



## ***IHCP COVID-19 Response: IHCP adds coverage of certain services for Medicare crossover claims***

In further response to the national public health emergency associated with the coronavirus disease 2019 (COVID-19) outbreak, the Indiana Health Coverage Programs (IHCP) is implementing changes regarding coverage for certain services for Medicare crossover claims.



Effective immediately, retroactive to dates of service (DOS) on or after **March 6, 2020**, the IHCP will cover certain telephone and virtual check-in services for crossover claims for individuals dually eligible for Medicare and Medicaid. In response to the current public health emergency, the Centers for Medicare & Medicaid Services (CMS) authorized use of certain telephone visit codes and virtual check-ins as part of their telemedicine policy (also referred to as telehealth by the CMS). To better accommodate crossover claims, the IHCP will cover the services described in Table 1 for crossover claims only.

### **Reimbursement information**

All services listed in Table 1 are reimbursable on professional crossover claims. All services, with the exception of G2010 and G2012, are reimbursable on outpatient crossover claims. See the [Claim Submission and Processing](#) module for more information on billing crossover claims.

Crossover claims submitted to the IHCP are not subject to timely filing limits. Crossover claims that previously denied may be resubmitted for reimbursement.

*Table 1 – Procedure codes allowed for crossover claims only*

<b>Procedure code</b>	<b>Description</b>
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

*Table 1 – Procedure codes allowed for crossover claims only (Continued)*

Procedure code	Description
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

**QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

**TO PRINT**

A [printer-friendly version](#) of this publication, in black and white and without photos, is available for your convenience.

**COPIES OF THIS PUBLICATION**

If you need additional copies of this publication, please download them from the [Bulletins](#) page of the IHCP provider website at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

**SIGN UP FOR IHCP EMAIL NOTIFICATIONS**

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

