

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201509

MARCH 3, 2015

Consultation services covered under Evaluation and Management codes

As communicated in [BT201504](#), effective for dates of service (DOS) on or after **February 1, 2015**, the Indiana Health Coverage Programs (IHCP) no longer covers consultation codes 99241-99245 and 99251-99255. This coverage change also applies to telemedicine benefits.

Although consultation codes are noncovered, office consultation remains a covered service under applicable Evaluation and Management (E/M) codes, including but not limited to:

- 99201-99205 for new patient office and other outpatient visits
- 99211-99215 for established patient office and other outpatient
- 99221-99223 for initial hospital care
- 99231-99233 for subsequent hospital care visits

Providers should report each E/M service, including visits that could be described by CPT consultation codes, with an E/M code that represents WHERE the visit occurred and that identifies the COMPLEXITY of the visit performed.



CPT code 97530 linked to revenue codes

Effective April 15, 2015, the Indiana Health Coverage Programs (IHCP) will link Current Procedural Terminology (CPT^{®1}) code 97530 – *Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes* to the following revenue codes:

- Revenue code 421 – *Physical Therapy-Visit Charge*
- Revenue code 422 – *Physical Therapy-Hourly Charge*
- Revenue code 423 – *Physical Therapy-Group Rate*
- Revenue code 439 – *Occupational Therapy-Other Occupational Therapy*
- Revenue code 441 – *Speech Therapy-Language Pathology-Visit Charge*
- Revenue code 442 – *Speech Therapy-Language Pathology-Hourly Charge*
- Revenue code 443 – *Speech Therapy-Language Pathology-Group Rate*
- Revenue code 449 – *Speech Therapy-Language Pathology-Other Speech-Language Pathology*

MORE IN THIS ISSUE

- [PE and HPE qualified provider training scheduled for March](#)

continued

These linkages apply retroactively to fee-for-service claims with dates of service (DOS) on or after **July 1, 2014**. Beginning April 15, 2015, for reimbursement consideration, providers may bill CPT code 97530 and the previous revenue codes together, as appropriate. 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. All claims beyond the 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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PE and HPE qualified provider training scheduled for March

Acute care hospitals, free-standing psychiatric hospitals, Federally Qualified Health Centers (FQHCs), rural health clinics (RHCs), community mental health centers (CMHCs), and local county health departments interested in becoming qualified providers (QPs) for Presumptive Eligibility (PE) or Hospital Presumptive Eligibility (HPE) are invited to attend one of the following virtual training webinars:

- Monday, March 16, 2015, 10 a.m. - noon
- Friday, March 20, 2015, 1 p.m. - 3 p.m.
- Wednesday, March 25, 2015, 10 a.m. - noon

To complete the enrollment process, providers with representatives attending the training webinar are required to complete the enrollment application and related attestations online through Web interChange beginning April 1, 2015. After this step is successfully completed, an HP Provider Relations consultant will verify webinar attendance and activate the providers' PE or HPE QP status.

Providers that do not have representatives attend one of these webinars but are interested in becoming PE or HPE QPs can also complete the enrollment application and the required attestations online through Web interChange beginning April 1, 2015. On completion, an HP Provider Relations consultant will contact the provider to arrange training.

Eligible providers can register to attend one of the virtual training webinars on the [Workshop Registration](#) page at indianamedicaid.com.



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