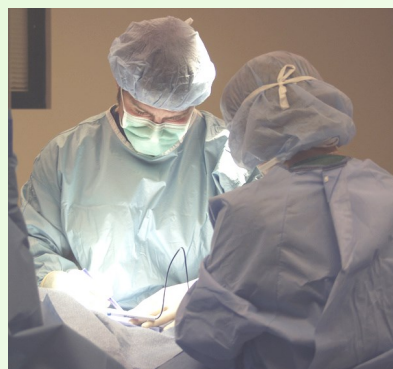


IHCP *banner page*

IHCP to mass reprocess or mass adjust claims for cardiac catheterization-related procedures that priced incorrectly

Effective December 1, 2018, the Indiana Health Coverage Programs (IHCP) assigned ambulatory surgical center (ASC) pricing indicators to multiple cardiac catheterization-related Current Procedural Terminology (CPT^{®1}) codes, as announced in *Banner Page* [BR201844](#).

The IHCP has identified an issue that affects certain fee-for-service (FFS) claims for outpatient services with dates of service (DOS) from December 1, 2018, through December 19, 2019. Claims for the procedure codes published in Table 1 of *BR201844* (table duplicated below for reference) may have priced incorrectly in regard to assigned ASC pricing indicators.



The claim-processing system has been updated to apply the ASC rates published in *BR201844*. Claims or claim details during the indicated time frame that were priced incorrectly will be mass reprocessed or mass adjusted, as appropriate. Providers should see reprocessed or adjusted claims on Remittance Advices (RAs) beginning February 5, 2020, 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 RAs.

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

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- [IHCP updates procedure code/modifier combinations reimbursable for EMS hospital-to-hospital NEMT transfers, and mass reprocesses claims that denied inappropriately](#)
- [New Program Integrity provider education training – Durable Medical Equipment Documentation and Billing Requirements](#)

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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IHCP updates procedure code/modifier combinations reimbursable for EMS hospital-to-hospital NEMT transfers, and mass reprocesses claims that denied inappropriately

Effective January 1, 2020, the Indiana Health Coverage Programs (IHCP) is including additional procedure code/modifier combinations allowable for reimbursement when providers bill for hospital-to-hospital transports for fee-for-service (FFS) members. Before this change, emergency medical services (EMS) claims for hospital-to-hospital nonemergency medical transportation (NEMT) transfers were reimbursable only if the EMS claims were considered advanced life support (ALS) or basic life support (BLS).

With this change, wheelchair trips are now reimbursable when billed with Healthcare Common Procedure Coding System (HCPCS) code A0130 – *Wheelchair transportation*, in combination with modifier HH (hospital-to-hospital) for hospital-to-hospital transfers.

continued

Additionally, HCPCS code A0425 – *Ground mileage, per statute mile* is now reimbursable for mileage when billed with modifiers U5 and HH, as appropriate. These changes apply retroactively to claims with dates of service (DOS) on or after **September 4, 2018**.



These updates to the reimbursable procedure code/modifier combinations for hospital-to-hospital transports are in addition to the code/combinations published in *IHCP Bulletin* [BT201844](#). Table 2 includes the updates (A0130 HH and A0425 U5 HH).

Table 2 – Procedure code/modifier combinations for billing hospital-to-hospital transports, effective for claims with DOS on or after September 4, 2018

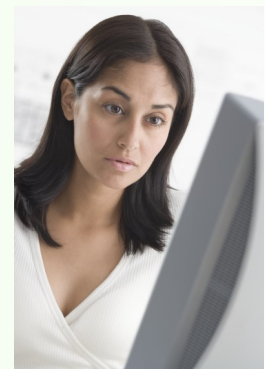
Procedure code/modifier	Description
A0130 HH	Ambulance service, wheelchair, nonemergency transport
A0425 U1 HH	Ground mileage, per statute mile; ALS
A0425 U2 HH	Ground mileage, per statute mile; BLS
A0425 U5 HH	Ground mileage, per statute mile; EMS wheelchair transport
A0426 HH	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS1)
A0427 HH	Ambulance service, advanced life support, emergency, level 1 (ALS1, emergency)
A0428 HH	Ambulance service, basic life support, nonemergency transport, (BLS)
A0429 HH	Ambulance service, basic life support, emergency transport, (BLS, emergency)

Claims billed for A0130 with modifier HH, or A0425 with modifiers U5 HH during the time frame indicated will be mass reprocessed. Providers should see the reprocessed claims on Remittance Advices (RAs) beginning February 5, 2020, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims).

New Program Integrity provider education training – Durable Medical Equipment Documentation and Billing Requirements

The Indiana Health Coverage Programs (IHCP) is making web-based Program Integrity provider education training available to all IHCP providers. These training presentations are intended to supplement the provider reference modules and other IHCP-published provider reference materials.

The latest Program Integrity provider education training titled, [Durable Medical Equipment Documentation and Billing Requirements](#), is now available. The purpose of this training is to explain how to appropriately document and bill for medically necessary equipment and medical supplies within the fee-for-service (FFS) delivery system.



continued

By the end of the course, durable medical equipment (DME) and home medical equipment (HME) providers should be able to:

- Identify documentation requirements for DME, HME, and medical supplies.
- Identify the general billing guidelines for DME and HME.
- Identify the billing guidelines for specific DME, HME, and medical supplies.

To access the training, navigate to the [Program Integrity Provider Education Training](#) page at in.gov/medicaid/providers.

Other training topics posted on the web page are listed below. Watch upcoming IHCP provider publications for announcements about other trainings that become available.

- [Non-Emergency Transportation Documentation Requirements and Billing Guidelines](#)
- [Ambulance Transportation Documentation Requirements and Billing Guidelines](#)
- [Dental Provider Documentation Requirements and Billing Guidelines](#)
- [Program Integrity Audit Process Overview](#)
- [Program Integrity Self-Disclosure Protocol](#)
- [Behavioral Health and ABA Documentation Guidelines](#)
- [Indiana FADS Secure Portal Tutorial](#)
- [Random Sampling and Extrapolation Process](#)
- [Renal Dialysis Services Billing Guidelines](#)

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