IHCP banner page

INDIANA HEALTH COVERAGE PROGRAMS BR202243 OCTOBER 25, 2022

Additional updates to October 2022 quarterly HCPCS codes C9101 and Q2056

The Indiana Health Coverage Programs (IHCP) previously announced coverage and billing information for new codes for the October 2022 quarterly Healthcare Common Procedure Coding System (HCPCS) update in *IHCP Bulletin* BT202285. The changes listed in Table 1 are retroactive to dates of service (DOS) on or after Oct. 1, 2022. Effective immediately, providers may resubmit fee-for-service (FFS) claims for HCPCS code C9101 and Q2056 that may have denied incorrectly, for reimbursement consideration.

Table 1 – Updates to the October 2022 quarterly HCPCS information, retroactive to DOS on or after Oct. 1, 2022

Procedure code	Description	Updated billing instructions
C9101	Injection, oliceridine, 0.1 mg	Prior authorization is not required.
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T-cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Carved out of the managed care delivery system. Authorization, billing and reimbursement for this service are provided through the FFS delivery system for all members, including those enrolled in a managed care program.

This information will be reflected in the next regular update to the Outpatient Fee Schedule and the Professional Fee Schedule, accessible from the *IHCP Fee Schedules* page at in.gov/medicaid/providers, and in *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient Diagnosis-Related Group (DRG)* code table, accessible from the *Code Sets* page at in.gov/medicaid/providers.

The standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. Reimbursement, PA and billing information apply to services delivered under the FFS delivery system. Questions about FFS reimbursement, PA and billing should be directed to Gainwell Technologies at 800-457-4584. Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing information within the managed care delivery system. Questions about managed care reimbursement, PA and billing for HCPCS code C9101 should be directed to the MCE with which the member is enrolled. Questions about reimbursement, PA and billing for HCPCS code Q2056 should be directed to Gainwell for all members, as indicated in Table 1.

MORE IN THIS ISSUE

IHCP adds linkage of CPT 97803 to revenue code 940

Effective for dates of service (DOS) on or after Nov. 28, 2022, the Indiana Health Coverage Programs (IHCP) will link Current Procedural Terminology (CPT®[1]) code 97803 – *Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes* to revenue code 940 – *Other Therapeutic Services* in the Core Medicaid Management Information System (*Core*MMIS).

This information 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, and in *Revenue Codes With Special Procedure Code Linkages*, accessible from the *Code Sets* page at in.gov/medicaid/providers.

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.

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IHCP announces dental coding rate changes for limited orthodontic treatment

Effective immediately, the Indiana Health Coverage Programs (IHCP) updated fee-for-service (FFS) rates for limited orthodontic treatment (see the codes in Table 2) for dates of service (DOS) retroactive to Jan. 1, 2022. These rates were increased to provide access to phased orthodontic treatment, replacing the interceptive orthodontic treatment services that are no longer valid codes (see Table 3). Affected FFS claims for the increased rates will be mass adjusted. Providers should see adjusted claims on Remittance Advices (RAs) beginning Nov. 30, 2022, with internal control numbers (ICNs)/ Claim IDs that begin with 52 (mass replacements non check-related).

Comprehensive orthodontic treatment codes (Table 4) continue to represent the treatment of the dentition as a whole. The comprehensive treatment codes include appliances, retainers, and repair or replacement of retainers; these codes may not be billed separately, if comprehensive treatment is rendered.

The IHCP will reimburse for a maximum of two phases of orthodontic treatment: one limited evaluation treatment and one comprehensive treatment phase.

The IHCP covers orthodontic services for members 20 years of age or younger only for cases of craniofacial deformities, whether congenital or acquired. Prior authorization (PA) is required for all orthodontic services. All requests for PA must include detail on time frames and the expectations of both phases of treatment.

Due to the deletion of the previously used interceptive codes, if reimbursement claims for comprehensive orthodontic treatment are submitted twice for the same member, the IHCP will review the PA request for medical necessity. This is applicable for both FFS and managed care plan members.

continued

Table 2 – New rates for limited orthodontic treatment, effective for DOS on and after Jan. 1, 2022

Procedure code	Description	New rate
D8010	Limited orthodontic treatment of the primary dentition	$1,490.00
D8020	Limited orthodontic treatment of the transitional dentition	$1,625.59
D8030	Limited orthodontic treatment of the adolescent dentition	$1,415.50
D8040	Limited orthodontic treatment of the adult dentition	$2,235.00

Table 3 – Obsolete interceptive orthodontic treatment codes, end dated Dec. 31, 2021

Procedure code	Description
D8050	Interceptive orthodontic treatment of the primary dentition
D8060	Interceptive orthodontic treatment of the transitional dentition

Table 4 – Comprehensive orthodontic treatment codes

Procedure code	Description
D8070	Comprehensive orthodontic treatment of the transitional dentition
D8080	Comprehensive orthodontic treatment of the adolescent dentition
D8090	Comprehensive orthodontic treatment of the adult dentition

IHCP to move CPT code 92610 to therapy services contract

Effective for dates of service on and after Nov. 26, 2022, the Indiana Health Coverage Programs (IHCP) will expand the types of providers able to receive reimbursement under the fee-for-service (FFS) delivery system for Current Procedural Terminology (CPT®) code 92610 – *Evaluation swallowing function.*

Previously, CPT 92610 was listed within the Audiology services contract in the Core Medicaid Management Information System (*Core*MMIS) billing system used by FFS Medicaid. Upon review, it was confirmed that this service category does not reflect the services rendered under this CPT code. CPT 92610 will instead be moved to the Therapy Services contract in *Core*MMIS, allowing additional providers to receive reimbursement for this code. In addition to all provider specialties that were previously eligible for reimbursement of this service (such as speech-language pathologists), the following additional providers will now also be able to receive reimbursement for this service:

- Comprehensive Outpatient Rehabilitation Facility (provider type 04, provider specialty 041)

continued

- Physical Therapist (provider type 17, provider specialty 170)
- Occupational Therapist (provider type 17, provider specialty 171)

This information will be reflected in the next regular update to the Professional Fee Schedule, accessible from the *IHCP Fee Schedules* page at in.gov/medicaid/providers, and to the *Physical and Occupational Therapy Procedure Codes That Requires a Modifier Match (GO or GP) on Authorization Request and Claim* table in *Therapy Services Codes*, accessible from the *Code Sets* page at in.gov/medicaid/providers.

Questions about prior authorization (PA), billing and reimbursement under the FFS delivery system should be directed to Gainwell Technologies at 800-457-4584. Individual managed care entities (MCEs) establish and publish billing, PA and reimbursement 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 will reprocess or mass adjust claims for select MFP-CIH codes

The Indiana Health Coverage Programs (IHCP) identified a claim processing issue that affects certain claims for the procedure-code-and-modifier combinations listed in Table 5, when the services are provided through the Money Follows the Person – Community Integration and Habilitation (MFP-CIH) benefit plan.

Professional fee-for-service (FFS) claims for the services in Table 5, submitted with dates of service (DOS) on or after Aug. 1, 2020, may have denied incorrectly with explanation of benefits (EOB) 4033 – *The modifier used is not compatible with the procedure code billed. Please verify and resubmit.*

Table 5 – MFP-CIH codes that will be reprocessed or mass adjusted for claims with DOS on or after Aug. 1, 2020

Service code (procedure code and modifiers)	Service description
T2020 U7 U5 U2	Day Habilitation, Group - Small (2:1 to 4:1)
T2020 U7 U5 UA	Day Habilitation, Group - Medium (5:1 to 10:1)
T2020 U7 U5 UB	Day Habilitation, Group - Large (11:1 to 16:1)

The claim-processing system has been corrected, and claims will be mass adjusted or reprocessed. Providers should see adjusted or reprocessed claims on Remittance Advices (RAs) beginning Nov. 30, 2022, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non check-related) or 80 (reprocessed denied claims).

QUESTIONS?

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

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