

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201135 AUGUST 30, 2011



Update to lab and immunology revenue code linkage

Effective November 1, 2011, for dates of service on or after November 1, 2011, the Indiana Health Coverage Programs (IHCP) has linked Current Procedural Terminology (CPT^{®1}) code 86200 – *cyclic citrullinated peptide (ccp), antibody* to the lab/immunology Revenue Code 302.

Providers may submit claims using the CPT code and revenue code combination for services rendered on or after November 1, 2011.

The IHCP to cover HCPCS code G0289

According to the National Correct Coding Initiative (NCCI) policy manual for Medicaid services, Current Procedural Terminology (CPT^{®1}) codes 29874 – *Surgical knee arthroscopy for removal of loose body or foreign body* and 29877 – *Surgical knee arthroscopy for debridement/shaving of articular cartilage* should not be reported with other knee arthroscopy CPT codes (29866-29889).

To allow for the debridement/scaling procedure, the Centers for Medicare & Medicaid Services (CMS) created Healthcare Common Procedure Coding System (HCPCS) code G0289 – *Debridement/shaving of cartilage* as a code that can be billed in conjunction with the primary arthroscopy code. Because the CMS and Medicare use the G code for reporting the incremental arthroscopy procedure, the Indiana Health Coverage Programs (IHCP) has decided to adopt HCPCS code

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G0289 to report debridement/shaving in a second compartment of the knee, rather than using CPT code 29874 or 29877.

Effective for dates of service on or after October 1, 2011, the IHCP will provide coverage for HCPCS code G0289. The fee schedule rate based on reimbursements established by the CMS for G0289 is \$68.56.

For dates of service through September 30, 2011, providers should bill CPT code 29874 or 29877 with the primary arthroscopy CPT codes 29866-29889, even though the claim will deny for NCCI editing. Upon receiving the NCCI denial, providers should submit a request for an administrative review, along with the appropriate medical documentation to show that the primary arthroscopy procedure code (29866-29889) and the additional procedure code (29874 or 29877) are for different compartments of the knee. An [IHCP Inquiry Form](#), found on the Forms page of indianamedicaid.com, should be used to request the administrative review. The administrative review request, with the appropriate medical documentation to show that the procedure codes 29874 and 29877 are for different compartments of the knee, should be submitted to the following address:

Attn: Health Care Administrative Review Specialist
HP Written Correspondence
P. O. Box 7263
Indianapolis, IN 46207-7263

The administrative review specialist will review and determine whether the provider performed the procedure in a separate compartment and will have the claim processed by special handling.

Effective for dates of service on or after October 1, 2011, claims should be billed with the primary arthroscopy code along with G0289 as the additional code (for example, CPT code 29881 and G0289).

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Home health services policy under review

An article appearing in [BR201124](#), published June 14, 2011, attempted to clarify certain requirements for providing home health services. The Office of Medicaid Policy and Planning (OMPP) is rescinding the contents of this article, titled "Reminder of home health services requirements and limitations," pending further policy review.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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