

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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Correction: CPT code 96523 not linked to nonflat-rate revenue codes 940 and 949

In [BR201229](#), the Indiana Health Coverage Programs (IHCP) announced that Current Procedural Terminology (CPT^{®1}) code 96523 – *Irrigation of implanted venous access device for drug delivery in the facility setting* had been linked to the following nonflat-rate revenue codes: 335, 940, and 949. The IHCP incorrectly linked 96523 to revenue codes 940 and 949, which are IHCP-noncovered revenue codes. CPT code 96523 remains linked to the nonflat-rate revenue code 335 – *Chemotherapy administration – IV*, as well as to other nonflat-rate revenue codes identified by national coding guidelines. Providers should bill CPT code 96523 with an appropriate revenue code that is descriptive of the service or the setting where the service is performed.

Providers may resubmit claims for CPT code 96523 originally billed with revenue codes 940 or 949 that denied with explanation of benefits (EOB) 4107 – *Revenue code is not appropriate or not covered for the type of service being provided*. When providers resubmit, they should use another revenue code, as appropriate.

As a reminder, the IHCP does not reimburse revenue codes for diagnostic and therapeutic services. (Refer to [Table 1](#), which is also published in [Chapter 8: Billing Instructions](#) of the *IHCP Provider Manual*.) Therapeutic and diagnostic injections are performed in a hospital, including but not limited to: an operating room (360), emergency room (450), or clinic (510). **Similar to Medicare policy, IHCP policy requires that hospitals report these injections under the revenue code for the treatment center where injections are performed.** This policy is also consistent with rate setting for treatment rooms, because costs for injections are considered when establishing treatment-room rates. Injections are included in the reimbursement of the treatment room when additional services are provided. However, if a patient's treatment includes only the injection service, the provider will be reimbursed the flat fee of the appropriately billed treatment-room revenue code.

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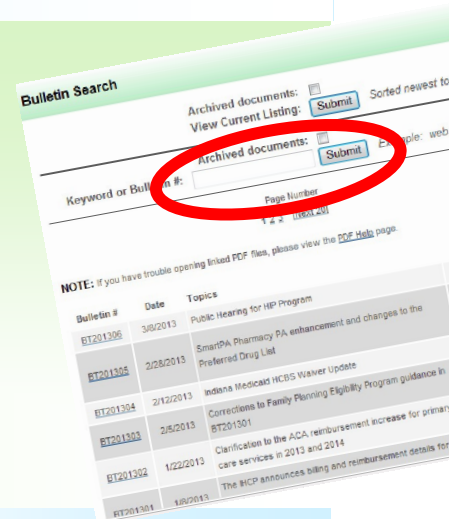
Table 1 – Revenue Codes for Diagnostic and Therapeutic Services Not Reimbursable by the IHCP (from Chapter 8, IHCP Provider Manual)

Revenue	Description
920	Other Diagnostic Services – General
929	Other Diagnostic Services – Other Diagnostic Service
940	Other Therapeutic Services – General
941	Other Therapeutic Services – Recreational Therapy
942	Other Therapeutic Services – Education/Training
944	Other Therapeutic Services – Drug Rehabilitation
945	Other Therapeutic Services – Alcohol Rehabilitation
946	Other Therapeutic Services – Complex Medical Equipment – Routine
947	Other Therapeutic Services – Complex Medical Equipment – Ancillary
949	Other Therapeutic Services – Additional Therapeutic Services

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Information that appears in the *IHCP Provider Manual* generally appears first in Indiana Health Coverage Programs (IHCP) bulletins and banner pages.

Although the information migrates to the *IHCP Provider Manual*, usually within six months, providers should use recently published bulletins and banner pages as their first reference—it's easy to search by topic under the bulletin and banner page sections of the [News, Bulletins, and Banner Pages](#) on indianamedicaid.com.



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