

IHCP *banner page*

Reimbursement updates for COVID-19 monoclonal antibody infusion administration

The Indiana Health Coverage Programs (IHCP) has identified recently updated pricing information from the Centers for Medicare & Medicaid Services (CMS) and is making updates accordingly. These rates affect reimbursement for the administration of coronavirus disease 2019 (COVID-19) monoclonal antibody infusion billed on professional claims (CMS-1500 claim form or electronic equivalent). This article presents updated reimbursement information that differs from the information previously published in *IHCP Bulletins* [BT202109](#) and [BT202126](#).



For professional claims, the updates affect the Healthcare Common Procedure Coding System (HCPCS) codes in Table 1. These changes to reimbursement are effective retroactively to claims with dates of service (DOS) on or after **May 6, 2021**. All other billing guidance published in *IHCP Bulletins* [BT202109](#) and [BT202126](#) remains unchanged.

Table 1 – Reimbursement updates for HCPCS codes related to COVID-19 monoclonal antibody infusion administration, effective retroactively for DOS on or after May 6, 2021

Procedure code	Description	Reimbursement rate (maximum fee)
M0243	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	\$403.66
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	\$403.66

This information will be reflected in the next regular update to the *Professional Fee Schedule*, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

Reimbursement, prior authorization (PA), and billing information applies 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 and PA should be directed to the MCE with which the member is enrolled.

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Prior authorization no longer required for HCPCS code Q4244

Effective June 25, 2021, the Indiana Health Coverage Programs (IHCP) will no longer require prior authorization (PA) for Healthcare Common Procedure Coding System (HCPCS) code Q4244 – *Procenta, per 200 mg*. This change applies to all IHCP programs for dates of service (DOS) on or after June 25, 2021.

This change will be reflected in the next regular update to the *Professional Fee Schedule* and the *Outpatient Fee Schedule*, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

This reimbursement information applies to services delivered under the fee-for-service (FFS) delivery system, as well as to certain services delivered under the managed care delivery system. For some services, managed care entities (MCEs) may establish and publish different reimbursement, PA and billing criteria. Questions should be directed to the MCE with which the member is enrolled.

IHCP to allow CLIA certificate of waiver for CPT code 87636

Procedure codes associated with laboratory testing are regulated under the Clinical Laboratory Improvement Amendments (CLIA). The Indiana Health Coverage Programs (IHCP) policy requires compliance with the Centers for Medicare & Medicaid Services (CMS) recommendations regarding CLIA regulations under all IHCP programs, whether managed care or fee-for-service (FFS).

Effective immediately, the CoreMMIS claim-processing system has been updated for Current Procedural Terminology (CPT^{®1}) code 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*.



Procedure code 87636 was considered a CLIA-waived test as of October 6, 2020. Claims for code 87636 with dates of service (DOS) on or after October 6, 2020, will be billable by laboratories that have a valid CLIA certificate of waiver. The FFS claim-processing system has been updated to classify CPT code 87636 as a CLIA-waived test. This change applies retroactively to claims with DOS on or after **October 6, 2020**.

Providers with valid CLIA certificates of waiver that submitted claims or claim details for code 87636 that denied for explanation of benefits (EOB) 4208 – *The procedure code billed is invalid with your CLIA certification on file* during the indicated time frame will be mass reprocessed or mass adjusted, as appropriate. Providers should see reprocessed or adjusted claims on Remittance Advices (RAs) beginning June 16, 2021, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims) or 52 (mass replacements non-check related).

Reimbursement, prior authorization (PA), and billing information applies to services delivered under the 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 and PA should be directed to the MCE with which the member is enrolled.

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IHCP clarifies IRS W-9 requirements for provider enrollment transactions

All provider enrollment transactions submitted to the Indiana Health Coverage Programs (IHCP) are reviewed for completeness, accuracy and internal consistency. When problems are identified, the transactions must be corrected before they can be processed, causing delays with provider enrollments and profile updates.

One of the problem areas most frequently identified with enrollment transactions relates to a provider's W-9 form. The IHCP Provider Enrollment Unit offers the following tips to help providers meet IHCP requirements related to the W-9:

- The home office address on any enrollment transaction or on the provider's profile **must match exactly** the home address reported to the Internal Revenue Service (IRS) on the W-9 form, and the W-9 form must be on file with the IHCP.
- The home office address must be the same for all IHCP service locations using the same taxpayer identification number (TIN) – meaning the same federal employer identification number (FEIN) or Social Security number (SSN) – as reported to the IRS on the W-9 form and on file with the IHCP.
- Any change to the home office address reported to the IHCP must be supported by a copy of the W-9 form showing the same change was reported to the IRS.
- If an existing provider moves its home office, the provider must separately update the home office address for **each** affected enrolled service location and must update the W-9 form on file with the IHCP for each service location.
- Updated W-9 forms submitted to the IHCP **must** be on the version of the form **currently posted** on the [IRS website](#). Providers should go to the website each time a new W-9 form is needed to make sure the correct version is being used. The version posted as of this publication is dated October 2018 (see example of form below).

Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Other (see instructions) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other

Social security number

_____ - _____ - _____

continued

- The IHCP requires that the W-9 for a disregarded entity should report the name and tax ID of its owner. If the direct owner of the entity is also a disregarded entity, then the provider’s name on line 1 on the W-9 should match the first owner that is not disregarded for federal tax purposes. The disregarded entity’s name can be listed as the doing business as (DBA) name on line 2 of the W-9. If there is an additional DBA, it can be used along with the disregarded entity name. Payments can be made to the DBA name but the 1099 will be issued to the entity listed on line 1 of the W-9 according to IRS guidelines.
- The tax classification on any enrollment transaction or on the provider’s profile **must match exactly** the tax classification reported to the IRS on the W-9 form, and the W-9 form must be on file with the IHCP.

Providers will be notified if the above requirements are not met for any provider enrollment transaction – including a profile update, an enrollment application or an enrollment revalidation – that requires the submission of a W-9.

Transactions cannot be processed until the necessary corrections are submitted.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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