

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202395 AUGUST 10, 2023

IHCP has linked procedure code 99236 to revenue code 762

Effective immediately, the Indiana Health Coverage Programs (IHCP) linked the Current Procedural Terminology (CPT®) code 99236 – *Initial hospital care with same-day admission and discharge with high level of medical decision making, per day, if using time, at least 85 minutes* to revenue code 762 – *Specialty services – observation hours*. This linkage applies to fee-for-service (FFS) claims with dates of service (DOS) on or after **Jan. 1, 2023**.

Outpatient FFS claims submitted for DOS on or after Jan. 1, 2023, for procedure code 99236 may have denied incorrectly with explanation of benefits (EOB) 520 – *Invalid revenue code and procedure code combination*. The claim-processing system has been updated, and claims will be mass adjusted or reprocessed. Providers should see adjusted or reprocessed claims on Remittance Advices (RAs) beginning Sept. 13, 2023, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).



This information 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. This update will also be made in *Revenue Codes With Special Procedure Code Linkages*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

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.

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