

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201445 NOVEMBER 11, 2014

The IHCP will no longer cover revenue code 293

Effective December 15, 2014, the Indiana Health Coverage Programs (IHCP) will no longer reimburse revenue code (RC) 293 – *Durable Medical Equipment (Other than renal) – Purchase of Used DME*. This change is consistent with current durable medical equipment (DME) reimbursement policy and does not affect IHCP coverage policy regarding used DME. See [Chapter 8](#) of the *IHCP Provider Manual* for more information. The change applies to all fee-for-service (FFS) claims for dates of service (DOS) on or after December 15, 2014. It is anticipated that this change will have minimal impact on providers, as no FFS claims with this revenue code have been billed in the preceding three years.

As a reminder, the IHCP does not reimburse the revenue codes listed in Table 1, including RC 293, effective December 15, 2014. These codes are also identified in [Chapter 8](#) of the *IHCP Provider Manual*. Any banner page or bulletin published before the date of this publication that links Current Procedural Terminology (CPT®¹) codes to any revenue code in Table 1 is superseded by this publication.

Table 1 – Revenue Codes for Diagnostic and Therapeutic Services Not Reimbursable by the IHCP



Revenue Code	Description
293	<i>Durable Medical Equipment (Other than renal) - Purchase of Used DME</i>
920	<i>Other Diagnostic Services – General</i>
929	<i>Other Diagnostic Services – Other Diagnostic Service</i>
940	<i>Other Therapeutic Services – General</i>
941	<i>Other Therapeutic Services – Recreational Therapy</i>
942	<i>Other Therapeutic Services – Education/Training</i>
944	<i>Other Therapeutic Services – Drug Rehabilitation</i>
945	<i>Other Therapeutic Services – Alcohol Rehabilitation</i>
946	<i>Other Therapeutic Services – Complex Medical Equipment – Routine</i>
947	<i>Other Therapeutic Services – Complex Medical Equipment – Ancillary</i>
948	<i>Other Therapeutic Services – Pulmonary Rehabilitation</i>
949	<i>Other Therapeutic Services – Additional Therapeutic Services</i>

¹ CPT copyright 2013 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

MORE IN THIS ISSUE

- [IEP-related nursing services rate for CY 2015](#)
- [EHR grace period extended](#)

The IHCP announces the IEP-related nursing services rate for calendar year 2015

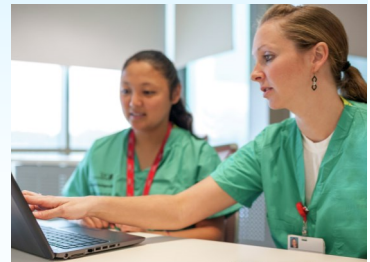
The Indiana Health Coverage Programs (IHCP) provides coverage for nursing services rendered by a registered nurse (RN) employed by or under contract with an IHCP-enrolled school corporation provider. Covered services must be medically necessary, as ordered by a physician, and provided in accordance with an IHCP-enrolled student's Individualized Education Plan (IEP). Pursuant to the Indiana Medicaid State Plan, the annual reimbursement rate for Current Procedural Terminology (CPT) code 99600 TD TM – *IEP-related nursing services* is calculated based on the most recent home health cost reports that were required from all home health providers billing the IHCP for services.

For dates of service on or after January 1, 2015, through December 31, 2015, the maximum reimbursement rate for CPT code 99600 TD TM is \$10.98 per 15 minutes. Coverage policy and billing instructions published in [Chapter 8: Billing Instructions](#) of the *IHCP Provider Manual* remain the same. This pricing change will be reflected in the next monthly update to the [Fee Schedule](#) at indianamedicaid.com.



EHR Program Year 2014 grace period extended through April 30, 2015

The Program Year 2014 grace period for eligible hospitals (EHs) and eligible professionals (EPs) has been extended, due to the time needed to upgrade the Medical Assistance Provider Incentive Repository (MAPIR) to accept the [Final Rule](#) on flexibility changes for Certified Electronic Health Record Technology (CEHRT). If you qualify to attest using this CEHRT flexibility, you are able to submit your attestation in MAPIR beginning **April 1, 2015, through April 30, 2015**. Please see the Centers for Medicare & Medicaid Services ([CMS](#)) [Payment Adjustments and Hardship Exceptions](#) on the CMS website at cms.gov to see if you qualify to use CEHRT flexibility for Program Year 2014. If you do not qualify to use CEHRT flexibility, your Program Year 2014 attestation submission deadline will follow the standard 60-day grace period (see "Program Deadlines" on the [Indiana Medicaid Electronic Health Records \(EHR\) Incentive Program page](#) at indianamedicaid.com). If you have questions, please contact the Indiana Medicaid EHR Incentive Program Customer Service at 1-855-856-9563, or email MedicaidHealthIT@fssa.in.gov.

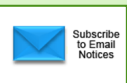


QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-577-1278.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope here or on the pages of indianamedicaid.com.



COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com.

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.