IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201245 NOVEMBER 6, 2012

The CMS announces new hospital-acquired conditions (HACs)

Hospitals submitting inpatient claims to the Indiana Health Coverage Programs (IHCP) are required to use a present on admission (POA) indicator for principal and secondary diagnoses when submitting fee-for-service and encounter inpatient claims. The Centers for Medicare & Medicaid Services (CMS) identified certain hospital-acquired conditions (HACs) that, when acquired during a hospital visit, are not to be included in the diagnosis-related group (DRG) grouper for pricing. Indiana*AIM* will exclude (suppress) these secondary diagnosis codes from entering the DRG grouper, and the claim will process and reimburse as though the hospital-acquired conditions were not present on the claim.

MORE IN THIS ISSUE

- Maximum fee rates for manually priced DME and supplies
- HMS offers webinar on long-term care RAC audits
- 2013 Healthcare Common Procedure Coding System updates

On August 31, 2012, the CMS announced the final rule adding new HAC diagnoses and procedures, effective for discharges occurring on or after October 1, 2012 (see the *Federal Register*, Vol. 77, No. 170, pages 53283-53292). A summary of these changes follows:

- Diagnosis codes 999.32 and 999.33 were added to the existing vascular catheter-associated infection HAC category.
- A new HAC condition, iatrogenic pneumothorax with venous catheterization, was added. It is identified by diagnosis code 512.1 combined with procedure code 38.93.
- A new condition, surgical site infection (SSI) following cardiac implantable elec-

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tronic device (CIED) procedures, was added to the existing SSI HAC category. This condition is identified either by diagnosis code 996.61, or by diagnosis code 998.59 in combination with any of the following procedure codes.

00.50	00.51	00.52	00.53	00.54	37.80	37.81
37.82	37.83	37.85	37.86	37.87	37.94	37.96
37.98	37.74	37.75	37.76	37.77	37.79	37.89

As of October 22, 2012, all inpatient claims with dates of discharge on or after October 1, 2012, that meet newly added HAC conditions are subject to HAC and POA reporting and reimbursement requirements. (See BT201219, dated May 29, 2012, for more details.) Claims for dates of discharge after October 1, 2012, but received on or before October 22, 2012, are being systematically reprocessed, and will begin appearing on the Remittance Advice (RA) statements dated November 6, 2012. These claims can be identified with internal control numbers (ICNs) that begin with region code 56 or 80.

Maximum fee rates for manually priced DME and supplies

The Office of Medicaid Policy and Planning (OMPP) has established maximum fee rates for the following manually priced codes for durable medical equipment (DME) and supplies. The max fee rates are based on Medicare rates, when available. When no Medicare rate is available, the max fee is established using provider-submitted cost invoices. Effective December 15, 2012, for dates of service on or after December 15, 2012, the following procedure codes will reimburse at the established max fee rates.

Procedure codes reimbursing at established max fee rates, effective for dates of service on or after December 15, 2012

Procedure code	Maximum fee rate	Modifier
A6509	$177.76	
A7020	$15.55	NU
A9276	$12.94	
E1831	$70.97	RR
L3201	$35.13	
L5961	$4429.95	

Providers are reminded that, for codes listed with a modifier, the modifier is required for reimbursement consideration. Claims for these procedure codes without the required modifiers will deny for edit 4209 – *No matching pricing segment for the procedure/modifier combination*. The Fee Schedule on indianamedicaid.com will be updated to reflect these changes.

HMS offers webinar on long-term care RAC audits – November 9, 11:30 a.m. to 12:30 p.m.

HMS, the Indiana Medicaid Recovery Audit Contractor (RAC), will present a webinar on the upcoming long-term care (LTC) RAC audits November 9, 2012, 11:30 a.m. to 12:30 p.m. Eastern Time. Lead auditors with HMS will walk participants through the documentation required from the LTC facility, the audit process, and the timelines involved. To reserve your place, visit www2.gotomeeting.com/register/615793354. After registering, you will receive a confirmation email containing information about how to join the webinar.

2013 Healthcare Common Procedure Coding System updates are available

The 2013 Healthcare Common Procedure Coding System (HCPCS) updates are available for download on the Centers for Medicare & Medicaid Services (CMS) website at cms.hhs.gov > HCPCSReleaseCodeSets > ANHCPCS.

The new codes, deleted codes, codes with description changes, and new modifiers are currently under review. A bulletin containing information about Indiana Health Coverage Programs (IHCP) coverage, prior authorization requirements, and pricing, as applicable, is planned for publication the last week of December 2012.

QUESTIONS?

If you have questions about this publication, 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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