

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201648

NOVEMBER 29, 2016

IHCP to cover CPT code 96120

Effective January 1, 2017, the Indiana Health Coverage Programs (IHCP) will cover Current Procedural Terminology (CPT®¹) code 96120 – *Neuropsychological testing (EG, Wisconsin Card Sorting Test), Administered by a computer, with qualified health care professional interpretation and report*. Coverage applies to all IHCP programs subject to limitations established for certain benefit packages. Coverage applies to dates of service (DOS) on or after January 1, 2017.

The following reimbursement information applies:

Pricing: Resource-based relative value scale (RBRVS)

Prior authorization (PA): Yes

Billing guidance: See the [Claim Submission and Processing](#) module at indianamedicaid.com for billing procedures.



These changes will be reflected in the next 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. Questions about FFS-PA should be directed to Cooperative Managed Care Services at 1-800-269-5720. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care PA should be directed to the MCE with which the member is enrolled.

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IHCP to cover HCPCS codes J7326 and J7328

Effective January 1, 2017, the Indiana Health Coverage Programs (IHCP) will cover the following Healthcare Common Procedure Coding System (HCPCS) codes:

- J7326 – *Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose*
- J7328 – *Hyaluronan or derivative, Gel-Syn, for intra-articular injection, 0.1 mg*

Coverage applies to all IHCP programs, subject to limitations established for certain benefit packages. This change applies retroactively to fee-for-service (FFS) claims with dates of service (DOS) on or after **August 1, 2016**.

continued

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- [Pricing adjusted for CDT codes D9223 and D9243](#)

The following reimbursement information applies:

Pricing: Maximum-fee

Prior authorization (PA): None

Billing guidance: See the [Claim Submission and Processing](#) module at indianamedicaid.com for billing procedures.

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 criteria within the managed care delivery system.

Beginning January 1, 2017, providers may submit FFS claims that previously denied for explanation of benefits (EOB) 4021 – *Procedure code vs program indicator* with DOS on or after August 1, 2016, for reimbursement consideration. Claims beyond the one-year filing limit must include a copy of this banner page as an attachment to the claim.

Pricing adjusted for CDT codes D9223 and D9243

The Indiana Health Coverage Programs (IHCP) has identified the need to adjust pricing for the following Current Dental Terminology (CDT¹) codes:

- D9223 – *Deep sedation/general anesthesia-each 15 minute increment*
- D9243 – *Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment*

Effective January 1, 2017, the Indiana Health Coverage Programs (IHCP) will adjust the rates for D9223 and D9243. These rate adjustments apply to fee-for-service claims with dates of service (DOS) on or after January 1, 2017.

The maximum reimbursement for D9223 will be \$76.64 and for D9243 will be \$71.08. This rate adjustment will not affect claims with DOS before January 1, 2017. These rate adjustments will be reflected in the next monthly update to the [Fee Schedule](#) at indianamedicaid.com.

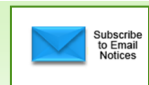
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