

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201844 OCTOBER 30, 2018

IHCP revises revenue codes for billing hospice services

Effective January 1, 2019, the Indiana Healthcare Coverage Programs (IHCP) will revise the revenue codes for billing hospice services to ensure *Health Insurance Portability and Accountability Act* (HIPAA) compliance with claims adjudication. The following changes will apply to hospice services for dates of service (DOS) on or after January 1, 2019:

- Revenue code 653 – *Hospice service - routine home care delivered in a nursing facility* will be end dated
- Revenue code 654 – *Hospice service - continuous home care delivered in a nursing facility* will be end dated
- Providers may bill revenue code 650 - *Hospice service - general* instead of end-dated code 653 (see bullet below regarding billing for SIA payments)
- Providers may bill revenue code 658 – *Hospice service - hospice room and board – nursing facility* instead of end-dated code 654.
- Guidance regarding the revenue code to use when billing for service intensity add-on (SIA) payments has not yet been determined. Watch for additional guidance in a future IHCP publication.

All other related billing rules continue to apply. Reimbursement for the new revenue codes will be consistent with reimbursement for the end-dated revenue codes.

These changes will be reflected in the next regular update to the *Revenue Codes* and the *Hospice Services Codes* tables on the [Code Sets](#) web page at indianamedicaid.com.

IHCP to mass reprocess or mass adjust BPHC services claims that may have inappropriately denied

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects certain claims for Behavioral and Primary Healthcare Coordination (BPHC) services. Providers may have received inappropriate denials for explanation of benefits (EOB) 6939 – *BPHC care coordination services for case management and self-help/peer services are limited to 12 hours in 6 months for any combination of services*.

The claim-processing system has been corrected. Claims or claim details for BPHC services for dates of service (DOS) on or after January 1, 2018, that denied for EOB 6939 will be mass reprocessed or mass adjusted, as appropriate. Providers should see the reprocessed or adjusted



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claims on Remittance Advices (RAs) beginning November 30, 2018, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims) or 52 (mass replacement non-check related). For claims that were underpaid, the net difference will be paid and reflected on the RA.

Please note: The claims-processing correction does not change the limit on BPHC services – services continue to be limited to a maximum of 12 hours, or 48 units, per 180 days.

IHCP corrects system to apply unit limits on certain ABA therapy codes billed without modifiers

The Indiana Health Coverage Programs (IHCP) announced in *IHCP Bulletin BT201705* that it would limit applied behavior analysis (ABA) therapy Current Procedural Terminology (CPT^{®1}) codes 96151, 96152, and 96155 billed without ABA therapy modifiers U1, U2, or U3, to six units of service for dates of service (DOS) on or after July 1, 2016. In error, this unit limitation was not implemented in the CoreMMIS fee-for-service (FFS) claim-processing system.

The CoreMMIS claim-processing system has been corrected. Effective immediately, FFS claims processed for procedure codes 96151, 96152, and 96155 billed without an ABA modifier will be limited to six units. This applies to all FFS claims processed on or after October 30, 2018. Claims for members enrolled in managed care programs have not been affected because managed care claims are not processed in CoreMMIS.

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IHCP to assign ASC pricing indicators to cardiac catheterization-related procedure codes

Effective December 1, 2018, the Indiana Health Coverage Programs (IHCP) will assign ambulatory surgical center (ASC) pricing indicators to the Current Procedural Terminology (CPT^{®1}) codes in Table 1. This pricing change will apply to fee-for-service (FFS) and managed care outpatient services.

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

Table 1 - ASC pricing indicators assigned to CPT codes, effective December 1, 2018

Procedure code	Description	ASC rate
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	C
93024	Ergonovine provocation test	A
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	2

continued

Table 1 - ASC pricing indicators assigned to CPT codes, effective December 1, 2018 (continued)

Procedure code	Description	ASC rate
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	2
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	2
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	2
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	2
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	H
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	H
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	H
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	H
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	H
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	H
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	H
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	H
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	H
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	H

continued

Table 1 - ASC pricing indicators assigned to CPT codes, effective December 1, 2018 (continued)

Procedure code	Description	ASC rate
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	H
93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	5
93505	Endomyocardial biopsy	H
93530	Right heart catheterization, for congenital cardiac anomalies	H
93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	H
93532	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies	H
93533	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	H
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	M
93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant	M
93582	Percutaneous transcatheter closure of patent ductus arteriosus	M
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	M
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	M
93600	Bundle of His recording	G
93602	Intra-atrial recording	G
93603	Right ventricular recording	5
93610	Intra-atrial pacing	G
93612	Intraventricular pacing	G
93615	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);	5
93616	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	5
93618	Induction of arrhythmia by electrical pacing	5
93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	G
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	G

continued

Table 1 - ASC pricing indicators assigned to CPT codes, effective December 1, 2018 (continued)

Procedure code	Description	ASC rate
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	G
93642	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	5
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	G
93653	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	M
93654	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed	M
93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation	M

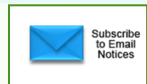
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