

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201850

DECEMBER 11, 2018

IHCP to assign ASC pricing indicator to CPT code 96379

Effective January 11, 2019, the Indiana Health Coverage Programs (IHCP) will assign Current Procedure Terminology (CPT^{®1}) code 96379 – *Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion* an ambulatory surgical center (ASC) pricing indicator of T. The IHCP will reimburse this CPT code as an outpatient service under the fee-for-service (FFS) and managed care delivery systems. The ASC pricing indicator assignment applies retroactively to dates of service (DOS) on or after **September 7, 2018**.



Beginning January 11, 2019, FFS claims for code 96379 billed for the affected DOS that denied for explanation of benefits (EOB) 4108 – *There is no ASC on file for this procedure code. Please verify that the appropriate outpatient surgery code was billed* may be resubmitted for reimbursement consideration. Claims submitted beyond the timely filing limit must include a copy of this banner page as an attachment. (Note: Claims with DOS before January 1, 2019, must be resubmitted within 1 year of the banner page's publication date. Claims with DOS on or after January 1, 2019, must be resubmitted within 180 days of the banner page's publication date.) Providers should contact the individual managed care entities (MCEs) for billing guidance regarding managed care claims affected by this change.

This change will be reflected in the next regular update to the [Outpatient Fee Schedule](#) at in.gov/medicaid/providers. The rates associated with ASC pricing indicators are listed in the *ASC Code/Rate* table, available on the *IHCP Fee Schedules* web page.

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IHCP clarifies billing guidance for Intensive Outpatient Program services

As announced in *Indiana Health Coverage Programs (IHCP) Bulletin BT201739*, the IHCP extended Intensive Outpatient Program (IOP) services to all managed care benefit packages. The effective date of the extension applied retroactively to dates of service (DOS) on or after **February 1, 2017**.

Providers were instructed to submit claims to managed care entities (MCEs). Billing guidance included a statement that, "A single claim should be submitted per DOS." To clarify, claims for IOP services are limited to one unit per DOS, not one DOS per claim. Providers should refer to the bulletin for additional details.



MORE IN THIS ISSUE

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IHCP reminds providers of the 180-day timely filing limit for FFS claims

As announced in *Indiana Health Coverage Programs (IHCP) Bulletin BT201829*, effective January 1, 2019, the timely filing limit on claims for services rendered through the fee-for-service (FFS) delivery system will be 180 calendar days from the date of service (DOS).

The 180-day timely filing limit will apply to claims with DOS on or after January 1, 2019. For inpatient claims, the 180-day limit will be based on the member's date of discharge.

The 180-day filing limit will also apply to claims submitted to managed care entities (MCEs) by any provider not under contract with the MCE, for services the provider renders to members enrolled with the MCE. For providers contracted with MCEs, the 90-day filing limit will still apply.

The current 1-year timely filing limit will continue to apply to claims with DOS or dates of discharge on or before December 31, 2018. The circumstances to exclude, extend, or waive the timely filing limit remain unchanged. For details, please refer to *IHCP Bulletin BT201829*.



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