

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201417

APRIL 29, 2014



## CPT codes to be changed to inpatient setting reimbursement only

The Centers for Medicare & Medicaid Services (CMS) will change the status of the following Current Procedural Terminology (CPT<sup>®1</sup>) codes from outpatient to inpatient only, effective June 1, 2014:

- CPT code 44206 – *Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)*
- CPT code 44207 – *Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)*
- CPT code 44208 – *Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy*
- CPT code 44213 – *Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)*

Indiana Health Coverage Programs (IHCP) policy follows CMS' determination of inpatient status. Therefore, IHCP will reimburse for these procedure codes only in the inpatient setting. These changes will be effective for dates of service on or after June 1, 2014.

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## Effective date for CPT 90661 coverage revised

Indiana Health Coverage Programs (IHCP) banner page [BR201414](#) established coverage for Current Procedural Terminology (CPT) code 90661 – *Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use*, effective July 1, 2014. The banner page stated coverage applied to dates of service (DOS) on or after January 1, 2014.

The IHCP has revised the coverage policy to include the entire 2013-2014 flu season. Therefore, effective July 1, 2014, coverage of CPT code 90661 will apply to claims with DOS on or after **August 1, 2013**.

Beginning July 1, 2014, providers may resubmit denied claims or submit new claims with DOS on or after August 1, 2013, for reimbursement consideration. Claims beyond the one-year filing limit must include a copy of this banner page as an attachment to the claim.



## Pricing of HCPCS codes E2378 and L5859 updated

The following Healthcare Common Procedure Coding System (HCPCS) codes are currently manually priced.

- E2378 – *Power wheelchair component, actuator, replacement only* and
- L5859 – *Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)*

These codes were new HCPCS codes as of January 1, 2013, and had no Medicare rates at the time IHCP coverage was determined. Since then, Medicare has established rates for both. IHCP pricing methodology for durable medical equipment (DME) uses Medicare rates when they are available. Accordingly, effective for dates of services on or after July 1, 2014, the IHCP will adopt the Medicare maximum fee rates for codes E2378 and L5859.

The provider [Fee Schedule](#) at [indianamedicaid.com](#) will be updated during the next regularly scheduled monthly update to reflect this pricing change.

## CPT code 52356 linked to revenue codes 360 and 490

Effective June 1, 2014, the Indiana Health Coverage Programs (IHCP) will link Current Procedural Terminology (CPT) code 52356 – *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)* to the following revenue codes:

- 360 – *Operating Room Services-General*
- 490 – *Ambulatory Surgical Care-General*

These linkages apply to dates of service (DOS) on or after **January 1, 2014**.

Beginning June 1, 2014, for reimbursement consideration, providers may bill CPT code 52356 and these revenue codes together, as appropriate, for DOS on or after January 1, 2014. Claims beyond the one-year filing limit must include a copy of this banner page as an attachment to the claim.

## IHCP to review procedure and diagnosis codes assigned to audits

The Indiana Health Coverage Programs (IHCP) is currently reviewing audits that affect claims processing. During the review, relevant Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and ICD-9 codes assigned to audits will be updated to reflect current IHCP coverage policy, IHCP billing policy, and correct coding guidelines. Updating claim audits will ensure accurate and appropriate reimbursement in accordance with these standards. Providers are encouraged to see [Chapter 8: Billing Guidelines](#) of the *IHCP Provider Manual* at [indianamedicaid.com](http://indianamedicaid.com) for current policy and billing guidance.

## ACA duplicate payment recoupment update

The Indiana Health Coverage Programs (IHCP) notified providers via *IHCP banner page* [BR201410](#), dated March 11, 2014, that a duplicate payment for the fourth-quarter 2013 *Affordable Care Act* (ACA) primary care physician fee payments to fee-for-service providers had occurred. Further, it informed providers they would receive a notification letter with additional information regarding the recoupment of the overpayments, which would begin March 28, 2014.

The letters advised providers that if the accounts receivable (AR) did not satisfy the overpayment, they could remit a check to the IHCP to satisfy the overpayment. At this time, the IHCP is advising providers to allow at least 45 days for the overpayment to self-satisfy through AR before sending a refund check. This will prevent a duplicate repayment in the event an AR and refund check are established simultaneously. Providers that may have already submitted a refund check and subsequently learned an AR had satisfied the original overpayment should wait at least 30 days before contacting the Finance Department at (317) 488-5004 to inquire about the duplicate refund.

## Reminder for IHCP dental providers

All dental providers are encouraged to answer the three additional questions that have been added to dental provider profiles. The questions address whether the facility can provide the following:

- Services for children with mobility limitations
- Sedation for children with complex medical or behavioral conditions
- Services for children with intellectual disabilities

Current dental providers can access [Web interChange](#) to answer the additional questions listed in the *Provider Maintenance* window.

For new dental providers, the additional questions have been incorporated into the [provider enrollment application packets](#) at [indianamedicaid.com](http://indianamedicaid.com).



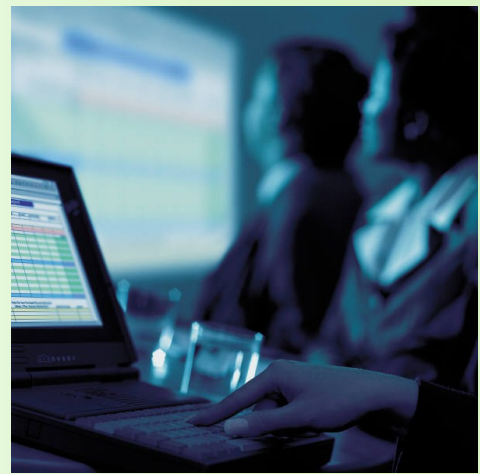
## 2014 second-quarter provider workshops planned

The Indiana Health Coverage Programs (IHCP) will offer one-day educational workshops to providers on a number of dates during the month of June 2014. Workshops will be conducted on location in Lafayette, Fort Wayne, Bloomington, Evansville, and Indianapolis and will also be offered online on two dates. Each workshop will include the following sessions:

- **Research and Resolve Professional Claim Denials (8 a.m. - 8:50 a.m.):** Providers learn how to research professional claims on Web interChange. Participants learn about denials, how to determine their resolution, and how to rebill the claims.
- **IHCP Updates (9 a.m. - 9:50 a.m.):** This presentation reviews current and future updates and changes to the IHCP.
- **Updates to Presumptive Eligibility for Pregnant Women (PEPW) and Notification of Pregnancy (NOP) (10 a.m. - 11 a.m.):** This session outlines changes to the PEPW program. When you leave this session, you will be equipped to help women apply for the PEPW program. This session also covers recent updates to the NOP form.
- **Second-Quarter IHCP Indiana Care Select: Primary Medical Provider Support and Tools (11:10 a.m. - noon):** Representatives of ADVANTAGE Health Solutions<sup>SM</sup> provide an overview of *Care Select*, including information and tools to assist primary medical providers (PMPs) with developmental and behavioral health screening. Topics include:
  - *Care Select* overview, including member eligibility, prior authorization, provider enrollment, and member program referrals
  - Birth to 5: Watch Me Thrive! – An overview of the tools and resources available to PMPs to assist in proper screening; sponsored by the U.S. Department of Health and Human Services and the U.S. Department of Education
- **MDwise: Working with Difficult Patients and Other Updates (1:00 p.m. - 1:45 p.m.):** This MDwise session provides important information for MDwise *Care Select*, Hoosier Healthwise, and Healthy Indiana Plan providers. With the goal of producing successful patient encounters, MDwise focuses primarily on explaining strategies providers can use when working with patients who exhibit problem behaviors.

Providers also learn about:

  - MDwise Affordable Care Act (ACA) payment checks
  - The MDwise web portal
  - Adding a provider to a member's Right Choices Program lock-in list
  - A marketplace versus Medicaid comparison
  - The new *CMS-1500* claim form
- **Navigating Anthem Medicaid (2 p.m. - 2:45 p.m.):** Join Anthem for a "road trip!" Find out about updates and learn what resources are available to you for navigating Anthem Medicaid.



- **Working with Managed Health Services (MHS) and Cenpatico (3 p.m. - 3:45 p.m.):** MHS presents changes to prior authorization requirements, highlights case management programs, and provides general plan updates. Cenpatico provides information about ACORN (collaborative outcomes resource network), a *CMS-1500* update, and MyStrength.com (a resource for cognitive behavioral therapy).

Watch upcoming publications for specific dates and registration information.

#### QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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