

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201430

JULY 29, 2014



Gender restrictions for certain home infusion therapy codes revised

Effective September 1, 2014, the Indiana Health Coverage Programs (IHCP) will make the following revisions to the gender restrictions for the home infusion therapy codes.

The gender restrictions for the following Current Procedural Terminology (CPT^{®1}) will be removed:

- CPT 99601 – *Home infusion/specialty drug administration, per visit (up to 2 hours)*
- CPT 99602 – *Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour*

A gender restriction of female will be added to the following Healthcare Common Procedure Coding System (HCPCS) code:

- S9349 – *Home infusion therapy, tocolytic infusion therapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem*

With respect to tocolytic infusion therapy, CPT codes 99601 and 99602 may be billed if the member meets the criteria and the home health agency (HHA) is providing the home uterine monitoring and skilled nursing components of the

continue

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

MORE IN THIS ISSUE

- [CPT code 76937 assigned maximum fee pricing](#)
- [Correction: HCPCS code A9520 linkage to revenue code 343](#)
- [Third-Quarter IHCP Provider Workshops](#)

tocolytic infusion therapy **only**. When billing these codes, the tocolytic drugs and other supplies must be supplied and billed through a different provider. CPT codes 99601 and 99602 cannot be billed together with code S9349, which is a bundled service. HHAs should bill for home infusion therapy following standard home healthcare billing guidelines. Supplies for each therapy are bundled into a daily rate, and HHAs are not allowed to bill separately for any supplies associated with these therapies. HHAs are also not allowed to bill an overhead charge when daily infusion services do not include an actual encounter in the home. Providers should see [Chapter 8](#) of the *IHCP Provider Manual* for additional billing instructions.

CPT code 76937 assigned maximum fee pricing

The Indiana Health Coverage Programs (IHCP) has assigned Current Procedural Terminology (CPT) code 76937 – *Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent real-time ultrasound visualization of vascular needle entry, with permanent recording and reporting* maximum fee pricing in the amount of \$11.32. This pricing is retroactively effective for outpatient services with dates of service (DOS) on or after **October 15, 2013**.

For reimbursement consideration, providers may bill CPT code 76937 as an outpatient service for DOS on or after October 15, 2013. Claims for CPT code 76937 for these DOS that previously denied for explanation of benefit (EOB) 4014 – *Claim being reviewed for pricing* may be resubmitted. Claims beyond the original one-year filing limit must include a copy of this *Banner Page* as an attachment and must be filed within one year of the publication date.

The [Fee Schedule](#) at indianamedicaid.com will be updated to reflect the pricing assigned.

Correction: HCPCS code A9520 linkage to revenue code 343 applies to DOS on or after January 1, 2014

In *Indiana Health Coverage Programs (IHCP) Banner Page BR201422*, it was announced that effective July 7, 2014, Healthcare Common Procedure Coding System (HCPCS) code A9520 – *Technetium tc-99m, tilmanocept, diagnostic, up to 0.5 millicuries* would be linked to revenue code 343 – *Nuclear Medicine-Diagnostic Radiopharmaceuticals*.

- In error, the article stated: “This linkage applies retroactively to dates of service (DOS) on or after **July 1, 2013**.”
- The article should have stated: “This linkage applies retroactively to dates of service (DOS) on or after **January 1, 2014**.”

Based on this correction, for reimbursement consideration, providers may bill HCPCS code A9520 and revenue code 343 together, as appropriate, for DOS on or after **January 1, 2014**. Claims for procedure code A9520 with revenue code 343 for these DOS that previously denied for explanation of benefits (EOB) 520 – *Invalid revenue code and procedure code combination* may be resubmitted.



Register now for Third-Quarter IHCP Provider Workshops

The Indiana Health Coverage Programs (IHCP) will offer one-day educational workshops to providers on the dates and at the locations shown in Table 1. Each workshop will include the following sessions:

- Provider Enrollment
- IHCP Updates
- Life of a Claim
- IHCP Indiana *Care Select*
- MHS and Cenpatico Behavioral Health Third-Quarter Wrap-Up
- Mdwise: Third-Quarter 2014
- Enhancing Quality Improvement Opportunities



Table 1 – Third-Quarter IHCP Provider Workshop Dates and Locations

Date	Location
August 14, 2014	Virtual training
August 20, 2014	St. Catherine's Hospital East Chicago, Indiana
August 21, 2014	Community North Hospital Indianapolis, Indiana
August 22, 2014	Virtual training
August 26, 2014	Floyd Memorial Hospital and Health Services New Albany, Indiana
August 28, 2014	Parkview Hospital Fort Wayne, Indiana

Session registration

Be sure to register early, as spaces fill up quickly. For more information, see the [Third-Quarter IHCP Provider Workshops page](#) at indianamedicaid.com. To register, visit the [Workshop Registration page](#) at indianamedicaid.com. The registration page provides instructions, including the Workshop Registration Tool Quick Reference. Online registrants receive immediate confirmation.

QUESTIONS?

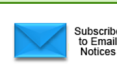
If you have questions about this publication, please contact Customer Assistance at 1-800-577-1278.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope here or on the pages of indianamedicaid.com.



TO PRINT

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