

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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FEBRUARY 25, 2020

IHCP to cover CPT codes 81420 and 81507

Effective March 25, 2020, the Indiana Health Coverage Programs (IHCP) will cover the following Current Procedural Terminology (CPT^{®1}) codes for laboratory services:

- 81420 – *Test for detecting genes associated with fetal disease*
- 81507 – *DNA analysis using maternal plasma*

Coverage for these laboratory services codes applies to all IHCP programs, subject to limitations established for certain benefit packages, and for professional claims (CMS-1500 form or electronic equivalent) and institutional claims (UB-04 form or electronic equivalent) for dates of service (DOS) on or after March 25, 2020.

The following reimbursement information applies to both procedure codes:

- Pricing: Maximum fee
 - 81420: \$759.05
 - 81507: \$795.00
- Prior authorization (PA): Required and follows nationally recognized care guidelines
- Billing guidance: Standard billing guidance applies



Reimbursement, PA, and billing information applies to services delivered under the fee-for-service (FFS) delivery system. 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.

This change will be reflected in the next regular update to the *Outpatient Fee Schedule* and the *Professional Fee Schedule*, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

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IHCP corrects updates to obstetrical and gynecological services policies

The Indiana Health Coverage Programs (IHCP) recently published updates to the obstetrical and gynecological services coverage and billing policies. *IHCP bulletin BT201976* incorrectly stated that physician assistants who are employed by physicians or are working in a physician-directed group or clinic under the supervision of a physician should bill using the physician's National Provider Identifier (NPI) as the rendering provider.

continued

Correction: Physician assistant services must be billed using the physician assistant's own NPI. Services will be paid at 75% of the allowed amount. Physician assistant services rendered through a federally qualified health center (FQHC) or rural health clinic (RHC) should be billed using the physician assistant's NPI as the rendering provider; reimbursement for these services is based on provider-specific encounter methodology.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

IHCP LISTENS

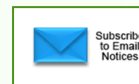
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