

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201138

SEPTEMBER 20, 2011



Implementation of E/M code audit 4197 delayed

Provider bulletin [BT201135](#), dated June 28, 2011, announced the implementation of new code auditing methodologies for Evaluation and Management (E/M) services performed during the global period of a surgical procedure. The following new code audits were implemented as planned and were effective for dates of service on or after August 31, 2011:

- 4194 – *Evaluation and Management codes are not reimbursable on the same date of service unless they are distinct and separate from the surgical service.*
- 4196 – *Evaluation and Management codes are not payable during the pre operative period unless they are distinct and separate from the surgical service.*

MORE IN THIS ISSUE

- [Mass adjustment and reprocessing of chiropractic claims](#)

However, the implementation was delayed for the following new code audit:

- 4197 – *Evaluation and Management services are not payable during the post operative period unless it is separate and distinct from the surgical service.*

[Continue](#)

The Indiana Health Coverage Programs (IHCP) expects an implementation delay for code audit 4197 of approximately three to four months. Until this new code audit is effective, the IHCP will continue to apply existing system auditing for E/M services performed during the post-operative period, including code audit 6653 – *Post operative medical visits performed within 90 days of surgery are payable only for a surgical complication and if documented as medically indicated.*

Providers can expect a future publication establishing an implementation date for the new code audit 4197.

Chiropractic claims to be mass adjusted or mass reprocessed

Chiropractic claims submitted for dates of service of January 1, 2011, through August 26, 2011, will be mass adjusted (if paid) or mass reprocessed (if denied).

Claims for therapy services may have been inappropriately subject to Edit 3001 – *Dates of service not on PA database* because of a systems error. The prior authorization (PA) requirement for chiropractors billing procedure codes associated with speech, occupational, and physical therapy was mistakenly not removed in response to the policy change in [BT201058](#).

The mass adjusted or reprocessed claims will appear on Remittance Advices (RAs) beginning September 20, 2011.

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.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com. To receive e-mail notices of future IHCP publications, [subscribe](#) to IHCP E-mail Notifications.