IHCP banner page

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP to apply claim-processing limit on reimbursement of treatment room revenue codes

Effective September 25, 2019, the Indiana Health Coverage Programs (IHCP) will apply the following limit in the claim-processing system to reimbursement of treatment room revenue codes in the same "family." More than one revenue code in the same family (see Table 1) billed for the same date of service (DOS), on the same or different claims, and by the same provider, will deny for explanation of benefits (EOB) 6392 - Treatment room revenue codes in the same



family are limited to one revenue code per date of service, same provider. This restriction supports existing policy, though not previously implemented in the claim-processing system.

Table 1 – Families of treatment room revenue codes with reimbursement limit applied. effective September 25, 2019

Revenue code family	General description
450, 451, 456, 459, 480- 483, 489	Emergency room (450, 451, 456, 459), Cardiology (480-483, 489)
510-517, 519-521, 523, 529	Clinic (510-517, 519), Freestanding clinic (520-521, 523, 529)
700, 710, 720, 721, 724, 760-762	Cast room (700), Recovery room (710), Labor room/delivery (720, 721, 724), Specialty services (760-762)
900, 907, 914-916, 918	Behavioral health treatments

Note: Revenue codes and their full descriptions are listed in Revenue Codes table, accessible from the Code Sets web page at in.gov/medicaid/providers.

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