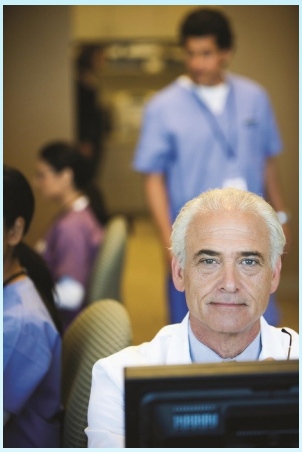
IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT202367 JUNE 20, 2023

MUEs updated for procedure codes linked to revenue code 762, retroactive to Jan.1, 2023

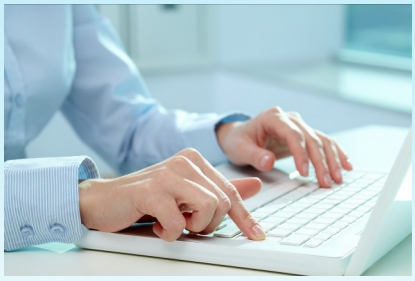


Effective immediately, the Indiana Health Coverage Programs (IHCP) has made updates to the medically unlikely edits (MUEs) for the Current Procedural Terminology (CPT®[1]) codes in Table 1. As announced in *IHCP Banner Page* BR202315, for dates of service (DOS) on or after Jan. 1, 2023, these codes were linked to revenue code 762 – *Specialty services – observation hours* and the claim-processing system was updated to prevent these codes from denying with explanation of benefits (EOB) code 0520 – *Invalid revenue code and procedure code combination - Please verify and resubmit*.

However, outpatient fee-for-service (FFS) claims submitted for DOS on and after **Jan. 1. 2023**, for the procedure codes in Table 1 may have continued to deny incorrectly with EOB code 4183 – *Units of service on the claim exceed the medically unlikely edit (MUE) allowed per date of service. Go to https://www.medicaid.gov/Medicaid/program-integrity/national-correct-coding-initiative-medicaid/index.html for information regarding maximum number of units of service allowed for the service billed.*

Table 1 – Procedure codes linked to revenue code 762 with MUEs updated, retroactive to DOS on or after Jan.1, 2023

Procedure code	Description
99221	Initial hospital care with straightforward or low level of medical decision making, per day, if using time, at least 40 minutes
99222	Initial hospital care with straightforward or low-level medical decision making, if using time, at least 55 minutes
99223	Initial hospital care with moderate level of medical decision making, if using time, at least 75 minutes
99231	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes
99232	Subsequent hospital care with moderate level of medical decision making, if using time, at least 35 minutes
99233	Subsequent hospital care with moderate level of medical decision making, if using time, at least 50 minutes
99238	Hospital discharge day management, 30 minutes or less
99239	Hospital discharge day management, more than 30 minutes



The claim-processing system has now been corrected and claims will be mass adjusted or reprocessed. Providers should see adjusted or reprocessed claims on Remittance Advices (RAs) beginning July 19, 2023, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).

This billing and reimbursement information applies to services delivered under the FFS delivery system. Individual managed care entities (MCEs) establish and publish billing and reimbursement criteria within the managed care delivery system. Questions about managed care billing or reimbursement should be directed to the MCE with which the member is enrolled.

QUESTIONS?

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