IHCP *bulletin*

IHCP COVID-19 Response: Newly released code added and coverage updated for Medicare crossover claims

The Indiana Health Coverage Programs (IHCP) has identified a newly released Healthcare Common Procedure Coding System (HCPCS) code by the Centers for Medicare & Medicaid Services (CMS). Table 1 describes the new code available for dates of service (DOS) on or after **January 27, 2020**. This code will be covered only for crossover claims for dually eligible members.

Table 1 – Newly released HCPCS code for crossover claims only, effective for DOS on or after January 27, 2020

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing instructions	Reimbursement notes
G2025	FQHC/RHC telehealth distant site services	Covered	No	No	Retroactive to 1/27/2020	N/A

* "Covered" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

In further response to the national public health emergency associated with the coronavirus disease 2019 (COVID-19) outbreak, the IHCP is adding coverage for certain HCPCS codes for reimbursement consideration when billed as a Medicare crossover claim.

Effective immediately, retroactive to DOS on or after **March 6, 2020**, the IHCP will cover certain telemedicine-related services for crossover claims for individuals dually eligible for Medicare and Medicaid. In response to the current public health emergency, the CMS authorized use of certain telemedicine services 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 2.

Table 2 – Procedure codes allowed for crossover claims only, effective for DOS on or after March 6, 2020

Procedure code	Description
G0071	Payment for communication technology-based services for 5 minutes or more of a virtual (nonface-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only
G2061	Qualified nonphysician health care professional online assessment and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
G2062	Qualified nonphysician health care professional online assessment and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
G2063	Qualified nonphysician qualified health care professional online assessment and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

Crossover claims submitted to the IHCP are not subject to timely filing limits. Crossover claims that previously denied may be resubmitted for reimbursement. See the *Claim Submission and Processing* module for more information on billing crossover claims.

This information will be reflected in the next regular update to the Outpatient Fee Schedule and the Professional Fee Schedule, accessible from the *IHCP Fee Schedules* page at in.gov/medicaid/providers.

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