

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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JULY 21, 2015

IHCP updates FQHC and RHC encounter codes

Effective August 21, 2015, the Indiana Health Coverage Programs (IHCP) will add the Current Procedural Terminology (CPT®¹) and Healthcare Common Procedure Coding System (HCPCS) codes shown in Table 1 as valid Federally Qualified Health Center (FQHC) and rural health clinic (RHC) encounter codes. This change applies retroactively to dates of service (DOS) on or after **January 1, 2015**.



Beginning August 21, 2015, FQHC and RHC providers may submit claims for these codes with DOS on or after January 1, 2015.

Claims for these codes with DOS on or after January 1, 2015, that previously denied may be resubmitted. Claims submitted 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.

Table 1 – Codes added as valid FQHC and RHC encounter codes for DOS on or after January 1, 2015

11626	20604	20606	20611	28190	28192	28193	46601
46607	59200	92015	96127	97607	97608	G6027	G6028

Effective August 21, 2015, the IHCP will remove the CPT codes shown in Table 2 from the list of valid FQHC and RHC encounter codes. This change applies retroactively to DOS on or after January 1, 2015.

Table 2 – Codes no longer valid as FQHC and RHC encounter codes for DOS on or after January 1, 2015

21800	72291	72292
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The list of valid FQHC and RHC encounter codes is reviewed periodically to account for new and end-dated CPT and HCPCS codes and is available on the [Myers and Stauffer website](#) at in.mslc.com. If you have questions, contact Berry Bingaman, Myers and Stauffer LC, at (317) 846-9521.

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IHCP to allow outpatient reimbursement for certain CPT codes

Effective August 21, 2015, the Indiana Health Coverage Programs (IHCP) will allow reimbursement of the Current Procedural Terminology (CPT) codes in Table 3 in the outpatient setting when they are billed with appropriate revenue codes on a UB-04 claim form. This change applies retroactively to fee-for-service (FFS) claims with dates of service (DOS) on or after **July 1, 2015**.

Beginning August 21, 2015, claims with the CPT codes in Table 3 with DOS on or after July 1, 2015 may be submitted with a revenue code, as appropriate, for reimbursement consideration. Claims for these codes with DOS on or after July 1, 2015 that previously denied for explanation of benefits (EOB) 6000 – *Manual pricing required* may be resubmitted. Claims filed 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.

Table 3 – CPT codes reimbursable in the outpatient setting for DOS on or after July 1, 2015

CPT Code	Description
88333	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site
88360	Microscopic genetic analysis of tumor
88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology
88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; manual

Qualified providers must operate Hospital Presumptive Eligibility process 24/7

Hospitals who choose to participate as Qualified Providers (QP) in the Hospital Presumptive Eligibility (HPE) process agree to operate in compliance with Indiana Family and Social Services Administration (FSSA) policy. FSSA policy requires hospitals to make the HPE process available 24 hours a day, 7 days a week. The Indiana Health Coverage Programs (IHCP) has been made aware of hospitals that are completing presumptive eligibility (PE) applications during limited hours. This practice leaves both members and the hospitals at risk.

The HPE application and process are designed to be accessible and user-friendly for many different levels of staff. Staff who complete the PE application must be trained in the process, but do not need to be certified navigators. We encourage hospitals to look at their intake process and identify staff that might be trained in the PE process to provide continuous access to the PE application process. Hospitals can establish multiple log-in accounts, allowing multiple staff members to complete PE applications.

Hospitals that are not able to meet the HPE application processing standards are at risk of being terminated as QPs.

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