

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202478 JUNE 6, 2024

IHCP identifies discrepancy with FQHC/RHC valid encounter code list

The Indiana Health Coverage Programs (IHCP) identified a discrepancy with some of the Current Procedural Terminology (CPT®¹) and Healthcare Common Procedure Coding System (HCPCS) codes included in the federally qualified health center (FQHC) and rural health clinic (RHC) valid encounter code list. Certain codes were added to the list erroneously. The IHCP has removed the codes in Table 1 from the list of valid FQHC and RHC encounter codes.



Due to the addition of these codes, this change will have an impact on claims that were paid a wrap payment in error. The affected claims will be recouped, and providers can expect to see these claim recoupments on remittance advices (RAs) beginning July 3, 2024.

The list of valid FQHC and RHC encounter codes is reviewed periodically to account for new and end-dated CPT and HCPCS codes, and is available on the [Myers and Stauffer website](https://myersandstauffer.com) at myersandstauffer.com (under Health Clinics > FQHC-RHC Annual Encounter Code Listings).

For any questions or concerns, please contact the Office of Medicaid Policy and Planning (OMPP) FQHC-RHC Reimbursement mailbox (OMPPFQHC-RHCReimbursement@fssa.in.gov).

Table 1 – Procedure codes removed from FQHC and RHC encounter code list

Procedure code	Description
76883	Comprehensive ultrasound scan of entire length of nerves in extremity
76984	Ultrasound of chest aorta during surgery
76987	Ultrasound of heart during surgery to evaluate for congenital heart disease, including placement and manipulation of transducer, image acquisition, and interpretation and report of results
76988	Ultrasound of heart during surgery to evaluate for congenital heart disease, including placement and manipulation of transducer and image acquisition
76989	Ultrasound of heart during surgery to evaluate for congenital heart disease, interpretation and report of results only
87593	Detection of orthopoxvirus
90460	Administration of first vaccine or toxoid component with counseling (18 years or younger)
90461	Administration of vaccine or toxoid component with counseling (18 years or younger), each additional vaccine or toxoid component
90622	Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use
91304	Severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use

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Table 1 – Procedure codes removed from FQHC and RHC encounter code list (Continued)

Procedure code	Description
91318	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
91319	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
91320	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
91321	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 ml dosage, for intramuscular use
91322	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 ml dosage, for intramuscular use
99406	Smoking and tobacco use intensive counseling, 4-10 minutes
99418	Prolonged inpatient or observation service, each 15 minutes of total time beyond required time of primary service
0777T	Real-time pressure-sensing epidural guidance system
A2020	Ac5 advanced wound system (Ac5)
C7501	Percutaneous breast biopsies using stereotactic guidance, with placement of breast localization device (s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral and bilateral (for single lesion biopsy, use appropriate code)
C7502	Percutaneous breast biopsies using magnetic resonance guidance, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral or bilateral (for single lesion biopsy, use appropriate code)
C7903	Group psychotherapy service for diagnosis, evaluation, or treatment of a mental health or substance use disorder provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service
D2976	Band stabilization - per tooth
D3911	Intraorifice barrier
D3921	Decoronation or submergence of an erupted tooth
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns
D4910	Periodontal maintenance
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)
D5765	Soft liner for complete or partial removable denture - indirect
D7509	Marsupialization of odontogenic cyst
D9947	Custom sleep apnea appliance fabrication and placement
D9948	Adjustment of custom sleep apnea appliance
D9949	Repair of custom sleep apnea appliance
D9953	Reline custom sleep apnea appliance (indirect)
G0017	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); first 60 minutes
G0018	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (list separately in addition to code for primary service)

Table 1 – Procedure codes removed from FQHC and RHC encounter code list (Continued)

Procedure code	Description
G0137	Intensive outpatient services; weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under state law); occupational therapy requiring the skills of a qualified occupational therapist; services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients; individualized activity therapies that are not primarily recreational or diversionary; family counseling (the primary purpose of which is treatment of the individual's condition); patient training and education (to the extent that training and educational activities are closely and clearly related to individual's care and treatment); diagnostic services; and such other items and services (excluding meals and transportation) that are reasonable and necessary for the diagnosis or active treatment of the individual's condition, reasonably expected to improve or maintain the individual's condition and functional level and to prevent relapse or hospitalization, and furnished pursuant to such guidelines relating to frequency and duration of services in accordance with a physician certification and plan of treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure

QUESTIONS?

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