IHCP banner page

INDIANA HEALTH COVERAGE PROGRAMS BR201908 FEBRUARY 19, 2019

IHCP to remove ASC pricing indicator from CPT codes 36591, 36592, and 36593

Effective March 22, 2019, the Indiana Health Coverage Programs (IHCP) will remove the ambulatory surgical center (ASC) pricing indicator of E from the Current Procedural Terminology (CPT®[1]) codes in Table 1. The IHCP will continue to reimburse for these services under other outpatient reimbursement methodologies.

Table 1 – CPT codes with ASC indicator of E removed, effective March 22, 2019

Procedure code	Description
36591	Collection of blood specimen from a completely implantable venous access device
36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
36593	Declotting by thrombolytic agent of implanted vascular access device or catheter

This change 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. The rates associated with ASC pricing indicators are listed in the *ASC Code/Rate* table, available on the *IHCP Fee Schedules* web page.

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IHCP reminds providers of existing policy for procedure codes appended with anesthesia modifiers

The Indiana Health Care Programs (IHCP) will enforce existing policy to no longer reimburse claim details for any procedure code appended with modifier QY – *Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist*, in accordance with *Indiana Administrative Code (IAC)* 405 IAC 5-10-3*, Section 3a (i)* –

Reimbursement is available for medical direction of a procedure involving an anesthetist only when the direction is by an anesthesiologist, and only when the anesthesiologist medically directs two (2), three (3), or four (4) concurrent procedures involving qualified anesthetists. Reimbursement is not available for medical direction in cases in which an anesthesiologist is concurrently administering anesthesia and providing medical direction.

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Additionally, when an anesthesia procedure code (00100-01999) is billed on the same date as the identical service was billed previously by another anesthesia provider (CRNA or Anesthesiologist), the current claim detail will deny. However, a claim detail for a code appended with modifier QK - *Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals* will not deny if the code is billed on the same date of service (DOS) by another anesthesia provider.

IHCP clarifies basic instructions for SUD billing of certain services

The Indiana Health Coverage Programs (IHCP) is clarifying billing guidelines for the following substance use disorder (SUD) treatment services:

- Initial assessments
- Crisis intervention
- First dose induction of buprenorphine
- Observation

The following guidance applies to enrolled IHCP providers. Midlevel practitioners, such as licensed clinical addiction counselors, may provide these services within their scope of practice under the supervision of an enrolled IHCP provider. Midlevel practitioners should refer to the specific billing instructions provided in the *Medical Practitioner Reimbursement*, and the *Mental Health and Addiction Services* provider reference modules at in.gov/medicaid/providers.

As with all IHCP services, providers must follow medical necessity guidelines as well as all scope of practice laws within the state.

Note: The reimbursement rates in the following tables are subject to change based on future updates to the fee schedules, which are accessible from the IHCP Fee Schedules page at in.gov/medicaid/providers.

Initial assessments

Table 2 – Billing guidelines for initial assessments, professional claims

<table>
<tr><th>Procedure code</th><th>Description</th><th>Eligible provider type/specialty</th><th>Reimbursement rate (enrolled IHCP provider)</th><th>Reimbursement rate (midlevel practitioner)</th></tr>
<tr><td>90791</td><td>Psychiatric diagnostic evaluation</td><td rowspan="2">Provider type 11 (Mental Health)
• Specialty 110 (Outpatient Mental Health Center)
• Specialty 111 (Community Mental Health Center)
• Specialty 114 (Health Service Provider in Psychology)
Provider type 31 (Physician)
• Specialty 339 (Psychiatrist)
Provider type 35 (Addiction Services)
• Specialty 835 (Opioid Treatment Program)</td><td>$104.56</td><td>$78.42</td></tr>
<tr><td>90792</td><td>Psychiatric diagnostic evaluation with medical services</td><td>$112.78</td><td>$84.59</td></tr>
</table>

continued

The following enrolled facilities may be reimbursed for this service when billing Current Procedural Terminology (CPT®[1]) code 90791 or 90792 with the appropriate revenue code.

Table 3 – Billing guidelines for initial assessments, facilities – requires billing with a revenue code

Procedure code	Description	Revenue code (required)	Eligible provider type/specialty	Reimbursement rate (enrolled IHCP provider)
90791	Psychiatric diagnostic evaluation	900	Provider type 01 (Hospital) • Provider specialty 010 (Acute Care Hospital) • Provider specialty 011 (Psychiatric Hospital)	$40.80 (per day)
90792	Psychiatric diagnostic evaluation with medical services	900		

Crisis intervention

Table 4 – Billing guidelines for crisis intervention, professional claims

Procedure code	Description	Eligible provider type/specialty	Reimbursement rate (enrolled	Reimbursement rate (midlevel
H2011	Crisis intervention service, per 15 minutes	Provider type 11 (Mental Health) • Specialty 110 (Outpatient Mental Health Center) • Specialty 111 (Community Mental Health Center) • Specialty 114 (Health Service Provider in Psychology) Provider Type 31 (Physician) • Specialty 339 (Psychiatrist)	$33.72	$25.29
90839	Psychotherapy for crisis; first 60 minutes		$105.11	$73.83
90840	Psychotherapy for crisis; each additional 30 minutes		$50.39	$37.79

The following enrolled facilities may be reimbursed for this service when billing procedure code H2011, 90839, or 90840 with the appropriate revenue code.

Table 5 – Billing guidelines for crisis intervention, facilities – requires billing with a revenue code

Procedure code	Description	Revenue code	Eligible provider type/ specialty	Reimbursement rate (enrolled IHCP provider)
H2011	Crisis intervention service, per 15 minutes	900, 914, 919	Provider type 01 (Hospital) • Provider specialty 010 (Acute Care Hospital) • Provider specialty 011 (Psychiatric Hospital)	$40.80 (per day)
90839	Psychotherapy for crisis; first 60 minutes	900, 914, 916		
90840	Psychotherapy for crisis; each additional 30 minutes	914, 916		

continued

Buprenorphine

The Buprenorphine drug is covered by the IHCP, but there is no separate code for administering the drug. Additionally, these instructions are for physician-administered versions of this drug, not take home supplies.

Table 6 – Billing guidelines for Buprenorphine, professional claims

Procedure code	Description	Eligible provider type/specialty	Reimbursement rate (enrolled IHCP provider)
J0571	Buprenorphine, oral, 1 mg	Provider type 11 (Mental Health) • Specialty 110 (Outpatient Mental Health Center) • Specialty 111 (Community Mental Health Center) Provider Type 31 (Physician) • Specialty 339 (Psychiatrist)	$0.17
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine		$1.94
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine		$7.76
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine		$2.33
J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine		$17.11
J0592	Injection, buprenorphine HCl, 0.1 mg		$4.15

The following enrolled facilities may be reimbursed for this service when billing the appropriate Healthcare Common Procedure Coding System (HCPCS) code with the appropriate revenue code.

Table 7 – Billing guidelines for Buprenorphine, facilities – requires billing with a revenue code

Procedure code	Description	Revenue code (required)	Eligible provider type/ specialty	Reimbursement rate (enrolled IHCP provider)
J0571	Buprenorphine, oral, 1 mg	636	Provider type 01 (Hospital) • Provider Specialty 010 (Acute Care Hospital) • Provider Specialty 011 (Psychiatric Hospital)	$0.17
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine			$1.94
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine			$7.76
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine			$2.33
J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine			$17.11
J0592	Injection, buprenorphine HCl, 0.1 mg	Not applicable		Not separately reimbursable to facilities

continued

Observation level of care

Table 8 – Billing guidelines for observation, professional claims

<table>
<tr><th>Procedure code</th><th>Description</th><th>Eligible provider type/specialty</th><th>Reimbursement rate (enrolled IHCP provider)</th></tr>
<tr><td>99217</td><td>Observation care discharge day management</td><td rowspan="7">Provider type 11 (Mental Health)
• Specialty 110 (Outpatient Mental Health Center)
• Specialty 111 (Community Mental Health Center)
• Specialty 114 (Health Service Provider in Psychology)
Provider type 31 (Physician)
• Specialty 339 (Psychiatrist)</td><td>$52.31</td></tr>
<tr><td>99218</td><td>Hospital observation care, typically 30 minutes</td><td>$71.98</td></tr>
<tr><td>99219</td><td>Hospital observation care, typically 50 minutes</td><td>$98.26</td></tr>
<tr><td>99220</td><td>Hospital observation care, typically 70 minutes</td><td>$134.37</td></tr>
<tr><td>99224</td><td>Subsequent observation care, typically 15 minutes per day</td><td>$28.84</td></tr>
<tr><td>99225</td><td>Subsequent observation care, typically 25 minutes per day</td><td>$52.62</td></tr>
<tr><td>99226</td><td>Subsequent observation care, typically 35 minutes per day</td><td>$75.86</td></tr>
</table>

The following enrolled facilities may be reimbursed for this service when billing the appropriate procedure code with the appropriate revenue code.

Table 9 – Billing guidelines for observation, facilities – requires billing with a revenue code

<table>
<tr><th>Procedure code</th><th>Description</th><th>Revenue codes (required)</th><th>Eligible provider type/specialty</th><th>Reimbursement rate (enrolled IHCP provider)</th></tr>
<tr><td>99217</td><td>Observation care discharge day management</td><td rowspan="4">761</td><td rowspan="7">Provider type 01 (Hospital)
• Provider specialty 010 (Acute Care Hospital)
• Provider specialty 011 (Psychiatric Hospital)</td><td rowspan="4">$194.29</td></tr>
<tr><td>99218</td><td rowspan="6">See descriptions in Table 7</td></tr>
<tr><td>99219</td></tr>
<tr><td>99220</td></tr>
<tr><td>99224</td><td rowspan="3">Not applicable</td><td rowspan="3">Not reimbursed in the outpatient setting (99224-99226)</td></tr>
<tr><td>99225</td></tr>
<tr><td>99226</td></tr>
</table>

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IHCP to enhance Portal for viewing high volumes of claims associated with a payment

Effective February 28, 2019, the Indiana Health Coverage Programs (IHCP) will enhance the IHCP Provider Healthcare Portal (Portal) to accommodate displaying long lists of claims associated with a provider payment. Previously, viewing large numbers of claims for a payment could result in the web page timing out.

Providers will be able to view details about a specific payment from the Portal menu bar by selecting **Claims > Search Payment History > View Payment Details**.

The new *View Payment Details* page will have fewer fields for filtering claims information. The provider may filter by entering information into the Claim ID, Member Name, and service dates fields and clicking **Filter** (see Figure 1). Results appear in the Claim Payment Details list (see Figure 2). To view additional claims in a long list, the provider can advance to the next page of claims by clicking the page number at the bottom-right of the screen.

Figure 1 – View Payment Details page

My Home | Eligibility | Claims | Care Management | Resources

Claims > Search Payment History > View Payment Details Monday 02/18/2019 08:58 A

View Payment Details Back to Search Payment History

Provider Information

Provider ID 9999999999 ID Type NPI Name XXXXXXXX XXXXXXXX

To access a copy of the Remittance Advice, select the 'RA Copy' button. Access to the RA will require Adobe Acrobat Reader.
To filter the results shown in the Claim Payment Details grid, click on the Show Filter Options link, enter the information on which you would like to filter the results, and click the Filter button.

Payment Summary for Payment ID 999999999 issued on 12/23/2015.

Claim Payments $99,9999,999.99 Total Paid Amount $99,9999,999.99
Additions $99,9999,999.99
Deductions $99,9999,999.99

Hide Filter Options

Claim ID
Member Name
Service From To

Filter | Clear Filter

Figure 2 – Claim Payment Details list

Claim Payment Details

Total Records: 78

Claim ID	Member Name	Service Dates	Total Charges	Payment Amount
2216999999001	XXXXXXXX X XXXXXXXX	08/05/2015	$481.00	$45.93
2216999999002	XXXXXXX X XXXXXXXX	11/06/2015 - 11/30/2015	$1,356.02	$49.52
2216999999003	XXXXXXXX X XXXXXXXX	01/01/2016 - 01/31/2016	$1,052.00	$258.18
2216999999004	XXXXXXX X XXXXXXXX	01/01/2016 - 01/31/2016	$903.00	$387.27

Note: Providers may also view multiple claims associated with a payment using Health Insurance Portability and

continued

Accountability Act (HIPAA)-compliant electronic transactions, which are explained in the Electronic Data Interchange provider reference module at in.gov/medicaid/providers.

If an administrator requires assistance, he or she may contact the Provider Healthcare Portal help desk at (800) 457-4584 and choose Option #3, Option #3 again, or email INXIXElectronicSolution@dxc.com.

IHCP will accept current Consent for Sterilization forms until CMS notifies of updated forms

The current Consent for Sterilization forms (HHS-687, in English and HHS-687-1, in Spanish) have an expiration date of February 28, 2019. However, the Indiana Health Coverage Programs (IHCP) will continue to accept these versions of the forms for claims adjudication until the Centers for Medicare & Medicaid Services (CMS) advises in writing that the current forms have been updated.

Providers can find the English and Spanish versions of the form in the Claim Forms (Nonpharmacy) section of the *Forms* page at in.gov/medicaid/provider.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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