

IHCP *banner page*

IHCP adds codes to *Podiatry Services Codes*

Effective Sept. 27, 2021, the Indiana Health Coverage Programs (IHCP) will update the podiatry code set, *Covered Procedure Codes for Podiatrists (Specialty 140)*, to include the procedure codes in Table 1. This change applies to fee-for-service (FFS) claims with dates of service (DOS) on or after Sept. 27, 2021.

Claims submitted by provider specialty 140 – *Podiatrist*, for procedure codes not included in the podiatry code set, will deny for explanation of benefits (EOB) 1012 – *Service and or modifier billed not payable for your provider type/specialty*.

Reimbursement and billing guidelines for the procedure codes in the podiatry code set remain unchanged and are subject to current policies, edits and audits.

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.



These additional codes will be reflected in the next regular update to the *Podiatry Services Codes*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

Table 1 – Procedure codes added to podiatry code set, effective for DOS on or after Sept. 27, 2021

Procedure code	Description
A4635	Underarm pad, crutch, replacement, each
A4636	Replacement, handgrip, cane, crutch, or walker, each
A4637	Replacement, tip, cane, crutch, walker, each
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips
E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips

continued

MORE IN THIS ISSUE

- [IHCP to mass reprocess or mass adjust claims for certain injection and other services that denied incorrectly](#)
- [COVID-19 vaccine and vaccine administration procedure codes awaiting FDA approval](#)

Table 1 – Procedure codes added to podiatry code set, effective for DOS on or after Sept. 27, 2021 (continued)

Procedure code	Description
E0112	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips
E0113	Crutch underarm, wood, adjustable or fixed, each, with pad, tips and handgrip
E0114	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips
E0116	Crutch underarm, other than wood, adjustable or fixed, each, with pad, tip and handgrip, with or without shock absorber, each
E0117	Crutch, underarm, articulating, spring assisted, each
E0153	Platform attachment, forearm crutch, each
L0978	Axillary crutch extension

IHCP to mass reprocess or mass adjust claims for certain injection and other services that denied incorrectly

The Indiana Health Coverage Programs (IHCP) identified a claim-processing issue that affects fee-for-service (FFS) professional claims (*CMS-1500* form or electronic equivalent) and outpatient claims (*UB-04* form or electronic equivalent) for the Healthcare Common Procedure Coding System (HCPCS) codes in Table 2 with dates of service (DOS) on or after Jan. 1, 2020. Claims or claim details for these codes may have denied incorrectly with explanation of benefits (EOB) 4300 – *Invalid National Drug Code (NDC) to procedure code combination*.



Table 2 – Procedure codes that may have denied incorrectly for claims with DOS on or after Jan. 1, 2020

Procedure code	Description
J0129	Injection, abatacept, 10 mg
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg
J0330	Injection, succinylcholine chloride, up to 20 mg
J0571	Buprenorphine, oral, 1 mg
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg

The claim-processing system has been corrected. Claims for the codes in Table 2 processed during the indicated time frame that denied incorrectly for EOB 4300 will be mass reprocessed or mass adjusted, as appropriate. Providers should see reprocessed or adjusted claims on Remittance Advices (RAs) beginning immediately, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims) or 52 (mass replacements non-check related).

COVID-19 vaccine and vaccine administration procedure codes awaiting FDA approval

The Healthcare Common Procedure Coding System (HCPCS) codes in Table 3 for treating coronavirus disease 2019 (COVID-19) are not yet covered and are still awaiting approval by the U.S. Food and Drug Administration (FDA). These new procedure codes, as announced in *Indiana Health Coverage Programs (IHCP) Bulletin* [BT202109](#), will be assigned effective dates when they have FDA approval. Watch future IHCP publications for an update.

The procedure codes in Table 3 will be included as noncovered in the next regular update to the *Professional Fee Schedule* and *Outpatient Fee Schedule*, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

Table 3 – Coverage of COVID-19 procedure codes pending FDA approval

Procedure code	Description
91302	Sarscov2 vac 5x1010vp/.5ml im
0021A	Adm sarscov2 5x1010vp/.5ml 1
0022A	Adm sarscov2 5x1010vp/.5ml 2

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without photos, is available for your convenience.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [Banner Pages](#) page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at in.gov/medicaid/providers.

