

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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The IHCP to adopt 2012 Medicare rates for select clinical laboratory services

As stated in [BR201149](#), dated December 6, 2011, pursuant to Section 1903(i)(7) of the *Social Security Act*, Medicaid reimbursement for individual clinical laboratory procedures cannot exceed the Medicare rate of reimbursement. Therefore, in

accordance with the clinical laboratory reimbursement methodology set out in *405 IAC 5-18-1* and in the approved [Medicaid State Plan](#) (Attachment 4.19B, page 2), the Indiana Health Coverage Programs (IHCP) has adopted the 2012 Medicare rates, released December 2011, for the following clinical laboratory procedure code for which the current Medicaid reimbursement rate exceeds the 2012 Medicare rate. This rate is effective for dates of service on or after January 1, 2012. Reimbursement rates for all other clinical laboratory codes remain unchanged.

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Reimbursement rate of clinical laboratory services effective for dates of service on or after January 1, 2012

Procedure code	Reimbursement rate	Description
83861	\$23.40	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity

The OMPP to begin recovery audits in January 2012

The Indiana Office of Medicaid Policy and Planning (OMPP) has contracted with Thomson Reuters Healthcare to provide an enhanced fraud and abuse detection system (FADS), as announced in the Indiana Health Coverage Programs bulletin [BT201138](#), dated August 2, 2011. As part of the FADS, the OMPP has requested that Thomson Reuters subcontract with an independent recovery audit contractor (RAC), similar to the RAC program in Medicare. Thomson Reuters has selected HMS to provide the RAC services in compliance with Section 6411 of the *Patient Protection and Affordable Care Act of 2010*. HMS is authorized to audit provider payments and associated financial records to identify Medicaid payments that may have been overpaid or underpaid, and to recover overpayments or correct underpayments.

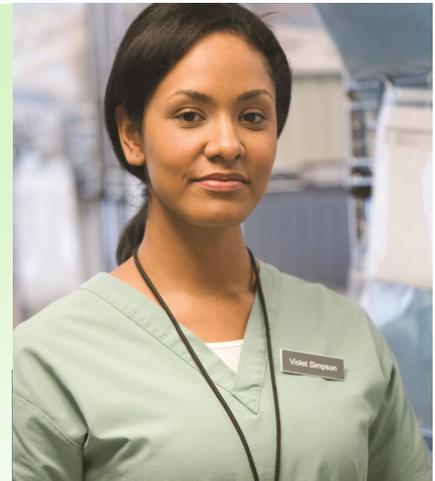
Initially, HMS will assist Thomson Reuters and the OMPP in identifying and auditing inpatient hospital providers with outstanding credit balances. HMS has begun notifying selected providers of the upcoming audits.

New coverage and reimbursement for CPT code 75565

Effective for dates of service on or after March 1, 2012, the Indiana Health Coverage Programs (IHCP) will provide coverage for Current Procedural Terminology (CPT^{®1}) code 75565 – *Cardiac magnetic resonance imaging for velocity flow mapping (list separately in addition to code for primary procedure)*. Providers should bill CPT code 75565 with revenue code 614 – *MRT – other*. The [Fee Schedule](#) will be updated on [indianamedicaid.com](#) to reflect this coverage and reimbursement.

Reimbursement rates for CPT code 75565

Description	Reimbursement rate
Global component	\$57.02
Professional component	\$10.01
Technical component	\$47.01
Outpatient rate	\$47.01



Take the IHCP's ICD-10 survey!

A link to the ICD-10 IHCP Provider Readiness Survey will be posted on [indianamedicaid.com](#) February 7 – watch IHCP publications for announcements.

HCPCS and CPT codes linked to revenue code 614

For dates of service on or after March 1, 2012, the Indiana Health Coverage Programs (IHCP) has linked the Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT^{®1}) codes on the following page to revenue code 614 – *MRT – other*. For reimbursement, providers must bill the procedure code and the revenue code together for dates of service on or after March 1, 2012.

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Procedure codes linked to revenue code 614 for dates of service on or after March 1, 2012

Procedure code	Description
0078T	Endovascular repair using prosthesis of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal (superior mesenteric, celiac and/or renal artery(s))
0079T	Placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch (list separately in addition to code for primary procedure)
0080T	Endovascular repair using prosthesis of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral vessels (superior mesenteric, celiac and/or renal artery[s]), radiological supervision and interpretation
0081T	Placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch, radiological supervision and interpretation (list separately in addition to code for primary procedure)
20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)
27093	Injection procedure for hip arthrography; without anesthesia
27095	Injection procedure for hip arthrography; with anesthesia
27370	Injection procedure for knee arthrography
27648	Injection procedure for ankle arthrography
37200	Transcatheter biopsy
37201	Transcatheter therapy infusion for thrombolysis
37202	Transcatheter therapy, infusion other than for thrombolysis
37203	Transcatheter retrieval
37208	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (list separately in addition to code for primary procedure)
37209	Exchange of a previously placed intravascular catheter during thrombolytic therapy
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application
77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
G0269	Placement of occlusive device into either a venous or arterial access site, post surgical or interventional procedure (e.g., angiaseal plug, vascular plug)
G0290	Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel
G0291	Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel

The IHCP to cover CPT code 90649 – *Human papilloma virus vaccine*

Effective March 1, 2012, for dates of service on or after March 1, 2012, Current Procedural Terminology (CPT^{®1}) code 90649 – *Human papilloma virus (HPV) vaccine* will be covered for both males and females, ages 9-20, inclusive. The HPV vaccine is currently covered only for females in this age group. This procedure code is considered a carved-in procedure for risk-based managed care (RBMC). Providers should submit claims for procedure code 90649 for managed care members directly to the appropriate managed care entity (MCE).

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Nursing facility claims to be mass adjusted

Reminder: Nursing facility claims for dates of service after January 1, 2012, will be paid at the new rates, including the 5% rate reduction. The paid amounts on all claims for dates of service beginning July 1, 2011, will be mass adjusted by HP to apply the 5% rate reduction. Please refer to Indiana Health Coverage Programs (IHCP) bulletins [BT201119](#) and [BT201136](#) for additional information.

The mass adjustment of claims for dates of service July 1, 2011, and after began appearing on Remittance Advices (RAs) beginning January 17, 2012, and will be identified with internal control numbers (ICNs) that begin with region code 56. The net difference of the overpayment will appear on the RA as an accounts receivable. The accounts receivable will be recouped at 100% from future claims paid to the respective provider.

Sign up now for first-quarter IHCP workshops

The Indiana Health Coverage Programs (IHCP) is again offering educational workshops to providers free of charge. Sessions led by HP include Provider Enrollment, IHCP Updates, Manually Priced Claims Billing, and Finance. The managed care entities (MCEs) will present updates about Indiana *Care Select*, and MDwise Hoosier Healthwise and Healthy Indiana Plan (HIP). Anthem will focus on quality, including Healthcare Effectiveness Data and Information Set (HEDIS) targets for 2012. MHS and Cenpatico will focus on Hoosier Healthwise and HIP behavioral health updates. For information about [workshop dates](#), [locations](#), and [registration](#), visit the Provider Education page of [indianamedicaid.com](#).

QUESTIONS?

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