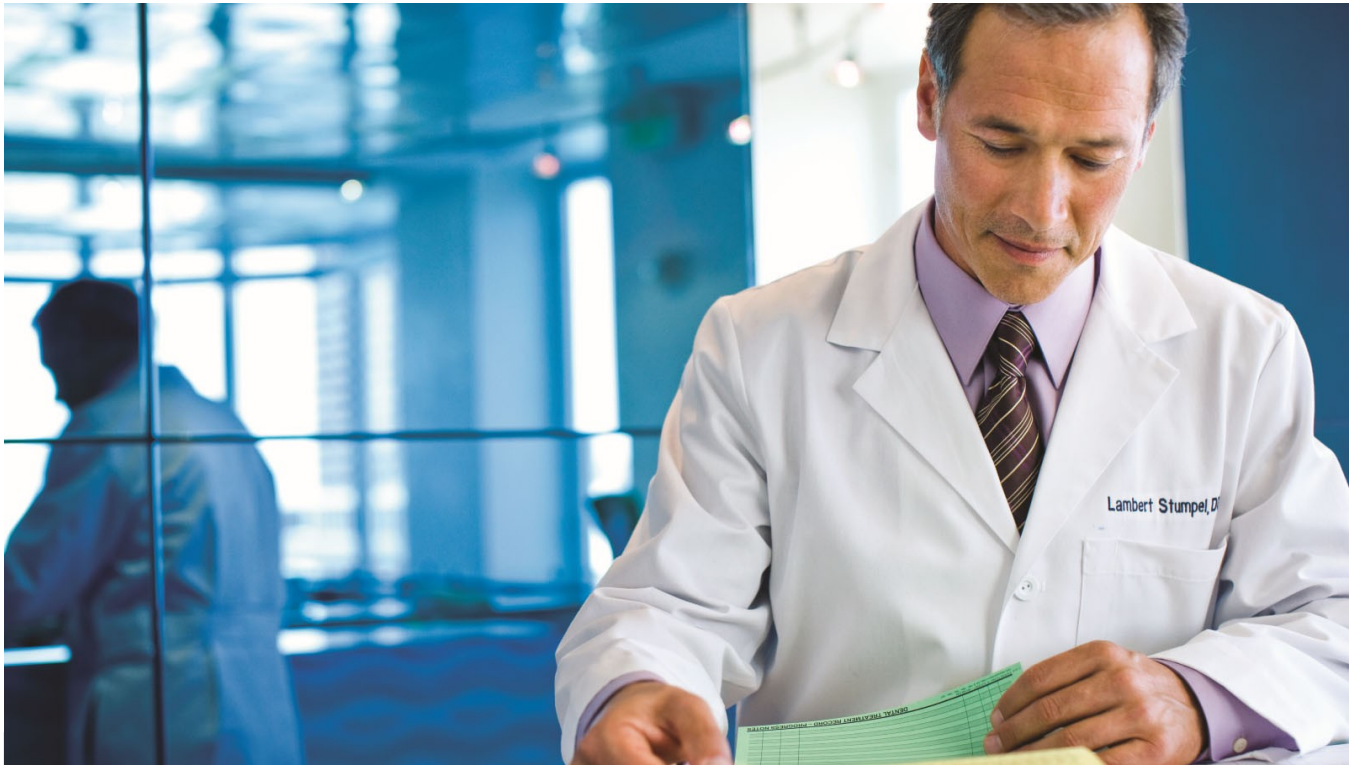


IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201211

MARCH 13, 2012



HCPCS code G0365 linked to revenue codes 320, 323, 329, 402, and 409

For dates of service on or after April 15, 2012, the Indiana Health Coverage Programs (IHCP) has linked Healthcare Common Procedure Coding System (HCPCS) code G0365 – *Mapping of vessels for Hemodialysis access (Services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)* to the following revenue codes:

- 320 – Radiology, diagnostic
- 323 – Diagnostic x-ray, arteriography
- 329 – Diagnostic x-ray, other
- 402 – Ultrasound
- 409 – Other imaging services

MORE IN THIS ISSUE

- [Medical education reimbursement](#)
- [IHCP-covered services excluded from Hoosier Healthwise](#)

The maximum reimbursement rate for G0365 is \$152.13. Providers must bill the procedure code with the TC – Technical component modifier and the revenue code together for reimbursement.

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Inpatient claims for medical education payments to be mass adjusted

As previously announced in the May 24, 2011, bulletin [BT201122](#), the 5% reduction in reimbursement for inpatient and outpatient hospital services was extended through June 30, 2013. HP identified that encounter inpatient risk-based managed care (RBMC) claims received from July, 1, 2011, to present and processed through IndianaAIM for payment of the medical education payment did not reduce the payment by 5%. Beginning March 20, 2012, HP will mass adjust the affected encounter inpatient claims and reduce the medical education payment by 5%.

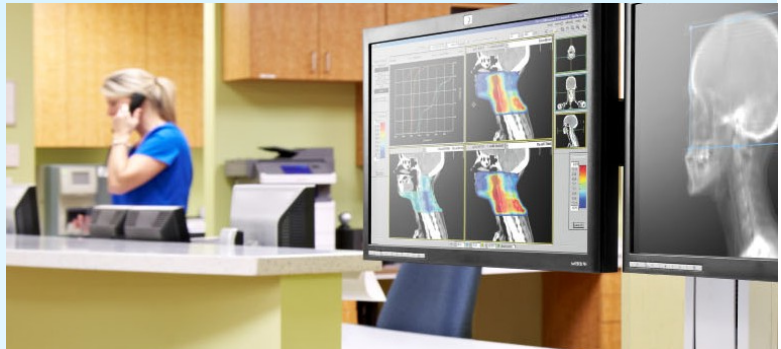
Mass-adjusted claims will appear on Remittance Advices (RAs) beginning on or after March 20, 2012, and will be identified with internal control numbers (ICNs) that begin with region code 56. The overpayment will appear on the RA as an accounts receivable and will be recouped at 100% from future claims paid to the respective provider number.

IHCP-covered services excluded from Hoosier Healthwise

Do you know what situations require Indiana Health Coverage Programs (IHCP) members to be disenrolled from the Hoosier Healthwise risk-based managed care (RBMC) program? Members transitioning to the following programs may need level-of-care designations to trigger disenrollment from RBMC:

- Long-term care facilities
- Psychiatric residential treatment facilities (PRTFs)
- Hospice care
- HCBS waiver programs
- The 590 Program

Until Hoosier Healthwise disenrollment occurs, fee-for-service (FFS) claims (except for carved-out services) for these members will deny. For more information, see the March provider newsletter – [NL201203](#).



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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