

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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## IHCP to cover CPT code 90644

Effective June 1, 2014, the Indiana Health Coverage Programs (IHCP) will cover Current Procedural Terminology (CPT®<sup>1</sup>) code 90644 – *Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine (Hib-MenCY), 4 dose schedule, when administered to children 2-15 months of age, for intramuscular use*. The Food and Drug Administration (FDA) approved the product Menhibrix in 2012. Coverage applies to all IHCP programs, subject to limitations established for certain benefit packages. Coverage applies to dates of service on or after **July 1, 2013**. Claims beyond the one-year filing limit must include a copy of this banner page as an attachment to the claim.

The following reimbursement information applies:

**Pricing:** Maximum fee.

**Prior Authorization:** None required.

**Billing Guidance:** See [Chapter 8: Billing Instructions](#) of the *IHCP Provider Manual* for billing procedures.

The provider [Fee Schedule](#) will be updated at indianamedicaid.com to reflect this coverage and reimbursement information. Reimbursement and billing information applies to services delivered under the fee-for-service (FFS) delivery system, Individual managed care entities (MCEs) establish and publish reimbursement and billing criteria within the risk-based managed care (RBMC) delivery system.

<sup>1</sup> CPT copyright 2012 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

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## IHCP to cover CPT code 90688

Effective June 1, 2014, the Indiana Health Coverage Programs (IHCP) will cover Current Procedural Terminology (CPT) code 90688 – *Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use*. Coverage applies to all IHCP programs, subject to limitations established for certain benefit packages. Coverage applies to dates of service on or after **September 1, 2013**. Claims beyond the one-year filing limit must include a copy of this banner page as an attachment to the claim.

The following reimbursement information applies:

**Pricing:** Maximum fee.

**Prior Authorization:** None required.

**Billing Guidance:** See [Chapter 8: Billing Instructions](#) of the *IHCP Provider Manual* for billing procedures.

The provider [Fee Schedule](#) will be updated at indianamedicaid.com to reflect this coverage and reimbursement information. Reimbursement and billing information applies to services delivered under the fee-for-service (FFS) delivery system, Individual managed care entities (MCEs) establish and publish reimbursement and billing criteria within the risk-based managed care (RBMC) delivery system.



## Prior authorization no longer required for Q0509

Effective June 1, 2014, the Indiana Health Coverage Programs (IHCP) will no longer require prior authorization (PA) when providers bill for Healthcare Common Procedure Coding System (HCPCS) code Q0509 – *Miscellaneous Supply or Accessory for use with any implanted Ventricular Assist Device for which payment was not made under Medicare Part A*. This change applies to dates of service on or after June 1, 2014.

The [Fee Schedule](#) at indianamedicaid.com will be updated to reflect this change. Questions regarding PA should be directed to ADVANTAGE Health Solutions at 1-800-269-5720.

## CPT code 17003 linked to revenue codes 360 and 361

Effective June 1, 2014, the Indiana Health Coverage Programs (IHCP) will link Current Procedural Terminology (CPT) code 17003 – *Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement); premalignant lesions (e.g., actinic keratoses), second through 14 lesions, each (list separately in addition to code for first lesion)* to revenue codes 360 – *Operating Room Services* and 361 – *Operating Room or minor surgery*. These linkages apply to dates of service (DOS) on or after **July 1, 2013**.

Beginning June 1, 2014, for reimbursement consideration, providers may bill the HCPCS code and the revenue code together, as appropriate, for DOS on or after July 1, 2013. Claims beyond the one-year filing limit must include a copy of this banner page as an attachment to the claim.

## HCPCS code J1300 linked to revenue code 636

Effective June 1, 2014, the Indiana Health Coverage Programs (IHCP) will link Healthcare Common Procedure Coding System (HCPCS) code J1300 – *Injection, eculizumab, 10 mg* to revenue code 636–*Drugs requiring detailed coding*.

This linkage applies to dates of service (DOS) on or after **July 1, 2013**.

Beginning June 1, 2014, for reimbursement consideration, providers may bill the procedure code and revenue code together, as appropriate, for DOS on or after July 1, 2013. Claims beyond the one-year filing limit must include a copy of this banner page as an attachment to the claim.

## HCPCS codes G0461 and G0462 are not allowed to be billed with CPT codes 88342 or 88343

Effective June 1, 2014, the Indiana Health Coverage Programs (IHCP) will implement an audit to ensure Healthcare Common Procedure Coding System (HCPCS) codes G0461 – *Immunohistochemistry or immunocytochemistry, per specimen; first single or multiplex antibody stain* and G0462 – *Immunohistochemistry or immunocytochemistry, per specimen; each additional single or multiplex antibody stain (list separately in addition to code for primary procedure)* cannot be billed for the same date of service (DOS) with the following Current Procedural Terminology (CPT) codes:

- 88342 – *Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; first separately identifiable antibody per slide*
- 88343 – *Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide*

Providers will receive explanation of benefits (EOB) 9126 – *G0461 and G0462 cannot be reported with procedure codes 88342 or 88343* if they bill these codes for the same DOS.

For additional information regarding billing procedures, see [Chapter 8: Billing Instructions](#) of the *IHCP Provider Manual*.

## Providers may experience delays in claims processing

The Indiana Health Coverage Programs (IHCP) is experiencing some delay in processing fee-for-service claims submitted on or after April 1, 2014. Normal claims processing is underway; however, due to a backlog of claims, providers may experience delays in the typical claims processing and payment time frames, as well as delays in the ability to view submitted claims using Web interChange Claim Inquiry. The delay will not exceed the statutory 21-day clean claims processing requirement identified in [Chapter 10: Claims Processing Procedures](#) of the *IHCP Provider Manual*.

If you have submitted claims via Web interChange and received an internal control number (ICN) or if you have submitted batch claims and received a Submission Summary Report, the ICN/Submission Summary Report is verification that your claims have been accepted and will be processed. Do not resubmit these claims. Doing so will only result in the claims being denied as duplicates and may cause added delay.

## Reminder: Complete three new dental questions by May 1

As required by the Centers for Medicare & Medicaid Services (CMS), all dental providers are encouraged to answer three additional questions to complete their provider profiles.

The questions address whether the facility can provide the following:

- Services for children with mobility limitations
- Sedation for children with complex medical or behavioral conditions
- Services for children with intellectual disabilities

Dental providers currently enrolled in the Indiana Health Coverage Programs (IHCP) can access [Web interChange](#) to answer the additional questions listed in the *Provider Maintenance* window. For new dental providers, the additional questions have been incorporated into the [provider enrollment application packets](#) at indianamedicaid.com.



### 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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