

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201931

JULY 30, 2019

## IHCP to cover CPT code 22856

Effective September 3, 2019, the Indiana Health Coverage Programs (IHCP) will cover Current Procedural Terminology (CPT<sup>®1</sup>) code 22856 – *Insertion of artificial upper spine disc, anterior approach*, when billed on a professional claim (CMS -1500 form or electronic equivalent). Coverage applies to all IHCP programs, subject to limitations for certain benefit plans. Coverage applies retroactively to professional claims with dates of service (DOS) on or after **March 29, 2019**.

*Note: CPT code 22856 is also reimbursable in the outpatient setting, effective March 29, 2019, as announced in IHCP Banner Page [BR201909](#).*

The following reimbursement information applies:

- Pricing: Resource-based relative value scale (RBRVS)
- Billing guidance: Standard billing guidance applies
- Prior authorization (PA): Required



Lumbar artificial total disc replacement with a U.S. Food and Drug Administration (FDA)-approved prosthetic intervertebral disc is proven and medically necessary for treating single-level lumbar degenerative disc disease (DDD) with symptomatic intractable discogenic lower back pain.

PA requires **all** of the following criteria be met:

- The member must be 18 to 60 years of age.

*continued*

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- Advanced DDD in only one vertebral level between L3 and S1 is confirmed by complex imaging studies, such as computerized tomography (CT) scan or magnetic resonance imaging (MRI), which indicates either moderate to severe degenerative disease or Modic changes.
- Symptoms correlate with imaging findings.
- No more than grade 1 spondylolisthesis is at the involved level or any listhesis at two or more lumbar segments.
- Symptoms have been present for at least 6 months.
- The member failed at least 6 months of conservative treatment immediately prior to implantation of the artificial disc. Conservative treatment shall include all the following, unless contraindicated: physical therapy, anti-inflammatory medications, analgesics, muscle relaxants, and epidural steroid injections.
- Favorable face-to-face psychological evaluation confirms candidacy for surgery.

Beginning September 3, 2019, providers may resubmit professional claims for procedure code 22856 with DOS on or after March 29, 2019, that previously denied for explanation of benefits (EOB) 4218 – *Service billed is not allowed on this claim type*, for reimbursement consideration. Claims beyond the original 180-day filing limit must include a copy of this banner page as an attachment and must be filed within 180 days of the banner page's publication date.

Reimbursement, PA, and billing information apply to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS PA should be directed to Cooperative Managed Care Services (CMCS) at 1-800-269-5720. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.

Coverage information for procedure code 22856 will be reflected in the next regular update to the *Professional Fee Schedule*, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

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## **IHCP will mass reprocess or mass adjust claims for services provided by CMHC interns that denied incorrectly**

The Indiana Health Coverage Programs (IHCP) announced in *Bulletin BT201859*, that effective for dates of service (DOS) on or after January 1, 2019, the IHCP would allow reimbursement for services provided by interns in the community mental health center (CMHC) setting, with exceptions and other details explained in the bulletin.

The IHCP identified a claim-processing issue that affects certain claims processed from January 1, 2019, through April 29, 2019. Fee-for-service (FFS) claims or claim detail lines billed for procedure codes with the HL modifier (intern) may have denied inappropriately for EOB 1012 – *Service and or modifier billed not payable for your provider type/specialty*.

The claim-processing system has been corrected. Claims or claim details processed during the indicated time frame that previously denied for EOB 1012 will be mass reprocessed or mass adjusted as appropriate. Providers should see the reprocessed or adjusted claims on Remittance Advices (RAs) beginning September 4, 2019, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims) or 52 (mass replacement non-check related). For claims that were underpaid, the net difference will be paid and reflected on the RA.

## IHCP to change flat rate of certain revenue codes

Effective September 3, 2019, the Indiana Health Coverage Programs (IHCP) will reduce the flat rate pricing of the revenue codes in Table 1, to reimburse at \$0. This pricing change will apply to outpatient services with dates of service (DOS) on or after September 3, 2019.

*Note: The revenue codes in Table 1 are linked only to noncovered Healthcare Procedural Coding System (HCPCS) code A9270 – Noncovered item or service.*

*Table 1 – Revenue codes reimbursable at \$0 in the outpatient setting, effective for DOS on or after September 3, 2019*

| Revenue code | Description  |
|--------------|--|
| 251          | Pharmacy-generic drugs   |
| 252          | Pharmacy-nongeneric drugs  |
| 262          | IV therapy - IV therapy/pharmacy services  |
| 264          | IV therapy - IV therapy/supplies   |
| 273          | Medical/surgical supplies and devices-take-home supplies                           |
| 277          | Medical/surgical supplies and devices-oxygen-take-home                             |
| 621          | Medical/surgical supplies-extension of 027x-supplies incident to radiology         |
| 622          | Medical/surgical supplies-extension of 027x-supplies incident to other dx services |

This pricing change will be reflected in the next regular update to the *Outpatient Fee Schedule*, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

## IHCP updates FQHC and RHC encounter codes

Effective September 3, 2019, the Indiana Health Coverage Programs (IHCP) will add the Current Procedural Terminology (CPT<sup>®1</sup>) and Healthcare Common Procedure Coding System (HCPCS) codes in [Table 2](#) as valid federally qualified health center (FQHC) and rural health clinic (RHC) encounter codes. This update applies retroactively to claims with dates of service (DOS) on or after **January 1, 2019**.

Beginning September 3, 2019, FQHC and RHC providers may submit claims for these procedure codes with DOS on or after January 1, 2019. Claims for these codes with DOS on or after January 1, 2019, that previously denied may be resubmitted. Claims submitted beyond the original 180-day filing limit must include a copy of this banner page as an attachment and must be filed within 180 days of the publication date.

The IHCP will remove the nationally deleted codes in [Table 3](#) from the list of valid FQHC and RHC encounter codes. This change applies retroactively to claims with DOS on or after **January 1, 2019**. This change will have no impact on previously adjudicated claims.

*continued*

The list of valid FQHC and RHC encounter codes is reviewed periodically to account for new and end-dated CPT and HCPCS codes, and is available on the [Myers and Stauffer website](#) at in.mslc.com. If you have questions, contact Berry Bingaman, Myers and Stauffer LC, at (317) 846-9521.

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*Table 2 – Codes added as valid FQHC and RHC encounter codes, effective for DOS on or after January 1, 2019*

| <b>Procedure code</b> | <b>Description</b>  |
|-----------------------|---|
| 10005                 | Fine needle aspiration of first lesion using ultrasound guidance  |
| 10006                 | Fine needle aspiration of additional lesion using ultrasound guidance                                   |
| 10007                 | Fine needle aspiration of first lesion using fluoroscopic guidance                                      |
| 10008                 | Fine needle aspiration of additional lesion using fluoroscopic guidance                                 |
| 11102                 | Tangential biopsy of single skin lesion   |
| 11103                 | Tangential biopsy of additional skin lesion   |
| 11104                 | Punch biopsy of single skin lesion  |
| 11105                 | Punch biopsy of additional skin lesion  |
| 11106                 | Incisional biopsy of single skin lesion   |
| 11107                 | Incisional biopsy of additional skin lesion   |
| 24640                 | Closed treatment of dislocated forearm bone of elbow, child   |
| 27369                 | Injection of contrast for imaging of knee joint   |
| 46916                 | Freezing destruction of anal growths  |
| 51701                 | Insertion of temporary bladder catheter   |
| 54150                 | Removal of foreskin of using clamp or device  |
| 54160                 | Removal of foreskin, neonate (28 days of age or less)   |
| 54161                 | Removal of foreskin, patient older than 28 days of age  |
| 65210                 | Removal of foreign body in external eye, conjunctiva or sclera  |
| 65435                 | Removal of outer layer of cornea  |
| 68020                 | Incision and drainage of eye cyst   |
| 92273                 | Full field recording of retinal electrical responses to external stimuli with interpretation and report |
| 92274                 | Multifocal recording of retinal electrical responses to external stimuli with interpretation and report |
| 94760                 | Measurement of oxygen saturation in blood using ear or finger device                                    |
| 94761                 | Multiple measurements of oxygen saturation in blood using ear or finger device                          |

*continued*

*Table 2 – Codes added as valid FQHC and RHC encounter codes, effective for DOS on or after January 1, 2019 (continued)*

| <b>Procedure code</b> | <b>Description</b>  |
|-----------------------|---|
| 95976                 | Electronic analysis of implanted brain, spinal cord or peripheral stimulation device with simple cranial nerve stimulator programming   |
| 95977                 | Electronic analysis of implanted brain, spinal cord or peripheral stimulation device with complex cranial nerve stimulator programming  |
| 95983                 | Electronic analysis of implanted brain, spinal cord or peripheral stimulation device with brain stimulator programming, first 15 minutes face-to-face time with qualified health care professional      |
| 95984                 | Electronic analysis of implanted brain, spinal cord or peripheral stimulation device with brain stimulator programming, additional 15 minutes face-to-face time with qualified health care professional |
| 96112                 | Developmental test administration by qualified health care professional with interpretation and report, first 60 minutes  |
| 96113                 | Developmental test administration by qualified health care professional with interpretation and report, additional 30 minutes   |
| 96121                 | Neurobehavioral status examination by qualified health care professional with interpretation and report, additional 60 minutes  |
| 96130                 | Psychological testing evaluation by qualified health care professional, first 60 minutes  |
| 96131                 | Psychological testing evaluation by qualified health care professional, additional 60 minutes   |
| 96132                 | Neuropsychological testing evaluation by qualified health care professional, first 60 minutes   |
| 96133                 | Neuropsychological testing evaluation by qualified health care professional, additional 60 minutes  |
| 96136                 | Psychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes   |
| 96137                 | Psychological or neuropsychological test administration and scoring by qualified health care professional, additional 30 minutes  |
| 97151                 | Behavior identification assessment by qualified health care professional, each 15 minutes   |
| 97155                 | Adaptive behavior treatment with protocol modification administered by qualified health care professional to one patient, each 15 minutes   |
| 97156                 | Family adaptive behavior treatment guidance by qualified health care professional (with or without patient present), each 15 minutes  |
| 97157                 | Family adaptive behavior treatment guidance by qualified health care professional without patient present, each 15 minutes  |
| 97158                 | Group adaptive behavior treatment with protocol modification administered by qualified health care professional to multiple patients, each 15 minutes   |
| 99407 U6              | Smoking & Tobacco use cessation counseling visit, intensive, per 15 minutes   |
| D1516                 | Space maintainer - fixed - bilateral, maxillary   |
| D1517                 | Space maintainer - fixed - bilateral, mandibular  |

*continued*

*Table 2 – Codes added as valid FQHC and RHC encounter codes, effective for DOS on or after January 1, 2019 (continued)*

| Procedure code | Description  |
|----------------|--|
| D1526          | Space maintainer - removable - bilateral, maxillary  |
| D1527          | Space maintainer - removable - bilateral, mandibular   |
| D5282          | Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary          |
| D5283          | Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular         |
| D5876          | Add metal substructure to acrylic full denture (per arch)  |
| Q0091          | Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory |
| S9480          | Intensive outpatient psychiatric services, per diem  |

*Table 3 – Codes no longer valid as FQHC and RHC encounter codes, effective for DOS on or after January 1, 2019*

| Procedure code | Description  |
|----------------|--|
| 0359T          | Behavior identification assessment   |
| 77058          | MRI scan of one breast with contrast   |
| 77059          | MRI scan of both breasts with contrast   |
| 96101          | Psychological testing with interpretation and report by psychologist or physician per hour   |
| 96118          | Neuropsychological testing, interpretation, and report by psychologist or physician per hour |
| D1515          | Space maintainer-fixed bilateral   |
| D1525          | Space maintainer-removable bilateral   |

## Medtronic notifies of concern with diabetes medical device cybersecurity

The Indiana Health Coverage Programs (IHCP) has received information from medical device manufacturer, Medtronic, about a cybersecurity issue with MiniMed 508 and MiniMed Paradigm series insulin pumps.

Medtronic has mailed safety notifications to all IHCP members who are using these particular Medtronic insulin pumps. Members should read the notifications.

Please refer IHCP members who have questions to the contact information in the Medtronic safety notifications.





## IHCP announces new email inbox for provider feedback

The Indiana Health Coverage Programs (IHCP) created a new email inbox called, “IHCP Listens.” Its purpose is to solicit input from the provider community about the following:

- Workshops, webinars, and other presentations made on behalf of the IHCP
- Ideas for future workshops and presentations
- Clarification of policies and programs (in future workshops or written communication)



This announcement, following the IHCP 2019 summer workshops, encourages providers to critique the recent workshops as well. The email address is: [IHCPListens@fssa.in.gov](mailto:IHCPListens@fssa.in.gov).

## IHCP reminds pharmacy providers of FDA storage and disposal requirements

The Indiana Health Coverage Programs (IHCP) reminds pharmacy providers to follow all specified storage and disposal requirements as required by the U.S. Food and Drug Administration (FDA). To protect from loss of potency and efficacy, contamination of the medication, and risk of bacterial growth, it is critical that the “days supply” does not exceed the product’s shelf life. It is strongly recommended that providers communicate this information to the patient during counseling, with instructions to discard any product remaining after the indicated shelf life.

FDA requirements usually are on the medication’s packaging, as well as in the manufacturer’s package insert and patient medication guide. Additionally, a days supply that exceeds the product’s shelf life may cause an inappropriate “refill too soon” rejection for a refill request, leading to the member having restricted access to the medication.

*For example, dispensing a Lantus vial with a days supply of 35 would exceed the 28-day shelf life of the product after its initial puncture. If the member uses the vial immediately and requests a refill at day 28 when the original vial is no longer viable, the refill claim submission at the pharmacy will be rejected as a refill too soon, based on the previous inappropriately submitted days supply. The claim submission rejection would cause an inappropriate gap in the member’s therapy.*



[Table 4](#) provides a partial list of some common drugs with specified shelf life, which typically begins upon first use or reconstitution. This list is not intended to be exhaustive; it is always best practice to carefully read all drug labels and medication inserts prior to dispensing. Claims for products dispensed with a days supply exceeding the shelf life of the drug are subject to audit and recovery.

Please direct any audit questions to the OptumRx Pharmacy Audit Department toll-free at 1-630-352-9551 or by email at [RxAudit.INM@Optum.com](mailto:RxAudit.INM@Optum.com).

*continued*

Table 4 – Common products and specific shelf life

| Drug name                                   | Life of drug once opened (in days) |
|---|------------------------------------|
| Admelog (Vials and Pens)                    | 28                                 |
| Alinia Oral Suspension                      | 7                                  |
| Apidra (Vials and Pens)                     | 28                                 |
| Asmanex Twisthaler                          | 45                                 |
| Basaglar                                    | 28                                 |
| Cefdinir Suspension                         | 10                                 |
| Cellcept Oral Suspension                    | 60                                 |
| Emflaza Oral Suspension                     | 30                                 |
| Epaned Oral Solution                        | 60                                 |
| E.E.S. Oral Suspension                      | 10                                 |
| Eryped Oral Suspension                      | 35                                 |
| Humalog 100/ML (Cartridge, Pens, and Vials) | 28                                 |
| Humalog Mix 75/25 Pens                      | 10                                 |
| Humalog Mix 75/25 Vials                     | 28                                 |
| Humulin 70/30 Pens                          | 10                                 |
| Humulin 70/30 Vials                         | 28                                 |
| Humulin N Pen                               | 14                                 |
| Humulin N Vial                              | 31                                 |
| Humulin R 100/ML                            | 31                                 |
| Humulin R 500/ML Pen                        | 28                                 |
| Humulin R 500/ML Vial                       | 40                                 |
| Lantus (Pens or Vials)                      | 28                                 |
| Levemir (Pens or Vials)                     | 42                                 |
| Mycophenolate Mofetil Oral Suspension       | 60                                 |
| Novolin (All Formulations)                  | 42                                 |
| Novolog (All Formulations)                  | 28                                 |
| Oxcarbazepine Suspension                    | 49                                 |
| Revatio Oral Suspension                     | 60                                 |
| Toujeo                                      | 42                                 |
| Tresiba                                     | 56                                 |

continued



*Table 4 – Common products and specific shelf life (continued)*

| Drug name            | Life of drug once opened (in days) |
|----------------------|------------------------------------|
| Trileptal Suspension | 42                                 |
| Valcyte Solution     | 49                                 |
| Victoza              | 30                                 |

## **IHCP reminds providers of member transfer of property penalty period**

The Indiana Health Coverage Programs (IHCP) reminds extended care facility and waiver providers that some members can incur a transfer of property penalty while receiving services, including from nursing facilities, other medical institutions where members receive equivalent nursing facility services, home and community-based services (HCBS), and the following waiver programs:

- Aged and Disabled (A&D)
- Community Integration and Habilitation (CIH)
- Family Supports Waiver (FSW)
- Traumatic Brain Injury (TBI)

Claims submitted for these services during a member's transfer of property penalty period will be denied.



The transfer of property penalty is a period during which a member who is transferring assets will be ineligible for Medicaid services, as required by federal guidelines.

Providers will be able to determine whether a member is in the transfer of property penalty period using either of the following methods:

### **IHCP Provider Healthcare Portal (Portal)**

Effective August 29, 2019, providers will be able to view a member's transfer of property penalty period using the Portal as follows:

1. Log in to the Portal and click the **Eligibility** tab on the Portal menu bar to access the *Eligibility Verification Request* panel.
2. From the *Eligibility Verification Request* panel, search for a member using any of the following:
  - Member ID
  - Member Social Security number and date of birth
  - Member's last name, first name, and date of birth

*continued*

3. Click **Submit** to view coverage details, including transfer of property information (see Figure 1).

*Figure 1 – Eligibility verification information*

| Coverage Details for XXXX XXXXXXXX from 00/00/0000 to 00/00/0000 |   |                |  |
|--|---|----------------|--|
| Member ID  | 000000000000  | Birth Date     | 00/00/0000 <a href="#">Expand All</a>   <a href="#">Collapse All</a> |
| Verification Response ID   | 0000000000  |                |  |
| <b>Benefit Details</b>   |   |                |  |
| Coverage   | Description   | Effective Date | End Date   |
| Full Medicaid  | Full Medicaid for individuals who are 65 years old, blind, or disabled (FFS or Managed Care)  | 00/00/0000     | 00/00/0000   |
| Qualified Medicare Beneficiary                                   | Qualified Medicare Beneficiary - Members for whom co-insurance and deductibles are paid as well as Medicare Part B premiums   | 00/00/0000     | 00/00/0000   |
| Coverage   | Description and Copayment Message   | Copay Amount   |  |
| Full Medicaid  | Medically Related Transportation - The copay amount for transportation services will range from \$0.50 to \$2.00 based on the allowed amount for the procedure code. Please see the IHCP provider reference modules for more details. | \$0.00         |  |
| Full Medicaid  | Hospital - Outpatient - Copay applies only to non-emergency services.   | \$0.00         |  |
| <b>Transfer of Property Detail</b>                               |   |                |  |
| Description  | Effective Date  | End Date       |  |
| Transfer of Property Penalty Period                              | 00/00/0000  | 00/00/0000     |  |
| <b>Limit Details</b>   |   |                |  |
| <b>Waiver Liability Details</b>                                  |   |                |  |
| <b>Other Insurance Details</b>                                   |   |                |  |
| <b>Demographic Details</b>                                       |   |                |  |

### Electronic data interchange (EDI)

Effective August 29, 2019, providers will be able to determine a member's transfer of property penalty period using another of the Eligibility Verification System (EVS) options: 270/271 electronic transactions.

EDI example segments:

- EB\*E\*IND\*\*MC\*Transfer of Property Penalty
- DTP\*307\*RD8\*20180627-20180627

For more information about using the Portal or electronic transactions to determine a member's eligibility, see the [Provider Healthcare Portal](#) and the [Electronic Data Interchange](#) provider reference modules at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

### IHCP clarifies published information regarding PADs carved out of managed care exempt from HAF payments

The Indiana Health Coverage Programs (IHCP) previously announced, in *Banner Page* [BR201930](#), that physician administered drugs (PADs) carved out of managed care and submitted as institutional claims would not receive Hospital Assessment Fee (HAF) payments. The banner article incorrectly stated that claims or claim details for PADs billed as professional claims will receive HAF payments. PADs billed as professional claims will not receive HAF payments.

## IHCP clarifies guidance about midlevel practitioners using a supervisor's NPI

The Indiana Health Coverage Programs (IHCP) previously reminded providers, in *Banner Page* [BR201930](#), that a midlevel practitioner who provides services to an IHCP member must bill using his or her supervising practitioner's National Provider Identifier (NPI) in the Rendering field on a professional claim (CMS-1500 form or electronic equivalent). To clarify, advanced practice registered nurses (APRNs) and physician assistants (PAs) are not midlevel practitioners. Each has an NPI. This guidance is primarily intended for non IHCP-enrolled behavioral health professionals.

### QUESTIONS?

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

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