

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202462 MAY 16, 2024

Additional updates made to the 2024 annual HCPCS codes

In *Indiana Health Coverage Programs (IHCP) Bulletin* [BT202425](#), the IHCP announced coverage and billing information for new codes in the 2024 annual Healthcare Common Procedure Coding System (HCPCS) release. This bulletin serves as notice of the final update to the 2024 annual HCPCS codes.

The code indicated in [Table 1](#) was announced as covered in [BT202425](#); however, effective immediately and retroactive for dates of service (DOS) on or after **Jan. 1, 2024**, the IHCP will not cover this code. Claims for HCPCS code G0137 with DOS on or after **Jan. 1, 2024**, that got paid will be automatically reprocessed and payment will be recouped.



Table 1 – Final update to 2024 annual HCPCS updates, effective for DOS on or after Jan. 1, 2024

| Procedure code | Description | Program coverage* | PA required | NDC required | Special billing information |
|----------------|--|-------------------|-------------|--------------|-----------------------------|
| G0137 | Intensive outpatient services; weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under state law); occupational therapy requiring the skills of a qualified occupational therapist; services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients; individualized activity therapies that are not primarily recreational or diversionary; family counseling (the primary purpose of which is treatment of the individual's condition); patient training and education (to the extent that training and educational activities are closely and clearly related to individual's care and treatment); diagnostic services; and such other items and services (excluding meals and transportation) that are reasonable and necessary for the diagnosis or active treatment of the individual's condition, reasonably expected to improve or maintain the individual's condition and functional level and to prevent relapse or hospitalization, and furnished pursuant to such guidelines relating to frequency and duration of services in accordance with a physician certification and plan of treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure | Noncovered | N/A | N/A | N/A |

The claim-processing systems have been updated with all the 2024 annual HCPCS code updates. The timely submission date for the updates announced in [BT202425](#) has been extended; providers now have 90 days from the date of this publication for managed care claim submission, or 180 days from the date of this publication for fee-for-service (FFS) claim submission, to satisfy timely filing requirements. Providers should include a copy of this bulletin when submitting claims beyond the standard filing limit.



Updates will be made to the Professional Fee Schedule and the Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

Updates will also be made to *Telehealth and Virtual Services Codes*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

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