



P R O V I D E R B U L L E T I N

B T 2 0 0 9 4 0

N O V E M B E R 1 7 , 2 0 0 9

To: All Providers**Subject: Manually Priced Current Procedural Terminology
 Codes****Overview**

Indiana Health Coverage Programs (IHCP) has established reimbursement percentages for manually priced codes that fall within the Current Procedural Terminology (CPT^{®1}) code ranges specified in Table 1. These codes did not have pricing available from the Centers for Medicare & Medicaid Services (CMS) at the time the procedure codes were created. The percent of reimbursement that has been established for the manually priced codes that reside within each CPT code range is aligned with the average percent of billed charges reimbursed for codes with established rates within the same code range.

Until further notice, providers must continue to submit documentation supporting the service(s) rendered.

Table 1– CPT Manually Priced Codes Effective January 1, 2010

Procedure Code Range	Codes Billed on the CMS-1500	Codes Billed on the UB-04
10000-19999	20% of Billed Amount	20% of Billed Amount
20000-29999	20% of Billed Amount	10% of Billed Amount
30000-39999	20% of Billed Amount	10% of Billed Amount
40000-49999	20% of Billed Amount	15% of Billed Amount
50000-59999	35% of Billed Amount	10% of Billed Amount
60000-69999	20% of Billed Amount	15% of Billed Amount

¹CPT[®] is a registered trademark of the American Medical Association.

Procedure Code Range	Codes Billed on the CMS-1500	Codes Billed on the UB-04
70000-79999	25% of Billed Amount	15% of Billed Amount
80000-89999	30% of Billed Amount	15% of Billed Amount
90000-99999	40% of Billed Amount	15% of Billed Amount

Contact Information

Questions regarding this bulletin may be directed to Customer Assistance at (317) 655-3240 or toll free at 1-800-577-1278.

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