

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201606

FEBRUARY 9, 2016

## IHCP assigns flat rates to certain revenue codes

Effective March 9, 2016, the Indiana Health Coverage Programs (IHCP) will assign a flat rate to the revenue codes in Table 1. IHCP will reimburse these revenue codes as stand-alone services in the outpatient setting. This change applies retroactively to dates of service (DOS) on or after **July 1, 2014**.

*Table 1 – Revenue codes with flat rates assigned for dates of service on or after July 1, 2014*

Revenue Code	Description
423	Physical therapy, group rate
433	Occupational therapy, group rate
439	Occupational therapy, other occupational therapy
449	Speech therapy, language pathology, other speech-language pathology

Beginning March 9, 2016, providers may submit outpatient claims for the DOS indicated using these revenue codes for reimbursement consideration. Please see [Chapter 8](#) of the *IHCP Provider Manual* for billing guidance regarding stand-alone revenue codes in the outpatient setting. 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.

Previously submitted claims, or claim details, with these revenue codes that denied for edit 4105 – *No flat rate on file* will be mass adjusted. Adjustments should begin appearing on the provider Remittance Advice (RA) beginning March 22, 2016, with internal control numbers (ICNs) that begin with 56 (mass adjusted). For claims that were underpaid, the net difference will be paid and reflected on the RA. 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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## Certain procedure codes will no longer require attachments

Effective March 9, 2016, the Indiana Health Coverage Programs (IHCP) will no longer require attachments to fee-for-service (FFS) claims when billing for the Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT<sup>®1</sup>) codes in Table 2. This change applies to claims for dates of service (DOS) on or after March 9, 2016.



*Table 2 – HCPCS and CPT codes no longer requiring attachments to claims for DOS on or after March 9, 2016*

Procedure Code	Description
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement
P2031	Hair analysis (excluding arsenic)
P9010	Blood (whole), for transfusion, per unit
P9011	Blood, split unit
P9012	Cryoprecipitate, each unit
P9022	Red blood cells, washed, each unit
P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit
Q4100	Skin substitute, not otherwise specified
Q4103	Oasis burn matrix, per sq cm

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

## IHCP updates pricing for CPT codes 22515, 97607, 97608, and 97610

Effective March 9, 2016, the Indiana Health Coverage Programs (IHCP) is updating the pricing for the manually priced Current Procedural Terminology (CPT) codes in Table 3. Reimbursement for these codes will be made at the percentages indicated, in accordance with *IHCP Bulletin* [BT200940](#). This change applies to fee-for-service (FFS) claims for dates of service (DOS) on or after March 9, 2016.

*Table 3 – Reimbursement percentages for CPT codes for DOS on or after March 9, 2016*

<b>Procedure Code</b>	<b>Description</b>	<b>Reimbursement % When Billed on the CMS-1500 or 837P</b>	<b>Reimbursement % When Billed on the UB-04 or 837I</b>
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure)	20% of Billed Amount	NA (not separately reimbursable in the outpatient setting)
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	40% of Billed Amount	15% of Billed Amount
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	40% of Billed Amount	15% of Billed Amount
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	40% of Billed Amount	15% of Billed Amount

## **IHCP clarifies pharmacy billing for out-of-pocket obligations for *HIP Link* members**

As a part of the Healthy Indiana Plan (HIP) program, the Indiana Health Coverage Programs (IHCP) enrolls qualifying low-income Hoosiers in *HIP Link* to help them afford their employer-sponsored insurance (ESI). *HIP Link* helps pay a portion of the employee's ESI premium costs as well as other out-of-pocket cost-sharing obligations required by the ESI plan, such as deductibles and copayments.

All services rendered to *HIP Link* members must be billed to the ESI plan as the primary payer. After the claim has been adjudicated by the primary payer, the provider may submit a claim to the IHCP to receive direct reimbursement for the member's out-of-pocket costs. The proper claim submission instructions were outlined in *IHCP Bulletin* [BT201558](#).

Pharmacies must submit *HIP Link* claims directly to OptumRx, the IHCP Pharmacy Benefit Manager (PBM). To adjudicate correctly, claims should be submitted using an Other Coverage Code (OCC) of 2, 3, or 4, depending on how the primary payer adjudicated the claim:

- OCC 2 - *Other coverage exists payment collected* - Used to convey that other coverage is available, the payer has been billed and payment was made
- OCC 3 - *Other coverage billed* – Used to convey that other coverage is available, the payer has been billed and the payer denied payment
- OCC 4 - *Other coverage billed* – Used to convey that other coverage is available, the payer has been billed and the payer applied 100% of billed amount to patient responsibility

Please direct questions about filing *HIP Link* pharmacy claims to the OptumRx Clinical and Technical Help Desk by calling toll-free 1-855-577-6317.

## **IHCP implements temporary work-around for CMHC reimbursement of MRO services provided to *HIP State Plan* members**

The Indiana Health Coverage Program (IHCP) covers Medicaid Rehabilitation Option (MRO) services provided to Healthy Indiana Plan (HIP) members receiving *HIP State Plan - Plus* or *HIP State Plan - Basic* benefits. These services are carved out of managed care and reimbursed to community mental health centers (CMHCs) under the fee-for-service (FFS) delivery system. The services are reimbursed at 130% of the Traditional Medicaid rate. *HIP State Plan - Basic* member copayment obligations are deducted automatically during claims adjudication; CMHCs are reminded to collect copayments at the time of service.

The IHCP FFS claims processing system is currently programed to pay CMHC claims for MRO services at 100% of the Medicaid rate. System updates are underway to pay the enhanced rate for HIP members. Until system updates are implemented, CMHCs will receive lump-sum payments on a quarterly basis for the difference between the Medicaid rate paid and the appropriate reimbursement amount. The IHCP will communicate directly with the affected CMHCs to inform them of the exact amount to be distributed in this manner. When the system update has been completed, the IHCP will notify providers and the lump-sum payments will discontinue.

## Sign up now for 2016 first-quarter IHCP provider workshops

The Indiana Health Coverage Programs (IHCP) is offering one-day educational workshops to providers in March and April at a number of locations around the state. The dates and locations are listed in Table 4. Each workshop will feature the following sessions:



- **IHCP Updates and Reminders** (9:00 a.m.-9:50 a.m.)
- **Provider Healthcare Portal Registration Overview** (10:00 a.m.-10:50 a.m.)
- **Managed Care Entity (MCE) Updates** (11:00 a.m.-11:30 a.m.)
- **MDwise: Keeping Providers Informed** (12:30 p.m.-1:00 p.m.)
- **Anthem Blue Cross and Blue Shield: First-Quarter Updates** (1:05 p.m.-1:35 p.m.)
- **Managed Health Services (MHS) and Cenpatico Updates** (1:40 p.m.-2:10 p.m.)
- **MCEs and Hewlett Packard Enterprise (HPE) Roundtable** (2:15 p.m.-3:00 p.m.)

### Session details and workshop registration

Details about the information to be covered in each session are available on the Provider Education page at [indianamedicaid.com](http://indianamedicaid.com) under [First-Quarter IHCP Workshops](#). To register, visit the [Workshop Registration](#) page at [indianamedicaid.com](http://indianamedicaid.com). The registration page provides instructions, including the Workshop Registration Tool Quick Reference. If you register online, you will receive immediate confirmation. **Be sure to register early, as workshops fill up quickly.**

*Table 4 – Dates and locations for first-quarter IHCP provider workshops*

Date	Location	Address
March 2, 2016	Terre Haute Regional Hospital Room A/B, First Floor	3901 S. 7 <sup>th</sup> Street Terre Haute, Indiana
March 10, 2016	Medical Arts Building Fourth Floor	415 N. 26 <sup>th</sup> Street Lafayette, Indiana
March 14, 2016	St. Joseph Regional Hospital Lower Level Conference Room	5215 Holy Cross Parkway Mishawaka, Indiana
March 24, 2016	Columbus Regional Hospital Kroot Auditorium	2400 E. 17 <sup>th</sup> Street Columbus, Indiana
March 30, 2016	St. Catherine’s Hospital Training Room	4321 Fir Street East Chicago, Indiana
April 5, 2016	Lutheran Hospital Kachmann Auditorium	7950 W. Jefferson Boulevard Fort Wayne, Indiana

*continued*

Table 4 – Dates and locations for first-quarter IHCP provider workshops (continued)

Date	Location	Address
April 7, 2016	Deaconess Hospital Bernard Schnacke Auditorium	600 Mary Street Evansville, Indiana
April 14, 2016	Inventrek Auditorium, First Floor	700 E. Firmin Street Kokomo, Indiana
April 19, 2016	Community North Hospital Room 123, Third Floor	7250 Clearvista Parkway Indianapolis, Indiana
April 21, 2016	Daviess Community Hospital Education Rooms 1, 2, & 3	1314 E. Walnut Street Washington, Indiana
April 26, 2016	Floyd Memorial Hospital Paris Health Education Center, Rooms 1 & 2	1850 State Street New Albany, Indiana
April 28, 2016	Reid Hospital Lingle Auditorium	1100 Reid Parkway Richmond, Indiana

**QUESTIONS?**

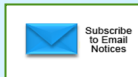
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