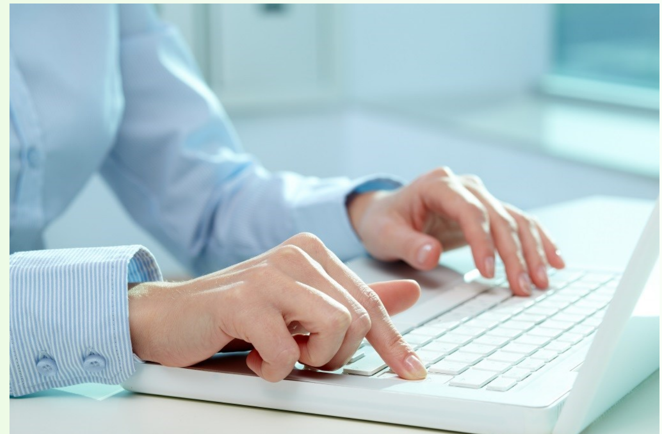
# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR202139 SEPTEMBER 28, 2021

## IHCP to host live webinar on FADS audit process and new vendor update



The Indiana Health Coverage Programs (IHCP) will host a live webinar for all IHCP providers to present a high-level overview of the Indiana Office of Medicaid Policy and Planning (OMPP) Program Integrity audit process and discuss the transition to the new Fraud and Abuse Detection System (FADS) Vendor, Deloitte.

The webinar will also discuss the new secure process for transmitting requested documentation and receiving provider documentation. Providers will be able to ask questions via a chat feature during the webinar.

Webinar Information:

- Date: Thursday, Sept. 30, 2021
- Time: 11 a.m. – Noon Eastern Time
- Zoom Room Link: web.zoom.us

Speakers:

- OMPP: Amelia Hilliker, JD, Director, Program Integrity
- Deloitte: Dr. Barton Bishop, Senior Manager
- Deloitte: Courtney Akers, CFE, Manager

On the day of the webinar please login for attendance using the Zoom link provided above. The audio will be voice-over-internet, so participants will need to use speakers or headphones to hear the presentation.

For those who cannot attend on Sept. 30, a recording of the webinar will be posted later on the *IHCP Live* page at in.gov/medicaid/providers.

**MORE IN THIS ISSUE**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# IHCP updates coverage for CPT 81528

Effective Oct. 29, 2021, the Indiana Health Coverage Programs (IHCP) will update age limitations for Current Procedural Terminology (CPT®[1]) code 81528 – *Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result (Cologuard).*

The current age restriction of 50–75 years of age will be changed to an age restriction of 45–75 years. For dates of service (DOS) on or after Oct. 29, 2021, coverage is limited to once every three years for individuals ages 45 through 75.

This information will be reflected in the next regular updates to the Professional Fee Schedule, accessible from the *IHCP Fee Schedules* page at in.gov/medicaid/providers.

Reimbursement, prior authorization (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.

[1] *CPT copyright 2021 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association*

# IHCP clarifies policy regarding home health staff traveling with members

The Indiana Health Coverage Programs (IHCP) is issuing a clarification regarding home health services for members traveling for services both in-state and out-of-state. If a member requires home health services and is also expecting to travel for other services, the home health agency should include this information as part of a prior authorization (PA) request for home health services. With approved home health services, nursing staff within a home health agency are allowed to travel with a member if the staff member meets all state licensure requirements.

This reimbursement 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 should be directed to the MCE with which the member is enrolled.

# IHCP updates Outpatient Fee Schedule

The Indiana Health Coverage Programs (IHCP) recently reviewed the Outpatient Fee Schedule and discovered discrepancies. The changes noted in this bulletin 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:

- The procedure codes in Table 1 have been missing from the Outpatient Fee Schedule and are noncovered procedure codes. These codes will be added to the Outpatient Fee Schedule.
- The procedure codes in Table 2 have been incorrectly listed as covered on the Outpatient Fee Schedule. These codes have never been covered by the IHCP for fee-for-service (FFS) members.
- The procedure codes in Table 3 pay a percent of billed charges but had incorrect information on the Outpatient Fee Schedule. The corrections that will be made to the Outpatient Fee Schedule are shown in Table 3.
- The procedure codes in Table 4 have been listed as noncovered on the Outpatient Fee Schedule but are covered in the outpatient setting. This reimbursement will apply to outpatient services rendered under the FFS and managed care delivery systems. Reimbursement information and the effective date are shown in Table 4.
- The procedure codes in Table 5 have been listed as not requiring prior authorization (PA) on the Outpatient Fee Schedule. However, per *IHCP Bulletin* *BT201866*, these Physician Administered Drug (PAD) codes require PA. The codes in Table 5 have required PA on outpatient claims for dates of service (DOS) on or after **Jan. 1, 2019**.
- The procedure codes in Table 6 have been listed as not requiring PA on the Outpatient Fee Schedule. However, per *IHCP Bulletin* *BT201909*, transcranial magnetic stimulation (TMS) codes require PA. The codes in Table 6 have required PA on outpatient claims for DOS on or after **March 21, 2019**.
- The procedure codes in Table 7 have been listed as not requiring PA on the Outpatient Fee Schedule. However, per *IHCP Bulletin* *BT202002*, all positron emission tomography (PET) scans require PA. The codes in Table 7 have required PA on outpatient claims for DOS on or after **Feb. 7, 2020**.
- The procedure codes in Table 8 have been listed as not requiring PA on the Outpatient Fee Schedule. However, per *IHCP Bulletin* *BR202008*, these laboratory test codes require PA. The codes in Table 8 have required PA on outpatient claims for DOS on or after **March 25, 2020**.
- The procedure codes in Table 9 have been listed as not requiring PA on the Outpatient Fee Schedule. However, per *IHCP Banner Page* *BR202035*, all lab pathology codes require PA. The codes in Table 9 have required PA on outpatient claims for DOS on or after **Oct. 1, 2020**.
- The procedure codes in Table 10 have been listed as inpatient only (IPO) but also contained other reimbursement information on the Outpatient Fee Schedule. These codes are IPO for DOS on or after the date listed in Table 10. The other reimbursement information on the Outpatient Fee Schedule for these procedure codes will be deleted.

*continued*

Reimbursement, PA and billing information applies to services delivered under the 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.

Table 1 – Non covered procedure codes that have been missing from the Outpatient Fee Schedule

| Procedure code | Description |
|---|---|
| J7352 | Afamelanotide implant, 1 mg |
| T2047 | Habilitation, prevocational, waiver; per 15 minutes |

Table 2 – Codes incorrectly listed as covered on the Outpatient Fee Schedule

| Procedure code | Description |
|---|---|
| 0620T | Insertion of stent to shunt arterial blood to deep vein of lower leg via catheter using imaging guidance |
| 0621T | Laser incision of drainage tissue within eye (trabecular meshwork) |
| 0622T | Laser incision of drainage tissue within eye (trabecular meshwork) using ocular endoscope |
| 0623T | Preparation, transmission and computerized analysis of CT angiography data on plaque in heart arteries, with review, interpretation, and report |
| 0624T | Preparation and transmission of CT angiography data on plaque in heart arteries |
| 0625T | Computerized analysis of CT angiography data on plaque in heart arteries |
| 0626T | Review of computerized analysis of CT angiography data on plaque in heart arteries, with interpretation, and report |
| 0627T | Injection of cell or tissue-based material into spinal disc of lower back accessed through skin, first level |
| 0628T | Injection of cell or tissue-based material into spinal disc of lower back accessed through skin, each additional level |
| 0629T | Injection of cell or tissue-based material into spinal disc of lower back accessed through skin using CT imaging guidance, first level |
| 0630T | Injection of cell or tissue-based material into spinal disc of lower back accessed through skin using CT imaging guidance, each additional level |
| 0631T | Measurement of oxygenation of limb using visible light imaging, with interpretation and report |

*continued*

Table 2 – Codes incorrectly listed as covered on the Outpatient Fee Schedule (continued)

| Procedure code | Description |
|---|---|
| 0632T | Destruction of nerves to main arteries of lung, accessed through skin via catheter using imaging guidance |
| 0633T | CT of one breast with 3D rendering |
| 0634T | CT of one breast with contrast and 3D rendering |
| 0635T | CT of one breast before and after contrast with 3D rendering |
| 0636T | CT of both breasts with 3D rendering |
| 0637T | CT of both breasts with contrast and 3D rendering |
| 0638T | CT of both breasts before and after contrast with 3D rendering |
| C9727 | Insertion of implants into the soft palate; minimum of three implants |

Table 3 – Codes that pay a percent of billed charges with incorrect information on the Outpatient Fee Schedule

| Procedure code | Description | Correction made to Outpatient Fee Schedule |
|---|---|---|
| 15772 | Grafting of patient fat, harvested by liposuction to trunk, breasts, scalp, arms, and/or legs; additional 50 cubic centimeters or less | Manual method changed to 20% |
| C2637 | Brachytherapy source, non-stranded, ytterbium-169, per source | Pricing changed to MANUAL |

Table 4 – Codes incorrectly listed as noncovered on the Outpatient Fee Schedule

| Procedure code | Description | Pricing | HAF Exempt? | Fee Sched Amt | Price Effective | ASC |
|---|---|---|---|---|---|---|
| 11000 | Removal of inflamed or infected skin, up to 10% of body surface | ASC | No | N/A | Feb. 1, 2015 | D |
| 42500 | Plastic repair of salivary duct, simple | ASC | No | N/A | Feb. 1, 2015 | 3 |
| 46760 | Repair of anal muscle to correct incontinence, adult with muscle transplant | ASC | No | N/A | Feb. 1, 2015 | 2 |
| J0883 | Injection, argatroban, 1 mg (for non-ESRD use) | PC | Yes | $1.00 | April 1, 2018 | N/A |

*continued*

Table 5 – Codes for physician administered drugs that require PA on outpatient claims for DOS on or after Jan. 1, 2019

| Procedure code | Description |
|---|---|
| J3398 | Injection, voretigene neparvovec-rzyl, 1 billion vector genomes |
| J9057 | Injection, copanlisib, 1 mg |
| J9173 | Injection, durvalumab, 10 mg |

Table 6 – Codes for TMS that require PA on outpatient claims for DOS on or after March 21, 2019

| Procedure code | Description |
|---|---|
| 90867 | Transcranial magnetic stimulation treatment (stimulates nerve cells in brain to improve symptoms of depression), initial delivery and management |
| 90868 | Transcranial magnetic stimulation treatment (stimulates nerve cells in brain to improve symptoms of depression), subsequent delivery and management, per session |
| 90869 | Transcranial magnetic stimulation treatment (stimulates nerve cells in brain to improve symptoms of depression), subsequent motor threshold re-determination with delivery and management |

Table 7 -– Codes for PET scans that require PA on outpatient claims for DOS on or after Feb. 7, 2020

| Procedure code | Description |
|---|---|
| 78459 | Single nuclear medicine study of heart muscle with metabolic evaluation |
| 78491 | Single nuclear medicine study of blood flow in heart muscle |
| 78492 | Multiple nuclear medicine studies of blood flow in heart muscle at rest and with stress |
| 78608 | Nuclear medicine study brain with metabolic evaluation |
| 78609 | Nuclear medicine study brain with blood circulation evaluation |
| 78811 | Nuclear medicine study limited area |
| 78812 | Nuclear medicine imaging from skull base to mid-thigh |
| 78813 | Nuclear medicine imaging whole body |
| 78814 | Nuclear medicine study with CT imaging |
| 78815 | Nuclear medicine study with CT imaging skull base to mid-thigh |
| 78816 | Nuclear medicine study with CT imaging whole body |

*continued*

Table 8 – Codes for laboratory tests that require PA on outpatient claims for DOS on or after March 25, 2020

| Procedure code | Description |
|---|---|
| 81420 | Test for detecting genes associated with fetal disease, aneuploidy genomic sequence analysis panel |
| 81507* | DNA analysis using maternal plasma |

*The Outpatient Fee Schedule will also be corrected to reflect that this code does not pay an ambulatory surgical center (ASC).

Table 9 – Codes for lab pathology tests that require PA on outpatient claims for DOS on or after Oct. 1, 2020

| Procedure code | Description |
|---|---|
| 81403 | Molecular pathology procedure level 4 |
| 81404 | Molecular pathology procedure level 5 |
| 81405 | Molecular pathology procedure level 6 |
| 81407 | Molecular pathology procedure level 8 |
| 81479 | Molecular pathology procedure |

Table 10 – Codes that are IPO for DOS on or after the effective date listed

| Procedure code | Description | Effective date |
|---|---|---|
| 47140 | Partial removal of donor liver left segment | Oct. 24, 2019 |
| 47141 | Removal of donor liver left lobe | Oct. 24, 2019 |
| 47142 | Removal of donor liver right lobe | Oct. 24, 2019 |
| 47143 | Preparation of donor liver for transplantation | Oct. 24, 2019 |
| 47144 | Preparation of donor liver for transplantation, with trisegment split of liver graft into 2 partial grafts | Oct. 24, 2019 |
| 47145 | Preparation of donor liver for transplantation, with lobe split of liver graft into 2 partial grafts | Oct. 24, 2019 |
| 47146 | Preparation of donor liver for transplantation, venous connection | Oct. 24, 2019 |
| 47147 | Preparation of donor liver for transplantation, arterial connection | Oct. 24, 2019 |
| 0235T | Catheter removal of plaque from organ artery, accessed through the skin or open procedure including radiological supervision and interpretation | Sept. 10, 2018 |
| C9606 | Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel | Jan. 1, 2019 |

## QUESTIONS?

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

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