

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201815

APRIL 10, 2018

## IHCP updates the maximum fee rates for CPT codes 01953 and 99140

Effective May 18, 2018, the Indiana Health Coverage Programs (IHCP) will update the maximum fee rates for the following Current Procedural Terminology (CPT<sup>®1</sup>) codes. These rate changes apply to fee-for-service (FFS) claims with dates of service (DOS) on or after May 18, 2018.

- Code 01953 – *Anesthesia for treatment of second and third-degree burn* rate will change from \$13.88 to \$16.26.
- Code 99140 – *Anesthesia complication by emergency condition* rate will change from \$27.76 to \$32.52.

These rate changes will be reflected in the next weekly update to the [Professional Fee Schedule](#) at indianamedicaid.com.

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## CPT code 99195 linked to revenue code 940 and a maximum fee assigned

Effective May 11, 2018, the Indiana Health Coverage Programs (IHCP) will link Current Procedural Terminology (CPT<sup>®1</sup>) code 99195 – *Phlebotomy, therapeutic (separate procedure)* to revenue code 940 – *Other Therapeutic Services – General*, and will assign maximum fee pricing in the amount of \$105.04. The linkage and maximum fee rate will apply retroactively to outpatient fee-for-service (FFS) claims with dates of service (DOS) on or after **February 13, 2017**.

For reimbursement consideration, beginning May 11, 2018, providers may bill CPT code 99195 and revenue code 940 together, as appropriate. Claims with DOS on or after February 13, 2017, that previously denied for explanation of benefits (EOB) 520 – *Invalid revenue code and procedure code combination* may be resubmitted. Claims beyond the original one-year filing limit must include a copy of this banner page as an attachment and must be filed within one year of the publication date.



These changes will be reflected in the next regular update to the *Revenue Codes Linked to Specific Procedure Codes* table on the [Code Sets](#) page, and to the [Outpatient Fee Schedule](#) at indianamedicaid.com.

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