

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201739 JUNE 15, 2017

IHCP extends Intensive Outpatient Program to managed care benefit plans

The Indiana Health Coverage Programs (IHCP) is extending Intensive Outpatient Program (IOP) services to all Medicaid managed care benefit packages, including those under the Healthy Indiana Plan (HIP), Hoosier Care Connect, and Hoosier Healthwise programs. IOP services include substance abuse treatment and psychiatric treatment, as needed by the member. The IOP will encompass all services that fall under the intensive outpatient umbrella, regardless of terminology. This change applies retroactively to dates of service (DOS) on or after **February 1, 2017**.

Providers can submit claims to managed care entities (MCEs) for IOP services for DOS on or after February 1, 2017. Claims submitted after the timely filing limit should include a copy of this publication as an attachment and should be submitted within 90 days of publication. The following billing requirements and payment methodologies apply:



- All IOP services require prior authorization (PA).
- IOP services should be billed on the claim type most appropriate for the setting of the treatment.
- A single claim should be submitted per DOS.
- Providers cannot bill both managed care and fee-for-service (FFS) claims for the same DOS.
- Providers serving members who have both managed care benefits and Medicaid Rehabilitation Option (MRO) benefits, must bill IOP services through the MRO benefit package under the FFS delivery system.
- Providers that bill institutional claims (*UB-04* claim form or the electronic equivalent):
 - Must bill Current Procedural Terminology (CPT^{®1}) code 90899 – *Unlisted psychiatric service or procedure* for any IOP service with one of the following revenue codes, based on the type of service rendered:
 - ◆ 905 – *Behavioral Health Treatments/Services-Intensive Outpatient Services-Psychiatric*
 - ◆ 906 – *Behavioral Health Treatments/Services-Intensive Outpatient Services-Chemical Dependency*
 - The base rate for CPT code 90899 is \$126.01 when billed on an institutional claim. This rate is considered all-inclusive and encompasses both the professional and facility charges for IOP services for a single DOS.
 - Only a single unit of either revenue code 905 or 906 may be billed for a single DOS.

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- Revenue codes 905 and 906 may not be billed on the same DOS as revenue code 513 – *Clinic-Psychiatric Clinic*.
- Facilities eligible for hospital assessment fee (HAF) payments will receive the HAF add-on payment. Facilities not eligible for HAF payments will have the 3% outpatient rate reduction applied.
- Providers that bill professional claims (*CMS-1500* claim form or the electronic equivalent) should continue to bill per the MCE's instructions.

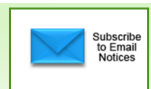
Specific billing questions should be referred to the appropriate MCE. Contact information is available on the [IHCP Quick Reference Guide](#) at indianamedicaid.com.

QUESTIONS?

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

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