IHCP *banner page*

IHCP to cover COVID–19 diagnostic testing without copayments for members

All Indiana Health Coverage Programs (IHCP) plans will cover COVID-19 diagnostic testing without copayments for IHCP members. Effective April 1, 2020, the IHCP will cover the following new Healthcare Common Procedure Coding System (HCPCS) codes. Coverage applies retroactively to claims with dates (DOS) on or after **February 4, 2020**.

- U0001 – *CDC 2019 novel coronavirus (2019-ncov) real-time RT-PCR diagnostic panel*

- U0002 – *non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19)*

Details about coverage, along with the IHCP quarterly HCPCS codes update, will be published at the end of March 2020.

IHCP reminds providers to include occurrence code 42 on institutional claims

The Indiana Health Coverage Programs (IHCP) information processing system, *Core*MMIS, utilizes Health Insurance Portability and Accountability Act (HIPAA)-compliant coding in its claim-processing logic. HIPAA-compliant occurrence codes are required on claims for facility services, as the IHCP reminded providers in *Banner Page BR201711*.

Occurrence codes — including code 42 — must be reported on institutional claims in *UB-04* form fields 31a-34b (or electronic equivalent). Providers should enter the applicable occurrence codes from Table 1 and associated dates to identify significant events relating to claims being submitted. These codes can affect claim processing. Dates should be entered in the format: MMDDYY.

As stated in *BR201711*, live discharges of members should be billed with occurrence code 42 – *Date of discharge*. This applies to the following claim types:

- Inpatient crossover

- Inpatient

- Home health

- Long-Term Care (LTC)

continued

The IHCP uses the occurrence codes in Table 1 for processing institutional claims.

Table 1 – Occurrence codes used for institutional claims

Occurrence code	Description
01	Auto accident
02	No-fault insurance involved – Including auto accident or other
03	Accident or tort liability
04	Accident or employment related
05	Other accident
06	Crime victim
25	Date benefits terminated by primary payer
27	Date home health plan established or last reviewed
42	Date of discharge – This code is used to show the date of *live* discharge from the hospital confinement being billed, from a long-term care facility, or from home health care or hospice, as appropriate.
52	Certification/recertification date – This code is used to show that an initial examination or initial evaluation is being billed in a hospital setting. This code bypasses certain PA editing. Details can be found in the applicable sections of the IAC.
55	Date of death – This code is used to show the date of death.
73	Benefit eligibility – This code is used to bill for home health overhead – One per day.

For more information about billing and occurrence codes, see the *Claim Submission and Processing* provider reference module at in.gov/medicaid/providers. For information about including occurrence codes in electronic 837I transactions, see *837I Health Care Claim: Institutional Transaction*, accessible from the *IHCP Companion Guides* page also on the website.

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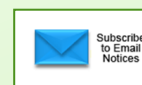
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