# IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

BT201736 JUNE 13, 2017

## IHCP revises policy regarding robotic therapy

The Indiana Health Coverage Programs (IHCP) currently covers robotic therapy as a distinct therapy service. Effective July 13, 2017, the IHCP will revise its policy to cover robotic therapy as a tool used within other therapy services; it will no longer be considered a distinct therapy service. Robotic therapy can still be performed while providing therapy services, but a provider must bill the most appropriate procedure code for the therapy service rendered rather than specifically for robotic therapy. This policy change applies to all IHCP programs, subject to limitations established for certain benefit plans.

Providers should no longer submit fee-for-service (FFS) claims using the GP modifier with Current Procedural Terminology (CPT<sup>®1</sup>) code 97039 to indicate robotic therapy. Procedure code 97039 GP – *Robotic therapy, per 15 minutes* will not be considered a valid billing code for dates of service (DOS) on or after July 13, 2017. Providers should bill the most appropriate procedure code for the therapy service rendered. Prior authorization (PA) requirements for covered therapy services are unchanged by this policy revision.



Billing guidance and PA information in this bulletin apply to services delivered under the FFS delivery system. Questions about FFS PA should be directed to Cooperative Managed Care Services at 1-800-269-5720. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care PA should be directed to the MCE with which the member is enrolled.

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