IHCP banner page

INDIANA HEALTH COVERAGE PROGRAMS BR201807

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IHCP removes linkages between certain CPT codes and revenue code 513 and adds coverage to 9XX series revenue codes

Effective March 15, 2018, the Indiana Health Coverage Programs (IHCP) will remove the linkages between the Current Procedural Terminology (CPT^{®1}) codes in Table 1 and revenue code 513 – *Clinic - Psychiatric Clinic*. These linkage changes affect claims with dates of service (DOS) on or after March 15, 2018.

Table 1 – CPT codes no longer linked to revenue code 513, effective for DOS on or after March 15, 2018

Procedure Code	Description		
0359T	Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report		
90785	Interactive complexity (List separately in addition to the code for primary procedure)		
90791	Psychiatric diagnostic evaluation		
90792	Psychiatric diagnostic evaluation with medical services		
90832	Psychotherapy, 30 minutes with patient		
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management serv (List separately in addition to the code for primary procedure)		
90834	Psychotherapy, 45 minutes with patient		
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management serv (List separately in addition to the code for primary procedure)		
90837	Psychotherapy, 60 minutes with patient		
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management servi (List separately in addition to the code for primary procedure)		
90839	Psychotherapy for crisis; first 60 minutes		
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)		
90845	Psychoanalysis		
90846	Family psychotherapy (without the patient present), 50 minutes		
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes		
90849	Multiple-family group psychotherapy		
90853	Group psychotherapy (other than of a multiple-family group)		

continued

Effective March 15, 2018, the IHCP will cover the revenue codes in Table 2, to allow the procedure codes in Table 1 to be billed appropriately in the outpatient setting. Coverage of these revenue codes applies to DOS on or after March 15, 2018. For reimbursement consideration, providers may bill the procedure codes and the revenue codes together, as appropriate, following national coding guidelines. Providers are restricted to billing one revenue code per day. Each revenue code will pay the flat rate indicated. Payment will continue to be based on a treatment room methodology.

Table 2 – Revenue codes covered, effective for DOS on or after March 15, 2018

Revenue Code	Description	Flat Rate
900	Behavioral Health Treatments/Services (also see 091X, an extension of 090X)-General	\$40.80
907	Behavioral Health Treatments/Services (also see 091X, an extension of 090X)-Community Behavioral Health Program (Day Treatment)	\$40.80
914	Behavioral Health Treatments/Services-Extension of 090X-Individual Therapy	\$40.80
915	Behavioral Health Treatments/Services-Extension of 090X-Group Therapy	\$20.40
916	Behavioral Health Treatments/Services-Extension of 090X-Family Therapy	\$20.40
918	Behavioral Health Treatments/Services-Extension of 090X-Testing	\$40.80

These linkage and revenue code coverage changes apply to services rendered in both the fee-for-service (FFS) and the managed care delivery systems. These changes will be reflected in updates to the Revenue Codes Linked to Specific Procedure Codes on the Code Sets web page at indianamedicaid.com. Revisions will also appear in the next regular update to the Outpatient Fee Schedule at indianamedicaid.com.

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