

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2020119 NOVEMBER 24, 2020

Additional HCPCS 2020 code updates announced

The Indiana Health Coverage Programs (IHCP) has received additional Healthcare Common Procedure Coding System (HCPCS) procedure code updates and code description revisions from the American Medical Association (AMA).



- [Table 1](#) provides a list of new codes, along with code descriptions, program coverage, prior authorization (PA) requirements, National Drug Code (NDC) requirements, any special billing instructions, and reimbursement notes.

Providers may resubmit any claims that may have been affected with this update. These codes are effective for dates of service (DOS) on or after **October 6, 2020**, unless otherwise noted in the special billing instructions.

- [Table 2](#) identifies alternate procedure codes to be used in place of a code that has been discontinued, effective for DOS on or after **October 6, 2020**.

Standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. Reimbursement, PA, and billing information apply to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care billing should be directed to the MCE with which the member is enrolled.

The Outpatient Fee Schedule and Professional Fee Schedule will be updated to reflect this information. These fee schedules can be accessed from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers. The following code tables (accessed from the [Code Sets](#) page at in.gov/medicaid/providers) will also be updated:

- Family Planning Eligibility Program Codes
- Preventive Care Services Excluded from Copayment for Healthy Indiana Plan (HIP) and Presumptive Eligibility (PE) Adult

Information regarding coronavirus disease 2019 (COVID-19) Current Procedural Terminology (CPT^{®1}) guidance is available from the [AMA website](#) at ama-assn.org.

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Table 1: New HCPCS codes, effective for DOS on or after October 6, 2020, unless otherwise noted

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information	Reimbursement notes
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative	Noncovered	N/A	N/A	Effective 9/8/2020	N/A
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	Covered for all programs, including limited-benefit programs	No	No	Allowed for Podiatrists (provider specialty 140) Copay exempt for all programs, including managed care	<i>Professional Claim:</i> 30% of billed charges <i>Outpatient Claim:</i> Linked to revenue code 300/310; 15% billed charges
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique	Covered for all programs, including limited-benefit programs	No	No	Allowed for Podiatrists (provider specialty 140) Copay exempt for all programs, including managed care	<i>Professional Claim:</i> 30% of billed charges <i>Outpatient Claim:</i> Linked to revenue code 300/310; 15% billed charges
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	Covered for all programs, including limited-benefit programs	No	No	Allowed for Podiatrists (provider specialty 140) Copay exempt for all programs, including managed care	<i>Professional Claim:</i> 30% of billed charges <i>Outpatient Claim:</i> Linked to revenue code 300/310; 15% billed charges
99072	Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other nonfacility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease	Noncovered	N/A	N/A	Effective 9/8/2020	N/A

* "Covered" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits; the service is also covered under IHCP plans with limited benefits.

"Noncovered" indicates that the IHCP does not cover the service for any programs.

Table 1: New HCPCS codes, effective for DOS on or after October 6, 2020, unless otherwise noted (Continued)

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information	Reimbursement notes
0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected	Noncovered	N/A	N/A	N/A	N/A
0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected	Noncovered	N/A	N/A	N/A	N/A

* "Covered" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits; the service is also covered under IHCP plans with limited benefits.

"Noncovered" indicates that the IHCP does not cover the service for any programs.

Table 2: Alternate procedure codes for HCPCS code that is being discontinued, effective for DOS on or after October 6, 2020

Discontinued procedure code	Description	Alternate code consideration
87450	Immunologic analysis for detection of organism	For infectious agent antigen detection by immunoassay technique, see codes 87301–87451. For infectious agent antigen detection by immunoassay technique with direct optical [that is, visual] observation, see codes 87802–87899.

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