

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024125 AUGUST 1, 2024

IHCP adds physician pricing and assigns ASC pricing indicator to CPT code C9797

Effective immediately, the Indiana Health Coverage Programs (IHCP) will update the claim-processing system for coverage of the Current Procedural Terminology (CPT^{®1}) code C9797 – *Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction* in the professional and outpatient setting. Coverage applies retroactively to outpatient claims with dates of service (DOS) on or after **July 1, 2024**, and for professional claims with the effective DOS on or after **Jan. 1, 2024**.

The following reimbursement information applies:

- Outpatient pricing: Ambulatory surgical center (ASC) indicator M
- Physician pricing: 90% of billed charges
- Prior authorization (PA): None required
- Billing guidance: Standard guidance applies

For claims affected by this change, providers can resubmit the claims within 90 days from the date of this publication for managed care claims, or 180 days from the date of this publication for fee-for-service (FFS) claims, to satisfy timely filing requirements. Providers should include a copy of this bulletin when submitting claims beyond the standard filing limit.

This coverage will be reflected 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.

PA, billing and reimbursement information applies to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#). Individual managed care entities (MCEs) establish and publish PA, billing and reimbursement 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.



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QUESTIONS?

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

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