



Network Notification

Date: September 9, 2016
To: Ohio Medicaid Health Partners
From: CareSource®
Subject: Change in OAC and National Medicaid Code Edits

CareSource continually evaluates the use of correct coding edits as part of our payment policies. Effective September 9, 2016, the National Medicaid and OAC specific edits listed on the following page will be enforced on all claims received.

Claims billed with applicable codes with dates of service from January 1, 2015, to the present will be subjected to these edits. Recoveries will be reviewed and performed as contractually allowed.

For additional information, please contact Provider Services at 1-800-488-0134.

Additional Information on National Correct Coding Initiative Edits

The Centers for Medicare & Medicaid Services (CMS) developed the National Correct Coding Initiative (NCCI) to promote national correct coding methodologies and to control improper coding leading to inappropriate claims payments. These policies are based on the following coding conventions:

- American Medical Association's (AMA) Current Procedural Terminology (CPT) manual
- Coding guidelines developed by national societies
- Analysis of standard medical and surgical practices
- Review of current coding practices

These standards set the coding requirements that all plans and providers must follow in order to secure reimbursement for Medicaid services.

Please visit the site below for additional information:

<http://codes.ohio.gov/oac/5160>

Below is a list of code edits CareSource is implementing effective September 9, 2016

Please note this section has been updated.

DME Apnea Monitor Supplies Frequency

Wheelchair Parts and Accessories, Frequency 1 in 2 Years

Ambulatory continuous glucose monitoring and Rehabilitation Cochlear implant--non-hospital setting

Radiopharmaceutical diagnostic imaging agents-- non-hospital setting

Pulmonary Services- Non- Hospital Setting

Dialysis Rule - Capitation Payment

Wheelchair Parts and Accessories, Frequency 1 in 3 Years

Fluoride Varnish by Non-Dental Providers

Otorhinolaryngologic Procedure Codes

Dialysis Rule

Physician Services---Trigger-Point Injection

Neurology and Photodynamic Therapy

FQHC Fluoride Varnish Frequency Limitation - Professional

Screening Mammography Frequency- >34 and <40.

Mammogram Screening Age Frequency for >39

Urinary Ostomy Pouch One Code Per MO

Surgical Stockings and Burn Garment Trunk 4/YEARS

Osteogenesis Stimulator, Frequency 1in 8 years

Covered Chiropractic Physician Procedures - Visit frequency Under 21

Wheelchair Bases, Repairs- Frequency

Surgical Stockings and Burn Garment Trunk 6/YEARS

Manual Wheelchair Bases -RR modifier Exclusion Frequency

Elastic Supports Stoking

Surgical Stockings and Burn Garment Trunk 3/YEARS

Pressure Surgical Stocking One Code Per Max Unit

Covered Chiropractic Physician Procedures - Visit frequency Above 21

Burn Glove One Code Per Max Unit

Covered Chiropractic Physician Procedures - Unit frequency

DME Oxygen Equipment 1/2MO

DME Oxygen Equipment 6/MO

Tens Supplies Frequency Edit

DME Oxygen 1M/O

DME Humidifiers Nebulizers 1/8 Years

DME Humidifiers Nebulizers 1/4 Years

DME Humidifiers Nebulizers 1/5Years

DME Humidifiers Nebulizers 2/1 Years

DME Suction Pumps and Suctioning Supplies 4/MO

Gait Training-Age Restriction

DME Suction Pumps and Suctioning Supplies Tracheal Suction Catheter

Manual Wheelchair Bases-RR modifier inclusion Frequency

Standing Frame and Gait Trainer Frequency

DME Suction Pumps and Suctioning Supplies A4624

Whirlpool Equipment Frequency

Physical Medicine

DME Suction Pumps and Suctioning Supplies 3/MO

Dressings/Tape/Gauze/Bandages-A6206,A6208

DME Suction Pumps and Suctioning Supplies 1/4Years

Skin Barrier one Code per MO

Dressings/Tape/Gauze/Bandages- A6239

Ostomy Supplies One Per MO

Dressings/Tape/Gauze/Bandages- A6256

Dressings/Tape/Gauze/Bandages- A6213

Ostomy faceplate one per MO

Irrigation Supply One per MO

Syringes/Needles- A4207-A4209-X

Orthopedic Footwear Frequency 2 per foot per year

Alcohol/Betadine - A4246-A4247-X

Wedges

Burn Garments Foot to Knee/Thigh one Code per Max Unit

Orthotic And Prosthetic Procedures Heel

Elastic Supports 3/Years

Elastic Supports 4/Years

Sleeve one Code per Max Unit

Stocking one Code per Max Unit

Glove or Gauntlet one Code per Max Unit

Incontinence Garments and Related Supplies-Age Criteria

Urological Supplies -1 Code/MO

Spinal - Cervical

WHFO, Wrist Extension Control Cock-Up

Lower Extremity Molded Foot - L2280

Tracheostomy Speaking Valve - L8501

Foot Insert 1 per Foot per 2 Years

DME Monitoring Equipment Blood Pressure Cuff

Hearing Aids

Additions to Spinal Orthosis

Urological Supplies -1 Code/MO-X

One Code Per YEAR, Per Leg Bag/Strap

Shoe Addition

Prosthetic Socks 12 per year

Miscellaneous Supplies one Code per Max Unit per Pessary

WHFO and Additions : Socket Insert And Suspension

Age restriction for HPV Quadrivalent Vaccine for age 9 years to 26 years

Prosthetic Socks 24 per year

Age restriction for HPV Bivalent Vaccine for age 9 years to 26 years

Hospice Services, T2044-T2045 POS

DME Blood Pressure

Decubitus Care one Code per Max Unit per Bed

Prosthetic Sock - L8417 Frequency

DME Orthotic Frequency 2 Per Year

Hospital Beds 1/8 YEARS

Mattress 1/4 YEARS

Prosthesis 2 per year

Foot Insert Frequency - L3002

General - Breast Prostheses L8010

Orthopedic Footwear Frequency 3 pair per year

Upper Extremity Addition L6616 Frequency

Breast Prosthesis Frequency L8015

Lower Extremity Orthosis L2755

DME Suction Pumps and Suctioning Supplies A4605

DME Pneumatic Compression

DME Pneumatic Compression Devices

DME Patient Lifts 1/2Years

DME Patient Lifts 1/6Years

DME Canes

DME Crutches

DME Walkers 1/5Years

DME Underarm Pad, Crutch

DME Walkers 4/Years

DME Accessories For Ambulation Devices (Crutches, Walkers) 2/3Years

DME Accessories For Ambulation Devices (Crutches, Walkers) 4/3Years
DME Accessories For Ambulation Devices (Crutches, Walkers) 1/3 Year
DME Accessories For Ambulation Devices (Crutches, Walkers) 2/3 Years
DME Accessories For Ambulation Devices (Crutches, Walkers) 2/5 Years
Ventilation Assist And Management-- Inpatient Hospital Setting
Ear Mold, Insert - 4 per year
DME Ohio Frequency Orthotic 1 in 2 Years
Enteral Feeding Supply Kit 1/DAY
DME Orthotic Frequency 1 per 4 years
Ohio DME Orthotic 1 per 5 Years
DME Orthotic 1 Foot Per Year
Enteral Infusion Pump 1/8 YEAR
Parenteral Infusion Pump 1/8 YEAR
External Ambulatory Infusion Pump 1/8 YEARS
Wheelchair Parts and Accessories, Frequency 2 in 3 Years
Wheelchair Parts and Accessories, Frequency 2 in 2 Years
Wheelchair Parts and Accessories, Frequency 2 in 4 Years
Wheelchair Parts and Accessories, Frequency 4 in 1 Year
Wheelchair Parts and Accessories, Frequency 4 in 5 Years
Orthotic DME Frequency 1 Per Year
Wheelchair Parts and Accessories, Frequency 2 in 5 Years
Nasogastric Tubes Conjunction with Parenteral Codes
Gravity Assisted Traction Device 1/YEAR
Wheelchair Accessories Adjustable, Frequency 2 in 1 year
Ventilators, CPAP, and Other Respiratory Equipment 1/ LIFETIME
Battery cables 1/2 YEAR
Battery Charger 1/3 YEAR
One Code per Max unit per Humidifier

Respiratory Assist Device 1/5 YEARS
Ventilators, CPAP, and Other Respiratory Equipment 1/8 Years
Ventilators, CPAP, and Other Respiratory Equipment 1/MO
One Code per Max unit per Respiratory Assist device
Breathing Circuits 4/MO
Ventilator Tray , Frequency 1 in 5 Years
Burn Garment Trunk One Code Per Max Unit
One Nasogastric code per month
Gastrostomy/Jejunostomy Tube One code Per Year
Infusion Supplies one Code per Max Unit
One Code per Max unit per Filter Holder
One Code per Max unit per Trach Tube
Ventilators, CPAP, and Other Respiratory Equipment 1/ Year
Ventilators, CPAP, and Other Respiratory Equipment 1/ 4Year
One Code Per YEAR, Per Leg Strap
Medicaid Bundled Code Policy- Ohio

Below is a list of valid Adjustment and Explanation codes you will see when a claim is denied for any of the edits listed above:

HIPAA Compliant Healthcare Claim Adjustment Code	Explanation Code
236	Required px or mod is missing or invalid
6	Age or gender conflict with px or dx
B22	Invalid or missing claim/line data
163	Documentation/authorization is required
18	Possible duplicate claim or claim line
B16	E/M code inappropriately reported
B5	Maximum frequency exceeded
182	Required modifier is missing or invalid
233	Non-covered, restricted, never event