

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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Changes made to the NCPDP Version D.0 Transaction Payer Sheet

Effective immediately, the following fields have been added to the Compound Segment section of the National Council for Prescription Drug Programs (NCPDP) Version D.0 Transaction Payer Sheet. These changes are necessary to be compliant with the required NCPDP version D.0 format.

Table 1 – Fields added to NCPDP version D.0 Transaction Payer Sheet

Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
449-EE	Compound Ingredient Drug		RW	Required if needed for receiver claim determination when multiple products are billed.
490-UE	Compound Ingredient Basis Of Cost Determination		RW	Required if needed for receiver claim determination when multiple products are billed.
362-2G	Compound Ingredient Modifier Code Count	Maximum count of 10	RW	Required when Compound Ingredient Modifier Code (363-2H) is sent
363-2H	Compound Ingredient Modifier Code		RW	Required if necessary for state/federal/regulatory agency programs.

A copy of the *Companion Guide: NCPDP Version D.0 Transaction Payer Sheet* is available for reference under the [Pharmacy Services](#) quick link at indianamedicaid.com.

Psychiatric diagnostic evaluation procedure code 90791 SE covered for MRT determinations only

As published in Indiana Health Coverage Programs (IHCP) Bulletin BT201252, dated December 18, 2012, Current Procedural Terminology (CPT®¹) code 90801 – *Psychiatric diagnostic interview examination* was deleted by the Centers for Medicare & Medicaid Services (CMS) effective December 31, 2012. CPT codes 90791 – *Psychiatric diagnostic evaluation* and 90792 – *Psychiatric diagnostic evaluation with medical services* were listed as alternate codes and identified as IHCP-covered codes effective January 1, 2013.

At that same time, procedure code 90791 with the SE modifier should have been designated as a covered code for Medical Review Team (MRT) determinations only. To correct this error, effective August 1, 2013, CPT code 90791 SE – *Psychiatric diagnostic evaluation* will be covered for MRT services. This change is effective for dates of service on or after January 1, 2013. The provider [Fee Schedule](#) will be updated at indianamedicaid.com to reflect coverage and reimbursement information.



Providers may resubmit claims denied for 90791 SE with dates of service on or after January 1, 2013.

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Twenty-visit limitation for mental health services to be applied to CPT codes 90839, 90840, and 90889

Under current Indiana Health Coverage Programs (IHCP) policy, prior authorization (PA) is required for mental health services provided in an outpatient or office setting that exceed 20 units per recipient, per provider, per rolling 12-month period of time, except neuropsychological and psychological testing, which is subject to other prior authorization parameters (see 405 IAC 5-20-8).

Effective August 1, 2013, the three outpatient mental health Current Procedural Terminology (CPT) codes listed in the following table will be added to the list of codes that will deny for explanation of benefits (EOB) 6900 – *Psychiatric services in excess of 20 per rolling calendar year require an approved prior authorization* if PA has not been obtained. This change will be applied to claims with dates of service on or after August 1, 2013.

Table 2 – Additional outpatient mental health CPT codes requiring PA after 20 units for dates of service on or after August 1, 2013

CPT Code	Description
90839	Psychotherapy for crisis; first 60 minutes
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)
90899	Unlisted psychiatric service or procedure

CDT code D7951 no longer covered

Under current Indiana Health Coverage Programs (IHCP) policy, dental implants are not a covered service (refer to 405 IAC 5-14-2). To comply with this policy, effective August 1, 2013, the IHCP will no longer cover Current Dental Terminology (CDT²) code D7951 – *Sinus augmentation with bone or bone substitutes*. This change will be applied to claims with dates of service on or after August 1, 2013.

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CPT code 85397 linked to revenue code 305

Effective August 1, 2013, the Indiana Health Coverage Programs (IHCP) will link Current Procedural Terminology (CPT) code 85397 – *Coagulation and Fibrinolysis, functional activity, not otherwise specified (eg, adams-13), each analyte* to revenue code 305 – *Hematology Lab*. For reimbursement consideration, providers may bill the procedure code and revenue code together, as appropriate, for dates of service on or after August 1, 2013.

CPT code 70555 linked to revenue code 611

Effective August 1, 2013, the Indiana Health Coverage Programs (IHCP) will link Current Procedural Terminology (CPT) code 70555 – *Magnetic Resonance Imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing* to revenue code 611 – *MRI/Brain (including brainstem)*. For reimbursement consideration, providers may bill the procedure code and revenue code together, as appropriate, for dates of service on or after August 1, 2013.

Procedure code Q3025 linked to revenue code 636

Effective April 1, 2013, the Indiana Health Coverage Programs (IHCP) linked procedure code Q3025 – *Injection, Interferon Beta-1A, 11 mcg for intramuscular injection* to revenue code 636 – *Codes requiring detailed coding*. Inadvertently, notification of this change was not previously published. Therefore, beginning August 1, 2013, providers may bill this procedure code and revenue code together, as appropriate, for dates of service on or after April 1, 2013. Providers may resubmit denied claims with explanation of benefits (EOB) 520 – *Invalid revenue code/procedure code combination* for dates of service on or after April 1, 2013, for reimbursement



System updates scheduled in preparation for the future ICD-10 implementation

To accommodate format changes required for the **future** ICD-10 implementation on October 1, 2014, the Indiana Health Coverage Programs (IHCP) will implement system updates the weekend of September 21, 2013. To see what system changes will take place September 21, 2013, visit the [ICD-10 Decisions](#) page at indianamedicaid.com.

QUESTIONS?

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