

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201629

JULY 19, 2016

IHCP adds coverage for HCPCS code G0463

Effective August 19, 2016, the Indiana Health Coverage Programs (IHCP) will cover Healthcare Common Procedure Coding System (HCPCS) code G0463 – *Hospital outpatient clinic visit for assessment and management of a patient*. Coverage applies to all IHCP programs, subject to limitations established for certain benefit packages. Coverage applies to dates of service on or after August 19, 2016.

Prior Authorization (PA): No

Billing Guidance: This code is billable only on the *UB-04* claim form or via an 837I electronic transaction. Standard billing guidance applies. See the [Claims Submission and Processing](#) provider reference module.

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

Reimbursement, PA, and billing information apply to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing information within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.



Mass adjustment of hospice claims complete

As announced in *Indiana Health Coverage Program (IHCP) Bulletin* [BT201611](#), the Centers for Medicare & Medicaid Services (CMS) issued a final rule, *CMS 1629-F*, regarding the reimbursement of routine home care hospice services effective January 1, 2016. The rule established two rates for routine home care hospice services. A higher *per diem* rate applies to routine home care hospice services rendered during the first 60 days of hospice care; a reduced *per diem* rate applies to routine home care services rendered on days thereafter. The rule also established a service intensity add-on (SIA) payment for face-to-face services provided by a registered nurse (RN) or social worker during the last seven days of a member's life.

The IHCP has modified its claim processing system to accommodate these reimbursement changes, as outlined in the CMS rule. Impacted claims were mass adjusted and appeared on Remittance Advices (RAs) on June 28, 2016, with internal control numbers (ICN) beginning with 56 (mass-adjusted). For claims that were underpaid, the net difference was paid and reflected on the RA. If a claim was overpaid, the net difference appeared as an accounts receivable. The accounts receivable will be recouped at 100% from future claims paid to the respective provider number.

QUESTIONS?

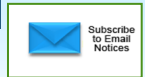
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