



BANNER PAGE

BR200940

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All Providers

Centers for Medicare & Medicaid Services Quarterly Updates

The Centers for Medicare & Medicaid Services (CMS) has published the October quarterly updates with new and revised codes. Table 1 outlines the program coverage and shows the new Healthcare Common Procedure Coding System (HCPCS) coverage, effective October 1, 2009.

Table 1 – Quarterly CMS Updates Effective October 1, 2009

HCPCS Code	Description	Program Coverage
Q2024	<i>Bevacizumab Injection, 0.25 mg</i>	Covered – All Programs
S3713	<i>Kras Mutation Analysis Testing</i>	Non-Covered, coverage to be determined
S0162	<i>Injection, Efalizumab, 125 mg</i>	Discontinued, effective 10/1/2009

Claims with Edit 4013 To Be Mass Adjusted and Reprocessed

Claims with dates of service between July 1, 2009, through September 30, 2009, billed with any of the HCPCS codes listed in Table 2 and denied with EOB 4013 – *This Procedure Code is not covered for this date of service* will be systematically mass adjusted and/or reprocessed. These adjustments will appear on the October 13, 2009, Remittance Advice.

Table 2 – Mass Adjusted and/or Reprocessed HCPCS Codes

HCPCS Code	Description	Program Coverage
J7611	<i>Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 1 mg</i>	Covered – All Programs
J7612	<i>Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 0.5 mg</i>	Covered – All Programs
J7613	<i>Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg</i>	Covered – All Programs
J7614	<i>Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg</i>	Covered – All Programs

Claims Denied with Edit 4019 To Be Mass Reprocessed and Adjusted

The Indiana Health Coverage Programs (IHCP) is performing a systematic mass reprocess and adjustment on claims that denied between August 27, 2009, through September 30, 2009, with Explanation of Benefit Code (EOB) 4019 – *Attachment required for service rendered*. These claims will have an internal control number (ICN) Region 11 that identifies them as paper claims with attachments. Affected claims will be systematically mass reprocessed and adjusted and will appear on the October 13, 2009, Remittance Advice statements.

Annual Update of the International Classification of Diseases

The annual update of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) is effective for the IHCP beginning October 1, 2009. The new, revised, and discontinued codes may be viewed at http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#. To ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA), the 90-day grace period will no longer apply to ICD-9-CM updates. Providers must use the appropriate ICD-9-CM diagnosis and procedure codes that are valid for the date of service. Codes not valid for dates of service will deny. The new ICD-9-CM diagnosis and procedure codes are billable and reimbursable October 1, 2009.

The ICD-9-CM diagnosis codes in Table 3 will be added to Table 8.28 – Emergency Diagnosis Codes – in the [IHCP Provider Manual](#), Chapter 8, Section 2. These codes are effective for dates of service on or after October 1, 2009.

Table 3 – ICD-9-CM Diagnosis Codes Effective for Dates of Service on or after October 1, 2009

Additions to Table 8.28 – Emergency Diagnosis Codes – in the <i>IHCP Provider Manual</i>						
416.2	453.50	453.51	453.52	453.6	453.71	453.72
453.73	453.74	453.75	453.76	453.77	453.79	453.81
453.82	453.83	453.84	453.85	453.86	453.87	453.89
488.0	488.1	569.87	670.10	670.12	670.14	670.20
670.22	670.24	670.30	670.32	670.34	670.80	670.82
670.84	768.70	768.71	768.72	768.73	779.31	779.32
779.33	779.34	784.42	789.7	799.21	799.22	799.23
799.24	799.25	799.29	813.46	813.47	832.2	969.00
969.01	969.02	969.03	969.04	969.05	969.09	969.70
969.71	969.72	969.73	969.79	995.24	E830.7	E831.7
E832.7	E833.7	V87.32				

The ICD-9-CM diagnosis codes in Table 4 will be removed from Table 8.28 – Emergency Diagnosis Codes – in the *IHCP Provider Manual*, Chapter 8, Section 2. These codes are invalid for dates of service on or after October 1, 2009.

Table 4 – ICD-9-CM Diagnosis Codes Invalid for Dates of Service on or after October 1, 2009

Deletions from Table 8.28 – Emergency Diagnosis Codes – in the <i>IHCP Provider Manual</i>						
453.8	488	768.7	779.3	784.5	799.2	969.0
969.7						

The ICD-9-CM diagnosis codes in Table 5 will be added to Table 8.82 – High Risk Pregnancy ICD-9-CM Diagnosis Codes – in the *IHCP Provider Manual*, Chapter 8, Section 4. These codes are effective for dates of service on or after October 1, 2009.

Table 5 – ICD-9-CM Diagnosis Codes Effective for Dates of Service on or after October 1, 2009

Additions to Table 8.82 – High Risk Pregnancy ICD-9-CM Diagnosis Codes – in the <i>IHCP Provider Manual</i>						
488.0	488.1	621.34	621.35	V60.81	V60.89	V61.07
V61.08	V61.23	V61.24	V61.25	V61.42		

The ICD-9-CM diagnosis codes in Table 6 will be removed from Table 8.82 – High Risk Pregnancy ICD-9-CM Diagnosis Codes – in the *IHCP Provider Manual*, Chapter 8, Section 4. These codes are invalid for dates of service on or after October 1.

Table 6 – ICD-9-CM Diagnosis Codes Invalid for Dates of Service on or after October 1, 2009

Deletions from Table 8.82 – High Risk Pregnancy ICD-9-CM Diagnosis Codes – in the IHCP Provider Manual						
488	V60.8					

Eligibility Verification for Presumptive Eligibility

Eligibility can now be verified for presumptive eligibility (PE) members using name and date of birth, Social Security number, Medicare ID, or Medicaid ID.

As stated in [BR200933](#), EDS identified an issue related to eligibility inquiry for PE members that makes it appear that women are not eligible for PE in the Eligibility Verification Systems (EVS). This occurs only when the member had prior Medicaid coverage and if alternate methods of identification are used (for example, name and date of birth, or Social Security number). This issue has been resolved.

Web interChange, OMNI, and Automated Voice Response (AVR) display the eligibility information for the date requested. If the inquiry is made for a date of service during the PE period, and the member has not been transitioned to Hoosier Healthwise, EVS will show the PE eligibility for that date of service. If the inquiry is made by the PE “550” Recipient Identification Number (RID) for a date of service after the member is eligible for Hoosier Healthwise, EVS displays only the Hoosier Healthwise eligibility, but does not display the new Hoosier Healthwise “10_99” RID number. **Providers are encouraged to use the name and date of birth or Social Security number to verify eligibility and to obtain the new RID number for that date of service. When the name and date of birth or Social Security number is used for eligibility inquiry, the current open Medicaid segment displays whether the member is eligible for PE or Hoosier Healthwise.**

Prescribing Providers and Pharmacy Providers

Automation of Pharmacy Prior Authorization – Revised Implementation Date

IHCP bulletin [BT200927](#), dated August 24, 2009, notified providers of the implementation of an automated prior authorization system known as Smart PA™. The implementation date of October 1, 2009, has been revised to November 1, 2009, to allow for additional testing. All other information in bulletin [BT200927](#) remains unchanged.

Please contact EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278 if you have any questions.

Provider Workshops

Register Now for the October IHCP Seminar in Indianapolis!

Register now to attend the 2009 IHCP Seminar October 20-22, 2009, at the Indianapolis Marriott East. Topics include claims and billing; programs such as *Care Select*; dental, vision, and mental health; transportation and durable medical equipment (DME); Presumptive Eligibility for Pregnant Women and Notification of Pregnancy (PE/NOP); and more. There is no cost to attend. To register, go to <http://www.indianamedicaid.com/ihcp/index.asp> and click **Provider Services > Education Opportunities > Workshop Registration**.