

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024150 SEPTEMBER 26, 2024

IHCP adds outpatient reimbursement for certain laboratory service codes

The Indiana Health Coverage Programs (IHCP) recently reviewed laboratory Current Procedural Terminology (CPT^{®1}) codes that were approved for coverage as announced in *IHCP Bulletin* [BT2021113](#). The IHCP has determined that the codes in Table 1 should be updated to allow for separate reimbursement in the outpatient setting, effective retroactively for dates of service (DOS) on or after **April 1, 2022**.



Table 1 – Laboratory service codes updated for outpatient claim reimbursement, effective for DOS on or after April 1, 2022

Procedure code	Description
86231	Detection of endomysial antibody (EMA)
86258	Detection of gliadin (deamidated) (DGP) antibody
86362	Cell-based immunofluorescence (CBA) detection of myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody
86363	Flow cytometry detection of myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody
86364	Measurement of tissue transglutaminase
86381	Measurement of mitochondrial antibody
86596	Measurement of voltage-gated calcium channel antibody
87154	Amplified nucleic acid probe typing of disease agent in blood culture specimen

Providers may see fee-for-service (FFS) outpatient claim details that denied inappropriately for explanation of benefits (EOB) code 4801 – *No Billing rule for procedure code* and 4804 – *No Billing rule for rev code*.

The claim-processing system has been updated. Any affected claims that denied in error, with DOS on or after **April 1, 2022**, will be mass reprocessed. Providers should see the reprocessed claims on remittance advices (RAs) beginning Oct. 30, 2024, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims).

Alternatively, providers can resubmit FFS claims for these procedure codes with DOS within the indicated time frame that denied with EOB code 4801 or 4804 for reimbursement consideration. Claims resubmitted beyond the original filing limit must include a copy of this bulletin as an attachment and must be submitted within 180 days of the bulletin's publication date.

Coverage information for these CPT codes will be reflected in the next regular update to the Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

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Questions about FFS billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#). Within the managed care delivery system, individual managed care entities (MCEs) establish and publish their own billing and reimbursement requirements. Questions about managed care billing and reimbursement should be directed to the MCE with which the member is enrolled.

QUESTIONS?

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