

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP adds procedure codes to physical therapist assistant code set

Effective January 22, 2021, the Indiana Health Coverage Programs (IHCP) will include the following Current Procedural Terminology (CPT®¹) codes as covered for services performed by a physical therapist assistant (PTA):

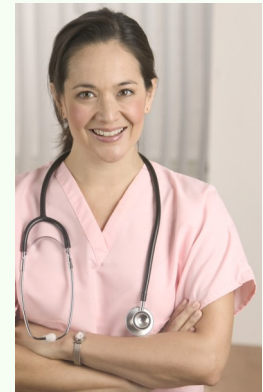
- 29581 – *Application of multi-layer compression system; leg (below knee), including ankle and foot*
- 29584 – *Application of multi-layer compression system; upper arm, forearm, hand, and fingers*

This change applies to fee-for-service (FFS) claims with dates of service (DOS) on or after January 22, 2021.

Reimbursement and billing guidelines for the procedure codes in the PTA code set remain unchanged and are subject to current policies, edits, and audits. Individual managed care entities (MCEs) establish and publish reimbursement, prior authorization (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.

These additional codes will be reflected in the next regular update to the *Therapy Services Codes*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

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IHCP encourages providers to share information on Hepatitis C initiative

The Indiana Family and Social Services Administration (FSSA) and the Indiana Department of Health (IDOH) are encouraging providers to spread the word about the importance of Hepatitis C testing in Indiana.



Both the FSSA and the IDOH have collaborated to launch the *Check. Care. Cure.* campaign, which is currently airing statewide. Information and resources about Indiana's *Check. Care. Cure.* campaign can be found on the [Hepatitis C: Get Checked. Get Care. Get Cured](#) web page at in.gov/fssa/home/check-care-cure. At the bottom of the page, printable flyers and posters are available for providers to download and share in their clinics and communities.

MORE IN THIS ISSUE

- [Countdown to EVV implementation for personal care providers: T-minus 1 week and 2 days](#)

Countdown to EVV implementation for personal care providers: T-minus 1 week and 2 days

As announced in previous Indiana Health Coverage Programs (IHCP) publications, the *21st Century Cures Act* directs states to require providers of personal care services and home health services to use an electronic visit verification (EVV) system to document services rendered.

Providers of personal care services have until **January 1, 2021**, to implement an EVV system for documenting services.

Please note that personal care providers not in compliance with the EVV requirement by January 1, 2021, will experience claims and reimbursement issues until they follow the federal mandate for successfully recording EVV visits.

More information is available on the [Electronic Visit Verification](#) web page and in the *Electronic Visit Verification FAQs* document at in.gov/medicaid/providers. For any general questions or concerns about the EVV Program, email EVV@fssa.in.gov.



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