IHCP banner page

INDIANA HEALTH COVERAGE PROGRAMS

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OCTOBER 13, 2015

IHCP will mass adjust claims for CPT code 76937 that paid incorrectly



The Indiana Health Coverage Programs (IHCP) has identified a claims processing issue that affects certain fee-for-service (FFS) claims with dates of service (DOS) from July 1, 2014, through January 31, 2015. Outpatient claims for Current Procedural Terminology (CPT ®1) code 76937 – Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (list separately in addition to code for primary procedure) processed on or before September 17,

2015, were overpaid. CPT code 76937 should have paid a maximum rate of \$11.32 for the DOS indicated; however, affected claims were incorrectly paid at a maximum rate of \$14.53.

The claims processing system has been corrected. Paid claims for CPT code 76937 processed prior to September 17, 2015, for the DOS indicated will be mass adjusted. Providers should begin to see the adjusted claims on Remittance Advices (RAs) beginning November 17, 2015, with internal control numbers (ICNs) that begin with 56 (mass adjusted). If a claim was overpaid, the net difference appears as an accounts receivable. The accounts receivable will be recouped at 100% from future claims paid to the respective provider number.

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Pricing updated for HCPCS code J7302

Until February 2015, the Indiana Health Coverage Programs (IHCP) allowed only the Mirena® intrauterine device (IUD) to be billed using Healthcare Common Procedure Coding System (HCPCS) code J7302 – *Levonorgestrel-releasing intrauterine contraceptive system, 52mg.* On February 26, 2015, the Food and Drug Administration (FDA) approved a second IUD, Liletta[™], that can also be billed using HCPCS code J7302. Mirena is licensed for up to five years and Liletta is licensed for up to three years. Due to the difference in licensure, the IHCP does not consider Liletta to be a generic version of Mirena.

Because two different products are billed using the same code, effective November 12, 2015, the IHCP will change the pricing methodology for HCPCS code J7302 from

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maximum-fee pricing to manual pricing. Manually priced physician-administered drugs pay Wholesale Acquisition Cost (WAC) of the National Drug Code (NDC) billed plus 5%. The pricing methodology change ensures providers are reiumbursed appropriately for the IUD that is actually used. Providers will need to continue to provide the NDC for the IUD used on the submitted claim. This change applies to fee-for-service (FFS) claims and will be reflected in the next monthly update to the Fee Schedule at indianamedicaid.com.

Beginning November 12, 2015, providers who submitted claims with the Liletta NDC for dates of service (DOS) on or after February 26, 2015, that were denied for explanation of benefits (EOB) 4300 - *Invalid NDC to proc code combo* may resubmit claims 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: Diagnosis code for removal of Norplant system crosswalked to ICD-10

In error, an ICD-9 code was included in the October 1, 2015, version of the *Medical Policy Manual*, Version 2.2, published at indianamedicaid.com. ICD-9 diagnosis code V25.43 – *Surveillance of implantable subdermal contraceptive* was indicated as the diagnosis code for removal of the Norplant contraceptive system. The Indiana Health Coverage Programs (IHCP) has crosswalked this code to ICD-10 diagnosis code Z30.49 – *Encounter for surveillance of other contraceptives*. Providers should use ICD-10 code Z30.49 when submitting claims for the removal of the Norplant system with dates of service (DOS) on or after October 1, 2015. It is not necessary for providers to resubmit or adjust claims previously submitted for this procedure.

New IHCP Provider Reference Modules will help providers find ICD-10 and other information more quickly

The *IHCP Provider Manual* and IHCP supplemental provider manuals are currently undergoing a complete revision. In addition to being updated for policies and procedures, the manuals are being revamped into smaller, topic- or service-specific modules, such as chiropractic services, transportation, telemedicine services, and inpatient hospital services. The new modular format is designed to help providers find information more easily and to enable the IHCP to update information more quickly. The *IHCP Provider Reference Modules* will replace the current *IHCP Provider Manual* and supplemental manuals at the beginning of 2016.

Modules to include ICD-10 information

The new *IHCP Provider Reference Modules* will include ICD-10 information. Until the modules are available, please refer to the following ICD-10 resources at indianamedicaid.com:

- Recent IHCP Bulletins about ICD-10, including:
 - BT201550 IHCP outlines requirements for requesting PA before and after implementation of ICD-10
 - BT201554 IHCP revises high-risk pregnancy diagnoses restrictions

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- BT201557 IHCP to add diagnosis codes for coverage of visual evoked potential
- BT201559 IHCP announces changes to DRG grouper and inpatient hospital reimbursement rates
- <u>BT201560</u> IHCP cross walks diagnosis codes to ICD-10
- <u>BT201562</u> IHCP cross walks diagnosis and procedure codes to ICD-10 Part 2
- <u>BT201567</u> IHCP cross walks diagnosis and procedure codes to ICD-10 Part 3
- <u>BT201568</u> IHCP cross walks diagnosis and procedure codes to ICD-10 Part 4
- BT201572 Mental health diagnosis codes for AMHH eligibility cross walked to ICD-10
- The <u>Medical Policy Manual</u> (October 2015 Revision)
- The ICD-10 FAQs on the ICD-10 Information page

Watch for more updates about ICD-10 and the new *IHCP Provider Reference Modules* in IHCP bulletins and banner pages and other postings to indianamedicaid.com.

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