IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201350 DECEMBER 17, 2013

CPT code 22899 assigned ambulatory surgical center pricing indicator

Effective January 17, 2014, the Indiana Health Coverage Programs (IHCP) has assigned Current Procedural Terminology (CPT) code 22899 − *Unlisted procedure, spine* an ambulatory surgical center (ASC) pricing indicator of "H." The assignment will apply to dates of service on or after July 1, 2013. For dates of service on or after July 1, 2013, the IHCP will reimburse providers billing claims for CPT code 22899 as an outpatient service.

Providers that received denials for claims with dates of service on or after July 1, 2013, with error code 4108 − *No ASC on file* may resubmit those claims for reimbursement consideration after January 17, 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."

CMS announces new enrollment application fee for 2014

On December 2, 2013, the Centers for Medicare & Medicaid Services (CMS) announced that the provider enrollment application fee will change for 2014. Effective January 1, 2014, newly enrolling providers subject to the application fee will be required to pay an enrollment application fee of $542. For more information regarding the application fee and enrolling as a provider with the Indiana Health Coverage Programs (IHCP), visit the Provider Enrollment pages at indianamedicaid.com.

MORE IN THIS ISSUE

CPT codes 36222-36228 linked to modifier 50 – *Bilateral procedure*

Effective January 17, 2014, the Indiana Health Coverage Programs (IHCP) has linked the Current Procedural Terminology (CPT®[1]) codes in the following table to modifier 50 − *Bilateral procedure.* Beginning January 17, 2014, providers may bill procedure codes 36222-36228 for dates of service on or after April 1, 2013, with modifier 50 and receive payment based on modifier 50 payment logic. When the modifier is used, the payment methodology processes the allowed amount for the procedure at 150%. When billing with modifier 50, providers should bill only 1 unit. The Fee Schedule at indianamedicaid.com will be updated to reflect these changes.

Table 1− Procedure codes linked to modifier 50, effective for dates of service on or after April 1, 2013

Procedure Code	Description
36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extra cranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed.
36223	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed.
36224	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extra cranial carotid A of the extracranial carotid and cervicocerebral arch, when performed.
36225	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed.
36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)
36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (e.g., middle cerebral artery, posterior inferior cerebellar artery) (list separately in addition to code for primary procedure)

Procedure code update to Audit 6054

Effective February 1, 2014, the following updates will be made to Audit 6054 − *Only One Hearing Test Per 36 Months Without PA*.

- Claims billed with Current Procedural Terminology (CPT) code 92563 – *Tone decay test* **will be added** to Audit 6054.
- Claims billed with HCPCS code S0618 – *Audiometry for hearing aid and evaluation to determine the level and degree of hearing loss* **will be removed** from Audit 6054.

These changes apply to dates of service on or after February 1, 2014.

Common billing errors discovered through real-time pharmacy audits

As the Pharmacy Benefit Manager for the Indiana Health Coverage Programs (IHCP), Catamaran's pharmacy audit responsibilities include performing real-time, live audits to review all adjudicated pharmacy claims each day. The pharmacy claims found to be aberrant, according to state or federal law or policy, are electronically flagged and the pharmacy provider notified via telephone or fax. At that time, the pharmacy provider is given the opportunity to address the irregularities of the claim, ideally before payment is made.

Common billing errors and their solutions include the following:

- Billing Error #1:

  Misrepresentation of package size or quantity for products where the quantity prescribed is not a multiple of the product's package size or quantity. (Example: Claims for topical creams, ointments, and lotions with a package size of 28 grams, but the quantity submitted on the claim is 30 grams)

  Solution #1: The size or quantity submitted on the claim must match the size or quantity actually dispensed, even if the prescribed amount differs slightly.

- Billing Error #2:

  Miscalculation of the number of days supplied when the number of days supplied is not equal in number to the units supplied. (Example: Claims for metered-dose inhalers and nasal sprays, which need to account for the number of sprays/actuations contained in the product packaging)

  Solution #2*:* To submit a claim indicating the appropriate number of days supplied for a metered dose inhaler or nasal spray, pharmacy providers should divide the number of sprays/actuations contained in the product packaging by the maximum number of sprays/actuations being used each day.

  Sample Calculations:

  Scenario 1: The prescription is written for 2 ProAir HFA inhalers with directions of 1-2 actuations every 4-6 hours. To derive the days supply, take the number of actuations in 2 ProAir HFA inhalers (200 x 2 inhalers) and divide by 12 actuations per day to derive the correct days supply of 33.

Continue

Scenario 2: The prescription is written for Flonase Nasal Spray with directions of 1 spray in each nostril daily. To derive the days supply, take the number of sprays in the Flonase product (120) and divide by 2 sprays per day (one per nostril) to derive the correct days supply of 60.*

*Please note: Flonase is a maintenance medication. A maintenance medication is a drug that is prescribed for chronic, long-term conditions and is taken on a regular, recurring basis. IHCP pharmacy claims for maintenance medications are limited in quantity to no more than a 100-day supply per dispensation. Nonmaintenance medications are limited in quantity to no more than a 34-day supply per dispensation. See *Chapter 9* of the *IHCP Provider Manual* at indianamedicaid.com for more information.

A table of commonly used inhaler and nasal spray products and the number of sprays/actuations within the product packaging is provided in Table 2 for reference. If the product being dispensed is not listed in the table, see the product's package insert to find the number of sprays/actuations in the container.

Table 2 – Inhaler and nasal spray products and number of sprays/actuations

Name of Product	# of Sprays/Actuations
Advair diskus	60
Advair HFA	120
Albuterol	200
Asmanex Twisthaler 110 NDC 00085-1461-02	30
Asmanex Twisthaler 220 NDC 00085-1341-03 and NDC 00085-1341-07	30
Asmanex Twisthaler 220 NDC 00085-1341-02	60
Asmanex Twisthaler 220 NDC 00085-1341-01	120
Astelin	200
Astepro	200
Atrovent Nasal 0.03%	345
Atrovent Nasal 0.06%	165
Azmacort	240
Combivent	200
Combivent Respimat	120
DDAVP	50
Dulera	120
Flonase	120
Flovent	120
Foradil	60
Imitrex	1
Nasacort	100
Nasacort Aq	120
Nasalide	200
Nasarel	200

Continue

Table 2 – Inhaler and nasal spray products and number of sprays/actuations (Continued)

Name of Product	# of Sprays/Actuations
Nasonex	120
Patanase	240
ProAIR HFA	200
Proventil/Proventil HFA	200
Pulmicort Flexhaler 90mcg/dose	60
Pulmicort Flexhaler 180mg/dose	120
QVAR	120
Rhinocort Aq	200
Serevent	120
Spiriva Handihaler NDC 00597-0075-41	30
Spiriva Handihaler NDC 00597-0075-47	90
Symbicort	120
Synarel	60
Ventolin HFA	200
Xopenex HFA	200

Please direct questions about this article to the Catamaran Clinical and Technical Help Desk at 1-855-577-6317.

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.