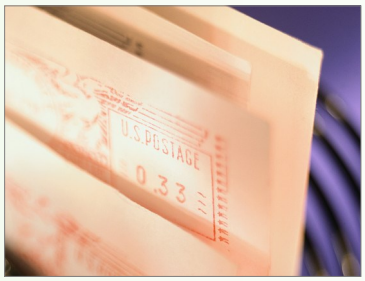
IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201812 MARCH 20, 2018

CMS to issue new Medicare cards with new identification numbers

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, requires the Centers for Medicare & Medicaid (CMS) to remove Social Security numbers (SSNs) from all Medicare cards by April 2019. A new Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) on the new Medicare cards for Medicare transactions like billing, eligibility status, and claim status. The MBI is considered confidential like the SSN and is protected as personally identifiable information (PII).



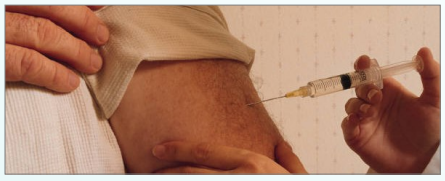
CMS will begin mailing new Medicare cards with the MBI to members in April 2018. CMS will utilize a phased mailing approach based on geographic location with all cards being replaced, as required, by April 2019. Providers can begin billing Medicare using the MBI as soon as a Medicare beneficiary presents a card with the MBI on it. Utilization of the MBI for Medicare billing and other types of Medicare transactions will be mandatory, beginning January 1, 2020.

The new MBI will be used by Medicare in all transactions with business partners including state Medicaid agencies. The Indiana Health Coverage Programs (IHCP) has conducted the necessary testing of all processes and files that will contain the MBI for Medicare beneficiaries, in preparation for the transition. Testing was successful so there should be no impact to the processing of IHCP transactions as a result of CMS transition to the MBI.

Additional information regarding details of the CMS transition to MBI can be found on the New Medicare Cards web pages at cms.gov.

IHCP clarifies the procedure codes for chemodenervation for use with botulinum toxin injections

The Indiana Health Coverage Programs (IHCP) clarifies that the Current Procedural Terminology (CPT®[1]) codes in Table 1 may be used when billing for chemodenervation with botulinum toxin injections. The *Core*MMIS claim-processing system accurately reflects the status of these codes, so there is no impact on fee-for-service (FFS) claims as a result of this clarification.



These codes were inadvertently omitted from the *Injections, Vaccines, and Other Physician-Administered Drugs Codes* tables on the Code Sets web page at indianamedicaid.com, but will be included in the next regular update.

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continued

Table 1 – CPT codes to be added to the Procedure Codes for Chemodenervation for Use With Botulinum Toxin Injections code table

Procedure Code	Description
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed
64642	Chemodenervation of one extremity; 1-4 muscle(s)
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)
64644	Chemodenervation of one extremity; 5 or more muscles
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)
64647	Chemodenervation of trunk muscle(s); 6 or more muscles

IHCP clarifies reimbursement restrictions for dental anesthesia codes

The Indiana Health Coverage Programs (IHCP) policy regarding reimbursement restrictions for dental anesthesia codes was misstated in *IHCP Banner page* *BR201811*, published March 13, 2018. To clarify, the IHCP restricts reimbursement for dental anesthesia to **one type of sedation per date of service (DOS) per member**. For example, deep sedation/general anesthesia may not be billed and reimbursed for the same DOS as intravenous conscious sedation, non-intravenous conscious sedation, or inhalation of nitrous oxide. Additionally, the IHCP restricts reimbursement for certain dental anesthesia codes to **one unit per DOS per member**.

The Current Dental Terminology (CDT®[1]) dental anesthesia codes associated with each type of sedation are included in Table 2. Note that the reimbursement restriction to one type of sedation per DOS does not apply to codes billed for the same type of sedation:

- D9222 and D9223 may be reimbursed for a member on the same DOS
- D9239 and D9243 may be reimbursed for a member on the same DOS

As indicated by the asterisks on certain codes in Table 2, reimbursement for dental anesthesia codes D9222, D9230, D9239, and D9248 is limited to one unit per DOS per member.

[1]*CDT copyright 2018 American Dental Association. All rights reserved. CDT is a registered trademark of the American Dental Association.*

continued

Table 2 – Dental anesthesia codes with reimbursement restrictions

Procedure Code	Description
D9222* and D9223	Deep sedation/general anesthesia - first 15 minutes Deep sedation/general anesthesia - each subsequent 15 minute increment
D9230*	Inhalation of nitrous oxide/anxiolysis, analgesia
D9239* and D9243	Intravenous moderate (conscious) sedation/analgesia -first 15 minutes Intravenous moderate (conscious) sedation/analgesia -each subsequent 15 minute increment
D9248*	Non-intravenous conscious sedation

** Dental anesthesia codes limited to one unit per DOS per member.*

Managed care entities (MCE) establish billing and reimbursement guidance for managed care claims. Providers should contact the appropriate MCE for guidance regarding managed care claims.

RSV season modified to end April 15, 2018

The Indiana Family and Social Services Administration (FSSA) monitors statewide virology data. Based upon recent analysis, the FSSA has modified the definition of the Respiratory Syncytial Virus (RSV) season to end April 15, 2018. As a result, the 2017-2018 RSV season will run from November 1, 2017, through April 15, 2018. This modification will apply to the 2017-2018 RSV season only. Providers may seek prior authorization (PA) for all Indiana Health Coverage Programs (IHCP) members who meet the established criteria for the administration of Synagis for dates of service (DOS) through April 15, 2018.

For members in the fee-for-service (FFS) delivery system, providers can find the *Synagis Prior Authorization Form* on the OptumRx website accessible via the Pharmacy Services quick link at indianamedicaid.com. Questions should be directed to the OptumRx Clinical and Technical Help Desk by calling toll-free 1-855-577-6317.

Questions about benefits and PA for members in the Healthy Indiana Plan (HIP), Hoosier Care Connect, and Hoosier Healthwise, should be directed to the managed care entity (MCE) with which the member is enrolled. Providers can access pharmacy benefit websites for the MCEs via the Pharmacy Services quick link at indianamedicaid.com.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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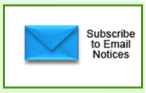

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