

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201602

JANUARY 12, 2016

## IHCP revises provider enrollment disclosures

To comply with the requirements issued by the Centers for Medicare & Medicaid Services (CMS), the Indiana Health Coverage Programs (IHCP) has updated the disclosure information pages of the IHCP Enrollment and Profile Maintenance Packets (IHCP provider packets), requesting information related to:

- Individuals with ownership (including the percentage of ownership) or control interest in the applicant
- Corporations with ownership (including the percentage of ownership) or control interest in the applicant
- Subcontractors in which the applicant has ownership or control interest
- Managing individuals acting on behalf of the applicant
- Relationship and background information on disclosed individuals

Schedule C of the IHCP provider packets is used to collect disclosure information required by State and federal regulations. Submission of information on Schedule C indicates provider consent for the Indiana Family and Social Services Administration (FSSA) and its contractors to disclose this information for purposes of verifying eligibility to participate in the IHCP.

The IHCP provider packets have been updated with the new Schedule C and are accessible through the [Complete an IHCP Provider Packet](#) page at indianamedicaid.com. The January 2016 versions of each IHCP provider packet, as well as the *most recent* version of each packet posted prior to January 2016, will continue to be accepted for processing if received with a postmark on or before February 12, 2016. After that date, any enrollment paperwork submitted using outdated versions of the IHCP provider packets (versions downloaded before January 8, 2016) will not be processed and will be returned to the provider for resubmission.



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## Pricing updated for certain genetic testing codes

Effective February 12, 2016, the Indiana Health Coverage Programs (IHCP) will update the pricing for the Current Procedural Terminology (CPT<sup>®1</sup>) code and Healthcare Common Procedure Coding System (HCPCS) codes in Table 1. Manual pricing for these genetic testing codes is changing to 90% of billed charges.

*Table 1 – Genetic testing codes to be manually priced at 90% of billed charges for DOS on or after July 1, 2015*

Procedure Code	Code Description
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)
S3842	Genetic testing for Von Hippel-Lindau disease
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness
S3846	Genetic testing for hemoglobin E beta-thalassemia
S3850	Genetic testing for sickle cell anemia
S3853	Genetic testing for myotonic muscular dystrophy
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family

This change will be effective retroactively to dates of service (DOS) on or after **July 1, 2015**. Beginning February 12, 2016, providers can void and replace or adjust paid claims for the genetic testing codes in Table 1 with DOS on or after July 1, 2015, for reimbursement consideration. Void and replacement claims and adjustments filed beyond 60 days of the original claim's adjudication (the Remittance Advice date) must include a copy of this banner page as an attachment and must be filed within 60 days of the publication date.

<sup>1</sup>CPT copyright 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



## Pricing updated for HCPCS codes A4602 NU and G9157

Effective February 12, 2016, the Indiana Health Coverage Programs (IHCP) will update the pricing for the following Healthcare Common Procedure Coding System (HCPCS) codes:

- A4602 NU – *Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each; new rental*
- G9157 – *Transesophageal Doppler used for cardiac monitoring*

The pricing for A4602 NU is changing from manual pricing to maximum-fee pricing. The pricing for G9157 is changing from manual pricing to resource-based relative value scale (RBRVS) pricing. The IHCP pricing will be based on Medicare rates for these codes for dates of service (DOS) on or after February 12, 2016.

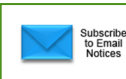
This pricing change will be reflected in the next monthly update to the [Fee Schedule](#) at indianamedicaid.com.

### QUESTIONS?

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

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