

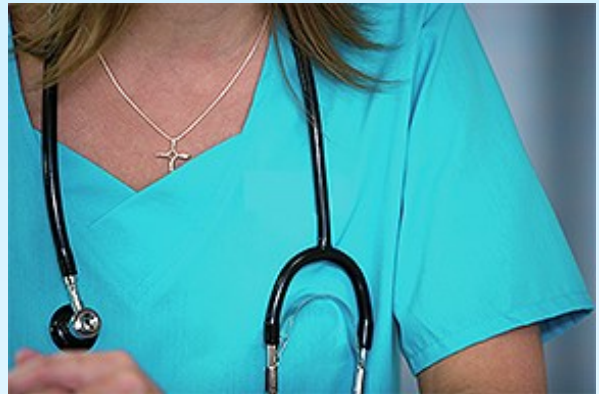
IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201434 AUGUST 26, 2014

Covered codes revised for Structured Family Caregiving under the CIH Waiver

Effective October 1, 2014, the Healthcare Common Procedure Coding System (HCPCS) codes covered for Structured Family Caregiving (SFC) services under the Community Integration and Habilitation (CIH) Waiver will be revised. For dates of service (DOS) on or after October 1, 2014, the following HCPCS codes will be covered:

- T2033 U7 U5 U1 – *Residential care, not otherwise specified (NOS), waiver; per diem; Waiver; DD Oasis; **Structured Family Caregiving, Level 1***
- T2033 U7 U5 U2 – *Residential care, not otherwise specified (NOS), waiver; per diem; Waiver; DD Oasis; **Structured Family Caregiving, Level 2***
- T2033 U7 U5 U3 – *Residential care, not otherwise specified (NOS), waiver; per diem; Waiver; DD Oasis; **Structured Family Caregiving, Level 3***



The HCPCS codes currently covered for these services will be end-dated effective September 30, 2014. These codes will continue to be covered for DOS through September 30, 2014, and are as follows:

- S5140 U7 U5 U1 – *Foster care; adult per diem; Waiver; DD Oasis; **Structured Family Caregiving, Level 1***
- S5140 U7 U5 U2 – *Foster care; adult per diem; Waiver; DD Oasis; **Structured Family Caregiving, Level 2***
- S5140 U7 U5 U3 – *Foster care; adult per diem; Waiver; DD Oasis; **Structured Family Caregiving, Level 3***

The following reimbursement information applies:

- **Pricing:** The rate for each T2033 HCPCS code will be the same as the rate for the corresponding end-dated S5140 code.
- **Prior Authorization:** All waiver services require prior authorization.
- **Billing Guidance:** Information regarding SFC can be found in the [Division of Disability and Rehabilitative Services Home and Community-Based Services Waiver Provider Manual](#) at indianamedicaid.com.

These coverage changes will be reflected in the next monthly update to the [Fee Schedule](#) at indianamedicaid.com.

MORE IN THIS ISSUE

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Revenue code linkages revised for HCPCS codes Q9954, Q9956, and Q9957

Effective October 1, 2014, the Indiana Health Coverage Programs (IHCP) will link the following Healthcare Common Procedure Coding System (HCPCS) codes to revenue codes 254 – *Pharmacy-Drugs Incident to Other Diagnostic Services* and 255 – *Pharmacy-Drugs Incident to Radiology*:

- Q9954 – *Oral magnetic resonance contrast agent, per 100 ml*
- Q9956 – *Injection, octafluoropropane microspheres, per ml*
- Q9957 – *Injection, perflutren lipid microspheres, per ml*

In addition, linkage of the three preceding codes with revenue code 636 – *Pharmacy - Drugs Requiring Detailed Coding* will be removed. These revenue code linkage changes apply to fee-for-service claims with dates of service (DOS) on or after October 1, 2014.

Beginning October 1, 2014, for reimbursement consideration, providers may bill the listed HCPCS codes and revenue code 254 or 255 together, as appropriate.



CPT code 43276 linked to revenue code 360

Effective October 1, 2014, the Indiana Health Coverage Programs (IHCP) will link Current Procedural Terminology (CPT^{®1}) code 43276 – *Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged* to revenue code 360 – *Operating room services*.

This linkage applies retroactively to fee-for-service claims with dates of service (DOS) on or after **July 1, 2014**.

Beginning October 1, 2014, for reimbursement consideration, providers may bill CPT code 43276 and revenue code 360 together, as appropriate. Claims with DOS on or after July 1, 2014, that previously denied for explanation of benefits (EOB) 520 – *Invalid revenue code/procedure code combination* may be resubmitted for processing.

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CPT code 43275 linked to revenue codes 360 and 490

Effective October 1, 2014, the Indiana Health Coverage Programs (IHCP) will link Current Procedural Terminology (CPT) code 43275 – *Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)* to revenue codes 360 – *Operating room services* and 490 – *Ambulatory surgical care*.

These linkages apply retroactively to fee-for-service claims with dates of service (DOS) on or after **July 1, 2014**.

Beginning October 1, 2014, for reimbursement consideration, providers may bill CPT code 43275 and revenue code 360 or 490 together, as appropriate. Claims with DOS on or after July 1, 2014, that previously denied for explanation of benefits (EOB) 520 – *Invalid revenue code/procedure code combination* may be resubmitted for processing.



CPT code 99202 linked to modifiers HE and SA

Effective October 1, 2014, the Indiana Health Coverage Programs (IHCP) will link Current Procedural Terminology (CPT) code 99202 – *New patient office or other outpatient visit, typically 10 minutes*, to modifiers HE – *Mental health program* and SA – *Nurse practitioner rendering service in collaboration with a physician*.

Beginning October 1, 2014, providers may bill CPT code 99202 for dates of service on or after October 1, 2014, with modifiers HE or SA, as appropriate. This change will be reflected in the next monthly update to the [Fee Schedule](#) at indianamedicaid.com.

QUESTIONS?

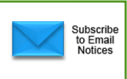
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