 2010, through March 31, 2011, that were received prior to April 1, 2011.

Mass-adjusted claims are identified on the Remittance Advice (RA) by internal control numbers (ICNs) that begin with region code 56. If as a result of the NCCI edit, an adjustment is made and a claim was overpaid, the net difference appears on the RA as an accounts receivable. The accounts receivable will be recouped at 100% from future claims paid to the respective provider number.



Proper revenue codes for billing IHCP-covered radiopharmaceuticals

The Office of Medicaid Policy and Planning (OMPP) has reviewed the revenue code linkages for the Indiana Health Coverage Programs (IHCP)-covered radiopharmaceutical procedure codes and updated the linkages according to the most recent UB-Editor. For dates of service on or after November 1, 2011, the following covered radiopharmaceutical procedure codes may be billed with the identified revenue codes for IHCP reimbursement consideration.

Revenue codes for billing IHCP-covered radiopharmaceuticals

HCPCS Code	Description	Revenue Code
A4642	Indium In-111 satumomab pentetide, diagnostic, per study dose, up to 6 millicuries	343, 636
A9500	Technetium, Tc-99m sestamibil, diagnostic, per study dose, up to 40 millicuries	343
A9502	Technetium, Tc-99m tetrofosmin, diagnostic, per study dose	343
A9503	Technetium, Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries	343
A9504	Technetium, Tc-99m apcitide, diagnostic, per study dose, up to 20 millicuries	343
A9505	Thallium Tl-201 thallos chloride, diagnostic, per millicurie	343
A9507	Indium In-111 capromab pentetide, diagnostic, per study dose, up to 10 millicuries	343
A9508	Iodine I-131 iobenguage sulfate, diagnostic, per 0.5 millicurie	343
A9510	Technetium, Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries	343
A9517	Iodine I-131 sodium iodide capsule(s), therapeutic, per millicurie	344
A9526	Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 millicuries	343
A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries	343
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	344
A9544	Iodine I-131 tositumomab, diagnostic, per study dose	343
A9545	Iodine I-131 tositumomab, therapeutic, per treatment dose	344
A9546	Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie	343
A9550	Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicurie	343
A9555	Rubidium Rb-82, diagnostic, per study dose, up to 60 millicuries	343
A9556	Gallium Ga-67 citrate, diagnostic, per millicurie	343

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HCPCS Code	Description	Revenue Code
A9557	Technetium Tc-99m biccisate, diagnostic, per study dose, up to 25 millicuries	343
A9558	Xenon Xe-133 gas, diagnostic, per 10 millicuries	343
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries	343
A9561	Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries	343
A9562	Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries	343
A9563	Sodium phosphate P-32, therapeutic, per millicurie	344
A9580	Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries	254, 255
A9600	Strontium Sr-89 chloride, therapeutic, per millicurie	344
A9604	Samarium Sm-153, lexidronamm, therapeutic, per therapeutic dose, up to 150 millicuries	344
A9700	Supply of injectable contrast material for use in echocardiography, per study	255

QUESTIONS?

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