

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP announces IEP-related nursing services rate for calendar year 2020

The Indiana Health Coverage Programs (IHCP) provides coverage for nursing services rendered by a registered nurse (RN) who is employed by or under contract with an IHCP-enrolled school corporation provider. Covered services must be medically necessary, as ordered by a physician, and provided in accordance with an IHCP-enrolled student's Individualized Education Plan (IEP).



Pursuant to the Indiana Medicaid State Plan, the annual reimbursement rate for Current Procedural Terminology (CPT^{®1}) code 99600 TD TM – *IEP-related nursing services* is calculated based on the most recent home health cost reports required from all home health providers billing the IHCP for services. As stated in *IHCP Bulletin* [BT201904](#), home health agencies are no longer required to submit cost reports because the reports are no longer used to set home health reimbursement rates. The state fiscal year 2019 home health rates will remain in effect until revisions to the reimbursement rules are promulgated.

Therefore, the rate for IEP-related nursing services for calendar year 2020 will remain unchanged from the calendar year 2019 rate. Accordingly, for claims with dates of service (DOS) from January 1, 2020, through December 31, 2020, the maximum reimbursement rate for CPT code 99600 TD TM is \$10.87 per 15 minutes. Coverage policy and billing instructions published in the [School Corporation Services](#) provider reference module remain the same. Pricing for the 2020 calendar year will be reflected in the *Professional Fee Schedule*, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

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IHCP adds procedure codes 73700 and Q4038 to the Podiatry Services Code Set

Effective November 1, 2019, the Indiana Health Coverage Programs (IHCP) will include the following procedure codes in the *Podiatry Services Codes*:

- Current Procedural Terminology (CPT^{®1}) code 73700 – *CT lower extremity without dye*
- Healthcare Common Procedure Coding System (HCPCS) code Q4038 – *Cast super short leg fiberglass*

Reimbursement and billing information applies to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, prior authorization (PA), and billing criteria 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.

continued

This change will be reflected in the *Podiatry Services Codes*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

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