

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201927

JULY 2, 2019

## IHCP to cover HCPCS code S2235

Effective August 2, 2019, the Indiana Health Coverage Programs (IHCP) will cover Healthcare Common Procedure Coding System (HCPCS) S2235 – *Implantation of auditory brainstem implant*. Coverage applies to all IHCP programs, subject to limitations established for certain benefit plans, with dates of service (DOS) on or after August 2, 2019.

The following reimbursement information applies:

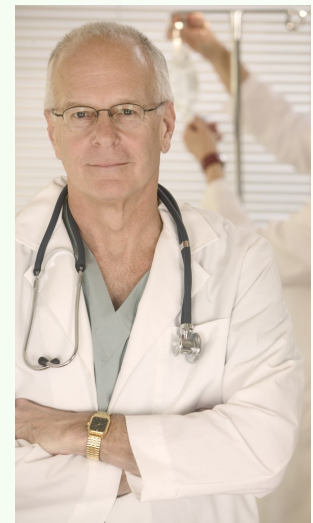
- Pricing: Code S2235 will pay 90% of billed charges for institutional claims (*UB-04* paper form and electronic equivalent) and professional claims (*CMS-1500* paper form and electronic equivalent)
- Prior authorization (PA): Required

PA for the coverage of code S2235 is subject to the following:

- Patient must be 12 years of age or older; and
- Diagnosis of neurofibromatosis-type II (NF2); and
- The individual has been rendered deaf due to bilateral resection of neurofibromas of the auditory nerve
- PA is limited to 12 months

Additionally, the IHCP will reimburse for maintenance and repair of an auditory brainstem implant, subject to the following:

- The device must be in continuous use and must still meet the medical necessity needs of the member
- PA for repairs is not required, except when repair is more frequent than once every 12 months
- PA for repairs more frequent than once every 12 months must meet the following criteria:
  - Member is under age 21
  - Provider documents circumstances justifying the need



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- PA for the following accessories is not required:

- Batteries
- Headset/headpiece
- Microphone
- Transmitting coil/cable

The IHCP will not reimburse for auditory brainstem implants as follows:

- Repair of implants still under warranty
- Routine servicing of functional implants
- Repair or replacement of implants necessitated by member misuse or abuse, whether intentional or unintentional

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.

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

## **IHCP will mass reprocess claims for inpatient services that adjudicated incorrectly for POA reporting**

The Indiana Health Coverage Programs (IHCP) identified a claim-processing issue as announced in *Banner Page* [BR201916](#), that affected certain fee-for-service (FFS) institutional claims (*UB-04* paper form or electronic equivalent), for inpatient services processed from September 28, 2018, through March 20, 2019. In error, the claim-processing system applied the present on admission (POA) indicator to diagnosis codes that are exempt from POA reporting. Claims billed for inpatient services may have denied incorrectly for explanation of benefits (EOB) 4276 – *A POA must be entered. A POA of 1 or blank is not acceptable.*



The claim-processing system was not corrected entirely, and reprocessed claims did not appear on providers' Remittance Advices (RAs) as expected. Additionally, certain FFS institutional claims for inpatient services denied incorrectly for EOB 4276 through June 7, 2019.

The claim-processing system has been corrected. Affected claims processed from September 28, 2018, through June 7, 2019, will be mass reprocessed. Providers should see the reprocessed claims on Remittance Advices (RAs) beginning August 7, 2019, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims).

## IHCP will reimburse for HCPCS J0221 only if billed on a professional claim

Effective August 2, 2019, the Indiana Health Coverage Programs (IHCP) will no longer reimburse for Healthcare Common Procedure Coding System (HCPCS) code J0221 – *Injection, alglucosidase alfa, (Lumizyme), 10 mg*, when the code is billed on an institutional claim (*UB-04* paper form or electronic equivalent). Whether the drug is administered in the outpatient or inpatient setting, code J0221 must be billed by the provider on a professional claim (*CMS-1500* paper form or electronic equivalent) for reimbursement consideration. This change applies to services delivered under the fee-for-service (FFS) and managed care delivery systems.



Accordingly, effective August 2, 2019, the IHCP will no longer reimburse for procedure code J0221 unless it is billed on a professional claim. This change applies to all IHCP programs, subject to limitations established for certain benefit packages for dates of service (DOS) on or after August 2, 2019.

This 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). This change will be reflected in *Revenue Codes with Special Procedure Code Linkages* as well, and in *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient DRG*, on the [Code Sets](#) web page.

*Note: Code J0221 is being “carved out” of the Diagnosis-Related Group (DRG) and NOT managed care, as will be indicated in the Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient DRG code table.*

## New program integrity fraud and abuse detection system training now available

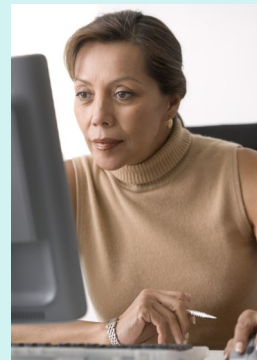
The Indiana Health Coverage Programs (IHCP) is making web-based Program Integrity Provider Education Training available to all providers. These training presentations are intended to supplement the provider reference modules and other IHCP-published provider reference materials.

The latest Program Integrity provider training titled, [Indiana FADS Secure Portal Tutorial](#), is now available. The purpose of this training is to provide an overview of the Fraud and Abuse Detection System (FADS) Secure Portal and how to use it to respond to Program Integrity audits.

*Note: The FADS Secure Portal is NOT the same as the IHCP Provider Healthcare Portal.*

By the end of the course, providers should be able to use the FADS Secure Portal to respond to program integrity audits.

To access the training, navigate to the [Program Integrity Provider Education Training](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).



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Other training topics posted on the web page are listed below. Watch future IHCP provider publications for announcements about other trainings that become available.

- [Non-Emergency Transportation Documentation Requirements and Billing Guidelines](#)
- [Ambulance Transportation Documentation Requirements and Billing Guidelines](#)
- [Dental Provider Documentation Requirements and Billing Guidelines](#)
- [Program Integrity Audit Process Overview](#)
- [Program Integrity Self-Disclosure Protocol](#)
- [Behavioral Health and ABA Documentation Guidelines](#)

#### QUESTIONS?

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

#### TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without photos, is available for your convenience.

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