

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201338

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The IHCP to cover HCPCS code V2531

Effective November 1, 2013, the Indiana Health Coverage Programs (IHCP) will provide coverage for Healthcare Common Procedure Coding System (HCPCS) code V2531 – *Contact lens, scleral, gas permeable, per lens*.

HCPCS code V2531 will be added to the optometrist and optician code sets at indianamedicaid.com. For reimbursement consideration, providers may bill HCPCS code V2531, as appropriate, for dates of service (DOS) on or after November 1, 2013.

Pricing: As previously published in *IHCP Bulletin* [BT201325](#), the IHCP 5% reduction in reimbursement for durable medical equipment (DME) and prosthetics has been extended for DOS through December 31, 2013. The maximum reimbursement rate for HCPCS code V2531 is \$481.19 for DOS of November 1, 2013, through December 31, 2013. For DOS on or after January 1, 2014, the maximum reimbursement rate will be \$506.52.

Billing guidance: See [Chapter 8](#) of the *IHCP Provider Manual* for additional billing instructions.

Prior authorization: None required.

The provider [Code Sets](#) and [Fee Schedule](#) will be updated at indianamedicaid.com to reflect this coverage and reimbursement information.

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New coverage and reimbursement for Sclerotherapy for the treatment of varicose veins

Effective November 1, 2013, the Indiana Health Coverage Program (IHCP) will provide coverage for Current Procedural Terminology (CPT^{®1}) codes 36470 – *Injection of sclerosing solution; single vein* and 36471 – *Injection of sclerosing solution; multiple veins, same leg*. Coverage applies for dates of service on or after November 1, 2013.

Coverage limitations: Sclerotherapy treatment will be covered when medically necessary for symptomatic saphenous varicose veins or tributaries. Sclerotherapy for cosmetic purposes is not covered. Sclerotherapy will not be covered for the following conditions:

- The treatment of asymptomatic veins is not considered medically reasonable and necessary.
- The treatment of spider veins or superficial telangiectasis is considered cosmetic.

Pricing: An ambulatory surgical center (ASC) pricing indicator of “D” is assigned CPT codes 36470 and 36471, reimbursing a maximum rate of \$97.73.

Billing guidance: CPT codes 36470 and 36471 may be billed, as appropriate, with revenue codes 360 – *Operating room services* and 490 – *Ambulatory surgical care*. See [Chapter 8](#) of the *IHCP Provider Manual* for additional billing instructions.

Prior authorization: None required.

The [Fee Schedule](#) at indianamedicaid.com will be updated with this coverage and reimbursement information.

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Unit restriction of one removed for CPT code 95017

Effective November 1, 2013, the Indiana Health Coverage Programs (IHCP) is removing the unit restriction of one for Current Procedural Terminology (CPT) code 95017 – *Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests*. This change is consistent with national coding guidelines for allergy testing. Providers may bill for more than one unit of CPT code 95017, as appropriate, for dates of service on or after November 1, 2013.

The [Fee Schedule](#) will be updated at indianamedicaid.com to reflect this change.

Prior authorization no longer required when billing for initial evaluations for speech therapy

Effective for dates of service on or after October 17, 2013, prior authorization (PA) is no longer required when billing for initial evaluations using Current Procedural Terminology (CPT) code CPT 92506 – *Evaluation of speech, voice, communication, and/or auditory processing*. As appropriate, providers should bill CPT 92506 along with revenue code 444 – *Speech Therapy – Language Pathology – Evaluation or Re-Evaluation*. It is unnecessary for home health providers billing for speech therapy evaluation in the home setting to use occurrence code 53, as previously instructed. The [Fee Schedule](#) at indianamedicaid.com will be updated to reflect this information.

Bed-hold days paid in error will be mass adjusted

Recent *IHCP Banner Page* [BR201308](#), dated February 26, 2013, stated that a mass adjustment of claims for nursing facility (NF) bed-hold days would be performed on or after March 12, 2013. Please see *Banner Page BR201308* for details.

These claims will be mass adjusted and will appear on Remittance Advices (RAs) dated on or after October 1, 2013. These adjustments will be identified by internal control numbers that begin with region code 56 – *Mass Adjustments – Financial*. Overpayments will appear as accounts receivable and will be recouped at 100% from claims paid to the respective provider number.

QUESTIONS?

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