B A N N E R P A G E

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All Providers

Screening and Brief Intervention Services

Beginning October 1, 2008, the Indiana Health Coverage Programs (IHCP) will reimburse providers for screening and brief intervention (SBI) services. SBI identifies and intervenes with individuals who are at risk for substance abuse-related problems or injuries. SBI services use established systems, such as trauma centers, emergency rooms, community clinics, and school clinics, to screen patients who are at risk for substance abuse and, if necessary, provide them with brief interventions or referrals to appropriate treatment.

The IHCP reimburses providers when they bill procedure codes 99408 and 99409. The descriptions for the procedure codes are as follows:

- 99408 – Alcohol and/or substance abuse structured screening and brief intervention services, 15-30 minutes
- 99409 – Alcohol and/or substance abuse structured screening and brief intervention services, greater than 30 minutes

The new Current Procedural Terminology (CPT®[1]) codes were developed by the American Medical Association (AMA) to make it possible for the healthcare system to "efficiently report screening services for drug and alcohol abuse." Providers can bill procedure code 99408 or 99409 only after an individual has been screened for alcohol or drug abuse by a healthcare professional.

SBI services currently do not require prior authorization. Providers can submit claims for services rendered for dates of service beginning October 1, 2008.

Annual Update of the International Classification of Diseases

The annual update of the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* was effective for the IHCP beginning October 1, 2008. You may see the new, revised, and discontinued codes at http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#. To ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA), the 90-day grace period no longer applies to ICD-9-CM updates. Providers must use the appropriate ICD-9-CM diagnosis and procedure codes that are valid for the dates of service. Codes not valid for dates of service will deny. The new ICD-9-CM diagnosis and procedure codes are billable and reimbursable as of October 1, 2008.

However, all patient (AP) diagnosis-related group (DRG) Mapper for inpatient claims is not available at this time. Therefore, inpatient claims submitted with the new codes will deny for explanation of benefit code 4116 – *Diagnosis code is not valid for DRG pricing*. Upon completion of the component linkage, EDS will systematically reprocess all inpatient claims with the new ICD-9-CM diagnosis and procedure codes. Please watch future banner pages for the claim reprocess date.

The ICD-9-CM diagnosis codes in Table 1 will be added to the *Emergency Diagnosis Codes* table in the *IHCP Provider Manual, Chapter 8, Section 2*. These codes are effective for dates of service as of October 1, 2008.

[1] *CPT® is a registered trademark of the American Medical Association.*

Table 1 – ICD-9-CM Diagnosis Codes

Effective for Dates of Service as of October 1, 2008

(**Additions** to the *Emergency Diagnosis Codes* table in the *IHCP Provider Manual*)

136.21	136.29	209.22	249.11	249.20	249.21	249.30
249.31	249.40	249.41	249.50	249.51	249.60	249.61
249.70	249.71	249.80	249.81	249.90	249.91	279.50
279.51	279.52	279.53	289.84	339.00	339.01	339.02
339.03	339.04	339.05	339.09	339.10	339.11	339.12
339.20	339.21	339.22	339.3	339.41	339.42	339.43
339.44	339.81	339.82	339.83	339.84	339.85	339.89
346.02	346.03	346.12	346.13	346.22	346.23	346.30
346.31	346.32	346.33	346.40	346.41	346.42	346.43
346.50	346.51	346.52	346.53	346.60	346.61	346.62
346.63	346.70	346.71	346.72	346.73	346.82	346.83
346.92	346.93	349.31	414.3	511.81	511.89	530.13
535.70	535.71	569.44	599.70	599.71	599.72	695.10
695.14	695.15	695.55	695.56	695.57	695.58	695.59
707.20	707.22	707.23	707.24	733.97	733.98	760.61
760.62	760.63	760.64	777.50	777.51	777.52	777.53
780.60	780.61	780.62	780.63	780.64	780.65	997.31
997.39	998.30	998.33	999.81	999.82	999.88	999.89
V87.01	V87.09	V87.11	V87.12	V87.19	V87.2	V87.31
V87.39						

The ICD-9-CM diagnosis codes in Table 2 will be removed from the *Emergency Diagnosis Codes* table in the *IHCP Provider Manual, Chapter 8, Section 2*. These codes are invalid for dates of service as of October 1, 2008.

Table 2 – ICD-9-CM Diagnosis Codes

Invalid for Dates of Service as of October 1, 2008

(**Deletions** from the *Emergency Diagnosis Codes* table in the *IHCP Provider Manual)*

136.2	511.8	599.7	695.1	777.5	780.6	997.3
999.8						

The ICD-9-CM diagnosis codes in Table 3 will be added to the *High-Risk Pregnancy – ICD-9-CM Diagnosis Codes* table in the *IHCP Provider Manual, Chapter 8, Section 4*. These codes are effective for dates of service as of October 1, 2008.

Table 3 – ICD-9-CM Diagnosis Codes

Effective for Dates of Service as of October 1, 2008

(**Additions** to the *High-Risk Pregnancy – ICD-9-CM Diagnosis Codes* table in the *IHCP Provider Manual*)

199.2	203.02	203.12	203.82	204.02	204.12	204.22
204.82	204.92	205.02	205.12	205.22	205.32	205.82
205.92	206.02	206.12	206.22	206.82	206.92	207.02
207.12	207.22	207.82	208.02	208.12	208.22	208.82
208.92	209.00	209.01	209.02	209.03	209.10	209.11
209.11	209.12	209.13	209.14	209.15	209.16	209.17
209.20	209.21	209.22	209.23	209.24	209.25	209.26
209.27	209.29	209.30	209.40	209.41	209.42	209.43
209.50	209.51	209.52	209.53	209.54	209.55	209.56
209.57	209.60	209.61	209.62	209.63	209.64	209.65
209.66	209.67	209.69	238.77	259.50	259.51	259.52
289.84	482.42	649.70	649.71	678.11	678.13	V23.85
V23.86	V45.11	V45.12	V61.01	V61.02	V61.03	V61.04
V61.05	V61.06	V61.09	V62.21	V62.22	V62.29	

The ICD-9-CM diagnosis code in Table 4 will be removed from the *High-Risk Pregnancy – ICD-9-CM Diagnosis Codes* table in the *IHCP Provider Manual*, *Chapter 8, Section 4*. This code is invalid for dates of service as of October 1, 2008.

Table 4 – ICD-9-CM Diagnosis Codes

Invalid for Dates of Service as of October 1, 2008

(**Deletion** from the *High-Risk Pregnancy ICD-9-CM Diagnosis Codes* table in the *IHCP Provider Manual*

V45.1						

Home Health Providers

Evaluations for Physical, Occupational, and Speech Therapy in Home Settings

This is a follow-up to banner page *BR200832*, dated August 5, 2008, regarding reimbursement of therapy evaluations performed by licensed therapists in home settings.

The Office of Medicaid Policy and Planning (OMPP) has determined that reimbursement for therapy evaluations should be billed using one of the following CPT codes in conjunction with the appropriate Revenue Code:

Table 5 – CPT Codes for Reimbursement of Therapy Evaluations in Home Settings

Therapy	CPT/Description	Revenue Code/Description	Rate
Physical	97001 – Physical Therapy Eval	424 – Physical Therapy Eval or Re-Eval	$60.72
Occupational	97003 – Occupational Therapy Eval	434 – Occupational Therapy Eval or Re-Eval	$60.48
Speech	92506 – Speech Therapy Eval	444 – Speech Pathology Eval or Re-Eval	$62.80

Note: Occurrence code 53 (Therapy Evaluation – HHA) is no longer required when billing for evaluations.

The rates in Table 5 reflect the current reimbursement for CPT 97001, 97003, and 92506 evaluations when performed in home settings. Prior authorization is not required for initial therapy evaluations. One unit of service equals one evaluation.

Providers may submit claims for dates of service as of October 16, 2003, for processing. For claims beyond the one-year filing limit, providers must attach a copy of this banner page to each claim for proper processing.

Contact Information

If you have questions about the articles published in this banner page, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278, unless otherwise noted.

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