

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2021102 NOVEMBER 23, 2021

IHCP adds coverage for COVID-19 laboratory service codes 0240U and 0241U

Effective Dec. 24, 2021, the Indiana Health Coverage Programs (IHCP) will cover these additional Current Procedural Terminology (CPT^{®1}) codes for coronavirus disease 2019 (COVID-19) laboratory services:

- 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*
- 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*

Coverage applies to all IHCP programs, including limited benefit programs. Coverage applies to dates of service (DOS) on or after Dec. 24, 2021.

The following reimbursement and billing information applies:

- Pricing: Maximum fee of \$142.63
- Prior authorization (PA): None required
- Billing guidance:
 - Providers should follow standard guidelines when billing for these services.
 - Services are copay exempt for all programs, including managed care.
 - Allowed for podiatrists (provider specialty 140).



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 (accessible from the [Code Sets](#) page at in.gov/medicaid/providers) will also be updated:

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

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.

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