

IHCP *bulletin*

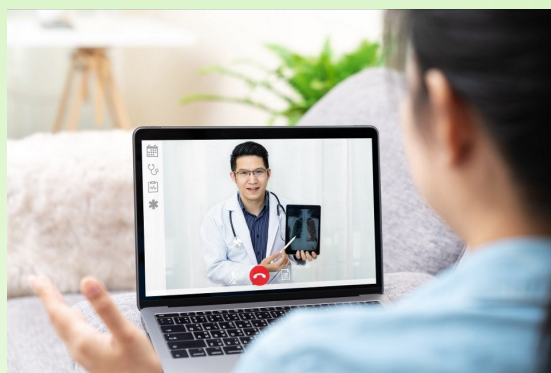
This bulletin has been updated. Telehealth billing is allowable for G0296 effective retroactively for dates of service on or after Jan. 1, 2024.

INDIANA HEALTH COVERAGE PROGRAMS BT2024151 SEPTEMBER 26, 2024

IHCP adds coverage for lung screening counseling

The Indiana Health Coverage Programs (IHCP) is adding coverage for lung screening counseling for members age 50 through 80 years, retroactive to **Jan. 1, 2024**.

Effective immediately, for dates of service (DOS) on or after **Jan. 1, 2024**, the IHCP covers Healthcare Common Procedural Coding System (HCPCS) code G0296 – *Counseling visit to discuss need for lung cancer screening using low dose ct scan (ldct) (service is for eligibility determination and shared decision making)*, as shown in Table 1. Coverage applies to both managed care and fee-for-service (FFS) delivery systems. Prior authorization (PA) and National Drug Code (NDC) are not required.



The FFS claim-processing system has been updated. Any claims submitted for this service with DOS on or after Jan. 1, 2024, that denied will be mass adjusted or reprocessed. Providers should see adjusted or reprocessed claims on remittance advices (RAs) beginning Oct. 30, 2024, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check-related) or 80 (reprocessed denied claims).

Alternatively, providers can submit claims to the IHCP within 90 days from the date of this publication for managed care claim submission, or 180 days of this publication date for FFS claim submission, to satisfy timely filing requirements. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit.

Table 1 – Newly covered procedure code for lung screening counseling, effective for DOS on or after Jan. 1, 2024

Procedure code	Description	Program coverage	PA required	NDC required	Special billing information
G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)	Covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits	No	No	Flat Fee Restricted to members ages 50 through 80 years Allowable for telehealth, including audio only (modifier 93)

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

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

Billing and reimbursement information applies to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS billing and reimbursement should be directed to Gainwell Technologies at 800-457-4584.

Within the managed care delivery system, individual managed care entities (MCEs) establish and publish billing and reimbursement requirements. Questions about managed care billing and reimbursement 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.

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