

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR202218

MAY 3, 2022

IHCP to limit CPT code 92620 to one per 36 months

Effective for dates of service on or after June 3, 2022, Current Procedural Terminology (CPT^{®1}) code 92620 – *Evaluation of hearing function brain responses, first hour* will be limited to one unit every 36 months per Indiana Health Coverage Programs (IHCP) member. Claims submitted beyond the one unit per 36 months will deny with explanation of benefits (EOB) 6054 – *Audiological assessments are limited to once every 3 years per member. Prior authorization is required for payment of additional services.*



Updates will be made to the applicable table in *Hearing Services Codes*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

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.

¹CPT copyright 2022 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

IHCP updates billing requirements for intraocular stents

In accordance with Indiana Health Coverage Programs (IHCP) policy for coverage of intraocular stents, effective for dates of service (DOS) on and after June 3, 2022, the IHCP will limit coverage of Current Procedural Terminology (CPT) code 0671T – *Insertion of drainage device into drainage tissue within eye (trabecular meshwork)* to claims that include a covered cataract surgery code.

Also effective June 3, 2022, the following CPT codes will be added to the list of cataract surgery codes with which intraocular stent insertion may be billed:

- 66989 – *Complex extracapsular removal of cataract with insertion of artificial lens and insertion of drainage device in front chamber of eye*
- 66991 – *Extracapsular removal of cataract with insertion of artificial lens and insertion of drainage device in front chamber of eye*

MORE IN THIS ISSUE

- [IHCP to adjust claims for procedure code 0034A](#)
- [IHCP removing coverage of COVID-19 treatment codes for sotrovimab](#)

continued

Intraocular stent codes reported without a related cataract surgery code will deny with explanation of benefits (EOB) 6306 – *Procedure requires cataract surgery procedure paid for the same date of service.*

This information will be updated in *Vision Services Codes*, accessible from the [Code Sets](#) page, accessible from in.gov/medicaid/providers, and in the next regular revision of the [Vision Services](#) module.

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.

IHCP to adjust claims for procedure code 0034A

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects certain fee-for-service (FFS) claims for procedure code 0034A – *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5 mL dosage booster dose.*

As announced in *IHCP Bulletin* [BT2021100](#), coverage for procedure code 0034A was effective for dates of service (DOS) on and after **Oct. 20, 2021**. Claims submitted between Oct. 20, 2021, and April 21, 2022, may have denied incorrectly.

The claim-processing system has been corrected and claims will be mass adjusted or reprocessed. Providers should see adjusted/reprocessed claims on Remittance Advices (RAs) beginning June 8, 2022, with internal control numbers (ICNs)/Claim IDs that being with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).

IHCP removing coverage of COVID-19 treatment codes for sotrovimab

On April 5, 2022, the Food and Drug Administration (FDA) withdrew the Emergency Use Authorization (EUA) for sotrovimab for the treatment of coronavirus disease 2019 (COVID-19). To align with this change, the Indiana Health Coverage Programs (IHCP) is removing coverage of this drug through its pharmacy and medical benefits. The Healthcare Common Procedure Coding System (HCPCS) codes in Table 1 will no longer be covered by Indiana Health Coverage Programs (IHCP) retroactive to dates of service (DOS) on or after April 5, 2022. See the [FDA announcement](#) for more details.

Table 1 – Sotrovimab codes that are noncovered for DOS on or after April 5, 2022

Code	Description
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring
M0248	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency
Q0247	Injection, sotrovimab, 500 mg

continued

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

The following code table documents, accessible from the [Code Sets](#) page at in.gov/medicaid/providers, will also be updated:

- *Revenue Codes With Special Procedure Code Linkages*
- *Procedure Codes That Require National Drug Codes (NDCs)*

This reimbursement information applies to services delivered under the fee-for-service (FFS) delivery system. Due to the FDA determination, individual managed care entities (MCEs) will also have to stop coverage of these codes. MCEs establish and publish reimbursement, prior authorization (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.



QUESTIONS?

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

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without photos, is available for your convenience.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [Banner Pages](#) page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at in.gov/medicaid/providers.

