

## INDIANA HEALTH COVERAGE PROGRAMS

# Outpatient Fee Schedule Frequently Asked Questions

### Question: Which revenue code should I bill with each procedure code?

**Answer:** Procedure codes should be billed with the appropriate revenue code, based on where the service is performed. In general, the Indiana Health Coverage Programs (IHCP) follows national coding guidelines in determining appropriate revenue code and Healthcare Common Procedure Coding System (HCPCS) code linkages. Deviations from the national coding guidelines exist for revenue codes 260, 274, 636, 724, 920, 929, and 940, and are published by the IHCP.

### Question: Does the revenue code billed make a difference in payment?

**Answer:** Yes, the revenue code billed determines which methodology is used to reimburse the HCPCS code billed. Even if there is a rate on the *Outpatient Fee Schedule* for the procedure code, when the code is billed with a flat-rate revenue code, the reimbursement is the flat rate associated with the revenue code. When a procedure code is payable with specific revenue codes, the IHCP does not publish this information EXCEPT for the revenue codes that represent deviations from national coding guidelines: 260, 274, 636, 724, 920, 929, and 940.

### Question: Why can't I find the anesthesia codes on the Outpatient Fee Schedule?

**Answer:** If you are searching for anesthesia codes 00100–01999, the best way to search on the *Outpatient Fee Schedule* is to use the *Find* function rather than the *Sort* function. The *Sort* function in Excel does not recognize the zero in codes that begin with zero. Therefore, codes beginning with zero are out of numerical order on the fee schedule (they are listed after the 99000 series).

### Question: How often is the Outpatient Fee Schedule updated?

**Answer:** The Outpatient Fee Schedule is updated on a monthly basis. The current *Outpatient Fee Schedule* is accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

### Question: What providers should use the Outpatient Fee Schedule?

**Answer:** The *Outpatient Fee Schedule* is intended for use by outpatient hospitals and ambulatory surgical centers (ASCs) that bill services using institutional claims (*UB-04* claim form or electronic equivalent).

### Question: What do the values in each column of the Outpatient Fee Schedule mean?

**Answer:** For providers' convenience, the Outpatient Fee Schedule contains short descriptions of column headers that may need further clarification.

### Question: Can we request changes to the Outpatient Fee Schedule?

**Answer:** Providers may submit suggested changes to the *Outpatient Fee Schedule* using the [Policy Consideration Requests process](#).

**Question: Why do some procedure codes indicate “MCE only”?**

**Answer:** Although most hospital coverage and reimbursement are the same for managed care and fee-for-service (FFS) claims, there are some differences. If the procedure codes are reimbursed only by managed care entities (MCEs), those codes would indicate “MCE only” in the Outpatient Fee Schedule.