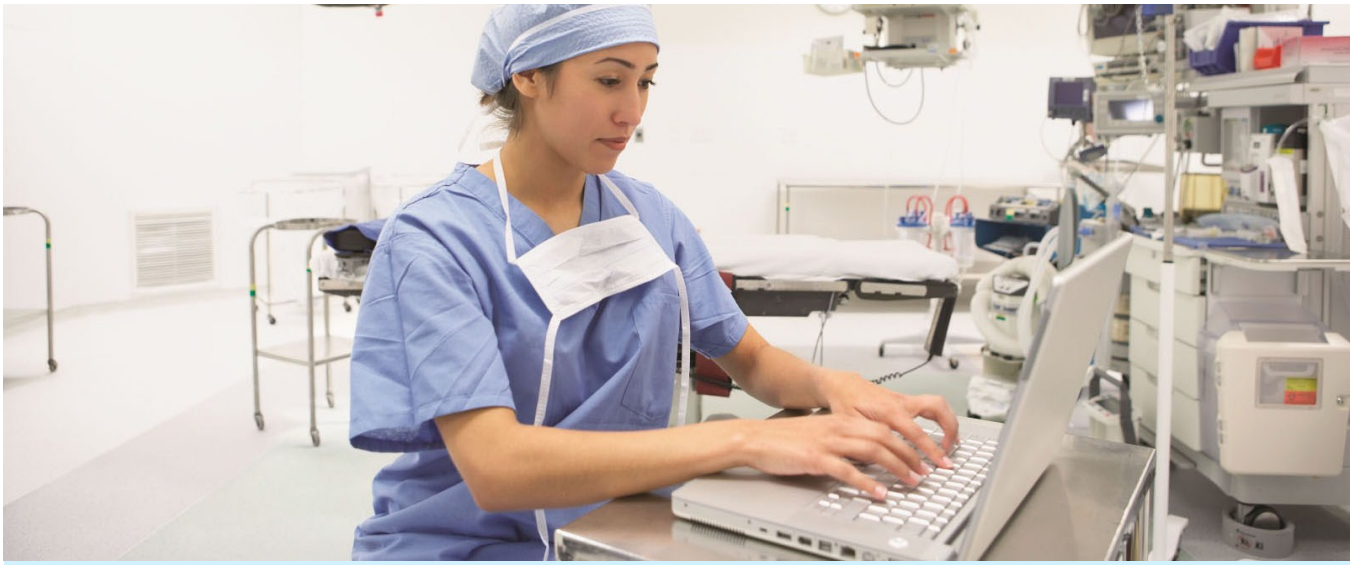
IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201349 DECEMBER 10, 2013



Reminder to reattest for ACA reimbursement increase for primary care services

As stated in *Indiana Health Coverage Programs (IHCP) Bulletins* BT201255 and BT201302, the *Affordable Care Act* (ACA) establishes temporary increases in payments to physicians with a specialty designation of family medicine, general internal medicine, and pediatric medicine, and subspecialties thereof. A physician enrolled with the IHCP in family medicine (provider specialty 316), general internal medicine (provider specialties 322 and 344), general pediatric medicine (provider specialties 335 and 345), or a board-certified subspecialty thereof (such as cardiology, nephrology, and immunology) may qualify in one of two ways:

- The physician is board-certified by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA) in family medicine, general internal medicine, or pediatric medicine or a subspecialty thereof.
- At least 60% of codes billed by the physician to Medicaid for the previous calendar year are qualifying evaluation and management (E/M) codes (Indiana Health Coverage Programs [IHCP]-covered codes in the range 99201 through 99499) and/or vaccine administration codes (90471 through 90474).

Providers that self-attest as qualifying under the provision that at least 60% of Medicaid-billed codes are qualifying codes, are required to self-attest each

Continue

MORE IN THIS ISSUE

calendar year (CY) the ACA physician rate increase is in effect. Therefore, for those physicians who self-attested under the 60% provision during CY2013, qualification for the increased payment will end December 31, 2013; reattestation is required for CY2014. Services provided during any lapses in time between the end of the calendar year and reattestation will not be eligible for the rate increase.

Providers can find the *ACA Physician Self-Attestation Form* on the *Forms* page at indianamedicaid.com.

New mailing address for pharmacy paper claims and adjustments

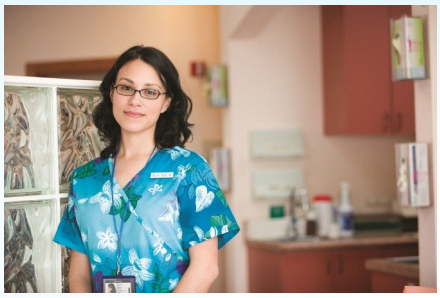
Effective January 1, 2014, Catamaran, the Indiana Health Coverage Programs' (IHCP's) pharmacy benefit manager will have a new post office box to be used for pharmacy paper claims and adjustments. The new address is as follows:

Catamaran
P.O. Box 968022
Schaumburg IL 60196-8022

Pharmacy paper claim and adjustment forms can be found by accessing the Pharmacy Services quick link at indianamedicaid.com, then selecting the Forms quick link. Please direct questions about this banner page to Catamaran Clinical and Technical Help Desk toll-free at 1-855-577-6317.

Correction: Coverage for J7620 to be effective January 15, 2014

Recent *Indiana Health Coverage Programs (IHCP) Banner Page BR201343*, dated October 29, 2013, outlined IHCP coverage for Healthcare Common Procedure Coding System (HCPCS) J7620 – *Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg*. The banner stated that coverage for code J7620 was effective December 1, 2013 for dates of service on or after January 1, 2013. **The coverage effective date has been changed to January 15, 2014.** This change continues to apply to dates of service on or after January 1, 2013.



Providers that received denials for claims submitted after December 1, 2013, with error code 4021 – *Procedure code is not covered for dates of service for the program billed* may resubmit those claims for reimbursement consideration after January 15, 2014. Claims beyond the one-year filing limit must include a copy of this banner page or BR201343 as an attachment to the claim.

CPT code 43361 linked to modifier 62

Effective January 15, 2014, the Indiana Health Coverage Programs (IHCP) has linked Current Procedural Terminology (CPT®[1]) code 43361 – *Gastrointestinal reconstruction for previous esophagectomy for obstructing esophageal lesion or fistula or for previous esophageal exclusion; with colon interposition or small bowel reconstruction, including bowel mobilization preparation* to modifier 62 − *Two Surgeons*. For reimbursement, providers must bill the procedure code and modifier together. The provider Fee Schedule at indianamedicaid.com will be updated to reflect this change.

CPT code 50592 assigned ambulatory surgical center pricing indicator

Effective January 15, 2014, the Indiana Health Coverage Programs (IHCP) has assigned Current Procedural Terminology (CPT) 50592 − *Ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency* an ambulatory surgical center (ASC) pricing indicator of "G." The assignment will apply to dates of service back to July 1, 2013. For dates of service on or after July 1, 2013, the IHCP will reimburse providers billing claims for CPT code 50592 as an outpatient service.

Providers that have had claims deny for edit 4108 − *No ASC on file* may resubmit their claims for reimbursement consideration after January 15, 2014. The Fee Schedule at indianamedicaid.com will be updated to reflect this change. The ASC rates can be found on the Fee Schedule under "ASC Codes."

Procedure code update for Audit 6060

Effective January 15, 2014, the Indiana Health Coverage Programs (IHCP) will remove the procedure codes in Table 1 from Audit 6060 − *Speech Therapy Evaluations – One Per Year*. Procedure codes G0197, G0199, G0200, W4433, and W4434 are being removed from the audit because they have been end-dated. Current Procedural Terminology (CPT) code 92607 is being removed because the code is not specific to Audit 6060.

Table 1 – Procedure codes removed from Audit 6060 effective January 15, 2014

Procedure Code	Description
G0197	Evaluation of patient for prescription of speech generating devices
G0199	Re-evaluation of patient using speech generating devices
G0200	Evaluation of patient for prescription of voice prosthetic
W4433	Speech evaluation
W4434	Speech therapy re-evaluation
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour

Procedure code update for Audit 6857 – Preoperative Doppler studies

The Indiana Health Coverage Programs (IHCP) limits reimbursement of preoperative Doppler studies to podiatrists to one per year per member. Effective January 15, 2014, the procedure codes in Table 1 will be removed from Audit 6857 − *Preoperative Doppler studies*, and the procedure codes in Table 2 will be added to Audit 6857 − *Preoperative Doppler studies*. This update will ensure the correct procedure codes are on this audit to facilitate accurate reimbursement. For additional information regarding coverage of preoperative Doppler studies, see *Chapter 8* of the *IHCP Provider Manual*.

Table 1 – Procedure codes removed from Audit 6857 effective January 15, 2014

Procedure Code	Description
93920	Noninvasive physiologic studies of extremity
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study

Table 2 – Procedure codes added to Audit 6857 effective January 15, 2014

Procedure Code	Description
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
93965	Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

Sterilization age restriction reminder

The Indiana Health Coverage Programs (IHCP) reimburses for sterilizations when the consent form accompanies claims connected with the service for men and women, according to *Indiana Administrative Code* at *405 IAC 5-28-8*.

IHCP reimbursement is available for sterilization with the following restrictions:

- Sterilization procedures must comply with the mandates of federal rules.
- The patient must be 21 years of age or older at the time the informed consent form is signed.
- The patient must be competent and not institutionalized.
- The patient must have voluntarily given informed consent on forms prescribed for such purposes by the federal Department of Health and Human Services.
- All appropriate documentation must be attached to the claim and to claims for directly related services before reimbursement will be made.

For additional information, please see *Chapter 8* of the *IHCP Provider Manual.*

Audiology assessment PA reminder

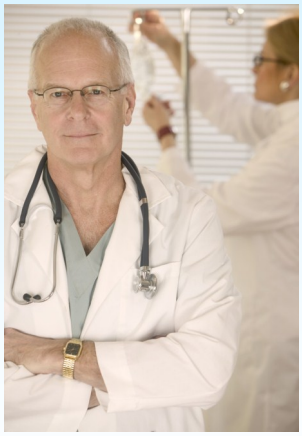
Providers are reminded that prior authorization (PA) must be obtained for audiology assessments rendered more frequently than once every three years. PA will be assessed on a case-by-case basis, based on the documented otologic disease. For additional information, see *Chapter 8* of the *IHCP Provider Manual*.

Bariatric age restriction reminder

Providers are reminded that per *Indiana Health Coverage Programs (IHCP) Banner Page BR200934*, members must be between the ages of 18 and 65 to receive bariatric surgery. Members must also be physically mature, as shown by sexual maturity and the closure of growth plates. Members younger than 21 years of age must have documentation in their medical record by two physicians who have determined bariatric surgery is necessary to save the life of the member or to restore the member's ability to maintain a major life activity defined as self-care, receptive and expressive language, learning, mobility, self-direction, and capacity for independent living or economic self-sufficiency.

Updates to provider information for 2013 taxes due to the IHCP December 14

Changes to your Indiana Health Coverage Programs (IHCP) "mail to," "pay to," or "home office" address or to your 2013 taxpayer identification information must be submitted to the IHCP by December 14, 2013, in preparation for the distribution of 2013 tax information:



- **Verify your provider profile information on Web interChange** – To verify the addresses and tax information on file with the IHCP, go to your provider profile on Web interChange via indianamedicaid.com.
- **Correct your address information** – If your "mail to" or "pay to" address has changed, you can update your provider profile online or by mail. Providers wanting to update their "mail to" or "pay to" addresses online via Web interChange should select **Provider Profile** and then the **Edit/View** option. Providers can also request updates by submitting an *IHCP Name and Address Maintenance Form*, available on the Update Your Provider Profile page at indianamedicaid.com. Changes to your "home office" address, which is your legal address, must be submitted by mail and require an updated W-9 be submitted along with the address update form.
- **Corrections to your taxpayer identification information** – If your taxpayer identification information, including the name, address, or identification number on the W-9 form on file with the IHCP, needs to be updated, you must submit your update by mail using the *IHCP Tax Identification Maintenance Form* available on the Update Your Provider Profile page at indianamedicaid.com. A revised W-9 form must be submitted with the form.

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.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from indianamedicaid.com. To receive email notices of future IHCP publications, subscribe to IHCP E-mail Notifications.

TO PRINT

A printer-friendly version of this publication, in black and white and without graphics, is available for your convenience.