

CoreMMIS *bulletin*

Core benefits – Core enhancements – Core communications

INDIANA HEALTH COVERAGE PROGRAMS BT201712 FEBRUARY 10, 2017

IHCP to update the Fee Schedule with CoreMMIS implementation

On February 13, 2017, the Indiana Health Coverage Programs (IHCP) will replace the current processing system, IndianaAIM, with a new system called CoreMMIS, which stands for Core Medicaid Management Information System. Along with CoreMMIS, an updated fee-for-service (FFS) Fee Schedule will be published.

The Fee Schedule will continue to provide information regarding FFS reimbursement of all procedure codes pertinent to CMS-1500 and ADA 2006 billers. CoreMMIS updates include some enhancements and new terminology. The Fee Schedule main page includes links to additional supporting information such as download instructions, search options, additional notes, UB-04 manually priced services, and other information. See [Figure 1](#) for a screenshot of the new FFS Fee Schedule main page.

Manually Priced Services

The Fee Schedule continues to indicate the procedures billable on the CMS-1500 that are manually priced. The new Fee Schedule indicates pricing within the schedule itself rather than through a separate link. Manually priced codes paid on a percentage of the billed amount will indicate a pricing method of BILLXX, with the XX representing the percentage to be applied for reimbursement. All other manually priced services will indicate a pricing method of SYSMAN, meaning the claim will automatically suspend for a clerk to manually apply pricing. See [Figure 2](#) for a screenshot showing information displayed for manually priced codes.

Searching the Fee Schedule

The Fee Schedule can be searched by procedure code, procedure code range, or procedure code description. The search functionality is available from a link on the Fee Schedule main page.





The Fee Schedule search displays up to 100 records that apply to the search criteria. If more than 100 records apply, you will be asked to further define the search parameters. The records will display a variety of date specific restrictions including modifiers, age, units, attachments, and prior authorization. The records will also display pricing and reimbursement information. See [Figure 3](#) for a screenshot of the search feature and search results.

Additional Notes

An asterisk next to a procedure code means that Additional Notes are available and should be consulted regarding reimbursement for the code. The *Additional Notes* are available from a link on the Fee Schedule main page. See [Figure 4](#) for a screenshot of what displays when Additional Notes apply.

Service Categories

The new Fee Schedule indicates a Service Category for all procedure codes, grouping similar types of codes together. These categories do not affect reimbursement or billing restrictions, which are dictated by IHCP policy and IHCP billing guidance. A legend defining each Service Category and the types of codes included in that category is accessible through the Fee Schedule main page. Additional links are available for rate types and pricing method indicators. Refer to [Figure 1](#) for a screenshot of the Fee Schedule main page where links to this information can be found.

Downloading the Fee Schedule

The IHCP offers three download options: Microsoft Excel Wizard, Microsoft Access Wizard, and Microsoft Excel Template. The new Microsoft Excel template option allows the user to pull the Fee Schedule file into a standardized template that can be formatted, sorted, or filtered using Excel functions. The instructions are available from a link on the Fee Schedule main page. See [Figure 1](#) for a screenshot of the Fee Schedule main page where links to this information can be found.

Figure 1 – The main page of the new FFS Fee Schedule

Fee-For-Service Fee Schedule - Last Updated 01-27-2017

The Indiana Health Coverage Programs (IHCP) Fee Schedule provides reimbursement information regarding all Common Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and Current Dental Terminology (CDT®) codes recognized by the IHCP. This Fee Schedule is intended for use by providers that bill services using CMS-1500 professional claims and the ADA 2006 dental claims reimbursed under the fee-for-service delivery system. Managed care entities (MCEs) negotiate rates for services rendered to members enrolled in their health plans. MCEs may have additional or different PA requirements or criteria for some services.

- **Note:** The Fee Schedule is published on Tuesday after 4 p.m. with current information as of the previous Sunday. Therefore, it is highly recommended that you access the schedule online for the most current information regarding procedure codes recognized by the IHCP. If you wish to download the entire Fee Schedule so that you can import the information into popular applications such as Microsoft Access and Microsoft Excel, please refer to the [IHCP Fee Schedule - Download Instructions](#).
- Providers may [search the Fee Schedule by Procedure Code, Procedure Code Range, Procedure Code Description](#).
- Numerical procedure codes are listed in ascending order followed by alpha procedure codes. The information provided is reflective of the allowed rate for all procedure codes pertinent to CMS-1500 and dental billers. All field values are effective on the "Fee Schedule-Last Updated" date listed at the top of this page.
- Click here for [Additional Notes](#) regarding the fee schedule.
- Modifiers specify procedure code modifier combinations linked to a rate.
- Processing modifiers that adjust a rate by an established percentage are not reflected on the fee schedule (for instance rates adjusted for mid-level practitioners).
- Procedure codes are assigned to Service Categories. Click here to view the definition of the [service categories](#) and the types of procedure codes included in each category.
- Rate types are used in conjunction with the pricing method indicator and modifiers to calculate the different rate segments for procedure codes. Click here to view the descriptions for the various [rate types](#).
- The reimbursement percentages for manually priced CPT and HCPCS codes reported on a CMS-1500 are viewable in the fee schedule.
- The pricing method indicator identifies pricing methodology associated with the procedure code. Click here to view the descriptions of the [pricing method indicators](#).
- Restrictions indicated include minimum/maximum units, gender, and age restrictions. Additional coverage restrictions may apply in the billing rules to support policy.
- PA and attachment requirements are displayed on the fee schedule.
- The most current outpatient surgical rate information is displayed by procedure code as an ASC assignment code. Click here to view a chart of [ASC assignment codes](#).
- Services are covered within the scope of the member's benefit package.
- Payment is based on the lower of the submitted charge or the rate on file minus co-payment and TPL amounts.
- Temporary reductions in IHCP reimbursement that are calculated systematically are not reflected on the Fee Schedule. Providers will be alerted to these temporary changes via [IHCP Banner Pages or Bulletins](#).
- Providers may identify reductions on the claim detail by viewing the Explanation of Benefit (EOB) code.

UB-04 Billers
The information contained on this Fee Schedule does not pertain to providers that use UB-04 or pharmacy claims. Reimbursement information for UB-04 and pharmacy billers is available in provider reference modules found on the [Provider Reference Materials](#) page at [indianamedicaid.com](#).

In accordance with Indiana Code 16-21-10, the IHCP resumed the hospital assessment fee effective July 1, 2013, through June 30, 2017. Claim reimbursement for eligible hospitals is increased by applying hospital adjustment factors to current inpatient and outpatient hospital reimbursement methodologies. For more information, see the [Hospital Assessment Fee](#) module and check IHCP Bulletins.

- UB-04 billers can click here to [view a chart](#) of ASC (outpatient surgical rate) assignment codes along with effective dates and pricing. ASC code assignments are not related to the Ambulatory Payment Classification (APC) reimbursement methodology used by Medicare.
- UB-04 billers can view a chart of reimbursement percentages for [manually priced CPT codes](#).

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Download Instructions

Search

Additional Notes

Service Categories

Rate Types

Pricing Method Indicators

UB 04 Manual Priced Codes

Figure 2 – Manually priced codes in the new Fee Schedule

Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Category	Service Category Desc	Rate Type	Pricing Method	Pricing Effective Date	Pricing End Date	PA Req'd	Attach Req'd	Gender
0042T					MEDSV	Medical Services	Def	SYSMAN				Y	
Min-Max Units					Fee Schedule Amt:			Base Units:		Age Min-Max:		ASC Code:	
Procedure Desc:	CT PERFUSION W/CONTRAST CBF							CMS Add Date:		1/1/2003		CMS Term Date:	
0051T					MEDSV	Medical Services	Def	BILL90				Y	
Min-Max Units	0 - 1				Fee Schedule Amt:			Base Units:		Age Min-Max:		ASC Code:	
Procedure Desc:	IMPLANT TOTAL HEART SYSTEM							CMS Add Date:		1/1/2004		CMS Term Date:	

Figure 3 – The search function in the new Fee Schedule

IHCP Fee-For-Service Fee Schedule - Search

Search Fee Schedule

The Fee Schedule can be searched by Procedure Code, Procedure Code Range, or Procedure Code Description. If the search returns more than 100 records, you will be asked to further refine your search criteria. Wild card searches using special characters are not utilized and will display an error message.

Procedure Code: Enter at least 3 characters of the Procedure Code to filter by specific Procedure Code(s). This search criteria cannot be used in combination with the Procedure Code Range criteria.

Procedure Code Range: Enter a beginning and ending 5-character Procedure Code to obtain all Procedure Codes within a range. This search criteria cannot be used in combination with the Procedure Code criteria.

Procedure Code Description: Enter a text string to obtain records containing the entered text in either the short or long Procedure Code Description. This search criteria can be used in combination with the Procedure Code or the Procedure Code Range criteria.

Procedure Code:

Procedure Code Range: to

Procedure Code Description:

¹ Code values are described on the [Fee Schedule Instructions](#) page.

View ASC Code Pricing information by clicking on the ASC Code, or you can view the entire [ASC Pricing Table](#).

View a chart of reimbursement percentages for [manually priced CPT codes with effective dates for UB-04](#).

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Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Category	Service Category Desc	Rate Type	Pricing Method	Pricing Effective Date	Pricing End Date	PA Req'd	Attach Req'd	Gender
90707*					DRUG	Drugs	Imm	MAXFEE	4/1/2008				
Min-Max Units					Fee Schedule Amt:		\$8.00	Base Units:	0	Age Min-Max:		ASC Code:	
Procedure Desc:	MMR VACCINE SC							CMS Add Date:		1/1/1984		CMS Term Date:	
90707*					DRUG	Drugs	Def	MAXFEE	10/1/2016				
Min-Max Units					Fee Schedule Amt:		\$68.02	Base Units:	0	Age Min-Max:		ASC Code:	
Procedure Desc:	MMR VACCINE SC							CMS Add Date:		1/1/1984		CMS Term Date:	
90707*					DRUG	Drugs	Def	MAXFEE	1/1/2016	9/30/2016			
Min-Max Units					Fee Schedule Amt:		\$63.57	Base Units:	0	Age Min-Max:		ASC Code:	
Procedure Desc:	MMR VACCINE SC							CMS Add Date:		1/1/1984		CMS Term Date:	

Figure 4 – A procedure code with Additional Notes

Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4
90707				

Additional Notes

- 90471-90474; presence of modifier SL limits to 1 unit/day
- 90707, 90713, 90716, 90723, 90744; DEF MAXFEE limited to ages 19-999
- 90707, 90713, 90716, 90723, 90744; I01 MAXFEE limited to ages 0-18
- 90715; DEF MAXFEE limited to ages 19-999
- 90715; I01 MAXFEE limited to ages 7-18
- D5110, D5120, D5211-D5214: D01 MAXFEE Ages 0-20 no PA
- D5110, D5120, D5211-D5214: D02 MAXFEE Ages 21-999 PA

QUESTIONS?

For additional questions about CoreMMIS, email incoremmis2015im@hpe.com.

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