

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201404 JANUARY 28, 2014



Procedure code update for Audit 6112

The Indiana Health Coverage Programs (IHCP) limits reimbursement for chiropractic treatments to 14 treatments per year per member under the Package C benefit package. Effective March 1, 2014, the IHCP will update Audit 6112 – *Maximum of 14-Chiropractic Therapeutic Physical Medicine Treatments Per Calendar Year* so that the correct procedure codes are assigned for accurate reimbursement. The Current Procedural Terminology (CPT^{®1}) codes in [Table 1](#) on the following page are being removed from Audit 6112 for the reasons indicated in the table. This audit pertains to Package C claims only.

For additional information regarding coverage of chiropractic services, see [Chapter 8](#) of the *IHCP Provider Manual*.

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Table 1 – CPT codes removed from Audit 6112 effective March 1, 2014

Procedure code	Description	Reason for removal
95831	Muscle testing, manual (separate procedure) with report; extremity	Service not subject to limitation
95832	Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side	Service not subject to limitation
97001	Physical therapy evaluation	Not on chiropractic code set
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes	Not on chiropractic code set
97799	Unlisted physical medicine/rehabilitation service or procedure	Not on chiropractic code set
98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved	Not on chiropractic code set
98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved	Not on chiropractic code set
98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved	Not on chiropractic code set
98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved	Not on chiropractic code set
98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved	Not on chiropractic code set
M0702	Brief osteop manip ther perf in office or location other than IP hospital inc up to two body regions	Code end-dated
M0704	Limited osteop manip ther perf in office or loca other than in-pat hospital up to four body regions	Code end-dated
M0706	Interm osteop manip ther perf in office or location other than inpat hospital up to six body regions	Code end-dated
M0708	Extend osteop manip ther perf in office or location other than IP hospital up to eight body regions	Code end-dated
M0710	Compreh osteop manip ther perf in office or location other than IP hospital up to ten body regions	Code end-dated
W6500	Physical therapy - initial evaluation	Code end-dated
W6501	Physical therapy - subsequent evaluation	Code end-dated
W6502	Physical therapy - individual - by the unit - modalities requiring use of capital equipment	Code end-dated

CPT codes removed from Audit 6112 effective March 1, 2014

Procedure code	Description	Reason for removal
W6503	Physical therapy-individual; by the unit; modalities not requiring use of capital equipment; 1 unit = 1 hour/PA is required if services extend beyond 30 days, see 405 IAC 5-22-8(3)	Code end-dated
W6504	Physical therapy - group - by the unit - modalities requiring use of capital equipment	Code end-dated
W6505	Physical therapy - group - by the unit - modalities not requiring use of capital equipment	Code end-dated

The IHCP updates the chiropractor ICD-9 diagnosis code set

Effective March 1, 2014, the Indiana Health Coverage Programs (IHCP) will update the ICD-9 diagnosis code set for chiropractor services. Table 1 lists the ICD-9 diagnosis codes that will be added to the Code Set. [Table 2](#) on page 5 lists the ICD-9 diagnosis codes that will be removed from the Code Set. These changes are effective for dates of service on or after March 1, 2014. The [Code Set](#) at indianamedicaid.com will be updated and provides a complete list of ICD-9 diagnosis codes for chiropractors.

In addition to the changes in the chiropractor diagnosis code set, effective for dates of service on or after March 1, 2014, the IHCP will no longer require chiropractors to include the diagnosis codes listed in [Table 3](#) on page 5 as the primary diagnoses. Although these codes are no longer required to be designated as the primary diagnoses, they will remain on the approved diagnosis Code Set. The IHCP reminds chiropractors that one of the three diagnosis codes on Table 3 marked by an asterisk is still required when treating a Package B member.

Table 1 – Chiropractor diagnosis codes added to the ICD-9 Code Set effective for dates of service on or after March 1, 2014

Diagnosis code	Description
339.00	Cluster headache syndrome, unspecified
339.01	Episodic cluster headache
339.02	Chronic cluster headache
339.03	Episodic paroxysmal hemicrania
339.04	Chronic paroxysmal hemicrania
339.05	Short lasting unilateral neuralgiform headache with conjunctival injection and tearing
339.09	Other trigeminal autonomic cephalgias
339.10	Tension type headache, unspecified
339.11	Episodic tension type headache

Table 1 – Chiropractor diagnosis codes added to the ICD-9 Code Set effective for dates of service on or after March 1, 2014

Diagnosis code	Description
339.12	Chronic tension type headache
339.20	Post-traumatic headache, unspecified
339.21	Acute post-traumatic headache
339.22	Chronic post-traumatic headache
339.89	Other specified headache syndromes
346.12	Migraine without aura, without mention of intractable migraine with status migrainosus
346.13	Migraine without aura, with intractable migraine, so stated, with status migrainosus
346.22	Variants of migraine, not elsewhere classified, without mention of intractable migraine with status migrainosus
346.23	Variants of migraine, not elsewhere classified, with intractable migraine, so stated, with status migrainosus
346.30	Hemiplegic migraine, without mention of intractable migraine without mention of status migrainosus
353.6	Phantom limb (syndrome)
355.71	Causalgia of lower limb
355.79	Other mononeuritis of lower limb
355.8	Mononeuritis of lower limb, unspecified
719.41	Pain in joint, shoulder region
719.42	Pain in joint, upper arm
719.43	Pain in joint, forearm
719.44	Pain in joint, hand
719.45	Pain in joint, pelvic region and thigh
719.46	Pain in joint, lower leg
719.47	Pain in joint, ankle and foot
721.2	Thoracic spondylosis without myelopathy
721.41	Thoracic or lumbar spondylosis with myelopathy; thoracic region
721.42	Thoracic or lumbar spondylosis with myelopathy; lumbar region

Table 1 – Chiropractor diagnosis codes added to the ICD-9 Code Set effective for dates of service on or after March 1, 2014

Diagnosis code	Description
721.5	Kissing spine
721.91	Spondylosis of unspecified site; with myelopathy
729.5	Pain in limb

Table 2 – Chiropractor diagnosis codes removed from the ICD-9 Code Set effective for dates of service on or after March 1, 2014

Diagnosis code	Description
346.60	Persistent migraine aura with cerebral infarction, without mention of intractable migraine without mention of status migrainosus
346.61	Persistent migraine aura with cerebral infarction, with intractable migraine, so stated, without mention of status migrainosus
346.62	Persistent migraine aura with cerebral infarction, without mention of intractable migraine with status migrainosus
346.63	Persistent migraine aura with cerebral infarction, with intractable migraine, so stated, with status migrainosus

Table 3 – Codes no longer required to be noted as primary diagnoses effective for dates of service on or after March 1, 2014

Diagnosis code	Description
646.93*	Unspecified complication of pregnancy, antepartum
648.73*	Bone and joint disorders of maternal back, pelvis, and lower limbs, antepartum
648.93*	Other current maternal conditions classifiable elsewhere, antepartum
739.0	Nonallopathic lesions, not elsewhere classified – Head region
739.1	Nonallopathic lesions, not elsewhere classified – Cervical region
739.2	Nonallopathic lesions, not elsewhere classified – Thoracic region
739.3	Nonallopathic lesions, not elsewhere classified – Lumbar region
739.4	Nonallopathic lesions, not elsewhere classified – Sacral region
739.5	Nonallopathic lesions, not elsewhere classified – Pelvic region
739.6	Nonallopathic lesions, not elsewhere classified – Lower extremities
739.7	Nonallopathic lesions, not elsewhere classified – Upper extremities
739.8	Nonallopathic lesions, not elsewhere classified – Rib cage

* Reminder: One of these three diagnosis codes is required for chiropractic treatment of members under Package B.

First-quarter IHCP workshops will fill up fast!

Reserve your place today at one of the Indiana Health Coverage Program’s (IHCP’s) first-quarter workshops. This quarter’s topics include:

- Researching and resolving institutional claim denials
- Hospital Presumptive Eligibility
- Managed care entity (MCE) updates
- And more

Workshops are scheduled on the dates and at the locations in the following table. For more information and to register, visit the [First-Quarter IHCP Workshops page](#) at indianamedicaid.com.

IHCP 2014 first-quarter workshops

Date	Location	Address
March 6, 2014	Reid Hospital Richmond, Indiana	Lingle Auditorium 1100 Reid Parkway
March 13, 2014	Eskenazi Hospital Indianapolis, Indiana	Conference Center, First Floor, Rooms 302A and B 720 Eskenazi Avenue
March 18, 2014	Union Hospital Terre Haute, Indiana	Landsbaum Center Auditorium 1433 N. 6 ½ Street
March 19, 2014	Virtual training	Click the following link to attend
March 25, 2014	St. Joseph Regional Hospital Mishawaka, Indiana	Education Center – Lower Level 5215 Holy Cross Parkway
March 26, 2014	Virtual training	Click the following link to attend
March 27, 2014	Deaconess Hospital Evansville, Indiana	Bernard Schnacke Auditorium 600 Mary Street

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