



## ***IHCP COVID-19 Response: Additional COVID-19-related HCPCS and reimbursement updates made***

The Indiana Health Coverage Programs (IHCP) has received an additional Healthcare Common Procedure Coding System (HCPCS) procedure code update from the Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA). This code pertains to outpatient specimen collection for testing for the coronavirus disease 2019 (COVID-19).



Table 1 provides the new procedure code, along with code descriptions, program coverage, prior authorization (PA) requirements, National Drug Code (NDC) requirements, any special billing instructions, and reimbursement notes. For reimbursement consideration, the code may be billed for dates of service (DOS) on or after March 1, 2020, as noted in the special billing instructions.

*Table 1 – Newly released HCPCS procedure code related to COVID-19*

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing instructions	Reimbursement notes
C9803	Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source	Covered and includes: <ul style="list-style-type: none"> <li>• Family Planning Eligibility Program</li> <li>• Presumptive Eligibility (PE) Family Planning Only</li> </ul>	No	No	Effective 3/1/2020  Copay exempt for all programs, including managed care	Covered for outpatient claims only  Linked to revenue code 300  Maximum fee of \$14.17

\* "Covered" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

Also, the IHCP has identified pricing information from the CMS and has made updates accordingly. The updates affect Current Procedural Terminology (CPT<sup>®1</sup>) codes listed in [Table 2](#), which presents reimbursement information that differs from the information previously published in *IHCP Bulletins* [BT202048](#) and [BT202056](#).

Providers may void and replace claims that previously paid for procedure codes 87635, 99441, 99442, or 99443 to obtain the updated rates. Claims resubmitted beyond the timely filing limit (180 days) must include a copy of this bulletin as an attachment.

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*Table 2 – Reimbursement updates for newly covered CPT procedure codes related to COVID-19*

Procedure code	Description	Effective date of change	Reimbursement notes
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID19]), amplified probe technique	4/30/2020	New professional and outpatient rate maximum fee of \$51.31 For additional information about this code, see <a href="#">BT202048</a>
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	3/6/2020	New professional rate: updated relative value units (RVUs) \$32.30 New outpatient rate: maximum fee of \$32.30 Covered for crossover claims only For additional information about this code, see <a href="#">BT202056</a>
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	3/6/2020	New professional rate: updated RVUs \$53.64 New outpatient rate: maximum fee of \$53.64 Covered for crossover claims only For additional information about this code, see <a href="#">BT202056</a>
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	3/6/2020	New professional rate: updated RVUs \$78.04 New outpatient rate: maximum fee of \$78.04 Covered for crossover claims only For additional information about this code, see <a href="#">BT202056</a>

This information will be reflected in the next regular update to the Outpatient Fee Schedule and the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers). The *Family Planning Eligibility Program Codes* (accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers)) will also be updated.

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