

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR202039

SEPTEMBER 29, 2020

## **IHCP to cover HCPCS codes A4555 and E0766 for the treatment of Glioblastoma Multiforme (GBM)**

Effective October 29, 2020, the Indiana Health Coverage Programs (IHCP) will cover the following Healthcare Common Procedure Coding System (HCPCS) codes for the treatment of Glioblastoma Multiforme (GBM) using an electric tumor treatment fields (TTF) device, such as the Optune<sup>®1</sup> device.

- A4555 – *Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only*
- E0766 RR – *Electrical stimulation device used for cancer treatment, includes all accessories, any type (code billed with modifier RR [Rental]).*

Coverage for these codes applies to all IHCP programs, subject to limitations established for certain benefit packages, and for professional claims (*CMS-1500* form or electronic equivalent) with dates of service (DOS) on or after October 29, 2020.

The following reimbursement information applies:

- Pricing:
  - A4555: Manually priced at 75% of submitted MSRP or 120% of submitted cost invoice
  - E0766 RR: Maximum fee of \$13,356.47
  - Claims for code A4555 must include an attachment of the manufacturer's suggested retail price (MSRP) or cost invoice.
- Prior authorization (PA): Required

All general PA criteria and requirements for documentation must be met. See the [Durable and Home Medical Equipment and Supplies](#) provider reference module at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

Additionally, all of the following criteria must be met for PA consideration:

- The member has a new diagnosis of GBM.
- The member has received initial treatment with surgery (when reasonable).



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*continued*

- PA (continued):
  - TTF therapy is initiated within 7 weeks from the last dose of chemotherapy or radiotherapy.
  - There is no evidence of progression by Response Assessment in Neuro-Oncology (RANO) criteria.
  - The member has a Karnofsky Performance Scale (KPS) index of at least 70.
  - TTF treatment will be used for an average of 18 hours per day.
- Billing guidance:
  - Reimbursement is allowed for DME providers (specialty 250) and HME providers (specialty 251).
  - Code E0766 is considered to be a frequent service item.

Reimbursement, PA, and billing information applies to services delivered under the fee-for-service (FFS) delivery system. 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 information will be reflected in the next regular update to the *Professional Fee Schedule*, accessible from the [IHCP Fee Schedules](#) page, and in the following code tables available from the [Code Sets](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers):

- *Procedure Codes that Require Attachments*
- *Durable and Home Medical Equipment and Supplies Codes:*
  - Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)
  - Table 2 – Covered Procedure Codes for Home Medical Equipment (HME) Providers (Specialty 251)
  - Table 4 – Procedure Codes For Equipment and Supplies Classified by the IHCP as Requiring Frequent and Substantial Servicing

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## IHCP to mass reprocess or mass adjust claims for TBI waiver services that denied incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects fee-for-service (FFS) claims for Traumatic Brain Injury (TBI) services with dates of service from February 1, 2020, through September 10, 2020. Claims for Healthcare Common Procedure Coding System (HCPCS) code S5100 – *Day care services, adult; per 15 minutes* may have denied incorrectly for explanation of benefits (EOB) 6709 – *Limit 16 units/day for the community integration and habilitation or family support waivers*.

The claim-processing system has been corrected. Claims or claim details processed during the indicated time frame for code S5100 that denied for EOB 6709 will be mass reprocessed or mass adjusted, as appropriate. Providers should see reprocessed or adjusted claims on Remittance Advices (RAs) beginning October 14, 2020, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims) or 52 (mass replacements non-check related).

## IHCP to revise provider enrollment types for mental health and addiction services

Effective November 1, 2020, the Indiana Health Coverage Programs (IHCP) will make changes to the following provider types and specialties:

- Provider type 35 – *Addiction Services* is being discontinued and will no longer be available for enrollment.
- The specialties under discontinued provider type 35 will be moved to provider type 11. The specialties are:
  - Provider specialty 835 – *Opioid Treatment Program*
  - Provider specialty 836 – *Substance Use Disorder (SUD) Residential Addiction Treatment Facility*
- Provider type 11 – *Mental Health* will change to provider type 11 – ***Behavioral Health***.



All existing enrollments for provider type 35 will automatically be converted to provider type 11 – *Behavioral Health*. Specialties previously under provider type 35 will go under provider type 11.

### QUESTIONS?

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

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