

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201351 DECEMBER 31, 2013



## Procedure code updated for Audit 6855

The Indiana Health Coverage Programs (IHCP) limits reimbursement of routine foot care treatments to six per year per member. Effective February 15, 2014, the procedure codes in Table 1 will be removed from Audit 6855 – *Routine foot care treatments limited to six per year for medically approved diagnosis*, and the procedure codes in Table 2 will be added to Audit 6855 – *Routine foot care treatments limited to six per year for medically approved diagnosis*. This update will facilitate accurate reimbursement by ensuring the correct procedure codes are assigned to this audit. For additional information regarding coverage of routine foot care treatment, see [Chapter 8](#) of the *IHCP Provider Manual*.

Table 1 – Procedure codes removed from Audit 6857 effective February 15, 2014

Procedure Code	Description
11700	Debridement of nails, manual; five or less (Deleted code in 1997)
11701	Debridement of nails, manual; each additional, five or less (Deleted code in 1997)
11710	Debridement of nails, electric grinder; five or less (Deleted code in 1997)
11711	Debridement of nails, electric grinder; five or less, each additional, five or less (Deleted code in 1997)

[Continue](#)

### MORE IN THIS ISSUE

- [CPT code 97535 to be removed from Audits 6102 and 6111](#)

Table 2 – Procedure codes added to Audit 6857 effective February 15, 2014

Procedure Code	Description
G0127	Trimming of dystrophic nails, any number
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions

## CPT code 97535 to be removed from Audits 6102 and 6111

The Indiana Health Coverage Programs (IHCP) has determined that Current Procedural Terminology (CPT<sup>®1</sup>) code 97535 – *Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes* is not appropriate for Audit 6102 – *Chiropractic office visits limited to 5 per year* or Audit 6111 – *Chiropractic office visits limited to five per year*. CPT code 97535 does not relate to chiropractic office visits. Effective February 15, 2014, CPT code 97535 will be removed from Audits 6102 and 6111.

This update will facilitate accurate reimbursement by ensuring the correct procedure codes are assigned to these audits. For additional information regarding coverage of chiropractic services, see [Chapter 8](#) of the *IHCP Provider Manual*.

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