

# IHCP *banner page*

## IHCP removes same-day billing restriction for IOT and OTP services

For dates of services (DOS) on or after May 20, 2022, Indiana Health Coverage Programs (IHCP) members will be allowed to receive intensive outpatient treatment (IOT) services while undergoing methadone medication-assisted treatment as part of an opioid treatment program (OTP).



Billing restrictions currently prevent IOT and OTP services from being billed on the same DOS for the same member. Effective May 20, 2022, billing limitations will be removed, allowing Healthcare Common Procedure Coding System (HCPCS) codes H0015 or S9480 and revenue codes 905 or 906 to be billed when OTP services (HCPCS code H0020) are provided on the same date of service for the same member. These revenue and procedure codes are listed with their descriptions in Tables 1 and 2.

Table 1 – IOT Revenue Codes

Revenue code	Description
905	Intensive outpatient services – psychiatric
906	Intensive outpatient services – chemical dependency

Table 2 – IOT and OTP Procedure Codes

Revenue code	Description
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)
S9480	Intensive outpatient psychiatric services, per diem

*continued*

### MORE IN THIS ISSUE

- [OMPP updates dental codes for Package E and Package B](#)
- [IHCP adding coverage for CPT codes 90671 and 90677](#)

This coverage change will apply to all programs that include IOT and OTP benefits, including Healthy Indiana Plan (HIP), Hoosier Care Connect, Hoosier Healthwise and Traditional Medicaid.

For more information on IHCP IOT services, see *IHCP Bulletin* [BT201929](#). IOT services require prior authorization (PA) under the IHCP.

Questions about fee-for-service (FFS) PA should be directed to Gainwell Technologies at 800-457-4584, option 7. Individual managed care entities (MCEs) establish and publish reimbursement, 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.

## OMPP updates dental codes for Package E and Package B

Effective immediately, the Indiana Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP) updated the acceptable dental codes for *Package E – Emergency Services Only (ESO)* and *Package B – ESO Coverage with Pregnancy Coverage* to include procedure code D9999, retroactive for dates of service on or after **July 1, 2021**.

These changes coincide with the updates published in *Indiana Health Coverage Programs (IHCP) Bulletin* [BT202187](#). Procedure code D9999 – *Unspecified adjunctive procedure, by report* is acceptable only for

federally qualified healthcare centers (FQHCs) and rural health clinics (RHCs) to use for FQHCs and RHCs billing dental claims for the wrap automation. All other requirements must be met to bill for Package E or Package B members.

Updates will be made to add this code to the applicable table on *Dental Services Codes*, accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

FQHC and RHC providers that have received denial with explanation of benefits (EOB) 2033 – *Invalid claim type for the program billed* for Package E or Package B members may resubmit claims. Claims resubmitted beyond the original filing limit must include a copy of this banner page as an attachment. Claims must be resubmitted within 180 days of this banner page's publication date.



## IHCP adding coverage for CPT codes 90671 and 90677

Effective May 20, 2022, the Indiana Health Coverage Programs (IHCP) will cover Current Procedural Terminology (CPT<sup>®1</sup>) codes 90671 – *Pneumococcal conjugate vaccine, 15-valent (PCV15)* and 90677 – *Pneumococcal conjugate vaccine, 20-valent (PCV20)* to align with fee-for-service (FFS) pharmacy benefits published in *IHCP Bulletin* [BT202216](#). Each procedure code is subject to specific billing restrictions, as presented in Table 3.

Table 3 – Billing restrictions for pneumococcal conjugate vaccines

Code	Description	Coverage	Reimbursement
90671	Pneumococcal conjugate vaccine, 15-valent (PCV15) for intramuscular use	Covered for members 18 years and older	\$226.10 Linked to revenue code 636
90677	Pneumococcal conjugate vaccine, 20-valent (PCV20) for intramuscular use	Covered for members 18 years and older	\$260.66 Linked to revenue code 636

Each code has a quantity limit of one dose per member per lifetime. Coverage applies to all Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits. This procedure code may not be covered under IHCP plans with limited benefits.

These updates will be reflected in the next regular update to the fee schedules, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers). The changes will also be added to *Revenue Codes With Special Procedure Code Linkages*, accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

Billing questions for the specified codes should be directed to Gainwell Technologies at 800-457-4584. Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing criteria within the managed care delivery system. Questions about managed care billing should be directed to the MCE with which the member is enrolled.

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### QUESTIONS?

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