

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

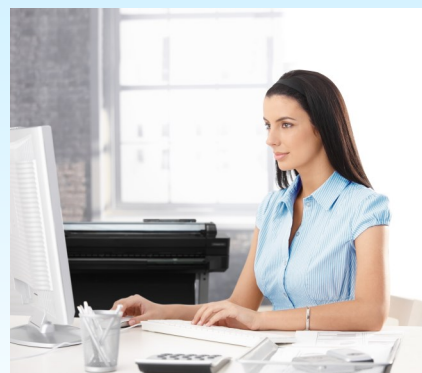
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OCTOBER 6, 2015

IHCP reminds providers about default ICD indicator on Web interChange

The Indiana Health Coverage Programs (IHCP) implemented ICD-10 on October 1, 2015. As part of the implementation, Web interChange claim submission screens were programmed to default to "ICD-10" for all claims entered on or after October 1, 2015.

Providers submitting claims via Web interChange for DOS on or before September 30, 2015, must change the indicator from "ICD-10" to "ICD-9" and use the applicable ICD-9 procedure and/or diagnosis code. Providers submitting claims via Web interChange for DOS on or after October 1, 2015, do not need to change the ICD indicator and must use the appropriate ICD-10 diagnosis code.



Claims billed with an ICD-9 indicator for DOS on or after October 1, 2015, will be denied, regardless of whether an ICD-9 diagnosis or ICD-10 diagnosis code was used in the procedure and/or diagnosis field. Conversely, claims billed with an ICD-10 indicator for DOS before October 1, 2015, will be denied, regardless of whether an ICD-9 procedure/diagnosis or ICD-10 procedure/diagnosis code was used in the diagnosis field.

For claims with DOS that span October 1, 2015, providers should refer to the [IHCP Span Date Logic Tables](#) on the ICD-10 Information page to ensure that the correct indicator and code version – ICD-9 versus ICD-10 – are used.

IHCP reminds transportation providers about ICD-9 vs ICD-10 requirements

Dates of service before October 1, 2015

To submit claims that have dates of service (DOS) before October 1, 2015, via Web interChange, transportation providers must use an applicable ICD-9 diagnosis code (see [Table 1](#)) AND change the ICD indicator on Web interChange from ICD-10 to ICD-9.

To submit paper claims with DOS before October 1, 2015, transportation providers must use an applicable ICD-9 code (see [Table 1](#)) in field 21A of the claim form AND must use "9" in the "ICD Ind." box in field 21 of the claim form to denote that an ICD-9 code was used.

continued

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Table 1 - ICD-9 Codes Frequently Used by Transportation Providers

ICD-9 Diagnosis Code	Usage Instructions
V56.0, V56.1, or V56.8	Use for patients undergoing renal dialysis
V70.5	Use for patients residing in nursing facilities
7999	Use when an actual diagnosis is not known for patients not undergoing dialysis or who do not reside in a nursing facility

Dates of service **on or after** October 1, 2015

To submit claims with DOS on or after October 1, 2015, via Web interChange, transportation providers must use an applicable ICD-10 diagnosis code (see Table 2). The ICD indicator automatically defaults to ICD-10.

To submit paper claims with DOS on or after October 1, 2015, transportation providers must use an applicable ICD-10 code (see Table 2) in field 21A of the claim form AND must use "0" in the "ICD Ind." box in field 21 of the claim form to denote that an ICD-10 code was used.

Table 2 - ICD-10 Codes Frequently Used by Transportation Providers

ICD-10 Code	Usage Instructions
Z49.01, Z49.31, Z49.32	Use for patients undergoing dialysis
Z02.89	Use for patients residing in nursing facilities
R69	Use when an actual diagnosis is not known for patients not undergoing dialysis or who do not reside in a nursing facility

IHCP will accept current Consent for Sterilization forms until forms are updated

The current Consent for Sterilization forms (*HHS-687*, in English and *HHS-687-1*, in Spanish) have an expiration date of October 31, 2015. The Indiana Health Coverage Programs (IHCP) will continue to accept these versions of the forms for claims adjudication until the Centers for Medicare & Medicaid Services (CMS) advises in writing that the current forms have been updated.

Providers can find both the English and Spanish versions of the form in the *Claims Forms (Nonpharmacy)* section on the [Forms](#) page at indianamedicaid.com.



IHCP updates billing and pricing for physician-administered inhalation drugs

Effective November 6, 2015, the Indiana Health Coverage Programs (IHCP) is updating the pricing and billing guidelines for physician-administered inhalation drugs to ensure consistency. These changes will affect Healthcare Common Procedure Coding System (HCPCS) codes J7604 – J7799 as follows:

- HCPCS codes J7604 – J7799 must be billed with a valid National Drug Code (NDC). Claims for these procedure codes will deny if the claim does not include a valid NDC.
- The pricing for HCPCS code J7627 – *Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg* is changing from maximum-fee pricing to manual pricing.

These changes apply to fee-for-service claims with dates of service on or after November 6, 2015. These changes will be reflected in the next monthly update to the *Procedure Codes that Require National Drug Codes (NDCs)* code table on the [Code Sets](#) web page and the [Fee Schedule](#) at indianamedicaid.com.



IHCP to cover HCPCS code Q5101

Effective November 15, 2015, the Indiana Health Coverage Programs (IHCP) will cover HCPCS code Q5101 – *Injection, filgrastim (G-CSF), biosimilar, 1 microgram*. 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 **September 3, 2015**.

The following reimbursement information applies:

Pricing: Maximum fee of \$0.96

Prior authorization (PA): None

Billing Guidance: Must be billed with a National Drug Code (NDC)

This coverage information will be reflected in the next monthly update to the *Procedure Codes that Require National Drug Codes (NDCs)* code table on the [Code Sets](#) web page and the [Fee Schedule](#) at indianamedicaid.com. Reimbursement and PA information applies 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 about RBMC PA should be directed to the MCE with which the member is enrolled.

Beginning November 15, 2015, providers may resubmit claims with DOS on or after September 3, 2015, that previously denied, for reimbursement consideration. 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.

ICD-10 training presentation available at indianamedicaid.com

ICD-10 is now a reality! Along with the rest of the country, the Indiana Health Coverage Programs (IHCP) transitioned to ICD-10 last week and now requires claims to be submitted with ICD-10 codes for dates of service (DOS) on or after the ICD-10 implementation date of October 1, 2015. If you were required to use ICD-9 diagnosis codes on your claims, you are now required to use ICD-10 codes on claims. Note: At this time, dental and non-DME pharmacy claims are the only claims not affected by the implementation of ICD-10.

To help providers complete the transition, the IHCP has developed an ICD-10 training presentation that includes:

- An overview of ICD-10
- A summary of IHCP medical policy and crosswalked codes for policy areas where coverage is restricted or specific billing instructions have been established
- Information about claims that span the October 1 implementation date
- Prior authorizations
- All-Patient Refined/Diagnosis-Related Group (APR/DRG) inpatient hospital rates and crosswalks
- Where to find more information

The IHCP [ICD-10 Training](#) is available on the *Archived Workshop Presentations* page at indianamedicaid.com.

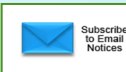
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