IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201911 MARCH 12, 2019

IHCP to cover CPT code 87506 in the outpatient setting

Effective April 12, 2019, the Indiana Health Coverage Programs (IHCP) will cover Current Procedural Terminology (CPT®[1]) code 87506 – *Detection test for digestive tract pathogen* in the outpatient setting. Coverage applies to all IHCP programs, subject to limitations established for certain benefit plans. Coverage applies retroactively to dates of service (DOS) on or after **July 1, 2018**.

The following reimbursement information applies:

- Pricing: Maximum fee
- Prior authorization (PA): None required
- Billing guidance: Standard billing guidance applies

Reimbursement, PA, and billing information apply to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.

Beginning April 12, 2019, providers may resubmit claims with DOS on or after **July 1, 2018**, that previously denied, for reimbursement consideration. Claims resubmitted beyond the filing limit must include a copy of this banner page as an attachment.

Note: Claims with DOS before January 1, 2019, must be resubmitted within 1 year of the banner page's publication date. Claims with DOS on or after January 1, 2019, must be resubmitted within 180 days of the banner page's publication date.

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.

MORE IN THIS ISSUE

IHCP updates *Professional Fee Schedule* and clarifies how to find ASC pricing on the provider website

The Indiana Health Coverage Programs (IHCP) has removed the following from the *Professional Fee Schedule*:

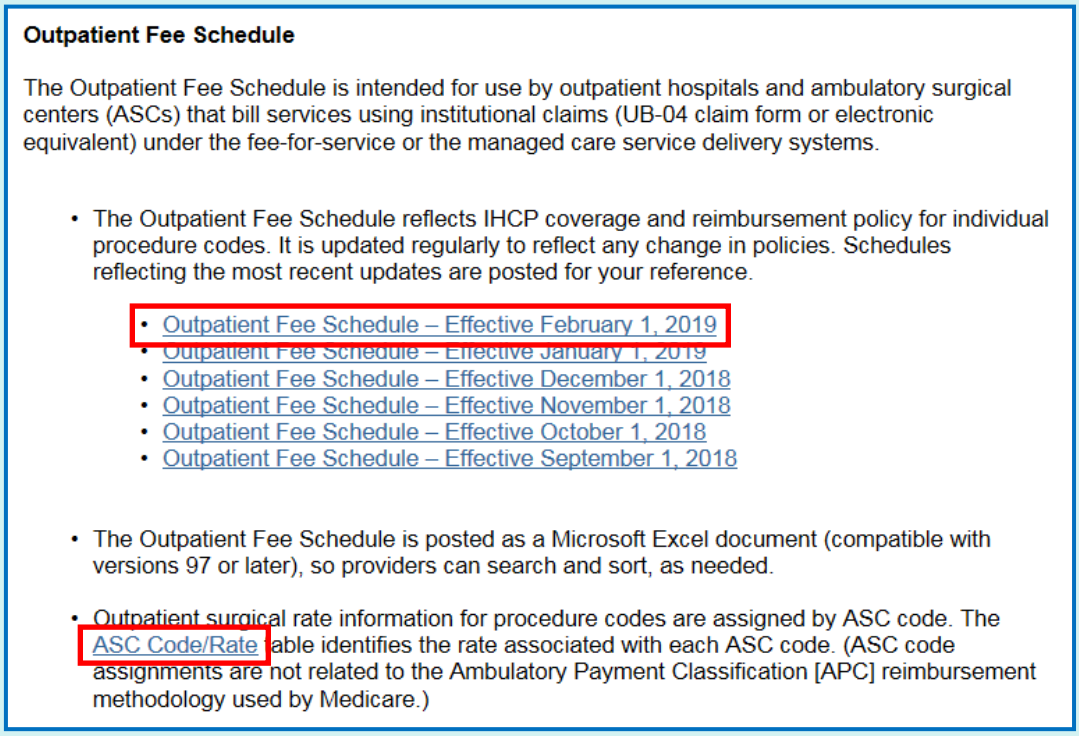
- Ambulatory Surgical Center (ASC) table column
- Gender table column
- Manually-priced Current Procedural Terminology (CPT®[1]) codes with rate effective dates for institutional claims

The *Outpatient Fee Schedule* continues to list manually-priced codes for institutional claims, and ASC code/rate information.

Providers will need the *Outpatient Fee Schedule* and the *ASC Code/Rate* table to find ASC pricing for a procedure code. These references and the *Professional Fee Schedule* are accessible from the *IHCP Fee Schedules* web page at in.gov/medicaid/providers. The fee schedules apply to fee-for-service (FFS) claims and managed care services.

To view ASC pricing for a procedure code, go to the *IHCP Fee Schedules* page and click **View Outpatient Fee Schedule**. Links to the *Outpatient Fee Schedule* (select by date) and the *ASC Code/Rate* table will display (see Figure 1). Click the links to open both documents.

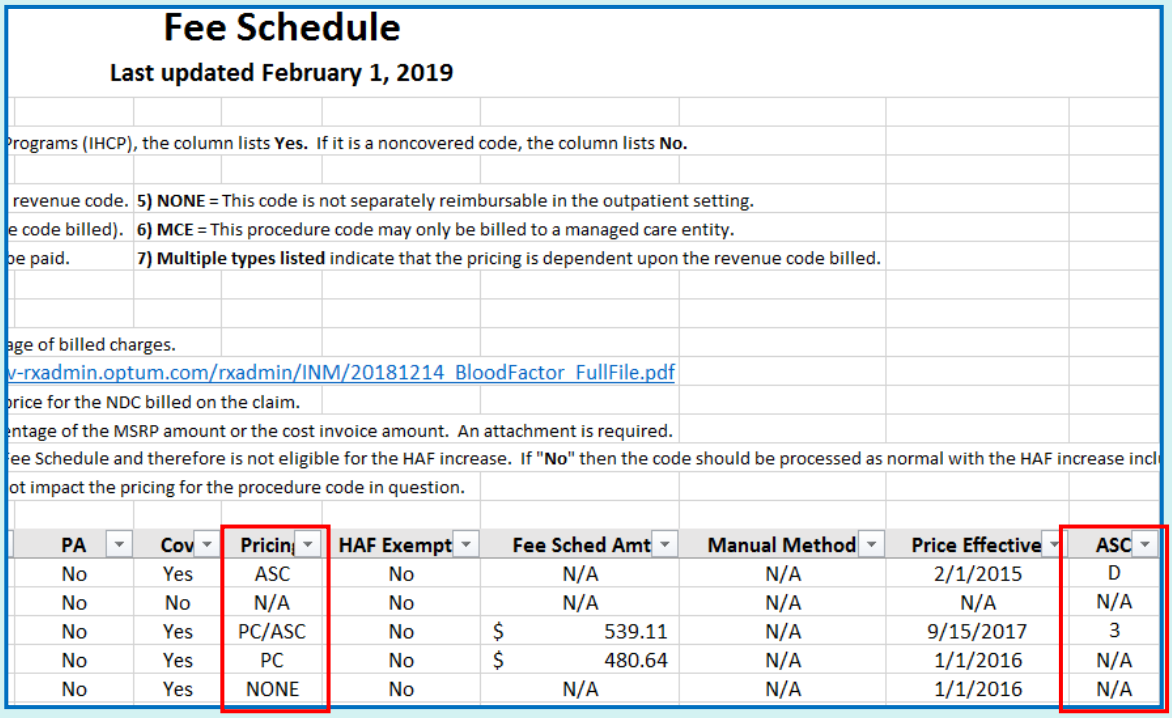
Figure 1 – IHCP Outpatient Fee Schedule references



continued

In the fee schedule, the Pricing column gives the pricing method (see Figure 2). If the method is "ASC," the associated **ASC code** is shown in the ASC column.

Figure 2 – IHCP Outpatient Fee Schedule



Fee Schedule

Last updated February 1, 2019

rograms (IHCP), the column lists **Yes.** If it is a noncovered code, the column lists **No.**

revenue code. **5) NONE** = This code is not separately reimbursable in the outpatient setting.
e code billed). **6) MCE** = This procedure code may only be billed to a managed care entity.
e paid. **7) Multiple types listed** indicate that the pricing is dependent upon the revenue code billed.

ge of billed charges.
v-rxadmin.optum.com/rxadmin/INM/20181214_BloodFactor_FullFile.pdf
rice for the NDC billed on the claim.
ntage of the MSRP amount or the cost invoice amount. An attachment is required.
ee Schedule and therefore is not eligible for the HAF increase. If "**No**" then the code should be processed as normal with the HAF increase incl
ot impact the pricing for the procedure code in question.

PA	Cov	Pricin	HAF Exempt	Fee Sched Amt	Manual Method	Price Effective	ASC
No	Yes	ASC	No	N/A	N/A	2/1/2015	D
No	No	N/A	No	N/A	N/A	N/A	N/A
No	Yes	PC/ASC	No	$ 539.11	N/A	9/15/2017	3
No	Yes	PC	No	$ 480.64	N/A	1/1/2016	N/A
No	Yes	NONE	No	N/A	N/A	1/1/2016	N/A

The *ASC Code/Rate* table contains the ASC code price and effective date (see Figure 3).

Figure 3 – ASC Code/Rate table

ASC Code	Date Effective	Date End	Price
1	09/17/2001	12/31/2299	$318.54
2	09/17/2001	12/31/2299	$443.28
3	09/17/2001	12/31/2299	$488.57
4	09/17/2001	12/31/2299	$582.98
5	09/17/2001	12/31/2299	$800.42
6	09/17/2001	12/31/2299	$1,079.83
7	09/17/2001	12/31/2299	$1,014.81
8	09/17/2001	12/31/2299	$1,106.60
A	09/17/2001	12/31/2299	$329.12
B	09/17/2001	12/31/2299	$267.91
C	09/17/2001	12/31/2299	$166.20
D	09/17/2001	12/31/2299	$97.73
E	09/17/2001	12/31/2299	$73.30
F	09/17/2001	12/31/2299	$48.87
G	04/24/2003	12/31/2299	$3,346.60
H	01/01/2011	12/31/2299	$2,226.60
M	01/01/2011	12/31/2299	$6,693.20
T	05/01/2006	12/31/2299	$21.86

IHCP includes certain procedure codes in the renal dialysis composite rate

Effective April 12, 2019, the Indiana Health Coverage Programs (IHCP) will consider the procedure codes in Table 1 as part of the renal dialysis composite rate for the treatment of end-stage renal disease (ESRD). These procedure codes cannot be reimbursed separately when billed in the outpatient setting for the same date of service (DOS) as the composite-rate revenue code. This change applies to fee-for-service (FFS) claims for DOS on or after April 12, 2019.

This change will be reflected in the *Renal Dialysis Services Codes* on the *Code Sets* page at in.gov/medicaid/providers. Related billing guidance can be found in the *Renal Dialysis Services* provider reference module also posted on the website.

Table 1 – Procedure codes included in the renal dialysis composite rate, effective for DOS on or after April 12, 2019

Procedure Code	Description
82247	Bilirubin; total
82248	Bilirubin; direct
82465	Cholesterol, serum or whole blood, total
82947	Glucose; quantitative, blood (except reagent strip)
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
84443	Thyroid stimulating hormone (TSH)
84460	Transferase; alanine amino (ALT) (SGPT)
84478	Triglycerides
85004	Blood count; automated differential WBC count
85007	Blood count; blood smear, microscopic examination with manual differential WBC count
85009	Blood count; manual differential WBC count, buffy coat

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