IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201336 SEPTEMBER 10, 2013

Certain pharmacy claims to be mass adjusted for Medicare Part D/dually eligible members

Catamaran, the Indiana Health Coverage Programs (IHCP) pharmacy benefit manager, has identified inappropriate payments for noncovered services for Medicare Part D/dually eligible members. The claims were for drugs that are not excluded by Medicare Part D and therefore are not reimbursable by the IHCP. The claims were adjudicated between May 24, 2013, and August 7, 2013. Catamaran will correct affected claims through a mass adjustment process. The adjustment will take place during the September 24, 2013, payment cycle and will appear on providers' Remittance Advices (RAs) for that week.

Catamaran reminds providers that for Medicare Part D/dually eligible members, the IHCP can reimburse only for products that are specifically excluded from coverage by Medicare Part D but are covered by the IHCP. A list of those products can be found on the Indiana Medicaid Pharmacy Benefit Coverage for Medicare Part D Excluded Products page under the Pharmacy Services quick link at indianamedicaid.com.

Please review your RA for the adjustments. If you disagree with the adjustments, you may request an administrative review by writing to the following address:

Catamaran
P.O. Box 44085
Indianapolis, IN 46244-0085

If you have questions, please contact Catamaran toll-free at 1-855-577-6317.

MORE IN THIS ISSUE

Billing guidance clarified for initial evaluations for physical and occupational therapy in home settings

Home health providers were previously instructed to use occurrence code 53 when billing for initial evaluations for physical and occupational therapy in home settings and that prior authorization was required.

It has been determined that neither use of occurrence code 53 nor prior authorization is required for these services. Home health providers should use the Current Procedural Terminology (CPT®[1]) code and the corresponding revenue code listed in the following table, as appropriate, when billing for initial evaluations for physical or occupational therapy in home settings.

Codes for billing initial evaluations for physical and occupational therapy in home settings

	CPT/Description	Revenue Code/Description
Physical Therapy	97001 – *Physical Therapy Evaluation*	424 –*Evaluation or Re-Evaluation* (for physical therapy)
Occupational Therapy	97003 – *Occupational Therapy Evaluation*	434 –*Evaluation or Re-Evaluation* (for occupational therapy)

Pharmacy claims for blood factor to be mass adjusted

Catamaran, the Indiana Health Coverage Programs (IHCP) pharmacy benefit manager, has identified overpayments for blood factor claims processed between May 24, 2013, and July 9, 2013. Some claims were processed and reimbursed without using the Indiana Maximum Allowable Cost pricing source, which resulted in overpayments.

All affected claims will be corrected through a claim mass adjustment (reverse and rebill) process performed by Catamaran. The claims will be adjusted during the September 24, 2013, payment cycle and will appear on providers' Remittance Advices (RAs) for that week.

Please review your RA for the adjustments. If you disagree with the adjustments, you may request an administrative review by writing to the following address:

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Indianapolis, IN 46244-0085

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FFS vaccine administration claims denied in error for Edit 4190

Fee-for-service (FFS) vaccine administration claims submitted July 31, 2013, through August 30, 2013, with the following Current Procedural Terminology (CPT®[1]) codes erroneously denied for Edit 4190 – *Add on codes not payable when base code is not present* when the procedure codes for the vaccine under the Vaccine for Children (VFC) program were correctly billed at $0.

- 90471 SL – *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid); VFC vaccine administration*
- 90472 SL – *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid); VFC vaccine administrati*on (Note: CPT code 90472 is an add-on code and should never be billed alone.)

Providers may resubmit claims that denied in error.

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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