



## Network Notification

**Notice Date:** August 1, 2019  
**To:** Indiana Medicaid Providers  
**From:** CareSource  
**Subject:** Billing Guidance Update

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### Summary

CareSource would like to inform you of a recent billing guidance update, published by Indiana Health Coverage Programs (IHCP), found in banner [BR201923](#). The guidance informs providers of new reimbursement methodology for the codes listed below.

| Procedure code | Description  |
|----------------|--|
| 77371          | Radiation therapy delivery, stereotactic radiosurgery (SRS) for cranial growths, per session             |
| 95943          | Testing of autonomic (parasympathetic and sympathetic) nervous system function                           |
| G0282          | Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281 |

### Impact

CareSource will not be utilizing the new payment methodology for Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP) reimbursement. Claims submitted to CareSource will be reimbursed using the resource-based relative value scale (RBRVS), as was used prior to the state Medicaid agency update.

As mentioned in the IHCP banner, the pricing and reimbursement information described in the banner applies to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement information within the managed care delivery system.

### Questions?

For questions not addressed, please call Provider Services at **1-844-607-2831** (8 a.m. to 8 p.m. Monday through Friday, Eastern Standard Time).