

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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## The IHCP to allow separate reimbursement for certain orthotic and prosthetic codes in the outpatient setting

Effective March 15, 2015, the Indiana Health Care Programs (IHCP) will allow separate reimbursement of specific orthotic and prosthetic codes when rendered in the outpatient setting. These codes will be linked with revenue code 274 – *Medical/Surgical Supplies and Devices-Prosthetic/Orthotic Devices* for reimbursement as a stand-alone procedure. When services are provided in conjunction with treatment-room services, these codes may be billed with revenue code 274 for separate reimbursement. These codes will not be separately reimbursable when services are provided on the same day as a surgical service.

This change applies retroactively to fee-for-service (FFS) claims with dates of service (DOS) on or after **July 1, 2014**. Claims for the linked codes for the affected DOS that previously denied for the following explanation of benefits (EOB) codes may be resubmitted for reimbursement consideration:

- EOB 4014 – *Claim being reviewed for pricing*
- EOB 520 – *Invalid revenue code and procedure code combination*
- EOB 0133 – *The disposition of this claim/service is pending further review*
- EOB 4090 – *Drug and supply codes are included in treatment room rate*
- EOB 4091 – *Add-on service was billed without a treatment room*
- EOB 4105 – *No flat fee on file (pricing being reviewed)*

Claims beyond the original one-year filing limit must include a copy of this banner page as an attachment and must be filed within one year of the publication date. The list of orthotic and prosthetic codes linked to revenue code 274 can be found on the [Code Sets](#) page at indianamedicaid.com.



### MORE IN THIS ISSUE

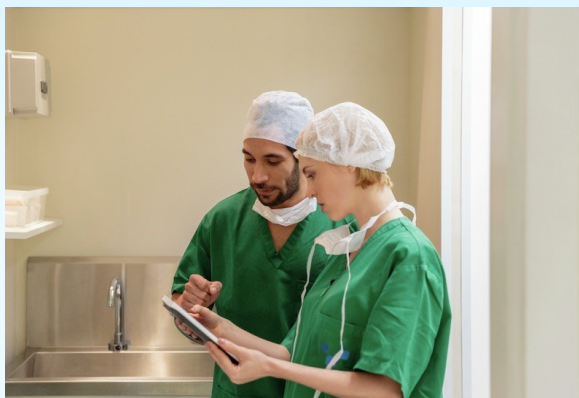
- [CPT code 90649 linked to revenue code 636](#)
- [First-quarter provider workshops coming in March](#)

## CPT code 90649 linked to revenue code 636

Effective March 15, 2015, the Indiana Health Coverage Programs (IHCP) will link Current Procedural Terminology (CPT<sup>®1</sup>) code 90649 – *Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use* to revenue code 636 – *Drugs Requiring Detailed Coding*. This linkage applies retroactively to fee-for-service claims with dates of service (DOS) on or after **July 1, 2014**.

Beginning March 15, 2015, providers may bill CPT code 90649 and revenue code 636 together, as appropriate, for reimbursement consideration. Claims with DOS on or after July 1, 2014, that previously denied for explanation of benefits (EOB) 520 – *Invalid revenue code and procedure code combination* may be resubmitted. Claims beyond the original one-year filing limit must include a copy of this banner page as an attachment and must be filed within one year of the publication date.

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## First-quarter provider workshops in March to cover HIP 2.0, Hoosier Care Connect, HPE - Adult

Come find out more about the Indiana Health Coverage Programs' (IHCP's) new initiatives:

- The Healthy Indiana Plan (HIP) 2.0, approved by Indiana Governor Pence January 27, 2015
- Hoosier Care Connect, a new program focused on improving quality of care for aged, blind, or disabled members
- Hospital Presumptive Eligibility (HPE) for Adults, a new aid category for members eligible under the HPE process

Watch for more information about provider workshops coming your way in upcoming publications and on the [Provider Education](#) page at indianamedicaid.com.

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