

# IHCP *banner page*

## IHCP to cover CPT codes 81206, 81207, and 81208 for the treatment of chronic myelogenous leukemia (CML)

Effective November 6, 2020, the Indiana Health Coverage Programs (IHCP) will cover the Current Procedural Terminology (CPT®) laboratory pathology codes in Table 1 for the treatment of chronic myelogenous leukemia (CML). Coverage applies to all IHCP programs, subject to limitations established for certain benefit plans, for professional claims (CMS-1500 form or electronic equivalent) and institutional claims (UB-04 form or electronic equivalent) with dates of service (DOS) on or after November 6, 2020.

Table 1 – CPT codes covered for the treatment of CML, effective November 6, 2020

Procedure code	Description	Pricing (maximum fee)
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	\$163.96
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	\$144.84
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	\$214.62

The following reimbursement information applies:

- Pricing: See Table 1.
- Prior authorization (PA): Required

PA for the coverage of CPT codes 81206, 81207, and 81208 is subject to the following:

- These laboratory pathology tests are considered medically necessary for managing the treatment of CML.
- These tests are used by the patient's practitioners to develop a treatment plan specific to the needs of the patient.
- These procedure codes are for the specific indication of CML.

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- Billing guidance: Standard billing guidance for laboratory procedure codes applies

Reimbursement, PA, and billing information applies to services delivered under the fee-for-service (FFS) delivery system. Individual 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 information 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):

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## IHCP to mass reprocess or mass adjust claims for HCPCS code J2270 that denied incorrectly

The Indiana Health Coverage Programs (IHCP) identified a claim-processing issue that affects certain fee-for-service (FFS) claims for Healthcare Common Procedure Coding System (HCPCS) code J2270 – *Injection, morphine sulfate, up to 10 mg*, billed with any of the following National Drug Codes (NDCs):

- 00409-189-001
- 00409-189-003
- 00409-189-010
- 00409-189-011

Claims with dates of service (DOS) from January 1, 2019, through September 22, 2020, may have denied incorrectly with explanation of benefits (EOB) 4300 – *Invalid NDC to procedure code combination*.



The claim-processing system has been corrected. Claims or claim details processed during the indicated time frame for J2270 that denied for EOB 4300 will be mass reprocessed or mass adjusted, as appropriate. Providers should see reprocessed or adjusted claims on Remittance Advices (RAs) beginning November 4, 2020, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claim) or 52 (mass replacements non-check related).

## IHCP reminds personal care providers that alternate EVV vendors are required to begin integration by October 1, 2020

The *21st Century Cures Act* directs Medicaid programs to require personal care and home health service providers to use an electronic visit verification (EVV) system to document services rendered. See *Indiana Health Coverage Programs (IHCP) Bulletin BT201855* for more information. As a reminder, the required date for personal care services to implement an EVV system is January 1, 2021.

The IHCP is working closely with the State's EVV vendor, Sandata, to streamline the testing process for vendors of alternate (third-party) EVV systems. Once a vendor has successfully completed an initial aggregation and testing process with Sandata, subsequent integrations will be more streamlined.

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This should help vendors implement their alternate EVV systems faster and also get training material and production credentials to providers sooner.

As a reminder, personal care services providers that request to initiate an alternate EVV system after October 1, 2020, will be directed to use the Sandata EVV system and complete the Sandata system training. This is to ensure compliance with the federal mandate to implement an EVV system by January 1, 2021. Providers may use the State-sponsored Sandata EVV system to submit EVV records until the provider's chosen system can successfully submit EVV records.

Providers can refer to the [EVV implementation guide](#) for step-by-step directions on using either the Sandata EVV system, or an alternate EVV system. Providers are strongly encouraged to review the guide to ensure that the IHCP is receiving their EVV records appropriately.



## FSSA announces updates to Security Risk Assessment Tool

The Indiana Family and Social Services Administration (FSSA) is notifying providers that the Office of the National Coordinator for Health Information Technology (ONC), in partnership with the Office for Civil Rights (OCR), has released an update to the U.S. Health and Human Services (HHS) Security Risk Assessment (SRA) Tool. This tool helps support small- and medium-sized healthcare organizations and is designed to assist providers in conducting a security risk assessment, as required by the Health Insurance Portability and Accountability Act (HIPAA) Security Rule and the Centers for Medicare & Medicaid Services (CMS) Electronic Health Record (EHR) Incentive Program.

The newly enhanced version of the SRA Tool includes a variety of new features, like improved navigation throughout the assessment sections, export options for reports, and enhanced user interface scaling. The CMS has encouraged states to share this information with the provider community. The tool is available on the [Security Risk Assessment Tool](#) web page at HealthIT.gov.



### QUESTIONS?

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