

Indiana Medicaid configuration update: treatment room CPT linkage implementation

Effective April 1, 2022, reimbursement for observation/treatment room revenue codes 0760 and 0762 will be aligned with the Current Procedural Terminology (CPT®) coding guidelines. The American Medical Association (AMA) provides CPT coding guidelines details on when and how to assign revenue and CPT codes, how providers perform procedures, which codes can and cannot be reported together, along with other factors critical to compliant coding. These guidelines will be implemented for all in-network providers participating in the Hoosier Healthwise, Healthy Indiana Plan, and Hoosier Care Connect programs. Claims containing revenue/procedure code combinations outside of the guidelines for 0760 or 0762 in the table below will receive a line level denial response: **G26: Invalid revenue code/procedure code combination**. All other observation/treatment room procedures should be billed with revenue code 0761 if not tied to 0760 or 0762.

Revenue code	CPT/HCPCS	Description
Valid combinations		
0760	*34839	PHYSICIAN PLANNING OF A PATIENT-SPECIFIC FENESTRATED VISCERAL AORTIC ENDOGRAFT REQUIRING A MINIMUM OF 90 MINUTES OF PHYSICIAN TIME
	*A9270	NON-COVERED ITEM OR SERVICE
0762	99217	OBSERVATION CARE DISCHARGE
	99218	INITIAL OBSERVATION CARE
	99219	INITIAL OBSERVATION CARE
	99220	INITIAL OBSERVATION CARE
	99235	OBSERV/HOSP SAME DATE
	99236	OBSERV/HOSP SAME DATE
	*A9270	NON-COVERED ITEM OR SERVICE
	*G0378	HOSPITAL OBSERVATION PER HR
	*G0379	DIRECT REFER HOSPITAL OBSERV

* These CPT/HCPCS codes are allowable in combinations with the respective revenue code per coding guidelines; however, they are not currently covered services on the Indiana Health Coverage Programs Outpatient Fee Schedule.



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