

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202340 MAY 2, 2023

IHCP adds coverage for procedure code G0433

Currently, the Indiana Health Coverage Programs (IHCP) covers the following code for human immunodeficiency virus (HIV)-1 and HIV-2 infection screenings: Current Procedural Terminology (CPT^{®1}) code 86703—*Antibody; HIV-1 and HIV-2, single result*.

IHCP reimbursement for laboratory services must follow Clinical Laboratory Improvement Amendment (CLIA) regulations, which means the IHCP can reimburse a laboratory procedure code only if it is allowed under the provider's CLIA certificate. CPT code 86703 is not currently recognized as a "CLIA-waived" procedure code under [Centers for Disease Control and Prevention \(CDC\) guidance](#), despite manufacturer and common coding guidance indicating that a CLIA-waived HIV test kit may be performed and billed with this particular code. This has led to denials for some IHCP providers rendering HIV testing using a CLIA-waived test kit and billing for this code, based on their level of CLIA certification.



To remedy this discrepancy, effective for dates of service on and after May 2, 2023, the IHCP is adding coverage for procedure code G0433 – *Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening*. This code is indicated as a "CLIA-waived" test under CDC guidance, allowing IHCP providers with only a Certificate of Waiver to be reimbursed for this service. Coverage of G0433 applies to the same programs under which 86703 is covered, including Healthy Indiana Plan (HIP), Hoosier Care Connect, Hoosier Healthwise, Traditional Medicaid and Family Planning Eligibility Program.

Billing and coverage of G0433 under the FFS delivery system is as follows:

- Pricing: Maximum fee of \$18.29
- Prior authorization (PA): None required
- Billing guidance: Standard guidance applies; allowed for podiatrist (provider specialty 140)

Providers that have experienced denials due to incorrect CLIA certification for procedure code 86703 for DOS on or after Jan. 1, 2021, will have claims reprocessed by both IHCP fee-for-service (FFS) and managed care delivery systems. FFS claims processed during the indicated time frame will be mass adjusted or reprocessed as appropriate. Providers should see adjusted or reprocessed claims on Remittance Advices (RAs) beginning June 7, 2023, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).

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Providers that experienced denials due to incorrect CLIA certification for procedure code 86703 for DOS from Jan. 1, 2019, through Dec. 31, 2020, are encouraged to resubmit claims for 86703 for reconsideration of payment, with this bulletin attached to the claim to waive timely filing requirements. Claims must be resubmitted within 90 days from the date of this publication for managed care claims, or 180 days for FFS claims, to satisfy timely requirements.

Coverage of procedure code G0433 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.

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

- *Family Planning Eligibility Program Codes*
- *Podiatry Services Codes*

All questions related to FFS billing should be directed to Gainwell Technologies at 800-457-4584. Questions about managed care billing must be directed to the managed care entity (MCE) with which the member is enrolled.



QUESTIONS?

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

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