

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201836

SEPTEMBER 4, 2018

## **IHCP to reimburse cochlear device separately from outpatient implantation**

Effective October 4, 2018, the Indiana Health Coverage Programs (IHCP) will reimburse the cost of Healthcare Common Procedure Coding System (HCPCS) code L8614 – *Cochlear device, includes all internal and external components* separately from the cochlear implant procedure, when the implantation is performed in the outpatient surgical setting. Separate reimbursement for this device is subject to IHCP coverage policies. This change applies to services rendered under the fee-for-service (FFS) and managed care delivery systems for dates of service (DOS) on or after October 4, 2018.



Beginning October 4, 2018, facility providers may submit claims for separate reimbursement for L8614 on a *CMS-1500* professional claim form or its electronic equivalent. The device is priced with a maximum fee rate. Prior authorization (PA) is not required for the device, however PA for implantation continues to be required as is current IHCP policy. The reimbursement changes for L8614 will be reflected in the next regular update to the [Outpatient Fee Schedule](#) at indianamedicaid.com.

Some exceptions to outpatient pricing apply to Healthy Indiana Plan (HIP) services; providers should contact the enrolling managed care entity (MCE) for outpatient pricing for HIP members. PA requirements apply to services delivered under the FFS delivery system. Individual MCEs establish and publish PA information within the managed care delivery system. Questions about PA for managed care members should be directed to the MCE with which the member is enrolled.

## **HCPCS code L3923 covered in the outpatient setting and linked to revenue code 274**

Effective October 4, 2018, the Indiana Health Coverage Programs (IHCP) will cover Healthcare Common Procedure Coding System (HCPCS) code L3923 – *Hand finger orthosis, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise* in the outpatient setting. This coverage applies to outpatient services rendered under the fee-for-service (FFS) and managed care delivery systems for dates of service (DOS) on or after October 4, 2018.

The IHCP will link HCPCS code L3923 to revenue code 274 – *Medical/Surgical Supplies and Devices-Prosthetic/Orthotic Devices*. Beginning October 4, 2018, providers may bill HCPCS code L3923 together with revenue code 274, as appropriate, for reimbursement consideration. HCPCS code L3923 is priced with a maximum fee rate. Some exceptions apply to outpatient pricing for Healthy Indiana Plan (HIP). Questions about outpatient pricing for HIP members should be directed to the managed care entity (MCE) with which the member is enrolled.

*continued*

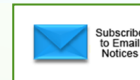
These changes will be reflected in the next regular update to the [Outpatient Fee Schedule](#) at indianamedicaid.com. The revenue code linkage will be reflected in the *Revenue Codes Linked to Specific Procedure Codes* table on the [Code Sets](#) web page of the website.

**QUESTIONS?**

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