

IHCP *bulletin*

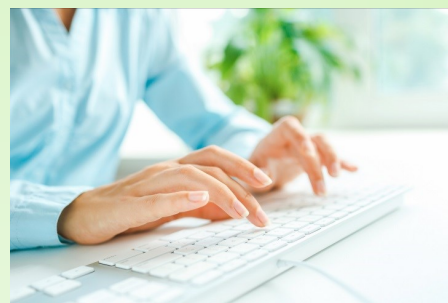
INDIANA HEALTH COVERAGE PROGRAMS BT202570 MARCH 29, 2025

IHCP announces additional COVID-19 coverage changes due to American Rescue Plan expiration

Effective immediately, in alignment with the *American Rescue Plan* (ARP) expiration, the Indiana Health Coverage Programs (IHCP) identified additional procedure codes that are no longer eligible for coverage for members in the Family Planning Eligibility Program. These codes were allowed temporarily for this limited-benefit category in support of the public health emergency (PHE) flexibilities for coronavirus disease 2019 (COVID-19). The codes identified are in addition to changes previously announced in *IHCP Bulletin* [BT2024197](#).

Effective retroactively for dates of service (DOS) on or after **Oct. 1, 2024**, the procedure codes in Table 1 are no longer covered for members in the Family Planning Eligibility Program. Additionally, for DOS on or after Oct. 1, 2024, the procedure codes in [Table 2](#) (for new or established patient office or other outpatient visits) will no longer be covered if billed without modifier FP (indicating the visit was related to family planning services) for Family Planning Eligibility Program members; previously, these codes had been made temporarily allowable for these members without the FP modifier, if the member's visit was for COVID-19 testing or immunization.

Corresponding diagnosis codes that had also been made temporarily allowable Family Planning Eligibility Program and Presumptive Eligibility (PE) Family Planning claims will no longer qualify such claims for coverage (see [Table 3](#)).



All the information in this bulletin also applies to Presumptive Eligibility (PE) Family Planning coverage, because it follows the same code restrictions as the Family Planning Eligibility Program.

Updates will be made to the *Family Planning Eligibility Program Codes*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

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

Procedure code	Description
71046	X-ray of chest, 2 views
94760	Measurement of oxygen saturation in blood using ear or finger device
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

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

Procedure code	Description
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

Table 2 – Procedure codes no longer covered without the FP modifier for Family Planning Eligibility Program, effective for DOS on or after Oct. 1, 2024

Procedure code	Description
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 the presence of healthcare professional.
99212	Established patient office or other outpatient visit with straightforward medical decision making, if using time, 10 minutes or more
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

Table 3 – Diagnosis codes that no longer qualify for Family Planning Eligibility Program, effective for DOS on or after Oct. 1, 2024

Diagnosis code	Description
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z11.52	Encounter for screening for COVID-19
Z11.59	Encounter for screening for other viral diseases
Z20.822	Contact with and (suspected) exposure to COVID-19
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
Z23	Encounter for immunization

For more information

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