



INDIANA MEDICAID UPDATE

December 1, 1998

TO: All Indiana Medical Assistance Program Providers

SUBJECT: Medicaid Utilization Review Update

The Indiana Medicaid Surveillance and Utilization Review (SUR) department periodically identifies areas of non-compliance and/or misunderstanding in relation to the Medicaid program billing, Medicaid program benefits and reimbursement. This information is being reported to the Medicaid provider community since you are well positioned to help stop Medicaid program abuse and reverse trends in relation to mis/overutilization of services and inappropriate billing practices. The following are some of the areas recently identified through the desk and on-site reviews performed by the SUR department, and through communication with the Office of Medicaid Policy and Planning staff.

The Optical Immunoassay Test in the Detection of Group A Beta Hemolytic Streptococcal Pharyngitis

Recent surveillance and utilization data reveals confusion regarding Medicaid reimbursement for the Optical Immunoassay test (OIA) in the detection of group A beta hemolytic streptococcal pharyngitis.

Medicaid *does* reimburse providers for the OIA test. It should be billed using CPT code 87880, "Infectious agent detection by immunoassay with direct *optical* observation" as designated in the 1998 CPT Manual.

For audit purposes, documentation in the medical record should specify that the OIA strep test was performed. Documentation that simply states “strep screen” indicates that a direct strep screen, CPT code 86588, was done. The reimbursement rate between these two tests (87880 and 86588) differs. Therefore, it is essential that the test performed is the test that is documented.

Medicaid recognizes that there are several different rapid strep kits on the market, each with unique advantages and disadvantages. Medicaid also recognizes that the provider community utilizes the test kit that best meets the needs of their practice and patient population. It is not the intent of Medicaid to tell the provider community what test to use. Medicaid simply requires that providers bill and document the test that was actually performed. The documentation need not be extensive. This is necessary because Medicaid reimbursement varies among the tests.

The 1998 CPT Manual describes some of the rapid strep tests as outlined below. Because it is not the intent of Medicaid to require the extensive detail found in the CPT Manual, the third column lists suggested verbiage that would fulfill Medicaid documentation requirements to distinguish among the tests.

CPT Code	Description	Suggested Documentation
86588	Streptococcus screen, direct	Strep Screen
87430	Infectious agent antigen detection by immunoassay technique, qualitative or semiquantitative multiple step method; Streptococcus, group A	Strep Antigen
87880	Infectious agent detection by immunoassay with direct optical observation, Streptococcus, group A	Strep OIA
87650	Streptococcus, group A, direct probe technique	Strep direct probe
87651	Streptococcus, group A, amplified probe technique	Strep amp. probe
87652	Streptococcus, group A, quantification	Strep quant.
87081	Culture, bacterial, screening only, for single organism	Strep culture (Culture plate using sheep blood agar with bacitracin disk)

In the event of uncertainty about which code to bill and document, the commercial kit manufacturer may be able to advise providers on which CPT code most accurately describes their test.

CLARIFICATION OF CPT CODE 69210

There appears to be some confusion within the Medicaid provider community concerning the correct utilization of CPT code 69210 (removal impacted cerumen [separate procedure], one or both ears). It has been noted that providers have billed two (2) units of this code when they removed cerumen from both ears of a Medicaid recipient. This represents an *incorrect* utilization of CPT code 69210. This code is a *one (1) unit code only*, regardless of whether one or both ears are treated. In other words:

- When impacted cerumen is removed from one (1) ear of a recipient, one (1) unit of CPT code 69210 may be billed by the provider;
- When impacted cerumen is removed from both ears of a recipient, the provider may still only bill one (1) unit of CPT code 69210.

The Office of Medicaid Policy and Planning continues to appreciate your participation in the Medicaid Program, and the quality care you render to the Program's clients. Questions regarding the Surveillance and Utilization Review (SUR) process, as well as referrals of suspected non-compliance with Medicaid Program policy can be communicated to the SUR Unit at 1-800-457-4515.