IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2025120 AUGUST 21, 2025

Claim adjustments to be made for COVID-19 coverage changes due to American Rescue Plan expiration

Effective for dates of service (DOS) on or after **Oct. 1, 2024**, in alignment with the *American Rescue Plan* expiration and end of coronavirus 2019 disease (COVID-19) public health emergency, the procedure codes listed in Table 1 are no longer covered (or no longer covered without modifier FP) for members in the Family Planning Eligibility Program, as announced in *Indiana Health Coverage Programs (IHCP) Bulletin* BT202570.

Family Planning Eligibility Program claims for these procedure codes for DOS on or after Oct. 1, 2024, will be mass adjusted. Providers should see adjusted claims on remittance advices (RAs) beginning Sept. 10, 2025, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check-related).

The information in this bulletin also applies to Presumptive Eligibility (PE) Family Planning Only coverage, because that plan follows the same code restrictions as the Family Planning Eligibility Program. If any applicable claims were paid under that program, they will also be reprocessed and adjusted.

Table 1 – Procedure codes no longer covered for Family Planning Eligibility Program, effective for DOS on or after Oct. 1, 2024

Procedure code	Code description
71046	X-ray of chest, 2 views
94760	Measurement of oxygen saturation in blood using ear or finger device
99202*	New patient office or other outpatient visit with straightforward medical decision making, if using time, 15 minutes or more
99203*	New patient office or other outpatient visit with low level of medical decision making, if using time, 30 minutes or more
99204*	New patient office or other outpatient visit with moderate level of medical decision making, if using time, 45 minutes or more
99205*	New patient office or other outpatient visit with a high level of medical decision making, if using time, 60 minutes or more
99211*	Office or other outpatient visit for the evaluation and management of established patient that may not require presence of healthcare professional
99212*	Established patient office or other outpatient visit with straightforward medical decision making, if using time, 10 minutes or more

* *The asterisked codes remain covered when billed with modifier FP indicating that the service was specific to the Family Planning Eligibility Program.*

Table 1 – Procedure codes no longer covered for Family Planning Eligibility Program, effective for DOS on or after Oct. 1, 2024 (Continued)

Procedure code	Code description
99213*	Established patient office or other outpatient visit with low level of decision making, if using time, 20 minutes or more
99214*	Established patient office or other outpatient visit with moderate level of decision making, if using time, 30 minutes or more
99215*	Established patient office or other outpatient visit with high level of medical decision making, if using time, 40 minutes or more
99281	Emergency department visit for problem that may not require health care professional
99282	Emergency department visit with straightforward medical decision making
99283	Emergency department visit with low level of medical decision making
99284	Emergency department visit with moderate level of medical decision making
99285	Emergency department visit with high level of medical decision making
99341	Residence visit for new patient with straightforward medical decision making, per day, if using time, at least 15 minutes
99342	Residence visit for new patient with low level of medical decision making, per day, if using time, at least 30 minutes
99344	Residence visit for new patient with moderate level of medical decision making, per day, if using time, at least 60 minutes
99345	Residence visit for new patient with high level of medical decision making, per day, if using time, at least 75 minutes
99347	Residence visit for established patient with straightforward medical decision making, per day, if using time, at least 15 minutes
99348	Residence visit for established patient with low level of medical decision making, per day, if using time, at least 30 minutes
99349	Residence visit for established patient with moderate level of medical decision making, per day, if using time, at least 40 minutes
99350	Residence visit for established patient with high level of medical decision making, per day, if using time, at least 60 minutes
M0201	Administration of pneumococcal, influenza, hepatitis b, and/or covid-19 vaccine inside a patient's home; reported only once per individual home per date of service when such vaccine administration(s) are performed at the patient's home

* *The asterisked codes remain covered when billed with modifier FP indicating that the service was specific to the Family Planning Eligibility Program.*

For more information

Questions about fee-for-service (FFS) member medical benefits should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your Provider Relations consultant.

QUESTIONS?

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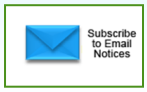
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