

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR202206

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IHCP announces procedure codes linked to revenue code 636

Effective immediately, the Indiana Health Coverage Programs (IHCP) will link the procedure codes in Table 1 to revenue code 636 – *Drugs Requiring Detailed Coding*. The codes in [Table 1](#) are also linked to revenue code 771 – *Preventive Care Services – Vaccine Administration*; however, the IHCP does not offer reimbursement for revenue code 771. The IHCP has determined that, in order to provide appropriate reimbursement for these codes, each code in Table 1 will be linked to revenue code 636.



The linkages apply retroactively to outpatient claims with dates of service (DOS) on or after the date indicated for each code in Table 1. Beginning immediately, providers may bill the procedure codes in Table 1 together with revenue code 636, as appropriate, for reimbursement consideration.

Claims for these codes for applicable DOS that were billed with revenue code 771 but denied for explanation of benefits (EOB) 4107 – *Revenue code or type of claim is not appropriate/not covered for the type of provider* may be rebilled with revenue code 636 and resubmitted by the provider.

Reimbursement and billing information applies to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement 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.

continued

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Table 1 – Pricing guidance for procedure codes now linked to revenue code 636

Procedure code	Description	Linkage effective date	Pricing information	
			Date range	Pricing (maximum fee)
0001A	Intramuscular administration of single severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; first dose.	12/11/2020	12/11/2020 – 2/20/2021	\$16.94
			2/21/2021 – 3/16/2021	\$15.83
			3/17/2021 – Present	\$37.21
0002A	Intramuscular administration of single severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; second dose.	12/11/2020	12/11/2020 – 2/20/2021	\$28.39
			2/21/2021 – 3/16/2021	\$26.11
			3/17/2021 – Present	\$37.21
0003A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; third dose.	8/12/2021	8/12/2021 – Present	\$37.21
0004A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; booster dose.	9/22/2021	9/22/2021 – Present	\$37.21
0011A	Intramuscular administration of single severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; first dose.	12/18/2020	12/18/2020 – 2/20/2021	\$16.94
			2/21/2021 – 3/16/2021	\$15.83
			3/17/2021 – Present	\$37.21
0012A	Intramuscular administration of single severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; second dose.	12/18/2020	12/18/2020 – 2/20/2021	\$28.39
			2/21/2021 – 3/16/2021	\$26.11
			3/17/2021 – Present	\$37.21
0013A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 ml dosage; third dose.	8/12/2021	8/12/2021 – Present	\$37.21

continued

Table 1 – Pricing guidance for procedure codes now linked to revenue code 636 (continued)

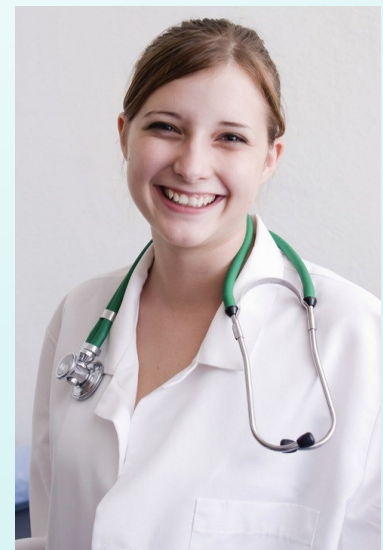
Procedure code	Description	Linkage effective date	Pricing information	
			Date range	Pricing (maximum fee)
0031A	Intramuscular administration of single severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage, single dose.	2/27/2021	2/27/2021 – 3/16/2021	\$26.11
			3/17/2021 – Present	\$37.21
0034A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 ml dosage; booster dose.	10/20/2021	10/20/2021 – Present	\$37.21
0064A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 ml dosage, booster dose	10/20/2021	10/20/2021 – Present	\$37.21
0071A	Administration of coronavirus vaccine 8, dose 1	10/29/2021	10/29/2021 – Present	\$37.21
0072A	Administration of coronavirus vaccine 8, dose 2	10/29/2021	10/29/2021 – Present	\$37.21

IHCP to allow CLIA certificate of waiver for CPT code 86328, accept resubmitted claims

Procedure codes associated with laboratory testing are regulated under the Clinical Laboratory Improvement Amendments (CLIA). 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 FFS claim-processing system (CoreMMIS) has been updated for Current Procedural Terminology (CPT[®]) code 86328 – *Test for detection of severe acute respiratory syndrome coronavirus 2 (COVID-19) antibody, qualitative or semiquantitative*.

Procedure code 86328 was considered a CLIA-waived test as of Sept. 23, 2020. Claims for this code with dates of service (DOS) on or after **Sept. 23, 2020**, will be billable by laboratories that have a valid CLIA certificate of waiver. CoreMMIS has been updated to classify CPT code 86328 as a CLIA-waived test.



continued

FFS claims for procedure code 86328 billed by providers with valid CLIA certificates of waiver may have denied inappropriately with explanation of benefits (EOB) 4207 – *Effective CLIA number not on file for dates of service billed*. Beginning immediately, laboratory providers may resubmit claims for code 86328 with DOS on or after **Sept. 23, 2020**, that denied for EOB 4207, for reimbursement consideration. Claims resubmitted beyond the original filing limit must include a copy of this banner page as an attachment. Claims must be resubmitted within 180 days of this banner page’s publication date.

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 updates Professional Fee Schedule notes for select codes

The Indiana Health Coverage Programs (IHCP) has updated the *Additional Notes* page of the Professional Fee Schedule for the procedure codes in Table 2 to clarify information and align with the claim-processing system.

Table 2 – Procedure codes with updated additional notes

90471	90472	90473	90474	90619
90620	90621	90632	90647	90648
90651	90670	90672	90674	90680
90685	90686	90687	90688	90698
90707	90710	90713	90714	90715
90716	90723	90732	90733	90734
90739	90744	90746	97016	97018
90756	97022	97024	97026	97028
97032	97033	97034	97035	97036
97039	97110	97113	97124	97139
99211	99401	C9803	D5284	D5286
D5510	D5610	D5620	E0477	E1399
L8680	L8686			

The *Additional Notes* page provides information about circumstances under which the unit limits, age restrictions, PA requirements and other details for a code may differ from what is indicated on the fee schedule. Procedure codes that have such notes are displayed on the Professional Fee Schedule with an asterisk referring users to the *Additional Notes* page, which can be accessed from a link on the [IHCP Fee Schedules](#) page, as shown in Figure 1. Figure 2 shows an example of such an asterisk and Figure 3 shows code accessed with a hyperlinked asterisk.

continued

Figure 1 – IHCP Professional Fee Schedule – Link to Additional Notes

IHCP Fee Schedules

The Indiana Health Coverage Programs (IHCP) publishes reimbursement information regarding all Common Procedural Terminology (CPT^{®1}), Healthcare Common Procedure Coding System (HCPCS), and Current Dental Terminology (CDT^{®2}) codes, as well as NUBC Official UB-04 Specifications³, recognized by the IHCP through the following fee schedules.

[Go to Outpatient Fee Schedule](#)

Professional Fee Schedule - Last Updated 01-29-2022

The [Professional Fee Schedule](#) is intended for use by providers that bill services using professional claims (CMS-1500 claim form or electronic equivalent) or dental claims (ADA 2012 claim form or electronic equivalent) reimbursed under the fee-for-service (FFS) delivery system. Managed care entities (MCEs) may negotiate rates for services rendered to members who are enrolled in the MCEs' health plans. MCEs may have additional or different prior authorization (PA) requirements or criteria for some services.

- The Professional Fee Schedule is published on Tuesday after 4 p.m. with information current as of the previous Sunday. Therefore, it is highly recommended that you access the schedule online for the most current information regarding procedure codes recognized by the IHCP.
- The current Professional Fee Schedule is available in a prepopulated Excel format: [IHCP Professional Fee Schedule – Excel](#).
- Providers may import the Professional Fee Schedule into other popular applications. For the import options, please see the [IHCP Professional Fee Schedule - Download Instructions](#).
- Providers may [search the Professional Fee Schedule by procedure code, procedure code range, or procedure code description](#).
- Numerical procedure codes are listed in ascending order, followed by alpha procedure codes. The information provided reflects the allowed rate for all procedure codes pertinent to professional and dental billers. All field values are effective on the "Professional Fee Schedule-Last Updated" date listed above.

- [Additional notes](#) regarding the Professional Fee Schedule are available.

Tip: If a procedure code is accessed using the search function on the *IHCP Fee Schedules* page, the asterisk indicating that there are special notes for that code is hyperlinked to take the user directly to the *Additional Notes* page.

Figure 2 – Example of a code on the Professional Fee Schedule with an asterisk for additional notes

Proc Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Category	Rate Type	Pricing Method	Pricing Start Date	Pricing End Date	Fee Schedule Base Amount	Units	PA Att	Min/Max Age	Min/Max Units
90471*					MEDSV	DEF	RBRVS	02/01/2015		17.61			0-18years	0-1
Description: IMMUNIZATION ADMIN					Category: Medical Services			CMS Add: 01/01/1999		CMS Term:				

*Note: Please refer to the Additional Notes link on the fee schedule main information page for additional fee schedule information.

continued

Figure 3 – A code accessed via the fee schedule search tool with a hyperlinked asterisk

Procedure					Service	Rate	Pricing	Pricing	Pricing	PA	Attach	
Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Category	Category Desc	Type	Method	Effective Date	End Date	Req'd	Req'd
90471*					MEDSV	Medical Services	Def	RBRVS	2/1/2015			
Min-Max Units	0 - 1				Fee Schedule Amt:	\$17.61		Base Units:		Age Min-Max:	0 - 18 years	
Procedure Desc:	IMMUNIZATION ADMIN						CMS Add Date:	1/1/1999		CMS Term Date:		

IHCP updates rate for J0172

As a result of the [Biogen announcement](#) to reduce the price of aducanumab (brand name Aduhlem), the Indiana Health Coverage Programs (IHCP) will update the reimbursement rate for Healthcare Common Procedure Coding System (HCPCS) code J0172 – *Injection, aducanumab-avwa, 2 mg* for claims with dates of service (DOS) on or after March 8, 2022.

Effective for DOS on or after March 8, 2022, the new maximum fee for J0172 will be \$5.92.

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

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