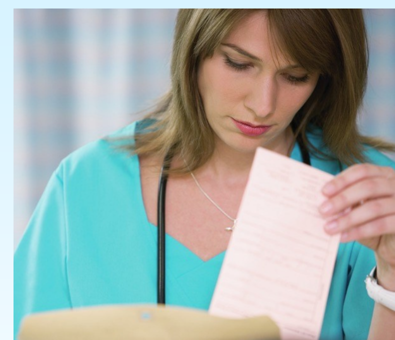
IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201530 JULY 28, 2015

IHCP to mass adjust/reprocess claims for covered codes from the 2015 Annual HCPCS update

The Indiana Health Coverage Programs (IHCP) has identified a claims processing issue that affects newly covered codes from the 2015 Annual Healthcare Common Procedure Coding System (HCPCS) update, as announced in IHCP *Bulletin BT201501*. Fee-for-service claims for these newly covered codes that processed from January 1, 2015 through April 23, 2015 may have paid incorrectly or may have inappropriately denied with one of the following explanation of benefits (EOB) codes:



- 4014 – *No pricing segment on file*
- 4033 – *Invalid procedure code/modifier combination*
- 4209 – *No pricing segment on file for procedure code modifier combination*
- 6000 – *Manual pricing required will be mass adjusted*

The claims processing system has been corrected. Claims processed during the indicated time frame that paid incorrectly or denied for the EOB codes indicated have been mass adjusted (if paid) or mass reprocessed (if denied). The adjusted and reprocessed claims should have begun appearing on providers' Remittance Advices (RAs) dated June 23, 2015, with internal control numbers (ICN) that begin with 56 (mass adjusted) or 80 (mass reprocessed). For claims that were underpaid, the net difference will be paid and reflected on the RA.

CPT code 37766 linked to revenue code 490

Effective September 1, 2015, the Indiana Health Coverage Programs (IHCP) will link Current Procedural Terminology (CPT®[1]) code 37766 – *Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions* to revenue code 490 – *Ambulatory Surgical Care General*. This linkage applies retroactively to fee-for-service (FFS) claims with dates of service (DOS) on or after **July 1, 2014**.

For reimbursement consideration, beginning September 1, 2015, providers may bill CPT code 37766 and revenue code 490 together, as appropriate. Claims with DOS on or after July 1, 2014, that previously denied for explanation of benefits (EOB) 520 – *Invalid revenue code and procedure code combination* may be resubmitted. Claims resubmitted 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.

[1] *CPT copyright 2014 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.*

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IHCP to mass reprocess claims for HCPCS code D0140 that denied incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claims processing system issue. Dental claims billed with Healthcare Common Procedure Coding System (HCPCS) code D0140 – *Limited oral evaluation, problem-focused*, that processed from June 1, 2015, through July 1, 2015, may have inappropriately denied with explanation of benefits (EOB) 4034 – *Procedure code billed not compatible with recipients age*. *Please verify and resubmit*. HCPCS code D0140 is not subject to an age restriction.

The claims processing system has been corrected. Claims for D0140 processed during the indicated time frame that denied with EOB 4034 will be mass reprocessed. Providers will see the reprocessed claims on the Remittance Advice (RA) statements beginning July 28, 2015, with internal control numbers (ICNs) that begin with 80 (mass reprocess).

IHCP to cover HCPCS code J7182

Effective September 1, 2015, the Indiana Health Coverage Programs (IHCP) will cover Healthcare Common Procedure Coding System (HCPCS) code J7182 – *Injection, factor VIII, (antihemophilic factor, recombinant), (Novoeight), per IU*. Coverage applies to all IHCP programs, subject to limitations established for certain benefit packages. Coverage applies retroactively to dates of service on or after **March 12, 2015**.

Beginning September 1, 2015, providers may submit claims for HCPCS code J7182 for dates of service on or after March 12, 2015. Claims submitted 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 following reimbursement information applies:

Pricing: Manually priced

Prior authorization: None

Billing guidance:

- Must be billed with the appropriate National Drug Code (NDC)
- Separate reimbursement is allowed under revenue code 636 – *Drugs requiring detailed coding for separate reimbursement in an outpatient setting*. For reimbursement consideration, providers may bill these procedure codes and the revenue code together, as appropriate.

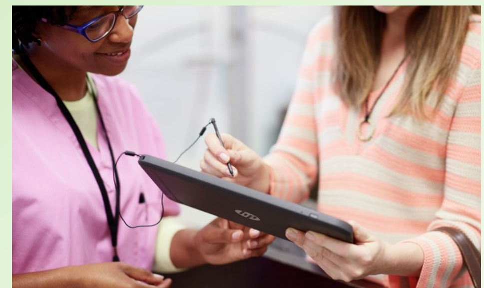
These changes will be reflected in the next monthly updates to the provider Code Sets and Fee Schedule at indianamedicaid.com.

Reimbursement, PA, and billing information apply to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the risk-based managed care (RBMC) delivery system. Questions should be directed to the MCE with which the member is enrolled.

The IHCP to cover HCPCS code C9447

Effective September 1, 2015, the Indiana Health Coverage Programs (IHCP) will cover Healthcare Common Procedure Coding System (HCPCS) code C9447 – *Injection, phenylephrine and ketorolac, 4 ml vial*. Coverage applies to all IHCP programs, subject to limitations established for certain benefit packages. Coverage applies retroactively to dates of service (DOS) on or after **April 6, 2015**.

Beginning September 1, 2015, providers may submit claims for HCPCS code C9447 for dates of service on or after April 6, 2015. Claims submitted 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 following reimbursement information applies:



Pricing: Max fee

Prior authorization: None

Billing guidance:

- Must be billed with the appropriate National Drug Code (NDC)
- Separate reimbursement is allowed under revenue code 636 – *Drugs requiring detailed coding for separate reimbursement in an outpatient setting*. For reimbursement consideration, providers may bill these procedure codes and the revenue code together, as appropriate.

These changes will be reflected in the next monthly updates to the provider Code Sets and Fee Schedule at indianamedicaid.com.

Reimbursement, PA, and billing information apply to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the risk-based managed care (RBMC) delivery system. Questions should be directed to the MCE with which the member is enrolled.

Virtual training sessions scheduled for Presumptive Eligibility (PE) for Inmates process

As introduced in the Indiana Health Coverage Programs (IHCP) Bulletin *BT201543*, effective July 1, 2015, the IHCP implemented a Presumptive Eligibility (PE) for Inmates process. This process allows Hospital Presumptive Eligibility (HPE) qualified providers (QPs) to enroll eligible inmates into the IHCP for temporary coverage of authorized inpatient hospitalization services until their eligibility can be determined based on completion of the full *Indiana Application for Health Coverage*.

The IHCP has scheduled two virtual sessions to train HPE QPs in this process. The session dates and times are:

- August 6, 2015: 10:00 a.m.–11:30 a.m.
- August 11, 2015: 12:00 p.m.–1:30 p.m.

To register and for more information, see the PE Qualified Provider Training page at indianamedicaid.com.

Coverage ended for vaccines no longer available in the U.S.

Effective September 1, 2015, the Indiana Health Coverage Programs (IHCP) will no longer cover Current Procedural Terminology Codes (CPT) codes specific to vaccines that are no longer available in the United States. The procedure codes affected by this change are listed in Table 1. This change applies to all IHCP programs for dates of service (DOS) on or after September 1, 2015. Claims with DOS before September 1, 2015, will be unaffected.

Table 1 – Vaccine CPT codes noncovered for DOS on or after September 1, 2015

CPT Code	Description
90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use
90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use
90669	Pneumococcal conjugate vaccine, 7 valent, for intramuscular use
90676	Rabies vaccine, for intradermal use
90692	Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous or intradermal use
90704	Mumps virus vaccine, live, for subcutaneous use
90705	Measles virus vaccine, live, for subcutaneous use
90706	Rubella virus vaccine, live, for subcutaneous use
90708	Measles and rubella virus vaccine, live, for subcutaneous use
90712	Poliovirus vaccine, (any type[s]) (OPV), live, for oral use
90719	Diphtheria toxoid, for intramuscular use
90720	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use
90725	Cholera vaccine for injectable use
90727	Plague vaccine, for intramuscular use
90735	Japanese encephalitis virus vaccine, for subcutaneous use

QUESTIONS?

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

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